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

2027

Drug List (Formulary)

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

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

CareOregon® Advantage

CareOregon Advantage Plus (HMO D-SNP)
2027 Formulary
(List of Covered Drugs or "Drug List")

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

Formulary ID 27429, Version 13

This formulary was updated in September 2026. For more recent information or other questions, please contact CareOregon Advantage Pharmacy Customer Service at 866-325-7344 (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.

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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 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 September 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, 2027, 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 titled “How do I request an exception to the CareOregon Advantage Plus formulary?” on page ix.

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

- **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 entitled “How do I request an exception to the CareOregon Advantage Plus formulary?” on page ix.

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 September 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 188. 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 based on specific criteria 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 we 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 below section, “How do I request an exception to the CareOregon Advantage Plus formulary?” 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 Pharmacy Customer Service 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 Pharmacy 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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.

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 *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 188.

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 Pharmacy Customer Service at 866-325-7344 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

<table>
<tr><th>Tier</th><th>What you pay</th></tr>
<tr><td>Tier 1 – Preferred Generic Drugs</td><td>$0 per prescription</td></tr>
<tr><td>Tier 2 – Generic Drugs</td><td rowspan="4">For generic drugs or brand-named drugs treated as generic, you pay:
$0/$1.65/$5.80 per prescription

For all other drugs, you pay:
$0/$5.00/$14.40 per prescription</td></tr>
<tr><td>Tier 3 – Preferred Brand Drugs</td></tr>
<tr><td>Tier 4 – Non-preferred Drugs (Formulary Exceptions)</td></tr>
<tr><td>Tier 5 – Specialty Drugs</td></tr>
<tr><td>Tier 6 – Select Care Drugs</td><td>$0 per prescription</td></tr>
<tr><td>Tier 2 – Excluded Generic Drugs</td><td>25% coinsurance, after deductible has been met</td></tr>
</table>

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

Drug Name	Drug Tier	Requirements/Limits
amoxicillin susr 250mg/5ml	1	
amoxicillin susr 400mg/5ml	1	
amoxicillin tabs 500mg	1	
amoxicillin tabs 875mg	1	
ampicillin sodium inj 10gm	4	
AMPICILLIN SODIUM INJ 125MG	4	
ampicillin sodium inj 1gm	4	
ampicillin sodium inj 1gm	4	
ampicillin sodium inj 250mg	4	
ampicillin sodium inj 2gm	4	
ampicillin sodium inj 2gm	4	
ampicillin sodium inj 500mg	4	
ampicillin-sulbactam inj 10gm; 5gm	4	
ampicillin-sulbactam inj 1gm; 0.5gm	4	
ampicillin/sulbactam inj 1gm; 0.5gm	4	
ampicillin/sulbactam inj 2gm; 1gm	4	
ampicillin caps 500mg	1	
ARIKAYCE SUSP 590MG/8.4ML	5	QL (8.4 ML per 1 days) PA
azithromycin inj 500mg	4	
azithromycin susr 100mg/5ml	1	
azithromycin susr 200mg/5ml	1	
azithromycin tabs 250mg	1	
azithromycin tabs 250mg	1	
azithromycin tabs 500mg	1	
azithromycin tabs 500mg	1	
azithromycin tabs 600mg	1	
aztreonam inj 1gm	4	
aztreonam inj 2gm	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJ 600000UNIT/ML	4	
CAYSTON SOLR 75MG	5	QL (84 ML per 28 days) PA LA
CEFACLOR CAPS 250MG	1	
CEFACLOR CAPS 500MG	1	
CEFACLOR SUSR 250MG/5ML	4	
cefadroxil caps 500mg	1	
cefadroxil susr 250mg/5ml	1	
cefadroxil susr 500mg/5ml	1	
cefadroxil tabs 1gm	1	
CEFAZOLIN SODIUM/DEXTROSE INJ 1GM; 4%	4	
CEFAZOLIN SODIUM/DEXTROSE INJ 2GM; 3%	4	
cefazolin sodium/dextrose inj 3gm; 2%	4	
cefazolin sodium inj 100gm	4	
cefazolin sodium inj 10gm	4	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	4	
cefazolin sodium inj 1gm	4	
cefazolin sodium inj 1gm	4	
cefazolin sodium inj 300gm	4	
cefazolin sodium inj 500mg	4	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	4	
cefazolin inj 2gm/100ml; 4%	4	
cefazolin inj 2gm	4	
cefazolin inj 2gm	4	
CEFAZOLIN INJ 3GM	4	
cefazolin inj 3gm	4	
cefdinir caps 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefdinir susr 125mg/5ml	1	
cefdinir susr 250mg/5ml	1	
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	
CEFEPIME INJ 2GM/100ML	4	
cefepime inj 2gm	4	
cefixime caps 400mg	1	
cefixime susr 100mg/5ml	1	
cefixime susr 200mg/5ml	1	
CEFOTAXIME SODIUM INJ 1GM	4	
cefoxitin sodium inj 10gm	4	
cefoxitin sodium inj 1gm	4	
CEFOXITIN SODIUM INJ 1GM; 4%	4	
cefoxitin sodium inj 2gm	4	
CEFOXITIN SODIUM INJ 2GM; 2.2%	4	
CEFPODOXIME PROXETIL SUSR 100MG/5ML	1	
CEFPODOXIME PROXETIL SUSR 50MG/5ML	1	
cefpodoxime proxetil tabs 100mg	1	
cefpodoxime proxetil tabs 200mg	1	
cefprozil susr 125mg/5ml	1	
cefprozil susr 250mg/5ml	1	
cefprozil tabs 250mg	1	
cefprozil tabs 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
CEFTAROLINE FOSAMIL INJ 400MG	5	
CEFTAROLINE FOSAMIL INJ 600MG	5	
ceftazidime inj 1gm	4	
ceftazidime inj 2gm	4	
CEFTAZIDIME INJ 6GM	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJ 20MG/ML; 0	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJ 40MG/ML; 0	4	
ceftriaxone sodium inj 10gm	4	
ceftriaxone sodium inj 1gm	4	
ceftriaxone sodium inj 1gm	4	
ceftriaxone sodium inj 250mg	4	
ceftriaxone sodium inj 2gm	4	
ceftriaxone sodium inj 2gm	4	
ceftriaxone sodium inj 500mg	4	
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	4	
cefuroxime sodium inj 750mg	4	
cephalexin caps 250mg	1	
cephalexin caps 500mg	1	
cephalexin caps 750mg	1	
cephalexin susr 125mg/5ml	1	
cephalexin susr 250mg/5ml	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCIN DR CPEP 250MG	4	
erythromycin dr tbec 250mg	4	
erythromycin dr tbec 333mg	4	
erythromycin dr tbec 500mg	4	
erythromycin ethylsuccinate susr 200mg/5ml	4	
erythromycin ethylsuccinate susr 400mg/5ml	4	
erythromycin lactobionate inj 500mg	5	
fidaxomicin tabs 200mg	5	QL (2 EA per 1 days) PA
gentamicin sulfate pediatric inj 10mg/ml	4	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%	4	
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	4	
gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%	4	
gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%	4	
gentamicin sulfate inj 40mg/ml	4	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	4	
imipenem/cilastatin inj 500mg; 500mg	4	
isotonic gentamicin inj 0.8mg/ml; 0.9%	4	
levofloxacin in d5w inj 5%; 250mg/50ml	4	
levofloxacin in d5w inj 5%; 500mg/100ml	4	
levofloxacin in d5w inj 5%; 750mg/150ml	4	
LEVOFLOXACIN INJ 25MG/ML	4	
levofloxacin soln 25mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin tabs 250mg	1	
levofloxacin tabs 500mg	1	
levofloxacin tabs 750mg	1	
lincomycin hydrochloride inj 300mg/ml	4	
linezolid inj 600mg/300ml	4	
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	2	
meropenem inj 2gm	4	
meropenem inj 500mg	2	
minocycline hcl caps 75mg	2	
minocycline hcl tabs 100mg	2	
minocycline hcl tabs 75mg	2	
minocycline hydrochloride caps 100mg	2	
minocycline hydrochloride caps 50mg	2	
minocycline hydrochloride tabs 100mg	2	
minocycline hydrochloride tabs 50mg	2	
minocycline hydrochloride tabs 75mg	2	
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	

Drug Name	Drug Tier	Requirements/Limits
nafcillin sodium inj 1gm	4	
nafcillin sodium inj 2gm	4	
NAFCILLIN INJ 5%; 2GM/100ML	5	
neomycin sulfate tabs 500mg	2	
oxacillin sodium inj 10gm	4	
oxacillin sodium inj 1gm	4	
oxacillin sodium inj 2gm	4	
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	4	
penicillin g potassium inj 5000000unit	4	
PENICILLIN G SODIUM INJ 5000000UNIT	5	
penicillin v potassium solr 125mg/5ml	1	
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	4	
piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm	4	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm	4	
piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm	4	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	4	
piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm	4	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TABS 200MG	5	
STREPTOMYCIN SULFATE INJ 1GM	5	
sulfadiazine tabs 500mg	4	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	1	
sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml	4	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	2	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	1	
sulfasalazine tabs 500mg	2	MO
sulfasalazine tbec 500mg	2	MO
tazicef inj 1gm	4	
TAZICEF INJ 1GM	4	
tazicef inj 2gm	4	
TAZICEF INJ 6GM	4	
tetracycline hydrochloride caps 250mg	2	
tetracycline hydrochloride caps 500mg	2	
tigecycline inj 50mg	4	PA
TOBI PODHALER CAPS 28MG	5	QL (224 EA per 56 days) PA
tobramycin sulfate inj 1.2gm/30ml	4	
tobramycin sulfate inj 1.2gm	4	
TOBRAMYCIN SULFATE INJ 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate inj 80mg/2ml	4	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	
vancomycin hydrochloride solr 250mg/5ml	4	
vancomycin hydrochloride solr 25mg/ml	4	
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 TRIPLE PAK THPK 500MG; 500MG; 20MG	4	QL (112 EA per 14 days) PA
xifaxan tabs 200mg	2	
xifaxan tabs 550mg	2	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		

Drug Name	Drug Tier	Requirements/Limits
amphotericin b liposome inj 50mg	5	B/D
AMPHOTERICIN B INJ 50MG	4	B/D
caspofungin acetate inj 50mg	4	
caspofungin acetate inj 70mg	4	
CRESEMBA CAPS 186MG	5	PA
CRESEMBA CAPS 74.5MG	5	PA
CRESEMBA INJ 372MG	5	PA
ERAXIS INJ 100MG	4	
ERAXIS INJ 50MG	4	
fluconazole in nacl inj 200mg/100ml; 0.9%	4	
fluconazole in nacl inj 400mg/200ml; 0.9%	4	
fluconazole in sodium chloride inj 200mg/100ml; 0.9%	4	
fluconazole in sodium chloride inj 400mg/200ml; 0.9%	4	
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	

Drug Name	Drug Tier	Requirements/Limits
micafungin sodium/sodium chloride inj 150mg/150ml; 0.9%	4	
MICAFUNGIN/SODIUM CHLORIDE INJ 100MG/100ML; 0.9%	4	
MICAFUNGIN/SODIUM CHLORIDE INJ 50MG/50ML; 0.9%	4	
micafungin inj 100mg	4	
micafungin inj 50mg	4	
NOXAFIL PACK 300MG	5	PA
nystatin susp 100000unit/ml	2	
nystatin tabs 500000unit	2	
posaconazole dr tbec 100mg	5	PA MO
posaconazole inj 300mg/16.7ml	5	PA MO
posaconazole susp 40mg/ml	5	PA MO
terbinafine hcl tabs 250mg	2	
terbinafine hydrochloride tabs 250mg	2	
voriconazole inj 200mg	4	PA
voriconazole susr 40mg/ml	5	
voriconazole tabs 200mg	4	
voriconazole tabs 50mg	2	
Antimycobacterials		
CYCLOSERINE CAPS 250MG	5	
dapsone tabs 100mg	2	MO
dapsone tabs 25mg	2	MO
ethambutol hydrochloride tabs 100mg	2	
ethambutol hydrochloride tabs 400mg	2	
ISONIAZID INJ 100MG/ML	4	
isoniazid syrp 50mg/5ml	2	MO
isoniazid tabs 100mg	1	MO
isoniazid tabs 300mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
PRETOMANID TABS 200MG	3	QL (1 EA per 1 days) PA
pyrazinamide tabs 500mg	4	
rifabutin caps 150mg	4	
rifampin caps 150mg	2	
rifampin caps 300mg	2	
rifampin inj 600mg	4	
rifapentine tabs 150mg	4	
SIRTURO TABS 100MG	5	PA
SIRTURO TABS 20MG	5	PA
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 TABS 12.5MG	3	PA
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
KRINTAFEL TABS 150MG	4	QL (4 EA per 180 days)
LAMPIT TABS 120MG	4	PA
LAMPIT TABS 30MG	4	PA
mefloquine hydrochloride tabs 250mg	2	MO
metronidazole inj 500mg/100ml	4	
metronidazole tabs 250mg	1	
metronidazole tabs 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
nitazoxanide tabs 500mg	5	PA
pentamidine isethionate inj 300mg	4	PA
PRIMAQUINE PHOSPHATE TABS 26.3MG	4	
pyrimethamine tabs 25mg	5	
quinine sulfate caps 324mg	2	QL (42 EA per 30 days) PA
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	4	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
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	4	MO
BEYFORTUS INJ 100MG/ML	3	QL (1 ML per 365 days)
BEYFORTUS INJ 50MG/0.5ML	3	QL (2 ML per 365 days)

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
EPCLUSA PACK 150MG; 37.5MG	5	QL (1 EA per 1 days)
EPCLUSA PACK 200MG; 50MG	5	QL (1 EA per 1 days)
EPCLUSA TABS 200MG; 50MG	5	QL (2 EA per 1 days)
etravirine tabs 100mg	4	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	4	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)
INTELENCE TABS 25MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD TABS 600MG	5	MO
ISENTRESS CHEW 100MG	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS PACK 100MG	5	MO
ISENTRESS TABS 400MG	5	MO
JULUCA TABS 50MG; 25MG	5	QL (1 EA per 1 days) MO
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	MO
LAGEVRIO CAPS 200MG	3	QL (40 EA per 5 days)
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
LIVTENCITY TABS 200MG	5	QL (12 EA per 1 days) PA
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)
MAVYRET TABS 100MG; 40MG	5	QL (3 EA per 1 days)
nevirapine er tb24 400mg	2	MO
NEVIRAPINE SUSP 50MG/5ML	4	MO
nevirapine tabs 200mg	2	MO
NORVIR PACK 100MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
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	5	QL (11 EA per 5 days)
PEGASYS INJ 180MCG/0.5ML	5	QL (4 ML per 28 days) PA
PEGASYS INJ 180MCG/ML	5	QL (4 ML per 28 days) PA
PIFELTRO TABS 100MG	5	QL (1 EA per 1 days) MO
PREVYMIS INJ 240MG/12ML	5	PA
PREVYMIS INJ 480MG/24ML	5	PA
PREVYMIS TABS 240MG	5	QL (1 EA per 1 days) PA
PREVYMIS TABS 480MG	5	QL (1 EA per 1 days) PA
PREZCOBIX TABS 150MG; 675MG	5	QL (1 EA per 1 days) MO
PREZCOBIX TABS 150MG; 800MG	5	MO
PREZISTA SUSP 100MG/ML	5	MO
PREZISTA TABS 150MG	5	MO
PREZISTA TABS 75MG	4	MO
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (120 EA per 365 days)
RETROVIR IV INFUSION INJ 10MG/ML	4	
REYATAZ PACK 50MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
ribavirin caps 200mg	4	PA
ribavirin tabs 200mg	2	PA
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
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (1 EA per 1 days)
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	MO
SUNLENCA INJ 463.5MG/1.5ML	5	QL (3 ML per 180 days)
SUNLENCA TABS 300MG	5	QL (29 EA per 180 days)
SUNLENCA TBPK 300MG	5	QL (4 EA per 180 days)
SUNLENCA TBPK 300MG	5	QL (5 EA per 180 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (1 EA per 1 days) MO
tenofovir disoproxil fumarate tabs 300mg	2	MO
TIVICAY PD TBSO 5MG	4	QL (6 EA per 1 days) MO
TIVICAY TABS 50MG	5	QL (2 EA per 1 days) MO
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	5	QL (6 EA per 1 days) MO
TRIUMEQ TABS 600MG; 50MG; 300MG	5	MO
valacyclovir hydrochloride tabs 1gm	2	
valacyclovir hydrochloride tabs 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
valganciclovir hydrochloride solr 50mg/ml	5	MO
valganciclovir tabs 450mg	2	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
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	2	
nitrofurantoin macrocrystals caps 25mg	2	
nitrofurantoin macrocrystals caps 50mg	2	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
nitrofurantoin monohydrate caps 100mg	2	
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		

Drug Name	Drug Tier	Requirements/Limits
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	4	
leucovorin calcium inj 200mg	4	
leucovorin calcium inj 350mg	4	
leucovorin calcium inj 500mg	4	
leucovorin calcium inj 50mg	4	
leucovorin calcium tabs 10mg	4	
leucovorin calcium tabs 15mg	4	
leucovorin calcium tabs 25mg	4	
leucovorin calcium tabs 5mg	4	
levoleucovorin calcium inj 175mg/17.5ml	4	PA
LEVOLEUCOVORIN CALCIUM INJ 250MG/25ML	4	PA
LEVOLEUCOVORIN INJ 50MG	5	PA
XURIDEN PACK 2GM	5	QL (8 EA per 1 days) PA
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	4	
promethazine hcl tabs 50mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
promethazine hydrochloride plain soln 6.25mg/5ml	4	PA
PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRINE HYDROCHLORIDE SYRP 5MG/5ML; 6.25MG/5ML	4	
promethazine hydrochloride inj 25mg/ml	4	
promethazine hydrochloride soln 6.25mg/5ml	4	PA
promethazine hydrochloride tabs 12.5mg	4	PA
promethazine hydrochloride tabs 25mg	4	PA
promethazine hydrochloride tabs 50mg	4	PA
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
abiraterone acetate tabs 500mg	5	QL (2 EA per 1 days) PA
abirtega tabs 250mg	2	QL (4 EA per 1 days) PA
ABRAXANE INJ 900MG; 100MG	5	PA
AKEEGA TABS 500MG; 100MG	5	QL (2 EA per 1 days) PA
AKEEGA TABS 500MG; 50MG	5	QL (2 EA per 1 days) PA
ALECENSA CAPS 150MG	5	QL (8 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 180MG	5	QL (1 EA per 1 days) PA
ALUNBRIG TABS 30MG	5	QL (6 EA per 1 days) PA
ALUNBRIG TABS 90MG	5	QL (1 EA per 1 days) PA
ALUNBRIG TBPK 0	5	QL (30 EA per 180 days) PA
arsenic trioxide inj 10mg/10ml	4	
arsenic trioxide inj 12mg/6ml	5	
AUGTYRO CAPS 160MG	5	QL (2 EA per 1 days) PA
AUGTYRO CAPS 40MG	5	QL (8 EA per 1 days) PA
AVASTIN INJ 100MG/4ML	5	PA
AVASTIN INJ 400MG/16ML	5	PA
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	QL (66 EA per 28 days) PA
AYVAKIT TABS 100MG	5	QL (1 EA per 1 days) PA
AYVAKIT TABS 200MG	5	QL (1 EA per 1 days) PA
AYVAKIT TABS 25MG	5	QL (1 EA per 1 days) PA
AYVAKIT TABS 300MG	5	QL (1 EA per 1 days) PA
AYVAKIT TABS 50MG	5	QL (1 EA per 1 days) PA
azacitidine inj 100mg	5	
BALVERSA TABS 3MG	5	QL (3 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 4MG	5	QL (2 EA per 1 days) PA
BALVERSA TABS 5MG	5	QL (1 EA per 1 days) PA
BAVENCIO INJ 200MG/10ML	5	PA
BELEODAQ INJ 500MG	5	PA
bendamustine hydrochloride inj 100mg	5	PA
bendamustine hydrochloride inj 25mg	5	PA
BESREMI PEN INJ 500MCG/0.5ML	5	QL (2 ML per 28 days) PA
BESREMI INJ 500MCG/ML	5	QL (2 ML per 28 days) PA
bexarotene caps 75mg	5	PA
bicalutamide tabs 50mg	2	
bleomycin sulfate inj 15unit	4	
bleomycin sulfate inj 30unit	4	
bortezomib inj 3.5mg	5	PA
BOSULIF CAPS 100MG	5	PA
BOSULIF CAPS 50MG	5	PA
BOSULIF TABS 100MG	5	PA
BOSULIF TABS 500MG	5	PA
bosutinib tabs 100mg	5	PA
bosutinib tabs 400mg	5	PA
bosutinib tabs 500mg	5	PA
BRAFTOVI CAPS 75MG	5	QL (6 EA per 1 days) PA
BRUKINSA CAPS 80MG	5	QL (4 EA per 1 days) PA
brukinsa tabs 160mg	5	QL (2 EA per 1 days) PA
busulfan inj 6mg/ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20MG	5	QL (1 EA per 1 days) PA LA
CABOMETYX TABS 40MG	5	QL (1 EA per 1 days) PA LA
CABOMETYX TABS 60MG	5	QL (1 EA per 1 days) PA LA
CALQUENCE TABS 100MG	5	QL (2 EA per 1 days) PA
CAPRELSA TABS 100MG	5	QL (2 EA per 1 days) PA LA
CAPRELSA TABS 300MG	5	QL (1 EA per 1 days) PA LA
carboplatin inj 150mg/15ml	4	
carboplatin inj 450mg/45ml	4	
carboplatin inj 50mg/5ml	4	
carboplatin inj 600mg/60ml	4	
carmustine inj 100mg	5	PA
cavhanza tbdp 60mg	5	QL (2 EA per 1 days) PA
cavhanza tbdp 80mg	5	QL (2 EA per 1 days) PA
cisplatin inj 100mg/100ml	4	
CISPLATIN INJ 200MG/200ML	4	
cisplatin inj 50mg/50ml	4	
cladribine inj 10mg/10ml	5	B/D
clofarabine inj 1mg/ml	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
COPIKTRA CAPS 15MG	5	QL (2 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA CAPS 25MG	5	QL (2 EA per 1 days) PA
COTELLIC TABS 20MG	5	QL (63 EA per 28 days) PA
cyclophosphamide caps 25mg	2	B/D
cyclophosphamide caps 50mg	2	B/D
CYCLOPHOSPHAMIDE TABS 25MG	4	B/D
CYCLOPHOSPHAMIDE TABS 50MG	4	B/D
CYRAMZA INJ 100MG/10ML	5	PA
CYRAMZA INJ 500MG/50ML	5	PA
cytarabine aqueous inj 20mg/ml	4	B/D
cytarabine aqueous inj 20mg/ml	4	B/D
cytarabine inj 100mg/ml	4	B/D
cytarabine inj 20mg/ml	4	B/D
dacarbazine inj 100mg	4	
dacarbazine inj 200mg	4	
dactinomycin inj 0.5mg	5	PA
DANZITEN TABS 71MG	5	QL (4 EA per 1 days) PA
DANZITEN TABS 95MG	5	QL (4 EA per 1 days) PA
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	5	PA
DARZALEX INJ 100MG/5ML	5	PA
DARZALEX INJ 400MG/20ML	5	PA
dasatinib tabs 100mg	5	PA
dasatinib tabs 140mg	5	PA
dasatinib tabs 20mg	5	PA
dasatinib tabs 50mg	5	PA
dasatinib tabs 70mg	5	PA
dasatinib tabs 80mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 100MG	5	QL (1 EA per 1 days) PA
DAURISMO TABS 25MG	5	QL (3 EA per 1 days) PA
decitabine inj 50mg	5	
DOCETAXEL INJ 160MG/16ML	4	PA
docetaxel inj 160mg/8ml	4	PA
DOCETAXEL INJ 20MG/2ML	4	PA
docetaxel inj 20mg/ml	4	PA
DOCETAXEL INJ 80MG/4ML	4	PA
DOCETAXEL INJ 80MG/8ML	4	PA
DROXIA CAPS 200MG	4	MO
DROXIA CAPS 300MG	4	MO
DROXIA CAPS 400MG	4	MO
EMPLICITI INJ 300MG	5	PA
EMPLICITI INJ 400MG	5	PA
ENSACOVE CAPS 100MG	5	QL (2 EA per 1 days) PA
ENSACOVE CAPS 25MG	5	QL (2 EA per 1 days) PA
ERBITUX INJ 100MG/50ML	5	PA
ERBITUX INJ 200MG/100ML	5	PA
eribulin mesylate inj 1mg/2ml	5	PA
ERIVEDGE CAPS 150MG	5	PA LA
ERLEADA TABS 240MG	5	QL (1 EA per 1 days) PA
ERLEADA TABS 60MG	5	QL (4 EA per 1 days) PA
erlotinib hydrochloride tabs 100mg	4	QL (1 EA per 1 days) PA
erlotinib hydrochloride tabs 150mg	4	QL (1 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
erlotinib hydrochloride tabs 25mg	4	QL (1 EA per 1 days) PA
EULEXIN CAPS 125MG	3	
everolimus tabs 10mg	5	QL (1 EA per 1 days) PA MO
everolimus tabs 2.5mg	5	QL (1 EA per 1 days) PA MO
everolimus tabs 5mg	5	QL (1 EA per 1 days) PA MO
everolimus tabs 7.5mg	5	QL (1 EA per 1 days) PA MO
everolimus tbso 2mg	5	PA MO
everolimus tbso 3mg	5	PA MO
everolimus tbso 5mg	5	PA MO
FLUDARABINE PHOSPHATE INJ 50MG	4	
fluorouracil inj 1gm/20ml	4	PA
fluorouracil inj 2.5gm/50ml	4	PA
fluorouracil inj 500mg/10ml	4	PA
fluorouracil inj 5gm/100ml	4	PA
FOLOTYN INJ 20MG/ML	5	PA
FOLOTYN INJ 40MG/2ML	5	PA
FOTIVDA CAPS 0.89MG	5	QL (21 EA per 28 days) PA
FOTIVDA CAPS 1.34MG	5	QL (21 EA per 28 days) PA
FRUZAQLA CAPS 1MG	5	QL (84 EA per 28 days) PA
FRUZAQLA CAPS 5MG	5	QL (21 EA per 28 days) PA
fulvestrant inj 250mg/5ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAVRETO CAPS 100MG	5	QL (4 EA per 1 days) PA
gefitinib tabs 250mg	5	QL (2 EA per 1 days) PA MO
gemcitabine hcl inj 1gm	4	
gemcitabine hcl inj 200mg	4	
gemcitabine hcl inj 2gm	4	
gemcitabine hydrochloride inj 1gm/26.3ml	4	
gemcitabine hydrochloride inj 1gm	4	
GEMCITABINE HYDROCHLORIDE INJ 200MG/2ML	4	
gemcitabine hydrochloride inj 200mg/5.26ml	4	
gemcitabine hydrochloride inj 200mg	4	
gemcitabine hydrochloride inj 2gm/52.6ml	4	
GILOTRIF TABS 20MG	5	PA LA
GILOTRIF TABS 30MG	5	PA LA
GILOTRIF TABS 40MG	5	PA LA
GOMEKLI CAPS 1MG	5	QL (126 EA per 28 days) PA
GOMEKLI CAPS 2MG	5	QL (84 EA per 28 days) PA
GOMEKLI TBSO 1MG	5	QL (168 EA per 28 days) PA
HERNEXEOS TABS 60MG	5	QL (3 EA per 1 days) PA
hydroxyurea caps 500mg	2	
HYRNUO TABS 10MG	5	QL (4 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 100MG	5	QL (21 EA per 28 days) PA
IBRANCE CAPS 125MG	5	QL (21 EA per 28 days) PA
IBRANCE CAPS 75MG	5	QL (21 EA per 28 days) PA
IBRANCE TABS 100MG	5	QL (21 EA per 28 days) PA
IBRANCE TABS 125MG	5	QL (21 EA per 28 days) PA
IBRANCE TABS 75MG	5	QL (21 EA per 28 days) PA
IBTROZI CAPS 200MG	5	QL (3 EA per 1 days) PA
ICLUSIG TABS 10MG	5	QL (1 EA per 1 days) PA
ICLUSIG TABS 15MG	5	QL (1 EA per 1 days) PA LA
ICLUSIG TABS 30MG	5	QL (1 EA per 1 days) PA
ICLUSIG TABS 45MG	5	QL (1 EA per 1 days) PA LA
idarubicin hcl inj 10mg/10ml	4	PA
idarubicin hcl inj 20mg/20ml	4	PA
idarubicin hcl inj 5mg/5ml	4	PA
idarubicin hydrochloride inj 10mg/10ml	4	PA
idarubicin hydrochloride inj 20mg/20ml	4	PA
idarubicin hydrochloride inj 5mg/5ml	4	PA
IDHIFA TABS 100MG	5	QL (1 EA per 1 days) PA
IDHIFA TABS 50MG	5	QL (1 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
ifosfamide inj 1gm	4	
imatinib mesylate tabs 100mg	2	PA
imatinib mesylate tabs 400mg	2	PA
IMBRUVICA CAPS 140MG	5	QL (1 EA per 1 days) PA LA
IMBRUVICA CAPS 70MG	5	QL (1 EA per 1 days) PA LA
IMBRUVICA SUSP 70MG/ML	5	QL (8 ML per 1 days) PA
IMBRUVICA TABS 140MG	5	QL (1 EA per 1 days) PA LA
IMBRUVICA TABS 280MG	5	QL (1 EA per 1 days) PA LA
IMBRUVICA TABS 420MG	5	QL (1 EA per 1 days) PA LA
IMFINZI INJ 120MG/2.4ML	5	PA
IMFINZI INJ 500MG/10ML	5	PA
IMKELDI SOLN 80MG/ML	5	PA
INLURIYO TABS 200MG	5	QL (2 EA per 1 days) PA
INLYTA TABS 1MG	5	PA LA
INLYTA TABS 5MG	5	PA LA
INQOVI TABS 100MG; 35MG	5	QL (5 EA per 28 days) PA
INREBIC CAPS 100MG	5	QL (4 EA per 1 days) PA
ITOVEBI TABS 3MG	5	QL (2 EA per 1 days) PA
ITOVEBI TABS 9MG	5	QL (1 EA per 1 days) PA
IWILFIN TABS 192MG	5	QL (8 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI XR TB24 11MG	5	QL (1 EA per 1 days) PA
JAKAFI XR TB24 22MG	5	QL (1 EA per 1 days) PA
JAKAFI XR TB24 33MG	5	QL (1 EA per 1 days) PA
JAKAFI XR TB24 44MG	5	QL (1 EA per 1 days) PA
JAKAFI XR TB24 55MG	5	QL (1 EA per 1 days) PA
JAKAFI TABS 10MG	5	PA
JAKAFI TABS 15MG	5	PA
JAKAFI TABS 20MG	5	PA
JAKAFI TABS 25MG	5	PA
JAKAFI TABS 5MG	5	PA
JAYPIRCA TABS 100MG	5	QL (2 EA per 1 days) PA
JAYPIRCA TABS 50MG	5	QL (3 EA per 1 days) PA
JIDEYTRO TABS 100MG	5	QL (1 EA per 1 days) PA
JIDEYTRO TABS 25MG	5	QL (3 EA per 1 days) PA
JYLAMVO SOLN 2MG/ML	4	PA
KEYTRUDA INJ 100MG/4ML	5	PA
KISQALI TBPK 200MG	5	QL (21 EA per 28 days) PA
KISQALI TBPK 200MG	5	QL (42 EA per 28 days) PA
KISQALI TBPK 200MG	5	QL (63 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
KOMZIFTI CAPS 200MG	5	QL (3 EA per 1 days) PA
KOSELUGO CAPS 10MG	5	QL (4 EA per 1 days) PA
KOSELUGO CAPS 25MG	5	QL (4 EA per 1 days) PA
KOSELUGO CPSP 5MG	5	PA
KOSELUGO CPSP 7.5MG	5	PA
KRAZATI TABS 200MG	5	QL (6 EA per 1 days) PA
KYPROLIS INJ 10MG	5	PA
KYPROLIS INJ 30MG	5	PA
KYPROLIS INJ 60MG	5	PA
lapatinib ditosylate tabs 250mg	5	QL (6 EA per 1 days) PA
LAZCLUZE TABS 240MG	5	QL (1 EA per 1 days) PA
LAZCLUZE TABS 80MG	5	QL (2 EA per 1 days) PA
lenalidomide caps 10mg	5	PA LA
lenalidomide caps 15mg	5	PA LA
lenalidomide caps 2.5mg	5	PA MO
lenalidomide caps 20mg	5	PA MO
lenalidomide caps 25mg	5	PA LA
lenalidomide caps 5mg	5	PA LA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	QL (1 EA per 1 days) PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	QL (3 EA per 1 days) PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	QL (2 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE CPPK 0	5	QL (3 EA per 1 days) PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	QL (2 EA per 1 days) PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	QL (3 EA per 1 days) PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	QL (1 EA per 1 days) PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	QL (2 EA per 1 days) PA
LEUKERAN TABS 2MG	5	
LIBTAYO INJ 350MG/7ML	5	PA
LIFYORLI CPPK 0	5	QL (18 EA per 28 days) PA
LIFYORLI CPPK 0	5	QL (18 EA per 28 days) PA
LIFYORLI CPPK 0	5	QL (18 EA per 28 days) PA
LIFYORLI CPPK 0	5	QL (27 EA per 28 days) PA
LIFYORLI CPPK 0	5	QL (27 EA per 28 days) PA
LIFYORLI CPPK 0	5	QL (27 EA per 28 days) PA
lomustine caps 100mg	5	
lomustine caps 10mg	4	
lomustine caps 40mg	4	
LONSURF TABS 6.14MG; 15MG	5	QL (8 EA per 1 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (8 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100MG	5	QL (1 EA per 1 days) PA
LORBRENA TABS 25MG	5	QL (3 EA per 1 days) PA
LUMAKRAS TABS 120MG	5	QL (8 EA per 1 days) PA
LUMAKRAS TABS 240MG	5	QL (4 EA per 1 days) PA
LUMAKRAS TABS 320MG	5	QL (3 EA per 1 days) PA
LYNPARZA TABS 100MG	5	QL (4 EA per 1 days) PA
LYNPARZA TABS 150MG	5	QL (4 EA per 1 days) PA
LYSODREN TABS 500MG	5	
LYTGOBI TBPK 4MG	5	QL (3 EA per 1 days) PA
LYTGOBI TBPK 4MG	5	QL (4 EA per 1 days) PA
LYTGOBI TBPK 4MG	5	QL (5 EA per 1 days) PA
MATULANE CAPS 50MG	5	
MEKINIST SOLR 0.05MG/ML	5	PA
MEKINIST TABS 0.5MG	5	PA
MEKINIST TABS 2MG	5	PA
MEKTOVI TABS 15MG	5	QL (6 EA per 1 days) PA
melphalan hydrochloride inj 50mg	4	PA
mercaptopurine susp 2000mg/100ml	5	PA
mercaptopurine tabs 50mg	2	
methotrexate sodium inj 1gm/40ml	4	B/D
methotrexate sodium inj 1gm	4	B/D

Drug Name	Drug Tier	Requirements/Limits
METHOTREXATE SODIUM INJ 250MG/10ML	4	B/D
methotrexate sodium inj 250mg/10ml	4	B/D
METHOTREXATE SODIUM INJ 50MG/2ML	4	B/D
methotrexate sodium inj 50mg/2ml	4	B/D
methotrexate sodium tabs 2.5mg	2	B/D
methotrexate inj 50mg/2ml	4	B/D
mitomycin inj 20mg	5	PA
mitomycin inj 40mg	5	PA
mitomycin inj 40mg	5	PA
mitomycin inj 5mg	5	PA
mitoxantrone hydrochloride inj 25mg/12.5ml	4	
mitoxantrone hydrochloride inj 2mg/ml	4	
mitoxantrone hydrochloride inj 2mg/ml	4	
MODEYSO CAPS 125MG	5	QL (20 EA per 28 days) PA MO
mutamycin inj 40mg	5	PA
mutamycin inj 5mg	5	PA
MYLOTARG INJ 4.5MG	5	PA
nelarabine inj 5mg/ml	5	PA
NERLYNX TABS 40MG	5	QL (6 EA per 1 days) PA
nilotinib hydrochloride caps 150mg	5	PA
nilotinib hydrochloride caps 200mg	5	PA
nilotinib hydrochloride caps 50mg	5	PA
nilutamide tabs 150mg	5	
NINLARO CAPS 2.3MG	5	QL (3 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS 3MG	5	QL (3 EA per 28 days) PA
NINLARO CAPS 4MG	5	QL (3 EA per 28 days) PA
NIPENT INJ 10MG	5	PA
NUBEQA TABS 300MG	5	QL (4 EA per 1 days) PA
ODOMZO CAPS 200MG	5	QL (1 EA per 1 days) PA
OGSIVEO TABS 100MG	5	QL (2 EA per 1 days) PA
OGSIVEO TABS 150MG	5	QL (2 EA per 1 days) PA
OJEMDA SUSR 25MG/ML	5	QL (96 ML per 28 days) PA
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA
OJJAARA TABS 100MG	5	QL (1 EA per 1 days) PA
OJJAARA TABS 150MG	5	QL (1 EA per 1 days) PA
OJJAARA TABS 200MG	5	QL (1 EA per 1 days) PA
ONUREG TABS 200MG	5	QL (14 EA per 28 days) PA
ONUREG TABS 300MG	5	QL (14 EA per 28 days) PA
OPDIVO INJ 100MG/10ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
OPDIVO INJ 120MG/12ML	5	PA
OPDIVO INJ 240MG/24ML	5	PA
OPDIVO INJ 40MG/4ML	5	PA
ORSERDU TABS 345MG	5	QL (1 EA per 1 days) PA
ORSERDU TABS 86MG	5	QL (3 EA per 1 days) PA
PACLITAXEL PROTEIN-BOUND PARTICLES INJ 900MG; 100MG	5	PA
PACLITAXEL INJ 150MG/25ML	4	
paclitaxel inj 300mg/50ml	4	
paclitaxel inj 30mg/5ml	4	
paclitaxel inj 6mg/ml	4	
pazopanib hydrochloride tabs 200mg	5	QL (4 EA per 1 days) PA
PAZOPANIB HYDROCHLORIDE TABS 400MG	5	QL (2 EA per 1 days) PA
PEMAZYRE TABS 13.5MG	5	QL (14 EA per 21 days) PA
PEMAZYRE TABS 4.5MG	5	QL (14 EA per 21 days) PA
PEMAZYRE TABS 9MG	5	QL (14 EA per 21 days) PA
pemetrexed disodium inj 100mg	4	PA
pemetrexed disodium inj 500mg	5	PA
pemetrexed inj 100mg	4	PA
pemetrexed inj 500mg	5	PA
PERJETA INJ 420MG/14ML	5	PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	QL (1 EA per 1 days) PA
PIQRAY 250MG DAILY DOSE TBPK 0	5	QL (2 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	QL (2 EA per 1 days) PA
pomalidomide caps 1mg	5	PA
pomalidomide caps 2mg	5	PA
pomalidomide caps 3mg	5	PA
pomalidomide caps 4mg	5	PA
POMALYST CAPS 1MG	5	
POMALYST CAPS 2MG	5	
POMALYST CAPS 3MG	5	
POMALYST CAPS 4MG	5	
pralatrexate inj 20mg/ml	5	PA
pralatrexate inj 40mg/2ml	5	PA
PROLEUKIN INJ 22000000UNIT	5	PA
QINLOCK TABS 50MG	5	QL (3 EA per 1 days) PA
RETEVMO TABS 120MG	5	QL (2 EA per 1 days) PA
RETEVMO TABS 160MG	5	QL (2 EA per 1 days) PA
RETEVMO TABS 40MG	5	QL (3 EA per 1 days) PA
RETEVMO TABS 80MG	5	QL (2 EA per 1 days) PA
REVUFORJ TABS 110MG	5	QL (4 EA per 1 days) PA
REVUFORJ TABS 160MG	5	QL (2 EA per 1 days) PA
REVUFORJ TABS 25MG	5	QL (8 EA per 1 days) PA
REZLIDHIA CAPS 150MG	5	QL (2 EA per 1 days) PA
RIABNI INJ 100MG/10ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
RIABNI INJ 500MG/50ML	5	PA
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA
romidepsin inj 10mg	5	PA
ROMVIMZA CAPS 14MG	5	QL (8 EA per 28 days) PA
ROMVIMZA CAPS 20MG	5	QL (8 EA per 28 days) PA
ROMVIMZA CAPS 30MG	5	QL (8 EA per 28 days) PA
ROZLYTREK CAPS 100MG	5	QL (5 EA per 1 days) PA
ROZLYTREK CAPS 200MG	5	QL (3 EA per 1 days) PA
ROZLYTREK PACK 50MG	5	QL (12 EA per 1 days) PA
RUBRACA TABS 200MG	5	QL (4 EA per 1 days) PA
RUBRACA TABS 250MG	5	QL (4 EA per 1 days) PA
RUBRACA TABS 300MG	5	QL (4 EA per 1 days) PA
RUXIENCE INJ 100MG/10ML	5	PA
RUXIENCE INJ 500MG/50ML	5	PA
RYDAPT CAPS 25MG	5	QL (8 EA per 1 days) PA
SCEMBLIX TABS 100MG	5	QL (4 EA per 1 days) PA
SCEMBLIX TABS 20MG	5	QL (2 EA per 1 days) PA
SCEMBLIX TABS 40MG	5	QL (8 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS 1000MG	5	PA
SIKLOS TABS 100MG	4	PA
sorafenib tosylate tabs 200mg	5	QL (4 EA per 1 days) PA
sorafenib tabs 200mg	5	QL (4 EA per 1 days) PA LA
STIVARGA TABS 40MG	5	PA LA
sunitinib malate caps 12.5mg	5	QL (1 EA per 1 days) PA
sunitinib malate caps 25mg	5	QL (1 EA per 1 days) PA
sunitinib malate caps 37.5mg	5	QL (1 EA per 1 days) PA
sunitinib malate caps 50mg	5	QL (1 EA per 1 days) PA
TABLOID TABS 40MG	5	
TABRECTA TABS 150MG	5	QL (4 EA per 1 days) PA
TABRECTA TABS 200MG	5	QL (4 EA per 1 days) PA
TAFINLAR CAPS 50MG	5	PA
TAFINLAR CAPS 75MG	5	PA
TAFINLAR TBSO 10MG	5	PA
TAGRISSO TABS 40MG	5	QL (1 EA per 1 days) PA
TAGRISSO TABS 80MG	5	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.1MG	5	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.25MG	5	QL (1 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS 0.35MG	5	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.5MG	5	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.75MG	5	QL (1 EA per 1 days) PA
TALZENNA CAPS 1MG	5	QL (1 EA per 1 days) PA
TAZVERIK TABS 200MG	5	QL (8 EA per 1 days) PA
TECENTRIQ HYBREZA INJ 1875MG/15ML; 30000UNIT/15ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA
TECENTRIQ INJ 840MG/14ML	5	PA
temsirolimus inj 25mg/ml	5	PA
TEPMETKO TABS 225MG	5	QL (2 EA per 1 days) PA
TEVIMBRA INJ 100MG/10ML	5	PA
thiotepa inj 15mg	5	PA
TIBSOVO TABS 250MG	5	QL (2 EA per 1 days) PA
topotecan hcl inj 4mg	5	
topotecan hydrochloride inj 4mg/4ml	4	
tretinoin caps 10mg	5	PA
TRUQAP TABS 160MG	5	QL (4 EA per 1 days) PA
TRUQAP TABS 200MG	5	QL (4 EA per 1 days) PA
TRUQAP TBPK 160MG	5	QL (4 EA per 1 days) PA
TRUQAP TBPK 200MG	5	QL (4 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA INJ 100MG/10ML	5	PA
TRUXIMA INJ 500MG/50ML	5	PA
TUKYSA TABS 150MG	5	QL (4 EA per 1 days) PA
TUKYSA TABS 50MG	5	QL (10 EA per 1 days) PA
TURALIO CAPS 125MG	5	QL (4 EA per 1 days) PA
VANFLYTA TABS 17.7MG	5	QL (2 EA per 1 days) PA
VANFLYTA TABS 26.5MG	5	QL (2 EA per 1 days) PA
VECTIBIX INJ 100MG/5ML	5	PA
VECTIBIX INJ 400MG/20ML	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	QL (42 EA per 180 days) PA
VENCLEXTA TABS 100MG	5	QL (6 EA per 1 days) PA
VENCLEXTA TABS 10MG	3	QL (4 EA per 1 days) PA
VENCLEXTA TABS 50MG	5	QL (4 EA per 1 days) PA
VEPPANU TABS 100MG	5	QL (1 EA per 1 days) PA
VEPPANU TABS 200MG	5	QL (1 EA per 1 days) PA
VERZENIO TABS 100MG	5	QL (2 EA per 1 days) PA
VERZENIO TABS 150MG	5	QL (2 EA per 1 days) PA
VERZENIO TABS 200MG	5	QL (2 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50MG	5	QL (2 EA per 1 days) PA
VINBLASTINE SULFATE INJ 1MG/ML	4	B/D
vinorelbine tartrate inj 10mg/ml	4	
vinorelbine tartrate inj 50mg/5ml	4	
VITRAKVI CAPS 100MG	5	QL (2 EA per 1 days) PA
VITRAKVI CAPS 25MG	5	QL (6 EA per 1 days) PA
VITRAKVI SOLN 20MG/ML	5	QL (10 ML per 1 days) PA
VIZIMPRO TABS 15MG	5	QL (1 EA per 1 days) PA
VIZIMPRO TABS 30MG	5	QL (1 EA per 1 days) PA
VIZIMPRO TABS 45MG	5	QL (1 EA per 1 days) PA
VONJO CAPS 100MG	5	QL (4 EA per 1 days) PA
VORANIGO TABS 10MG	5	QL (2 EA per 1 days) PA
VORANIGO TABS 40MG	5	QL (1 EA per 1 days) PA
VYXEOS INJ 100MG; 44MG	5	PA
WELIREG TABS 40MG	5	QL (3 EA per 1 days) PA
XALKORI CAPS 200MG	5	QL (2 EA per 1 days) PA LA
XALKORI CAPS 250MG	5	QL (2 EA per 1 days) PA LA

Drug Name	Drug Tier	Requirements/Limits
XALKORI CPSP 150MG	5	QL (6 EA per 1 days) PA LA
XALKORI CPSP 20MG	5	PA LA
XALKORI CPSP 50MG	5	PA LA
XATMEP SOLN 2.5MG/ML	4	PA
XOSPATA TABS 40MG	5	QL (3 EA per 1 days) PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	QL (24 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	QL (32 EA per 28 days) PA
XPOVIO TBPK 10MG	5	QL (16 EA per 28 days) PA
XPOVIO TBPK 40MG	5	QL (8 EA per 28 days) PA
XPOVIO TBPK 40MG	5	QL (8 EA per 28 days) PA
XPOVIO TBPK 40MG	5	QL (4 EA per 28 days) PA
XPOVIO TBPK 50MG	5	QL (8 EA per 28 days) PA
XPOVIO TBPK 60MG	5	QL (4 EA per 28 days) PA
XPOVIO TBPK 80MG	5	QL (4 EA per 28 days) PA
xromi soln 100mg/ml	4	PA
XTANDI CAPS 40MG	5	QL (4 EA per 1 days) PA
XTANDI TABS 40MG	5	QL (4 EA per 1 days) PA
XTANDI TABS 80MG	5	QL (2 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
YERVOY INJ 200MG/40ML	5	PA
YERVOY INJ 50MG/10ML	5	PA
YONDELIS INJ 1MG	5	PA
YONSA TABS 125MG	5	QL (4 EA per 1 days) PA
yulithira tabs 10mg	4	QL (1 EA per 1 days) PA MO
yulithira tabs 2.5mg	4	QL (1 EA per 1 days) PA MO
yulithira tabs 5mg	4	QL (1 EA per 1 days) PA MO
yulithira tabs 7.5mg	4	QL (1 EA per 1 days) PA MO
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA
ZEJULA TABS 100MG	5	QL (1 EA per 1 days) PA
ZEJULA TABS 200MG	5	QL (1 EA per 1 days) PA
ZEJULA TABS 300MG	5	QL (1 EA per 1 days) PA
ZELBORAF TABS 240MG	5	PA LA
ZENBEXUS CAPS 0.75MG	5	QL (1 EA per 1 days) PA
ZENBEXUS CAPS 1MG	5	QL (1 EA per 1 days) PA
ZOLINZA CAPS 100MG	5	PA
ZYDELIG TABS 100MG	5	QL (2 EA per 1 days) PA
ZYDELIG TABS 150MG	5	QL (2 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS 150MG	5	QL (3 EA per 1 days) PA
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
Allergenic Extracts		
GRASTEK SUBL 2800BAU	3	PA MO
ODACTRA SUBL 0; 0	3	QL (1 EA per 1 days) PA MO
Antitoxins and Immune Globulins		
BIVIGAM INJ 10%	5	PA
BIVIGAM INJ 5GM/50ML	5	PA
FLEBOGAMMA DIF INJ 10GM/200ML	5	PA
FLEBOGAMMA DIF INJ 20GM/400ML	5	PA
FLEBOGAMMA DIF INJ 5GM/100ML	5	PA
GAMASTAN INJ 0	4	PA
GAMMAGARD LIQUID ERC INJ 10GM/100ML	5	PA
GAMMAGARD LIQUID ERC INJ 5GM/50ML	5	PA
GAMMAGARD LIQUID INJ 10GM/100ML	5	PA
GAMMAGARD LIQUID INJ 1GM/10ML	5	PA
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA
GAMMAGARD LIQUID INJ 20GM/200ML	5	PA
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID INJ 5GM/50ML	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA
GAMMAKED INJ 10GM/100ML	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAKED INJ 20GM/200ML	5	PA
GAMMAKED INJ 5GM/50ML	5	PA
GAMMAPLEX INJ 10GM/100ML	5	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 20GM/200ML	5	PA
GAMMAPLEX INJ 20GM/400ML	5	PA
GAMMAPLEX INJ 5GM/100ML	5	PA
GAMMAPLEX INJ 5GM/50ML	5	PA
GAMUNEX-C INJ 10GM/100ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
GAMUNEX-C INJ 2.5GM/25ML	5	PA
GAMUNEX-C INJ 20GM/200ML	5	PA
GAMUNEX-C INJ 40GM/400ML	5	PA
GAMUNEX-C INJ 5GM/50ML	5	PA
OCTAGAM INJ 10GM/100ML	5	PA
OCTAGAM INJ 10GM/200ML	5	PA
OCTAGAM INJ 1GM/20ML	4	PA
OCTAGAM INJ 2.5GM/50ML	5	PA
OCTAGAM INJ 20GM/200ML	5	PA
OCTAGAM INJ 2GM/20ML	5	PA
OCTAGAM INJ 30GM/300ML	5	PA
OCTAGAM INJ 5GM/100ML	5	PA
OCTAGAM INJ 5GM/50ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJ 10GM/100ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
PRIVIGEN INJ 40GM/400ML	5	PA
PRIVIGEN INJ 5GM/50ML	5	PA
VARIZIG INJ 125UNIT/1.2ML	4	PA
ZINPLAVA INJ 1000MG/40ML	5	PA
Toxoids		
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		

Drug Name	Drug Tier	Requirements/Limits
ABRYSVO INJ 120MCG/0.5ML	3	
ACTHIB INJ 0	3	
AREXVY INJ 120MCG/0.5ML	3	PA
BCG VACCINE INJ 50MG	3	
BEXSERO INJ 0.5ML	3	PA
DENGVAXIA INJ 0	3	PA
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 9 INJ 0.5ML	3	PA
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	
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
PENMENVY INJ 0; 0	3	PA

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	
TICOVAC INJ 1.2MCG/0.25ML	3	PA
TICOVAC INJ 2.4MCG/0.5ML	3	PA
TRUMENBA INJ 0.5ML	3	PA
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
VIMKUNYA INJ 40MCG/0.8ML	3	
VIVOTIF CPDR 0	3	QL (4 EA per 365 days)
YF-VAX INJ 0	3	

Drug Name	Drug Tier	Requirements/Limits
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	
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	MO
ipratropium bromide soln 0.02%	1	B/D MO
ipratropium bromide soln 0.03%	2	MO
ipratropium bromide soln 0.06%	2	MO
scopolamine pt72 1mg/3days	4	PA
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (4 GM per 30 days) MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
tiotropium bromide caps 18mcg	2	QL (30 EA per 30 days) MO
Autonomic Drugs, Miscellaneous		
nicotrol ns soln 10mg/ml	4	QL (360 ML per 365 days)

Drug Name	Drug Tier	Requirements/Limits
varenicline starting month tbpk 0	2	QL (53 EA per 84 days)
varenicline tartrate tabs 0.5mg	2	QL (730 EA per 365 days)
varenicline tartrate tabs 1mg	2	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	QL (1 EA per 1 days) MO
donepezil hcl tbdp 5mg	2	QL (1 EA per 1 days) MO
donepezil hydrochloride odt tbdp 10mg	2	QL (1 EA per 1 days) MO
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
galantamine hydrobromide er cp24 16mg	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
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
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	2	MO
baclofen tabs 20mg	2	MO
baclofen tabs 5mg	2	
chlorzoxazone tabs 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hydrochloride tabs 10mg	4	
cyclobenzaprine hydrochloride tabs 5mg	4	
methocarbamol tabs 500mg	2	
methocarbamol tabs 750mg	2	
tizanidine hcl tabs 2mg	2	MO
tizanidine hydrochloride caps 2mg	2	
tizanidine hydrochloride caps 4mg	2	
tizanidine hydrochloride caps 6mg	2	
tizanidine hydrochloride tabs 2mg	2	
tizanidine hydrochloride tabs 4mg	2	MO
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	1	
varenicline tartrate continuing month tabs 1mg	2	QL (730 EA per 365 days)
Sympatholytic (Adrenergic Blocking) Agents		
alfuzosin hcl er tb24 10mg	2	MO
dihydroergotamine mesylate inj 1mg/ml	4	
dihydroergotamine mesylate soln 4mg/ml	2	QL (8 ML per 28 days)
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

Drug Name	Drug Tier	Requirements/Limits
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
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 caps 200mg	5	QL (6 EA per 1 days) PA
droxidopa caps 300mg	5	QL (6 EA per 1 days) PA
epinephrine inj 0.15mg/0.15ml	1	
epinephrine inj 0.15mg/0.3ml	1	
epinephrine inj 0.3mg/0.3ml	1	
epinephrine inj 0.3mg/0.3ml	1	
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

Drug Name	Drug Tier	Requirements/Limits
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	1	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
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
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	4	
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

Drug Name	Drug Tier	Requirements/Limits
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 LA
ARALAST NP INJ 500MG	4	PA LA
PROLASTIN-C INJ 1000MG/20ML	5	PA LA
ZEMAIRA INJ 1000MG	5	PA LA
ZEMAIRA INJ 4000MG	5	PA LA
ZEMAIRA INJ 5000MG	5	PA LA
Blood Formation,Coagulation & Thrombosis Agents		
Antihemorrhagic Agents		
tranexamic acid inj 1000mg/10ml	4	
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
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 MO
ELIQUIS TABS 2.5MG	3	QL (2 EA per 1 days) MO
ELIQUIS TABS 5MG	3	MO
ELIQUIS TBSO 0.5MG	3	PA MO
ELIQUIS TBSO 0.5MG	3	QL (20 EA per 1 days) PA MO
ELIQUIS TBSO 0.5MG	3	PA MO
enoxaparin sodium inj 100mg/ml	1	
enoxaparin sodium inj 120mg/0.8ml	1	
enoxaparin sodium inj 150mg/ml	1	
enoxaparin sodium inj 300mg/3ml	1	
enoxaparin sodium inj 30mg/0.3ml	1	
enoxaparin sodium inj 40mg/0.4ml	1	
enoxaparin sodium inj 60mg/0.6ml	1	
enoxaparin sodium inj 80mg/0.8ml	1	
fondaparinux sodium inj 10mg/0.8ml	5	QL (0.8 ML per 1 days)
fondaparinux sodium inj 2.5mg/0.5ml	1	QL (0.5 ML per 1 days)
fondaparinux sodium inj 5mg/0.4ml	5	QL (0.4 ML per 1 days)

Drug Name	Drug Tier	Requirements/Limits
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%	4	
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	4	
heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%	4	
heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%	4	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/250ML; 0.45%	4	
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	

Drug Name	Drug Tier	Requirements/Limits
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	2	QL (1 EA per 1 days) MO
prasugrel hydrochloride tabs 5mg	2	QL (1 EA per 1 days) MO
rivaroxaban susr 1mg/ml	2	PA MO
rivaroxaban tabs 2.5mg	2	
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
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

Drug Name	Drug Tier	Requirements/Limits
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	QL (2 EA per 1 days) MO
XARELTO TABS 20MG	3	QL (1 EA per 1 days) MO
Blood Formation, Coagulation, and Thrombosis Agents, Misc.		
AQVESME TABS 100MG	5	QL (2 EA per 1 days) PA
PYRUKYND TAPER PACK TBPK 0	5	QL (14 EA per 180 days) PA
PYRUKYND TAPER PACK TBPK 0	5	QL (14 EA per 180 days) PA
PYRUKYND TAPER PACK TBPK 5MG	5	QL (7 EA per 180 days) PA
PYRUKYND TABS 20MG	5	QL (2 EA per 1 days) PA
PYRUKYND TABS 50MG	5	QL (2 EA per 1 days) PA
PYRUKYND TABS 5MG	5	QL (2 EA per 1 days) PA
TAVALISSE TABS 100MG	5	QL (2 EA per 1 days) PA MO
TAVALISSE TABS 150MG	5	QL (2 EA per 1 days) PA MO
WAYRILZ TABS 400MG	5	QL (2 EA per 1 days) PA
Hematopoietic Agents		

Drug Name	Drug Tier	Requirements/Limits
DOPTELET SPRINKLE CPSP 10MG	5	QL (4 EA per 1 days) PA
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA
eltrombopag olamine pack 12.5mg	5	QL (6 EA per 1 days) PA MO
eltrombopag olamine pack 25mg	5	QL (6 EA per 1 days) PA MO
eltrombopag olamine tabs 12.5mg	5	QL (1 EA per 1 days) PA MO
eltrombopag olamine tabs 25mg	5	QL (1 EA per 1 days) PA MO
eltrombopag olamine tabs 50mg	5	QL (2 EA per 1 days) PA MO
eltrombopag olamine tabs 75mg	5	QL (2 EA per 1 days) PA MO
FULPHILA INJ 6MG/0.6ML	5	PA
GRANIX INJ 300MCG/0.5ML	4	PA
GRANIX INJ 300MCG/ML	4	PA
GRANIX INJ 480MCG/0.8ML	4	PA
LEUKINE INJ 250MCG	5	PA
MULPLETA TABS 3MG	5	QL (1 EA per 1 days) PA
NEULASTA INJ 4MG/0.4ML	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA
plerixafor inj 24mg/1.2ml	5	PA
PROCRIT INJ 10000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 2000UNIT/ML	4	PA
PROCRIT INJ 3000UNIT/ML	4	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROCRIT INJ 4000UNIT/ML	4	PA
RETACRIT INJ 10000UNIT/ML	4	PA
RETACRIT INJ 20000UNIT/2ML	4	PA
RETACRIT INJ 20000UNIT/ML	4	PA
RETACRIT INJ 2000UNIT/ML	4	PA
RETACRIT INJ 3000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
RETACRIT INJ 4000UNIT/ML	4	PA
STIMUFEND INJ 6MG/0.6ML	5	PA
UDENYCA ONBODY INJ 6MG/0.6ML	5	PA
UDENYCA INJ 6MG/0.6ML	5	PA
UDENYCA INJ 6MG/0.6ML	5	PA
XOLREMDI CAPS 100MG	5	QL (120 EA per 30 days) PA
ZARXIO INJ 300MCG/0.5ML	5	PA
ZARXIO INJ 480MCG/0.8ML	5	PA
Hemorrheologic Agents		
pentoxifylline er tbcr 400mg	2	MO
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
doxazosin mesylate tabs 1mg	2	MO
doxazosin mesylate tabs 2mg	2	MO
doxazosin mesylate tabs 4mg	2	MO
doxazosin mesylate tabs 8mg	2	MO
doxazosin tabs 2mg	2	MO
prazosin hydrochloride caps 1mg	2	MO
prazosin hydrochloride caps 2mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
prazosin hydrochloride caps 5mg	2	MO
terazosin hcl caps 10mg	2	MO
terazosin hcl caps 1mg	2	MO
terazosin hcl caps 5mg	2	MO
terazosin hydrochloride caps 10mg	2	MO
terazosin hydrochloride caps 1mg	2	MO
terazosin hydrochloride caps 2mg	2	MO
terazosin hydrochloride caps 5mg	2	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
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

Drug Name	Drug Tier	Requirements/Limits
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	1	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	1	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
JUXTAPID CAPS 10MG	5	QL (2 EA per 1 days) PA MO
JUXTAPID CAPS 20MG	5	QL (2 EA per 1 days) PA MO
JUXTAPID CAPS 30MG	5	QL (2 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 5MG	5	QL (2 EA per 1 days) PA 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
NEXLIZET TABS 180MG; 10MG	4	QL (1 EA per 1 days) PA 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 MO
PRALUENT INJ 75MG/ML	3	QL (2 ML per 28 days) PA MO
pravastatin sodium tabs 10mg	6	MO
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
REPATHA SURECLICK INJ 140MG/ML	3	QL (3 ML per 30 days) PA MO
REPATHA INJ 140MG/ML	3	QL (3 ML per 30 days) PA MO
rosuvastatin calcium tabs 10mg	6	MO
rosuvastatin calcium tabs 20mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
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 INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA
beta-Adrenergic Blocking Agents		
acebutolol hydrochloride caps 200mg	2	MO
acebutolol hydrochloride caps 400mg	2	MO
atenolol/chlorthalidone tabs 100mg; 25mg	1	MO
atenolol/chlorthalidone tabs 50mg; 25mg	1	MO
atenolol tabs 100mg	1	MO
atenolol tabs 25mg	1	MO
atenolol tabs 50mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg	1	MO
bisoprolol fumarate tabs 10mg	1	MO
bisoprolol fumarate tabs 5mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
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	4	
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
metoprolol tartrate inj 5mg/5ml	4	
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	1	MO
metoprolol/hydrochlorothiazide tabs 25mg; 50mg	1	MO
metoprolol/hydrochlorothiazide tabs 50mg; 100mg	1	MO
nadolol tabs 20mg	1	MO
nadolol tabs 40mg	1	MO
nadolol tabs 80mg	1	MO
nebivolol hydrochloride tabs 10mg	2	QL (3 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
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	1	MO
propranolol hcl tabs 40mg	1	MO
propranolol hcl tabs 60mg	1	MO
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	1	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	2	MO
sotalol hcl (af) tabs 80mg	2	MO
sotalol hcl af tabs 160mg	2	MO
sotalol hcl tabs 120mg	1	MO
sotalol hcl tabs 160mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl tabs 240mg	1	MO
sotalol hydrochloride (af) tabs 120mg	2	MO
sotalol hydrochloride (af) tabs 160mg	2	MO
sotalol hydrochloride (af) tabs 80mg	2	MO
sotalol hydrochloride af tabs 160mg	2	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 MO
timolol maleate tabs 10mg	2	MO
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
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	4	
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	4	
amiodarone hydrochloride inj 50mg/ml	4	
amiodarone hydrochloride inj 900mg/18ml	4	
amiodarone hydrochloride tabs 100mg	2	MO
amiodarone hydrochloride tabs 200mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
amiodarone hydrochloride tabs 400mg	2	MO
ATTRUBY TBPK 356MG	5	QL (4 EA per 1 days) PA
CAMZYOS CAPS 10MG	5	QL (1 EA per 1 days) PA
CAMZYOS CAPS 15MG	5	QL (1 EA per 1 days) PA
CAMZYOS CAPS 2.5MG	5	QL (1 EA per 1 days) PA
CAMZYOS CAPS 5MG	5	QL (1 EA per 1 days) PA
CARDAMYST SOLN 70MG/DOSE	4	QL (4 EA per 30 days) PA
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 MO
digoxin inj 0.25mg/ml	4	
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
dilt-xr cp24 240mg	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

Drug Name	Drug Tier	Requirements/Limits
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	4	
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
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	4	
diltiazem hydrochloride inj 25mg/5ml	4	
diltiazem hydrochloride inj 50mg/10ml	4	

Drug Name	Drug Tier	Requirements/Limits
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
ivabradine hydrochloride tabs 7.5mg	2	QL (2 EA per 1 days) PA
lidocaine hcl in d5w inj 5%; 4mg/ml	4	
lidocaine hcl in d5w inj 5%; 8mg/ml	4	
lidocaine hcl/dextrose inj 5%; 4mg/ml	4	
lidocaine hcl/dextrose inj 5%; 8mg/ml	4	
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	4	MO
MULTAQ TABS 400MG	3	PA MO
MYQORZO TABS 10MG	5	QL (1 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
MYQORZO TABS 15MG	5	QL (1 EA per 1 days) PA
MYQORZO TABS 20MG	5	QL (1 EA per 1 days) PA
MYQORZO TABS 5MG	5	QL (1 EA per 1 days) PA
NORPACE CR CP12 100MG	4	MO
NORPACE CR CP12 150MG	4	MO
pacerone tabs 100mg	2	MO
pacerone tabs 200mg	2	MO
pacerone tabs 400mg	2	MO
procainamide hydrochloride inj 100mg/ml	4	
procainamide hydrochloride inj 500mg/ml	4	
propafenone hcl tabs 150mg	2	MO
propafenone hcl tabs 225mg	2	
propafenone hcl tabs 300mg	2	
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 gluconate er tbcr 324mg	2	
QUINIDINE SULFATE TABS 200MG	4	MO
QUINIDINE SULFATE TABS 300MG	4	MO
ranolazine er tb12 1000mg	2	MO
ranolazine er tb12 500mg	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

Drug Name	Drug Tier	Requirements/Limits
tiadylt er cp24 360mg	2	MO
tiadylt er cp24 420mg	2	MO
verapamil hcl er cp24 120mg	2	MO
verapamil hcl er cp24 180mg	2	MO
verapamil hcl er cp24 240mg	2	MO
verapamil hcl er tbcr 120mg	1	MO
verapamil hcl sr cp24 120mg	2	MO
verapamil hcl sr cp24 180mg	2	MO
verapamil hcl sr cp24 240mg	2	MO
verapamil hcl sr cp24 360mg	2	MO
verapamil hydrochloride er cp24 100mg	2	MO
verapamil hydrochloride er cp24 200mg	2	MO
verapamil hydrochloride er cp24 300mg	2	MO
verapamil hydrochloride er tbcr 180mg	1	MO
verapamil hydrochloride er tbcr 240mg	1	MO
verapamil hydrochloride sr cp24 240mg	2	MO
verapamil hydrochloride sr cp24 360mg	2	MO
verapamil hydrochloride inj 2.5mg/ml	4	
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
Central alpha-Agonists		
clonidine hydrochloride tabs 0.05mg	2	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

Drug Name	Drug Tier	Requirements/Limits
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
bumetanide inj 0.25mg/ml	4	
bumetanide tabs 0.5mg	2	MO
bumetanide tabs 1mg	2	MO
bumetanide tabs 2mg	2	MO
chlorothiazide sodium inj 500mg	4	
chlorthalidone tabs 25mg	1	MO
chlorthalidone tabs 50mg	1	MO
dichlorphenamide tabs 50mg	5	QL (4 EA per 1 days) PA
furosemide inj 10mg/ml	4	
furosemide soln 10mg/ml	4	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

Drug Name	Drug Tier	Requirements/Limits
metolazone tabs 2.5mg	1	MO
metolazone tabs 5mg	1	MO
Kallikrein-kinin System Inhibitors		
DAWNZERA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA
EKTERLY TABS 300MG	5	QL (2 EA per 1 days) PA
icatibant acetate inj 30mg/3ml	5	PA
TAKHZYRO INJ 150MG/ML	5	QL (4 ML per 28 days) PA
TAKHZYRO INJ 300MG/2ML	5	QL (4 ML per 28 days) PA MO
TAKHZYRO INJ 300MG/2ML	5	QL (4 ML per 28 days) PA 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
benazepril hydrochloride tabs 40mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
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	
ENTRESTO CPSP 6MG; 6MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 MO
KERENDIA TABS 20MG	4	QL (1 EA per 1 days) PA MO
KERENDIA TABS 40MG	4	QL (1 EA per 1 days) PA
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg	6	MO
lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg	6	MO
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	6	MO
lisinopril tabs 10mg	6	MO
lisinopril tabs 2.5mg	6	MO
lisinopril tabs 20mg	6	MO
lisinopril tabs 30mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	1	MO
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

Drug Name	Drug Tier	Requirements/Limits
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
valsartan tabs 320mg	6	MO
valsartan tabs 40mg	6	MO
valsartan tabs 80mg	6	MO
Vasodilating Agents		
hydralazine hydrochloride inj 20mg/ml	4	
hydralazine hydrochloride tabs 100mg	2	MO
hydralazine hydrochloride tabs 10mg	2	MO
hydralazine hydrochloride tabs 25mg	2	MO
hydralazine hydrochloride tabs 50mg	2	MO
isosorbide dinitrate tabs 10mg	1	MO
isosorbide dinitrate tabs 20mg	1	MO
isosorbide dinitrate tabs 30mg	1	MO
isosorbide dinitrate tabs 40mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate tabs 5mg	1	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	1	MO
isosorbide mononitrate tabs 20mg	1	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	4	MO
NITROGLYCERIN INJ 5MG/ML	4	
nitroglycerin soln 0.4mg/spray	4	MO
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 50mg	2	QL (6 EA per 30 days) ED
sildenafil tabs 25mg	2	QL (6 EA per 30 days) ED
tadalafil tabs 2.5mg	2	QL (1 EA per 1 days) PA MO
tadalafil tabs 5mg	2	QL (1 EA per 1 days) PA MO
VERQUVO TABS 10MG	3	QL (1 EA per 1 days) PA
VERQUVO TABS 2.5MG	3	QL (1 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
VERQUVO TABS 5MG	3	QL (1 EA per 1 days) PA
Central Nervous System Agents		
Amyotrophic Lateral Sclerosis (ALS) Agents		
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	QL (70 ML per 180 days) PA
RADICAVA ORS SUSP 105MG/5ML	5	QL (50 ML per 28 days) PA
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)
BRIXADI INJ 16MG/0.32ML	5	QL (1.28 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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	1	QL (3 EA per 1 days)
buprenorphine hcl subl 8mg	1	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)
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 ptwk 15mcg/hr	4	QL (4 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
buprenorphine ptwk 20mcg/hr	4	QL (4 EA per 28 days) PA
buprenorphine ptwk 5mcg/hr	4	QL (4 EA per 28 days) PA
buprenorphine ptwk 7.5mcg/hr	4	QL (4 EA per 28 days) PA
butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg	4	QL (13 EA per 1 days)
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	2	MO
diclofenac sodium dr tbec 50mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
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	
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 pt72 100mcg/hr	4	QL (10 EA per 30 days) ST
fentanyl pt72 12mcg/hr	4	QL (10 EA per 30 days) ST
fentanyl pt72 25mcg/hr	4	QL (10 EA per 30 days) ST
fentanyl pt72 50mcg/hr	4	QL (10 EA per 30 days) ST
fentanyl pt72 75mcg/hr	4	QL (10 EA per 30 days) ST
flurbiprofen tabs 100mg	2	MO
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	4	
hydromorphone hcl inj 1mg/ml	4	
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	4	
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML	4	
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML	4	
hydromorphone hydrochloride inj 2mg/ml	4	
HYDROMORPHONE HYDROCHLORIDE INJ 2MG/ML	4	
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	4	
hydromorphone hydrochloride inj 50mg/5ml	4	
ibuprofen susp 100mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
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
meloxicam tabs 15mg	1	MO
meloxicam tabs 7.5mg	1	MO
METHADONE HCL SOLN 5MG/5ML	2	
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	
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	4	
MORPHINE SULFATE INJ 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE INJ 10MG/ML	4	
MORPHINE SULFATE INJ 10MG/ML	4	
morphine sulfate inj 1mg/ml	4	
MORPHINE SULFATE INJ 2MG/ML	4	
morphine sulfate inj 4mg/ml	4	
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	4	
nalbuphine hydrochloride inj 20mg/ml	4	
naproxen dr tbec 375mg	2	MO
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 tinc 1%	4	QL (2.4 ML per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl caps 5mg	2	
oxycodone hydrochloride caps 5mg	2	
oxycodone hydrochloride conc 100mg/5ml	4	
oxycodone hydrochloride soln 5mg/5ml	2	
oxycodone hydrochloride tabs 10mg	2	
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
OXYCONTIN T12A 15MG	4	QL (3 EA per 1 days) PA
OXYCONTIN T12A 20MG	4	QL (3 EA per 1 days) PA
OXYCONTIN T12A 30MG	4	QL (3 EA per 1 days) PA
OXYCONTIN T12A 40MG	4	QL (3 EA per 1 days) PA
OXYCONTIN T12A 60MG	4	QL (3 EA per 1 days) PA
OXYCONTIN T12A 80MG	5	QL (3 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
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	2	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
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

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

Drug Name	Drug Tier	Requirements/Limits
atomoxetine caps 18mg	2	QL (5 EA per 1 days) MO
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	
dexmethylphenidate hydrochloride tabs 2.5mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
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 dimesylate caps 20mg	4	QL (2 EA per 1 days) PA
lisdexamfetamine dimesylate caps 30mg	4	QL (2 EA per 1 days) PA
lisdexamfetamine dimesylate caps 40mg	4	QL (2 EA per 1 days) PA
lisdexamfetamine dimesylate caps 50mg	4	QL (2 EA per 1 days) PA
lisdexamfetamine dimesylate caps 60mg	4	QL (2 EA per 1 days) PA
lisdexamfetamine dimesylate caps 70mg	4	QL (2 EA per 1 days) PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	2	MO
methylphenidate hydrochloride tabs 20mg	2	MO
methylphenidate hydrochloride tabs 5mg	2	MO
modafinil tabs 100mg	2	QL (1 EA per 1 days) PA MO
modafinil tabs 200mg	2	QL (2 EA per 1 days) PA MO
SODIUM OXYBATE SOLN 500MG/ML	5	PA LA
WAKIX TABS 17.8MG	5	QL (2 EA per 1 days) PA
WAKIX TABS 4.45MG	5	QL (4 EA per 1 days) PA
Anticonvulsants		
brivaracetam soln 10mg/ml	5	PA MO
brivaracetam tabs 100mg	5	PA MO
brivaracetam tabs 10mg	5	PA MO
brivaracetam tabs 25mg	5	PA MO
brivaracetam tabs 50mg	5	PA MO
brivaracetam tabs 75mg	5	PA MO
carbamazepine er cp12 100mg	2	MO
carbamazepine er cp12 200mg	2	MO
carbamazepine er cp12 300mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
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 MO
clobazam tabs 10mg	2	MO
clobazam tabs 20mg	2	MO
clonazepam odt tbdp 0.125mg	4	MO
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	2	MO
clonazepam tabs 1mg	2	MO
clonazepam tabs 2mg	2	MO
DIACOMIT CAPS 250MG	5	PA MO
DIACOMIT CAPS 500MG	5	PA MO
DIACOMIT PACK 250MG	5	PA MO
DIACOMIT PACK 500MG	5	PA 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	3	MO
DILANTIN CAPS 30MG	3	MO
divalproex sodium dr csdr 125mg	4	MO
divalproex sodium dr tbec 125mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
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
EPIDIOLEX SOLN 100MG/ML	5	PA MO
epitol tabs 200mg	1	MO
eslicarbazepine acetate tabs 200mg	4	QL (1 EA per 1 days) PA MO
eslicarbazepine acetate tabs 400mg	4	QL (1 EA per 1 days) PA MO
eslicarbazepine acetate tabs 600mg	4	QL (2 EA per 1 days) PA MO
eslicarbazepine acetate tabs 800mg	4	QL (2 EA per 1 days) PA 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
fosphenytoin sodium inj 100mg pe/2ml	4	
fosphenytoin sodium inj 500mg pe/10ml	4	
gabapentin caps 100mg	2	MO
gabapentin caps 300mg	2	MO
gabapentin caps 400mg	2	MO
gabapentin soln 250mg/5ml	2	MO
gabapentin tabs 600mg	2	MO
gabapentin tabs 800mg	2	MO
lacosamide inj 200mg/20ml	4	
lacosamide soln 10mg/ml	4	MO

Drug Name	Drug Tier	Requirements/Limits
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 tb24 200mg	4	ST
lamotrigine er tb24 250mg	4	ST
lamotrigine er tb24 25mg	4	ST
lamotrigine er tb24 300mg	4	ST
lamotrigine er tb24 50mg	4	ST
lamotrigine odt tbdp 100mg	4	MO
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

Drug Name	Drug Tier	Requirements/Limits
levetiracetam er tb24 750mg	2	MO
levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml	4	
levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml	4	
levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml	4	
levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml	4	
levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml	4	
levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml	4	
levetiracetam inj 500mg/5ml	4	
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 (5 EA per 1 days) PA MO
LEVETIRACETAM TB3D 500MG	4	QL (6 EA per 1 days) PA MO
magnesium sulfate inj 20gm/500ml	4	
magnesium sulfate inj 2gm/50ml	4	
magnesium sulfate inj 40gm/1000ml	4	
magnesium sulfate inj 4gm/100ml	4	
magnesium sulfate inj 50%	4	
magnesium sulfate inj 50%	4	
methsuximide caps 300mg	2	MO
NAYZILAM SOLN 5MG/0.1ML	4	QL (10 EA per 30 days)
oxcarbazepine susp 300mg/5ml	4	MO

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine tabs 150mg	2	MO
oxcarbazepine tabs 300mg	2	MO
oxcarbazepine tabs 600mg	2	MO
perampanel susp 0.5mg/ml	5	QL (24 ML per 1 days) PA MO
perampanel tabs 10mg	4	QL (1 EA per 1 days) PA
perampanel tabs 12mg	4	QL (1 EA per 1 days) PA
perampanel tabs 2mg	4	QL (1 EA per 1 days) PA
perampanel tabs 4mg	4	QL (1 EA per 1 days) PA
perampanel tabs 6mg	4	QL (1 EA per 1 days) PA
perampanel tabs 8mg	4	QL (1 EA per 1 days) PA
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	4	
phenytoin chew 50mg	1	MO
phenytoin susp 125mg/5ml	1	MO
pregabalin caps 100mg	1	MO
pregabalin caps 150mg	1	MO
pregabalin caps 200mg	1	MO
pregabalin caps 225mg	1	MO
pregabalin caps 25mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
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	1	MO
rufinamide susp 40mg/ml	5	PA MO
rufinamide tabs 200mg	4	MO
rufinamide tabs 400mg	5	MO
subvenite susp 10mg/ml	1	
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 FILM 20MG	5	QL (2 EA per 1 days) PA
SYMPAZAN FILM 5MG	4	QL (2 EA per 1 days) PA
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

Drug Name	Drug Tier	Requirements/Limits
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	4	
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 LA MO
vigabatrin tabs 500mg	5	PA LA MO
VIGAFYDE SOLN 100MG/ML	5	PA
XCOPRI TABS 100MG	5	QL (1 EA per 1 days) PA
XCOPRI TABS 150MG	5	QL (2 EA per 1 days) PA
XCOPRI TABS 200MG	5	QL (2 EA per 1 days) PA
XCOPRI TABS 25MG	5	QL (1 EA per 1 days) PA
XCOPRI TABS 50MG	5	QL (1 EA per 1 days) PA
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA
XCOPRI TBPK 0	5	QL (28 EA per 180 days) PA

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TBPK 0	5	QL (2 EA per 1 days) PA
XCOPRI TBPK 0	5	QL (28 EA per 180 days) PA
XCOPRI TBPK 0	5	QL (2 EA per 1 days) PA
ZONISADE SUSP 100MG/5ML	4	QL (20 ML per 1 days) PA MO
zonisamide caps 100mg	1	MO
zonisamide caps 25mg	1	MO
zonisamide caps 50mg	1	MO
ZTALMY SUSP 50MG/ML	5	PA MO
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
Antimigraine Agents		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 30 days) PA MO
AIMOVIG INJ 70MG/ML	3	QL (1 ML per 28 days) PA 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 INJ 120MG/ML	3	PA
EMGALITY INJ 120MG/ML	3	PA
MIGERGOT SUPP 100MG; 2MG	5	

Drug Name	Drug Tier	Requirements/Limits
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
rizatriptan benzoate odt tbdp 10mg	2	QL (12 EA per 30 days)
rizatriptan benzoate odt tbdp 5mg	2	QL (12 EA per 30 days)
rizatriptan benzoate tabs 10mg	1	QL (18 EA per 30 days)
rizatriptan benzoate tabs 5mg	2	QL (18 EA per 30 days)
sumatriptan succinate inj 4mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	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 TABS 50MG	5	QL (16 EA per 30 days) PA
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
apomorphine hydrochloride inj 30mg/3ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate tabs 0.5mg	2	MO
benztropine mesylate tabs 1mg	2	MO
benztropine mesylate tabs 2mg	2	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
EMSAM PT24 12MG/24HR	5	QL (1 EA per 1 days) PA MO
EMSAM PT24 6MG/24HR	5	QL (1 EA per 1 days) PA MO
EMSAM PT24 9MG/24HR	5	QL (1 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
entacapone tabs 200mg	2	MO
INBRIJA CAPS 42MG	5	PA
ONGENTYS CAPS 25MG	3	QL (1 EA per 1 days) ST MO
ONGENTYS CAPS 50MG	3	QL (1 EA per 1 days) ST 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 MO
rasagiline mesylate tabs 1mg	2	QL (1 EA per 1 days) ST 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

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

Drug Name	Drug Tier	Requirements/Limits
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	4	
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	
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
hydroxyzine hcl tabs 50mg	4	PA
HYDROXYZINE HYDROCHLORIDE INJ 25MG/ML	4	
HYDROXYZINE HYDROCHLORIDE INJ 50MG/ML	4	
hydroxyzine hydrochloride syrp 10mg/5ml	4	PA
hydroxyzine hydrochloride tabs 10mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hydrochloride tabs 25mg	4	PA
hydroxyzine hydrochloride tabs 50mg	4	PA MO
HYDROXYZINE PAMOATE CAPS 100MG	4	PA
hydroxyzine pamoate caps 25mg	4	PA MO
hydroxyzine pamoate caps 50mg	4	PA 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	4	
midazolam hcl inj 10mg/2ml	4	
midazolam hcl inj 50mg/10ml	4	
midazolam hcl inj 5mg/5ml	4	
midazolam hcl inj 5mg/ml	4	
midazolam hcl inj 5mg/ml	4	
midazolam hydrochloride +rfid inj 2mg/2ml	4	
midazolam hydrochloride inj 10mg/10ml	4	
midazolam hydrochloride inj 10mg/2ml	4	
midazolam hydrochloride inj 25mg/5ml	4	
midazolam hydrochloride inj 2mg/2ml	4	
midazolam hydrochloride inj 2mg/2ml	4	
midazolam hydrochloride inj 50mg/10ml	4	
midazolam hydrochloride inj 5mg/5ml	4	
midazolam hydrochloride inj 5mg/5ml	4	
midazolam hydrochloride inj 5mg/ml	4	
phenobarbital elix 20mg/5ml	2	MO

Drug Name	Drug Tier	Requirements/Limits
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	PA
promethazine hydrochloride supp 25mg	4	
ramelteon tabs 8mg	2	ST MO
tasimelteon caps 20mg	5	QL (1 EA per 1 days) PA 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 (4 EA per 1 days) PA
DAYBUE STIX PACK 6000MG	5	QL (4 EA per 1 days) PA
DAYBUE STIX PACK 8000MG	5	QL (2 EA per 1 days) PA
DAYBUE SOLN 200MG/ML	5	QL (120 ML per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
dextromethorphan hydrobromide/quinidine sulfate caps 20mg; 10mg	5	QL (2 EA per 1 days) PA 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
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 MO
XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	5	QL (18 ML per 1 days) PA
Fibromyalgia Agents		
milnacipran hydrochloride titration pack misc 0	4	PA
milnacipran hydrochloride tabs 100mg	4	PA
milnacipran hydrochloride tabs 12.5mg	4	PA
milnacipran hydrochloride tabs 25mg	4	PA
milnacipran hydrochloride tabs 50mg	4	PA
TONMYA SUBL 2.8MG	5	QL (2 EA per 1 days) PA MO
Opioid Antagonists		
KLOXXADO LIQD 8MG/0.1ML	3	
naloxone hcl inj 4mg/10ml	1	
naloxone hydrochloride inj 0.4mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
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	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
ABILIFY MYCITE MAINTENANCE KIT TBPK 10MG	5	QL (1 EA per 1 days) PA
ABILIFY MYCITE MAINTENANCE KIT TBPK 15MG	5	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 20MG	5	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 2MG	5	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 30MG	5	QL (1 EA per 1 days) PA
ABILIFY MYCITE MAINTENANCE KIT TBPK 5MG	5	QL (1 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT TBPK 10MG	5	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE STARTER KIT TBPK 15MG	5	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPK 20MG	5	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPK 2MG	5	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPK 30MG	5	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPK 5MG	5	QL (1 EA per 1 days) PA
amitriptyline hcl tabs 100mg	2	MO
amitriptyline hcl tabs 150mg	2	MO
amitriptyline hcl tabs 25mg	2	MO
amitriptyline hcl tabs 75mg	2	MO
amitriptyline hydrochloride tabs 100mg	2	MO
amitriptyline hydrochloride tabs 10mg	2	MO
amitriptyline hydrochloride tabs 150mg	2	MO
amitriptyline hydrochloride tabs 25mg	2	MO
amitriptyline hydrochloride tabs 50mg	2	MO
amitriptyline hydrochloride tabs 75mg	2	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	1	MO
aripiprazole tabs 15mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
aripiprazole tabs 20mg	1	MO
aripiprazole tabs 2mg	1	MO
aripiprazole tabs 30mg	1	MO
aripiprazole tabs 5mg	1	MO
ARISTADA INITIO INJ 675MG/2.4ML	5	QL (2.4 ML per 180 days) PA
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 60 days) PA MO
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 30 days) PA MO
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 30 days) PA MO
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 30 days) PA MO
asenapine maleate sl subl 10mg	4	ST MO
asenapine maleate sl subl 2.5mg	4	ST MO
asenapine maleate sl subl 5mg	4	ST MO
AUVELITY TITRATION PACK TEPK 0; 0	4	QL (102 EA per 365 days) PA
AUVELITY TBCR 105MG; 45MG	4	QL (2 EA per 1 days) PA 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

Drug Name	Drug Tier	Requirements/Limits
bupropion hydrochloride tabs 75mg	1	MO
BYSANTI TITRATION PACK A TBPK 0	4	QL (16 EA per 365 days) ST
BYSANTI TITRATION PACK B TBPK 0	4	QL (24 EA per 365 days) ST
BYSANTI TITRATION PACK C TBPK 0	4	QL (16 EA per 365 days) ST
BYSANTI TABS 10MG	5	QL (2 EA per 1 days) ST
BYSANTI TABS 12MG	5	QL (2 EA per 1 days) ST
BYSANTI TABS 1MG	5	QL (2 EA per 1 days) ST
BYSANTI TABS 2MG	5	QL (2 EA per 1 days) ST
BYSANTI TABS 4MG	5	QL (2 EA per 1 days) ST
BYSANTI TABS 6MG	5	QL (2 EA per 1 days) ST
BYSANTI TABS 8MG	5	QL (2 EA per 1 days) ST
CAPLYTA CAPS 10.5MG	5	QL (1 EA per 1 days) PA MO
CAPLYTA CAPS 21MG	5	QL (1 EA per 1 days) PA MO
CAPLYTA CAPS 42MG	5	QL (1 EA per 1 days) PA MO
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 5MG	4	MO
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 25MG; 10MG	4	MO
chlorpromazine hcl inj 25mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl inj 50mg/2ml	4	
chlorpromazine hydrochloride inj 25mg/ml	4	
chlorpromazine hydrochloride inj 50mg/2ml	4	
chlorpromazine hydrochloride tabs 100mg	4	MO
chlorpromazine hydrochloride tabs 10mg	2	MO
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 MO
clomipramine hcl caps 25mg	4	
clomipramine hcl caps 50mg	4	
clomipramine hcl caps 75mg	4	
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 TBDP 12.5MG	4	ST
clozapine odt tbdp 150mg	4	ST

Drug Name	Drug Tier	Requirements/Limits
clozapine odt tbdp 200mg	4	ST
clozapine odt tbdp 25mg	4	ST
clozapine tabs 100mg	2	
clozapine tabs 200mg	2	
clozapine tabs 25mg	2	
clozapine tabs 50mg	2	
COBENFY STARTER PACK CPPK 20MG; 0	5	QL (56 EA per 180 days) PA
COBENFY CAPS 20MG; 100MG	5	QL (2 EA per 1 days) PA MO
COBENFY CAPS 20MG; 50MG	5	QL (2 EA per 1 days) PA MO
COBENFY CAPS 30MG; 125MG	5	QL (2 EA per 1 days) PA MO
compro supp 25mg	4	
desipramine hcl tabs 100mg	4	MO
desipramine hcl tabs 10mg	4	MO
desipramine hcl tabs 150mg	4	
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	4	MO
desipramine hydrochloride tabs 25mg	4	MO
desipramine hydrochloride tabs 50mg	4	MO
desipramine hydrochloride tabs 75mg	4	MO
desvenlafaxine er tb24 100mg	2	QL (1 EA per 1 days) MO
desvenlafaxine er tb24 25mg	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine er tb24 50mg	2	QL (1 EA per 1 days) MO
doxepin hcl caps 75mg	2	MO
doxepin hcl conc 10mg/ml	2	MO
doxepin hydrochloride caps 100mg	2	MO
doxepin hydrochloride caps 10mg	2	MO
doxepin hydrochloride caps 150mg	2	MO
doxepin hydrochloride caps 25mg	2	MO
doxepin hydrochloride caps 50mg	2	MO
doxepin hydrochloride tabs 3mg	2	QL (1 EA per 1 days) ST MO
doxepin hydrochloride tabs 6mg	2	QL (1 EA per 1 days) ST MO
DRIZALMA SPRINKLE CSDR 20MG	4	QL (2 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 30MG	4	QL (1 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (1 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 60MG	4	QL (2 EA per 1 days) PA MO
duloxetine hydrochloride dr cpep 120mg	1	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	MO
duloxetine hydrochloride dr cpep 90mg	1	MO
escitalopram oxalate soln 5mg/5ml	4	MO
escitalopram oxalate tabs 10mg	1	MO
escitalopram oxalate tabs 20mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate tabs 5mg	1	MO
EXXUA TITRATION PACK TB24 18.2MG	5	QL (32 EA per 180 days) PA MO
EXXUA TB24 18.2MG	5	QL (1 EA per 1 days) PA MO
EXXUA TB24 36.3MG	5	QL (1 EA per 1 days) PA MO
EXXUA TB24 54.5MG	5	QL (1 EA per 1 days) PA MO
EXXUA TB24 72.6MG	5	QL (1 EA per 1 days) PA MO
FANAPT TITRATION PACK A TABS 0	4	QL (8 EA per 180 days) ST
FANAPT TITRATION PACK B TABS 0	4	QL (12 EA per 180 days) ST
FANAPT TITRATION PACK C TABS 0	4	QL (8 EA per 180 days) ST
FANAPT TABS 10MG	5	QL (2 EA per 1 days) ST
FANAPT TABS 12MG	5	QL (2 EA per 1 days) ST
FANAPT TABS 1MG	5	QL (2 EA per 1 days) ST
FANAPT TABS 2MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 4MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 6MG	5	QL (2 EA per 1 days) ST
FANAPT TABS 8MG	5	QL (2 EA per 1 days) ST
FETZIMA TITRATION PACK C4PK 0	4	PA

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24 120MG	4	QL (1 EA per 1 days) PA MO
FETZIMA CP24 20MG	4	QL (1 EA per 1 days) PA MO
FETZIMA CP24 40MG	4	QL (1 EA per 1 days) PA MO
FETZIMA CP24 80MG	4	QL (1 EA per 1 days) PA MO
FLUOXETINE DR CPDR 90MG	4	MO
fluoxetine hydrochloride caps 10mg	1	MO
fluoxetine hydrochloride caps 20mg	1	MO
fluoxetine hydrochloride caps 40mg	2	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	4	
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	2	MO
fluvoxamine maleate tabs 25mg	2	MO
fluvoxamine maleate tabs 50mg	2	MO
haloperidol decanoate inj 100mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
haloperidol decanoate inj 100mg/ml	4	
haloperidol decanoate inj 50mg/ml	4	
haloperidol decanoate inj 50mg/ml	4	
haloperidol lactate inj 5mg/ml	4	
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
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
INVEGA HAFYERA INJ 1560MG/5ML	5	QL (5 ML per 180 days) PA
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
INVEGA TRINZA INJ 410MG/1.32ML	5	PA
INVEGA TRINZA INJ 546MG/1.75ML	5	PA
INVEGA TRINZA INJ 819MG/2.63ML	5	PA
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	2	QL (1 EA per 1 days) MO
lurasidone hydrochloride tabs 20mg	2	QL (1 EA per 1 days) MO
lurasidone hydrochloride tabs 40mg	2	QL (1 EA per 1 days) MO
lurasidone hydrochloride tabs 60mg	2	QL (1 EA per 1 days) MO
lurasidone hydrochloride tabs 80mg	2	QL (2 EA per 1 days) MO
LYBALVI TABS 10MG; 10MG	5	QL (1 EA per 1 days) PA MO
LYBALVI TABS 15MG; 10MG	5	QL (1 EA per 1 days) PA MO
LYBALVI TABS 20MG; 10MG	5	QL (1 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TABS 5MG; 10MG	5	QL (1 EA per 1 days) PA 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	2	MO
mirtazapine tabs 30mg	2	MO
mirtazapine tabs 45mg	2	MO
mirtazapine tabs 7.5mg	2	MO
MOLINDONE HYDROCHLORIDE TABS 10MG	4	MO
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	2	MO
nortriptyline hcl caps 75mg	2	MO
nortriptyline hcl soln 10mg/5ml	2	MO
nortriptyline hydrochloride caps 10mg	2	MO
nortriptyline hydrochloride caps 25mg	2	
nortriptyline hydrochloride caps 50mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hydrochloride caps 75mg	2	
NUPLAZID CAPS 34MG	5	QL (1 EA per 1 days) PA MO
NUPLAZID TABS 10MG	5	QL (1 EA per 1 days) PA MO
olanzapine odt tbdp 10mg	4	MO
olanzapine odt tbdp 15mg	4	MO
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 FILM 2MG	5	QL (1 EA per 1 days) PA
OPIPZA FILM 5MG	5	QL (3 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
paliperidone er tb24 1.5mg	4	ST MO
paliperidone er tb24 3mg	4	ST MO
paliperidone er tb24 6mg	4	ST MO
paliperidone er tb24 9mg	4	ST MO
paroxetine hcl tabs 30mg	1	MO
paroxetine hcl tabs 40mg	1	MO
paroxetine hydrochloride susp 10mg/5ml	2	PA MO
paroxetine hydrochloride tabs 10mg	1	MO
paroxetine hydrochloride tabs 20mg	1	MO
paroxetine hydrochloride tabs 30mg	1	MO
paroxetine hydrochloride tabs 40mg	1	MO
paroxetine caps 7.5mg	2	QL (1 EA per 1 days) MO
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 4MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 2MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 4MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 50MG; 4MG	4	MO
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

Drug Name	Drug Tier	Requirements/Limits
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	1	MO
quetiapine fumarate er tb24 200mg	1	MO
quetiapine fumarate er tb24 300mg	1	MO
quetiapine fumarate er tb24 400mg	1	MO
quetiapine fumarate er tb24 50mg	1	MO
quetiapine fumarate tabs 100mg	1	MO
quetiapine fumarate tabs 150mg	2	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
RALDESY SOLN 10MG/ML	4	QL (40 ML per 1 days) PA
REXULTI TABS 0.25MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 0.5MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 1MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 2MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 3MG	5	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 4MG	5	QL (1 EA per 1 days) MO
risperidone er inj 12.5mg	4	
risperidone er inj 25mg	4	
risperidone er inj 37.5mg	4	
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
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 PT24 5.7MG/24HR	5	QL (1 EA per 1 days) PA
SECUADO PT24 7.6MG/24HR	5	QL (1 EA per 1 days) PA
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

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 56MG DOSE SOPK 28MG/DEVICE	5	PA
SPRAVATO 84MG DOSE SOPK 28MG/DEVICE	5	PA
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
thiothixene caps 5mg	2	MO
tranylcypromine sulfate tabs 10mg	2	MO
trazodone hydrochloride tabs 100mg	1	MO
trazodone hydrochloride tabs 150mg	1	MO
trazodone hydrochloride tabs 300mg	2	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 MO

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 20MG	4	QL (1 EA per 1 days) PA MO
TRINTELLIX TABS 5MG	4	QL (1 EA per 1 days) PA MO
UZEDY INJ 100MG/0.28ML	5	QL (0.28 ML per 30 days) PA
UZEDY INJ 125MG/0.35ML	5	QL (0.35 ML per 30 days) PA
UZEDY INJ 150MG/0.42ML	5	QL (0.42 ML per 56 days) PA
UZEDY INJ 200MG/0.56ML	5	QL (0.56 ML per 56 days) PA
UZEDY INJ 250MG/0.7ML	5	QL (0.7 ML per 56 days) PA
UZEDY INJ 50MG/0.14ML	5	QL (0.14 ML per 30 days) PA
UZEDY INJ 75MG/0.21ML	5	QL (0.21 ML per 30 days) PA
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
venlafaxine hydrochloride tabs 37.5mg	1	MO
venlafaxine hydrochloride tabs 50mg	1	MO
venlafaxine hydrochloride tabs 75mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP 50MG/ML	5	PA
vilazodone hydrochloride tabs 10mg	4	QL (1 EA per 1 days) PA MO
vilazodone hydrochloride tabs 20mg	4	QL (1 EA per 1 days) PA MO
vilazodone hydrochloride tabs 40mg	4	QL (1 EA per 1 days) PA MO
VRAYLAR CAPS 0.5MG	3	QL (1 EA per 1 days) MO
VRAYLAR CAPS 0.75MG	3	QL (1 EA per 1 days) MO
VRAYLAR CAPS 1.5MG	3	QL (1 EA per 1 days) MO
VRAYLAR CAPS 3MG	3	QL (1 EA per 1 days) MO
VRAYLAR CAPS 4.5MG	3	QL (1 EA per 1 days) MO
VRAYLAR CAPS 6MG	3	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
ziprasidone hcl caps 80mg	1	MO
ziprasidone mesylate inj 20mg	4	
ZURZUVAE CAPS 20MG	5	QL (2 EA per 1 days) PA MO
ZURZUVAE CAPS 25MG	5	QL (2 EA per 1 days) PA MO
ZURZUVAE CAPS 30MG	5	QL (1 EA per 1 days) PA MO
ZYPREXA RELPREVV INJ 210MG	4	PA
ZYPREXA RELPREVV INJ 300MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJ 405MG	5	PA
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	
AUSTEDO XR TB24 12MG	5	
AUSTEDO XR TB24 18MG	5	
AUSTEDO XR TB24 24MG	5	
AUSTEDO XR TB24 30MG	5	
AUSTEDO XR TB24 36MG	5	
AUSTEDO XR TB24 42MG	5	
AUSTEDO XR TB24 48MG	5	
AUSTEDO XR TB24 6MG	5	
AUSTEDO TABS 12MG	5	QL (4 EA per 1 days) PA MO
AUSTEDO TABS 6MG	5	QL (2 EA per 1 days) PA MO
AUSTEDO TABS 9MG	5	QL (4 EA per 1 days) PA MO
INGREZZA CAPS 40MG	5	QL (1 EA per 1 days) PA MO
INGREZZA CAPS 60MG	5	QL (1 EA per 1 days) PA MO
INGREZZA CAPS 80MG	5	QL (1 EA per 1 days) PA MO
INGREZZA CPPK 0	5	QL (28 EA per 180 days) PA MO
INGREZZA CPSP 40MG	5	QL (1 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CPSP 60MG	5	QL (1 EA per 1 days) PA
INGREZZA CPSP 80MG	5	QL (1 EA per 1 days) PA
tetrabenazine tabs 12.5mg	4	QL (8 EA per 1 days) PA MO
tetrabenazine tabs 25mg	5	QL (4 EA per 1 days) PA MO
Dental Agents		
Nutritional supplement		
fluoride chew 1mg	2	
sodium fluoride chew 1mg	2	MO
Devices		
Devices		
ALCOHOL PREP PADS PADS 70%	6	PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	6	QL (200 EA per 30 days) PA
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	6	QL (200 EA per 30 days) PA
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	6	QL (200 EA per 30 days) PA
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	6	QL (200 EA per 30 days) PA
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	6	QL (200 EA per 30 days) PA
CURITY GAUZE PADS 2"X2" 12 PLY PADS	6	PA
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	6	QL (3 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	6	QL (10 EA per 30 days) PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	6	QL (10 EA per 30 days) PA
OMNIPOD 5 LIBRE INTRO KIT KIT	6	QL (3 EA per 365 days) PA
OMNIPOD 5 LIBRE PODS MISC	6	QL (10 EA per 30 days) PA
OMNIPOD CLASSIC PODS (GEN 3) MISC	6	QL (10 EA per 30 days) PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	6	QL (3 EA per 365 days) PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	6	QL (3 EA per 365 days) PA
OMNIPOD DASH PODS (GEN 4) MISC	6	QL (10 EA per 30 days) PA
Diagnostic Agents		
Pheochromocytoma		
metyrosine caps 250mg	5	PA
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%	4	
SODIUM BICARBONATE INJ 7.5%	4	
sodium bicarbonate inj 8.4%	4	
Ammonia Detoxicants		
carglumic acid tbso 200mg	5	PA LA MO
constulose soln 10gm/15ml	2	MO
enulose soln 10gm/15ml	2	MO
generlac soln 10gm/15ml	2	MO

Drug Name	Drug Tier	Requirements/Limits
glycerol phenylbutyrate liqd 1.1gm/ml	5	PA MO
lactulose soln 10gm/15ml	2	MO
lactulose soln 10gm/15ml	2	MO
sodium phenylbutyrate powd 3gm/tsp	5	PA MO
sodium phenylbutyrate tabs 500mg	5	PA 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	4	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	4	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	4	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	4	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	4	B/D
CLINOLIPID INJ 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	4	B/D
DEXTROSE 10% INJ 10%	4	
DEXTROSE 25% INJ 250MG/ML	4	
DEXTROSE 30% INJ 30%	4	
dextrose 5% inj 5%	4	
DEXTROSE 50% INJ 50%	4	
DEXTROSE 70% INJ 70%	4	
DEXTROSE INJ 40%	4	

Drug Name	Drug Tier	Requirements/Limits
DOJOLVI LIQD 100%	5	PA
GLUCOSE (DEXTROSE) 50% INJ 50%	4	
INTRALIPID INJ 20GM/100ML	4	B/D
NUTRILIPID INJ 20GM/100ML	4	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	4	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	4	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	4	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	4	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	4	B/D
Diuretics		
AMILORIDE/HYDROCHLOROTHIAZIDE TABS 5MG; 50MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
tolvaptan tabs 15mg	5	QL (4 EA per 1 days) PA
tolvaptan tabs 30mg	5	QL (4 EA per 1 days) PA
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA
tolvaptan tbpk 15mg	5	QL (2 EA per 1 days) PA 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		
FOSRENOL PACK 1000MG	4	PA MO
FOSRENOL PACK 750MG	4	PA MO
kionex susp 15gm/60ml	2	
lanthanum carbonate chew 1000mg	4	PA MO
lanthanum carbonate chew 500mg	4	PA MO
lanthanum carbonate chew 750mg	4	PA MO

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACK 10GM	4	QL (3 EA per 1 days) MO
LOKELMA PACK 5GM	4	QL (3 EA per 1 days) MO
sevelamer carbonate tabs 800mg	2	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)
VELTASSA PACK 1GM	4	QL (4 EA per 1 days)
VELTASSA PACK 25.2GM	4	QL (1 EA per 1 days)
VELTASSA PACK 8.4GM	4	QL (1 EA per 1 days)
Irrigating Solutions		
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	4	
tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	4	
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	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJ 10%; 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJ 2.5%; 0.45%	4	
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%	4	
dextrose/sodium chloride inj 5%; 0.225%	4	
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%	4	
kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%	4	

Drug Name	Drug Tier	Requirements/Limits
kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%	4	
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	4	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	4	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	4	
klor-con 10 tbcr 10meq	2	MO
klor-con 8 tbcr 8meq	2	MO
klor-con m10 tbcr 10meq	2	MO
klor-con m15 tbcr 15meq	2	MO
klor-con m20 tbcr 20meq	2	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	2	MO
potassium chloride er cpcr 10meq	2	MO
potassium chloride er cpcr 8meq	2	MO
potassium chloride er tbcr 10meq	2	MO
potassium chloride er tbcr 10meq	2	MO
potassium chloride er tbcr 15meq	2	MO
potassium chloride er tbcr 15meq	2	
potassium chloride er tbcr 20meq	2	MO
potassium chloride er tbcr 20meq	2	MO
potassium chloride er tbcr 8meq	2	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%	4	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.225%	4	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%	4	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%	4	

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

Drug Name	Drug Tier	Requirements/Limits
ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	4	
sodium chloride 0.45% inj 0.45%	4	
sodium chloride inj 0.45%	4	
sodium chloride inj 0.9%	4	
sodium chloride inj 0.9%	4	
sodium chloride inj 2.5meq/ml	4	
sodium chloride inj 3%	4	
sodium chloride inj 5%	4	
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
Uricosuric Agents		
probenecid/colchicine tabs 0.5mg; 500mg	2	MO
probenecid tabs 500mg	2	MO
Enzymes		
Enzyme Cofactors/Chaperones		
GALAFOLD CAPS 123MG	5	QL (0.5 EA per 1 days) PA MO
MIPLYFFA CAPS 124MG	5	QL (3 EA per 1 days) PA
MIPLYFFA CAPS 47MG	5	QL (3 EA per 1 days) PA
MIPLYFFA CAPS 62MG	5	QL (3 EA per 1 days) PA
MIPLYFFA CAPS 93MG	5	QL (3 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride pack 100mg	5	PA MO
sapropterin dihydrochloride pack 500mg	5	PA MO
sapropterin dihydrochloride tabs 100mg	5	PA MO
SEPHIENCE PACK 1000MG	5	PA
SEPHIENCE PACK 250MG	5	PA
zelvysia pack 100mg	5	PA
zelvysia pack 500mg	5	PA
Enzyme Inhibitors		
CERDELGA CAPS 84MG	5	QL (2 EA per 1 days) PA MO
miglustat caps 100mg	5	PA LA MO
nitisinone caps 10mg	5	PA MO
nitisinone caps 20mg	5	PA MO
nitisinone caps 2mg	5	PA MO
nitisinone caps 5mg	5	PA MO
NITYR TABS 10MG	5	PA LA
NITYR TABS 2MG	5	PA LA
NITYR TABS 5MG	5	PA LA
OPFOLDA CAPS 65MG	4	QL (8 EA per 28 days) PA
ORFADIN SUSP 4MG/ML	5	PA MO
yargesa caps 100mg	5	PA MO
ZOKINVY CAPS 50MG	5	PA
ZOKINVY CAPS 75MG	5	PA
Enzymes		
ALDURAZYME INJ 2.9MG/5ML	5	PA LA
CEREZYME INJ 400UNIT	5	PA
ELAPRASE INJ 6MG/3ML	5	PA LA
FABRAZYME INJ 35MG	5	PA LA

Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INJ 5MG	5	PA LA
LUMIZYME INJ 50MG	5	PA LA
NAGLAZYME INJ 1MG/ML	5	PA LA
PALYNZIQ INJ 10MG/0.5ML	5	QL (1 ML per 1 days) PA MO
PALYNZIQ INJ 2.5MG/0.5ML	5	QL (1 ML per 1 days) PA MO
PALYNZIQ INJ 20MG/ML	5	QL (2 ML per 1 days) PA MO
REVCOVI INJ 2.4MG/1.5ML	5	PA
STRENSIQ INJ 18MG/0.45ML	5	PA MO
STRENSIQ INJ 28MG/0.7ML	5	PA MO
STRENSIQ INJ 40MG/ML	5	PA MO
STRENSIQ INJ 80MG/0.8ML	5	PA MO
SUCRAID SOLN 8500UNIT/ML	5	PA LA MO
VPRIV INJ 400UNIT	5	PA
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2	
BACITRACIN OINT 500UNIT/GM	4	
chlorhexidine gluconate soln 0.12%	1	
ciprofloxacin hydrochloride soln 0.3%	2	
ciprofloxacin hydrochloride soln 0.2%	2	
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	2	
gentamicin sulfate soln 0.3%	2	
levofloxacin soln 0.5%	2	
moxifloxacin hydrochloride soln 0.5%	2	
NATACYN SUSP 5%	4	

Drug Name	Drug Tier	Requirements/Limits
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%	2	
ofloxacin soln 0.3%	2	
periogard soln 0.12%	1	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	2	
sulfacetamide sodium soln 10%	2	
tobramycin soln 0.3%	2	
TRIFLURIDINE SOLN 1%	4	
XDEMVY SOLN 0.25%	5	QL (10 ML per 30 days) PA
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
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	

Drug Name	Drug Tier	Requirements/Limits
FLURBIPROFEN SODIUM SOLN 0.03%	4	
fluticasone propionate susp 50mcg/act	2	
FML FORTE SUSP 0.25%	4	
hydrocortisone/acetic acid soln 2%; 1%	4	
ketorolac tromethamine soln 0.4%	2	
ketorolac tromethamine soln 0.5%	2	
MAXIDEX SUSP 0.1%	4	
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
PRED MILD SUSP 0.12%	4	
prednisolone acetate susp 1%	2	
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
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%	2	
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	
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
dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml	2	MO
dorzolamide hydrochloride soln 2%	2	MO
IOPIDINE SOLN 1%	4	

Drug Name	Drug Tier	Requirements/Limits
latanoprost soln 0.005%	2	MO
LEVOBUNOLOL HCL SOLN 0.5%	4	MO
LUMIGAN SOLN 0.01%	3	ST 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%	4	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 MO
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (5 ML per 28 days) ST 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%	2	MO
timolol maleate soln 0.5%	2	MO
travoprost soln 0.004%	4	ST MO
EENT Drugs, Miscellaneous		
acetic acid soln 2%	2	
TYRVAYA SOLN 0.03MG/ACT	4	QL (8.4 ML per 30 days) ST
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	

Drug Name	Drug Tier	Requirements/Limits
Macular Degeneration Agents		
CYSTADROPS SOLN 0.37%	5	QL (20 ML per 28 days) PA MO
CYSTARAN SOLN 0.44%	5	PA MO
Mydriatics		
atropine sulfate soln 1%	2	MO
cyclopentolate hcl soln 1%	2	
cyclopentolate hydrochloride soln 1%	2	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
alosetron hydrochloride tabs 0.5mg	2	PA MO
alosetron hydrochloride tabs 1mg	4	PA 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 MO
VIBERZI TABS 75MG	5	QL (2 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
XERMELO TABS 250MG	5	QL (3 EA per 1 days) PA MO
Antiemetics		
aprepitant caps 125mg	2	QL (2 EA per 30 days) PA
aprepitant caps 40mg	2	QL (1 EA per 30 days) PA
aprepitant caps 80mg	2	QL (4 EA per 30 days) PA
aprepitant cppk 0	2	QL (6 EA per 30 days) PA
EMEND SUSR 125MG/5ML	4	QL (2 EA per 30 days) PA
granisetron hcl inj 1mg/ml	4	PA
granisetron hydrochloride inj 1mg/ml	4	PA
granisetron hydrochloride tabs 1mg	2	QL (2 EA per 1 days) PA
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	B/D
ONDANSETRON HCL TABS 24MG	4	B/D
ondansetron hydrochloride +rfid inj 4mg/2ml	4	
ondansetron hydrochloride +rfid inj 4mg/2ml	4	
ondansetron hydrochloride inj 40mg/20ml	4	
ondansetron hydrochloride inj 4mg/2ml	4	
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	4	

Drug Name	Drug Tier	Requirements/Limits
ondansetron hydrochloride soln 4mg/5ml	2	B/D
ondansetron hydrochloride tabs 4mg	1	B/D
ondansetron hydrochloride tabs 8mg	1	B/D
ondansetron odt tbdp 4mg	2	B/D
ondansetron odt tbdp 8mg	2	B/D
Antiulcer Agents and Acid Suppressants		
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo caps 140mg; 125mg; 125mg	4	QL (12 EA per 1 days)
cimetidine hydrochloride soln 300mg/5ml	4	MO
cimetidine tabs 200mg	4	
cimetidine tabs 300mg	4	MO
cimetidine tabs 400mg	4	MO
cimetidine tabs 800mg	4	MO
esomeprazole magnesium dr cpdr 20mg	2	
esomeprazole magnesium cpdr 20mg	2	MO
esomeprazole magnesium cpdr 40mg	2	MO
famotidine inj 200mg/20ml	4	
famotidine inj 20mg/2ml	4	
famotidine inj 40mg/4ml	4	
famotidine susr 40mg/5ml	2	
famotidine tabs 20mg	2	MO
famotidine tabs 40mg	2	MO
lansoprazole odt tbdd 15mg	4	
lansoprazole odt tbdd 30mg	4	MO
lansoprazole cpdr 15mg	1	MO
lansoprazole cpdr 30mg	1	MO
lansoprazole tbdd 15mg	4	MO
lansoprazole tbdd 30mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
misoprostol tabs 100mcg	2	MO
misoprostol tabs 200mcg	2	MO
omeprazole dr cpdr 10mg	1	MO
omeprazole dr cpdr 40mg	1	
omeprazole cpdr 20mg	1	MO
omeprazole cpdr 40mg	1	MO
pantoprazole sodium inj 40mg	4	
pantoprazole sodium tbec 20mg	1	MO
pantoprazole sodium tbec 40mg	1	MO
rabeprazole sodium tbec 20mg	2	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		

Drug Name	Drug Tier	Requirements/Limits
CHENODAL TABS 250MG	5	PA
CHOLBAM CAPS 250MG	5	PA MO
CHOLBAM CAPS 50MG	5	PA MO
CTEXLI TABS 250MG	5	QL (3 EA per 1 days) PA
IQIRVO TABS 80MG	5	QL (1 EA per 1 days) PA
LIVDELZI CAPS 10MG	5	QL (1 EA per 1 days) PA
LIVMARLI SOLN 9.5MG/ML	5	QL (3 ML per 1 days) PA
LIVMARLI TABS 10MG	5	QL (2 EA per 1 days) PA
LIVMARLI TABS 15MG	5	QL (2 EA per 1 days) PA
LIVMARLI TABS 20MG	5	QL (2 EA per 1 days) PA
LIVMARLI TABS 30MG	5	QL (1 EA per 1 days) PA
ursodiol caps 300mg	4	MO
ursodiol tabs 250mg	2	MO
ursodiol tabs 500mg	2	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
LINZESS CAPS 72MCG	3	QL (1 EA per 1 days) MO
lubiprostone caps 24mcg	4	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
lubiprostone caps 8mcg	4	QL (2 EA per 1 days) MO
MOVANTIK TABS 12.5MG	4	QL (1 EA per 1 days) PA MO
MOVANTIK TABS 25MG	4	QL (1 EA per 1 days) PA MO
RELISTOR INJ 12MG/0.6ML	5	PA
RELISTOR INJ 12MG/0.6ML	5	PA
RELISTOR INJ 8MG/0.4ML	5	PA
RELISTOR TABS 150MG	5	QL (3 EA per 1 days) PA
SYMPROIC TABS 0.2MG	4	QL (1 EA per 1 days) PA
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
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	MO

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	MO
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	5	
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	4	QL (4 EA per 1 days) PA
dronabinol caps 2.5mg	4	QL (4 EA per 1 days) PA
dronabinol caps 5mg	4	QL (4 EA per 1 days) PA
LIVMARLI SOLN 19MG/ML	5	QL (2 ML per 1 days) PA
prucalopride tabs 1mg	2	QL (1 EA per 1 days) PA MO
prucalopride tabs 2mg	2	QL (1 EA per 1 days) PA MO
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA MO
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 180 days) PA
VOWST CAPS 0	5	QL (4 EA per 1 days) PA
Prokinetic Agents		

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl inj 5mg/ml	4	
metoclopramide hcl soln 5mg/5ml	2	
metoclopramide hydrochloride +rfid inj 5mg/ml	4	
metoclopramide hydrochloride inj 5mg/ml	4	
metoclopramide hydrochloride soln 10mg/10ml	2	
metoclopramide hydrochloride tabs 10mg	2	
metoclopramide hydrochloride tabs 5mg	2	
Gold Compounds		
Gold Compounds		
AURANOFIN CAPS 3MG	5	
RIDAURA CAPS 3MG	5	MO
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUVRIOR TABS 300MG	5	PA
deferasirox pack 180mg	5	PA
deferasirox pack 360mg	5	PA
deferasirox pack 90mg	5	PA
deferasirox tabs 180mg	2	PA MO
deferasirox tabs 360mg	2	PA
deferasirox tabs 90mg	2	PA
deferasirox tbso 125mg	2	PA MO
deferasirox tbso 250mg	5	PA MO
deferasirox tbso 500mg	5	PA MO
deferiprone tabs 1000mg	5	PA MO
deferiprone tabs 500mg	5	PA MO
FERRIPROX SOLN 100MG/ML	5	PA MO
penicillamine tabs 250mg	5	

Drug Name	Drug Tier	Requirements/Limits
trientine hydrochloride caps 250mg	5	
Hormones and Synthetic Substitutes		
Adrenals		
AGAMREE SUSP 40MG/ML	5	QL (300 ML per 30 days) PA
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	1	QL (30.6 GM per 30 days) MO
breyna aero 80mcg/act; 4.5mcg/act	1	QL (30.6 GM per 30 days) MO
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act	1	QL (30.6 GM per 30 days) MO
budesonide/formoterol fumarate dihydrate aero 80mcg/act; 4.5mcg/act	1	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

Drug Name	Drug Tier	Requirements/Limits
CORTISONE ACETATE TABS 25MG	4	
deflazacort susp 22.75mg/ml	5	PA
deflazacort tabs 18mg	5	PA
deflazacort tabs 30mg	5	PA
deflazacort tabs 36mg	5	PA
deflazacort tabs 6mg	5	PA
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	
dexamethasone sodium phosphate inj 10mg/ml	4	
dexamethasone sodium phosphate inj 10mg/ml	4	
dexamethasone sodium phosphate inj 120mg/30ml	4	
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	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tabs 6mg	2	
EOHILIA SUSP 2MG/10ML	5	QL (20 ML per 1 days) PA
fludrocortisone acetate tabs 0.1mg	2	MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT	1	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 232MCG/ACT; 14MCG/ACT	1	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 55MCG/ACT; 14MCG/ACT	1	QL (2 EA per 30 days) MO
fluticasone propionate crea 0.05%	2	
fluticasone propionate oint 0.005%	2	
hydrocortisone sodium succinate inj 100mg	4	
hydrocortisone tabs 10mg	4	
hydrocortisone tabs 20mg	4	
hydrocortisone tabs 5mg	4	
ISTURISA TABS 1MG	5	PA
ISTURISA TABS 5MG	5	QL (12 EA per 1 days) PA
jaythari susp 22.75mg/ml	5	PA
jaythari tabs 18mg	5	PA
jaythari tabs 30mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
jaythari tabs 36mg	5	PA
jaythari tabs 6mg	5	PA
kenalog-10 inj 10mg/ml	4	
kymbee susp 22.75mg/ml	5	PA
kymbee tabs 18mg	5	PA
kymbee tabs 30mg	5	PA
kymbee tabs 36mg	5	PA
kymbee tabs 6mg	5	PA
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone sodium succinate inj 1000mg	4	B/D
methylprednisolone sodium succinate inj 125mg	4	B/D
methylprednisolone sodium succinate inj 500mg	4	B/D
methylprednisolone sodiumsuccinate inj 40mg	4	B/D
methylprednisolone tabs 16mg	2	B/D
methylprednisolone tabs 32mg	2	B/D
methylprednisolone tabs 4mg	2	B/D
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

Drug Name	Drug Tier	Requirements/Limits
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	2	
prednisone tbpk 10mg	2	
prednisone tbpk 5mg	2	
prednisone tbpk 5mg	2	
pyquvi susp 22.75mg/ml	5	PA
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
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	4	
triamcinolone acetonide inj 40mg/ml	4	
Androgens		
danazol caps 100mg	2	
danazol caps 200mg	2	
danazol caps 50mg	2	
METHITEST TABS 10MG	4	PA MO
testosterone cypionate inj 100mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
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 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	4	MO
testosterone gel 50mg/5gm	4	MO
Antidiabetic Agents		
acarbose tabs 100mg	1	QL (3 EA per 1 days) MO
acarbose tabs 25mg	1	QL (3 EA per 1 days)
acarbose tabs 50mg	1	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

Drug Name	Drug Tier	Requirements/Limits
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	6	MO
CYCLOSET TABS 0.8MG	4	MO
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
FARXIGA TABS 10MG	3	QL (1 EA per 1 days) MO
FARXIGA TABS 5MG	3	QL (1 EA per 1 days) 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

Drug Name	Drug Tier	Requirements/Limits
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
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) MO
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	6	MO
INSULIN ASPART PENFILL INJ 100UNIT/ML	6	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	6	

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART INJ 30%; 70%	6	MO
INSULIN ASPART INJ 100UNIT/ML	6	MO
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	6	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	6	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	6	
INSULIN LISPRO INJ 100UNIT/ML	6	MO
JANUMET XR TB24 1000MG; 100MG	3	QL (1 EA per 1 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (2 EA per 1 days) MO
JANUMET XR TB24 500MG; 50MG	3	QL (1 EA per 1 days) MO
JANUMET TABS 1000MG; 50MG	3	QL (2 EA per 1 days) MO
JANUMET TABS 500MG; 50MG	3	QL (2 EA per 1 days) MO
JANUVIA TABS 100MG	3	QL (1 EA per 1 days) MO
JANUVIA TABS 25MG	3	QL (1 EA per 1 days) MO
JANUVIA TABS 50MG	3	QL (1 EA per 1 days) MO
JARDIANCE TABS 10MG	3	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS 25MG	3	QL (1 EA per 1 days) MO
LANTUS SOLOSTAR INJ 100UNIT/ML	6	MO
LANTUS INJ 100UNIT/ML	6	MO
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
MIGLITOL TABS 100MG	4	QL (3 EA per 1 days) MO
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	5	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 12.5MG/0.5ML	5	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 15MG/0.5ML	5	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 2.5MG/0.5ML	5	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 5MG/0.5ML	5	QL (2 ML per 28 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 7.5MG/0.5ML	5	QL (2 ML per 28 days) PA 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	6	MO
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLIN N FLEXPEN INJ 100UNIT/ML	6	MO
NOVOLIN N INJ 100UNIT/ML	6	MO
NOVOLIN R FLEXPEN INJ 100UNIT/ML	6	MO
NOVOLIN R INJ 100UNIT/ML	6	MO
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	6	MO
NOVOLOG FLEXPEN INJ 100UNIT/ML	6	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLOG MIX 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLOG PENFILL INJ 100UNIT/ML	6	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG RELION INJ 100UNIT/ML	6	MO
NOVOLOG INJ 100UNIT/ML	6	MO
OZEMPIC INJ 2MG/3ML	3	QL (3 ML per 28 days) PA MO
OZEMPIC INJ 4MG/3ML	3	QL (3 ML per 28 days) PA MO
OZEMPIC INJ 8MG/3ML	3	QL (3 ML per 28 days) PA MO
OZEMPIC TABS 1.5MG	3	PA
OZEMPIC TABS 4MG	3	PA
OZEMPIC TABS 9MG	3	PA
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
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
saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg	6	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg	6	QL (1 EA per 1 days) MO
saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg	6	QL (1 EA per 1 days) MO
saxagliptin hydrochloride tabs 2.5mg	6	QL (1 EA per 1 days) MO
saxagliptin hydrochloride tabs 5mg	6	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 10MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 12.5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 500MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (2 EA per 1 days) MO
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	6	MO
TOUJEO SOLOSTAR INJ 300UNIT/ML	6	MO
TRADJENTA TABS 5MG	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML	6	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH INJ 200UNIT/ML	6	
TRESIBA INJ 100UNIT/ML	6	
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
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days) PA MO
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
TRULICITY INJ 3MG/0.5ML	3	QL (2 ML per 28 days) PA MO
TRULICITY INJ 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
WEGOVY INJ 0.25MG/0.5ML	3	PA
WEGOVY INJ 0.5MG/0.5ML	3	PA
WEGOVY INJ 1.7MG/0.75ML	3	PA
WEGOVY INJ 1MG/0.5ML	3	PA
WEGOVY INJ 2.4MG/0.75ML	3	PA
WEGOVY TABS 1.5MG	3	PA
WEGOVY TABS 25MG	3	PA
WEGOVY TABS 4MG	3	PA
WEGOVY TABS 9MG	3	PA
Antihypoglycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	5	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
glucagon emergency kit for low blood sugar inj 1mg	4	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJ 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJ 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
ZEGALOGUE INJ 0.6MG/0.6ML	4	
ZEGALOGUE INJ 0.6MG/0.6ML	4	
Contraceptives		
altavera tabs 30mcg; 0.15mg	2	MO
alyacen 1/35 tabs 35mcg; 1mg	2	MO
apri tabs 0.15mg; 30mcg	2	MO
aranelle tabs 0; 0	2	MO
ashlyna tabs 0; 0	2	MO
aubra eq tabs 20mcg; 0.1mg	2	MO
aviane tabs 20mcg; 0.1mg	2	MO
azurette tabs 0; 0	2	MO
balziva tabs 35mcg; 0.4mg	2	MO
blisovi 24 fe tabs 20mcg; 75mg; 1mg	2	MO
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
briellyn tabs 35mcg; 0.4mg	2	MO
camila tabs 0.35mg	2	MO
camrese lo tabs 0; 0	2	MO
cryselle tabs 30mcg; 0.3mg	2	MO
cyred eq tabs 0.15mg; 30mcg	2	MO
deblitane tabs 0.35mg	2	MO
dolishale tabs 20mcg; 90mcg	2	MO
drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg	2	MO
drospirenone/ethinyl estradiol tabs 3mg; 0.02mg	2	MO
drospirenone/ethinyl estradiol tabs 3mg; 0.03mg	2	MO
eluryng ring 0.015mg/24hr; 0.12mg/24hr	2	MO
enilloring ring 0.015mg/24hr; 0.12mg/24hr	2	MO
enskyce tabs 0.15mg; 0.03mg	2	MO
errin tabs 0.35mg	2	MO
estarylla tabs 35mcg; 0.25mg	2	MO
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	2	MO
falmina tabs 20mcg; 0.1mg	2	MO
feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	MO
feirza 1/20 tabs 20mcg; 75mg; 1mg	2	MO
finzala chew 20mcg; 75mg; 1mg	2	MO
galbriela chew 25mcg; 75mg; 0.8mg	2	MO
gemmily caps 20mcg; 75mg; 1mg	4	MO
hailey 24 fe tabs 20mcg; 75mg; 1mg	2	MO
hailey fe 1/20 tabs 20mcg; 75mg; 1mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
haloette ring 0.015mg/24hr; 0.12mg/24hr	2	
heather tabs 0.35mg	2	MO
iclevia tabs 0.03mg; 0.15mg	2	MO
incassia tabs 0.35mg	2	MO
introvale tabs 0.03mg; 0.15mg	2	MO
isibloom tabs 0.15mg; 30mcg	2	MO
jaimiess tabs 0; 0	2	MO
jasmiel tabs 3mg; 0.02mg	2	MO
joyeaux tabs 20mcg; 75mg; 0.1mg	2	MO
juleber tabs 0.15mg; 30mcg	2	MO
junel 1.5/30 tabs 30mcg; 1.5mg	2	MO
junel 1/20 tabs 20mcg; 1mg	2	MO
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	MO
junel fe 1/20 tabs 20mcg; 75mg; 1mg	2	MO
junel fe 24 tabs 20mcg; 75mg; 1mg	2	MO
kaitlib fe chew 25mcg; 75mg; 0.8mg	2	MO
kariva tabs 0; 0	2	MO
kelnor 1/35 tabs 35mcg; 1mg	2	MO
kurvelo tabs 0.03mg; 0.15mg	2	MO
KYLEENA IUD 19.5MG	3	QL (1 EA per 365 days)
larin 1.5/30 tabs 30mcg; 1.5mg	2	MO
larin 1/20 tabs 20mcg; 1mg	2	MO
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	MO
larin fe 1/20 tabs 20mcg; 75mg; 1mg	2	MO
lessina tabs 20mcg; 0.1mg	2	MO
levonest tabs 0; 0	2	MO
levonorgestrel and ethinyl estradiol tabs 0; 0	2	MO

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	2	MO
levonorgestrel/ethinyl estradiol/ferrous bisglycinate tabs 0.02mg; 36.5mg; 0.1mg	2	MO
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	2	MO
levonorgestrel/ethinyl estradiol tabs 0; 0	2	MO
levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg	2	MO
LILETTA IUD 20.1MCG/DAY	3	QL (1 EA per 365 days)
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	4	MO
lojaimiess tabs 0; 0	2	MO
loryna tabs 3mg; 0.02mg	2	MO
low-ogestrel tabs 30mcg; 0.3mg	2	MO
luizza 1.5/30 tabs 30mcg; 1.5mg	2	MO
luizza 1/20 tabs 20mcg; 1mg	2	MO
lutera tabs 20mcg; 0.1mg	2	MO
lyleq tabs 0.35mg	2	MO
lyza tabs 0.35mg	2	MO
marlissa tabs 0.03mg; 0.15mg	2	MO
meleya tabs 0.35mg	2	MO
mibelas 24 fe chew 20mcg; 75mg; 1mg	2	MO
microgestin 1.5/30 tabs 30mcg; 1.5mg	2	MO
microgestin 1/20 tabs 20mcg; 1mg	2	MO
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	MO
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	2	MO
mili tabs 35mcg; 0.25mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
minzoya tabs 0.02mg; 36.5mg; 0.1mg	2	MO
MIRENA IUD 21MCG/DAY	3	QL (1 EA per 365 days)
NATAZIA TABS 0; 0	4	MO
necon 0.5/35-28 tabs 35mcg; 0.5mg	2	MO
NEXPLANON INJ 68MG	3	
nikki tabs 3mg; 0.02mg	2	MO
nora-be tabs 0.35mg	2	MO
norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr	2	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg	4	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg	2	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg	2	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 30mcg; 75mg; 1.5mg	2	MO
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	MO
norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg	2	MO
norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg	2	MO
norethindrone tabs 0.35mg	2	MO
norgestimate/ethinyl estradiol tabs 0; 0	2	MO
norgestimate/ethinyl estradiol tabs 0; 0	2	MO
norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	2	MO
nortrel 1/35 tabs 35mcg; 1mg	2	MO
nortrel 1/35 tabs 35mcg; 1mg	2	MO
nortrel 7/7/7 tabs 35mcg; 0	2	MO
nylia 1/35 tabs 35mcg; 1mg	2	MO
nylia 7/7/7 tabs 35mcg; 0	2	MO
orquidea tabs 0.35mg	2	MO
philith tabs 35mcg; 0.4mg	2	MO
pimtrea tabs 0; 0	2	MO
portia-28 tabs 0.03mg; 0.15mg	2	MO
reclipsen tabs 0.15mg; 0.03mg	2	MO
rivelsa tabs 0; 0	2	MO
rosyrah tabs 0; 0	2	MO
setlakin tabs 0.03mg; 0.15mg	2	MO
sharobel tabs 0.35mg	2	MO
SKYLA IUD 13.5MG	3	QL (1 EA per 365 days)
sprintec 28 tabs 35mcg; 0.25mg	2	MO
sronyx tabs 20mcg; 0.1mg	2	MO
syeda tabs 3mg; 0.03mg	2	MO
tarina 24 fe tabs 20mcg; 75mg; 1mg	2	MO
tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg	2	MO
tilia fe tabs 0; 75mg; 1mg	2	MO
tri-estarylla tabs 0; 0	2	MO
tri-legest fe tabs 0; 75mg; 1mg	2	MO
tri-lo-estarylla tabs 0; 0	2	MO
tri-lo-sprintec tabs 0; 0	2	MO
tri-mili tabs 0; 0	2	MO
tri-sprintec tabs 0; 0	2	MO
tri-vylibra lo tabs 0; 0	2	MO
tri-vylibra tabs 0; 0	2	MO

Drug Name	Drug Tier	Requirements/Limits
turqoz tabs 30mcg; 0.3mg	2	MO
TYBLUME CHEW 20MCG; 0.1MG	4	MO
tydemy tabs 3mg; 0.03mg; 0.451mg	2	MO
valtya 1/35 tabs 35mcg; 1mg	2	MO
valtya 1/50 tabs 50mcg; 1mg	2	MO
velivet tabs 0; 0	2	MO
vestura tabs 3mg; 0.02mg	2	MO
vienva tabs 20mcg; 0.1mg	2	MO
viorele tabs 0; 0	2	MO
vyfemla tabs 35mcg; 0.4mg	2	MO
vylibra tabs 35mcg; 0.25mg	2	MO
wera tabs 35mcg; 0.5mg	2	MO
wymzya fe chew 35mcg; 0; 0.4mg	2	MO
xarah fe tabs 0; 75mg; 1mg	2	MO
xelria fe chew 35mcg; 75mg; 0.4mg	2	MO
xulane ptwk 35mcg/24hr; 150mcg/24hr	2	MO
zafemy ptwk 35mcg/24hr; 150mcg/24hr	2	MO
zovia 1/35 tabs 35mcg; 1mg	2	MO
zumandimine tabs 3mg; 0.03mg	2	MO
Estrogens, Antiestrogens & Estrogen Agonist-Antagonists		
abigale lo tabs 0.5mg; 0.1mg	2	MO
abigale tabs 1mg; 0.5mg	2	MO
anastrozole tabs 1mg	1	MO
CLIMARA PTWK 0.025MG/24HR	2	QL (4 EA per 28 days)
CLIMARA PTWK 0.05MG/24HR	2	QL (4 EA per 28 days)
CLIMARA PTWK 0.06MG/24HR	2	QL (4 EA per 28 days)
CLIMARA PTWK 0.075MG/24HR	2	QL (4 EA per 28 days)
CLIMARA PTWK 0.1MG/24HR	2	QL (4 EA per 28 days)
CLIMARA PTWK 37.5MCG/24HR	2	QL (4 EA per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
estradiol pttw 0.0375mg/24hr	2	QL (16 EA per 28 days) MO
estradiol pttw 0.05mg/24hr	2	QL (16 EA per 28 days) MO
estradiol pttw 0.075mg/24hr	2	QL (16 EA per 28 days) MO
estradiol pttw 0.1mg/24hr	2	QL (16 EA per 28 days) MO
estradiol ptwk 0.025mg/24hr	2	QL (4 EA per 28 days) MO
estradiol ptwk 0.05mg/24hr	2	QL (4 EA per 28 days) MO
estradiol ptwk 0.06mg/24hr	2	QL (4 EA per 28 days) MO
estradiol ptwk 0.075mg/24hr	2	QL (4 EA per 28 days) MO
estradiol ptwk 0.1mg/24hr	2	QL (4 EA per 28 days) MO
estradiol ptwk 37.5mcg/24hr	2	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	2	MO
ESTRING RING 7.5MCG/24HR	4	MO
exemestane tabs 25mg	4	MO
FEMRING RING 0.05MG/24HR	4	QL (1 EA per 90 days) ST
FEMRING RING 0.1MG/24HR	4	QL (1 EA per 90 days) ST
letrozole tabs 2.5mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
lyllana pttw 0.025mg/24hr	2	QL (16 EA per 28 days) MO
lyllana pttw 0.0375mg/24hr	2	QL (16 EA per 28 days) MO
lyllana pttw 0.05mg/24hr	2	QL (16 EA per 28 days) MO
lyllana pttw 0.075mg/24hr	2	QL (16 EA per 28 days) MO
lyllana pttw 0.1mg/24hr	2	QL (16 EA per 28 days) MO
MENEST TABS 1.25MG	4	MO
mimvey tabs 1mg; 0.5mg	2	MO
MINIVELLE PTTW 0.025MG/24HR	2	QL (16 EA per 28 days)
MINIVELLE PTTW 0.0375MG/24HR	2	QL (16 EA per 28 days)
MINIVELLE PTTW 0.05MG/24HR	2	QL (16 EA per 28 days)
MINIVELLE PTTW 0.075MG/24HR	2	QL (16 EA per 28 days)
MINIVELLE PTTW 0.1MG/24HR	2	QL (16 EA per 28 days)
PREMARIN CREA 0.625MG/GM	4	MO
raloxifene hydrochloride tabs 60mg	2	MO
SOLTAMOX SOLN 10MG/5ML	5	PA MO
tamoxifen citrate tabs 10mg	2	MO
tamoxifen citrate tabs 20mg	2	MO
toremifene citrate tabs 60mg	4	PA MO
yuvafem tabs 10mcg	2	MO
Gonadotropins and Antigonadotropins		
ELIGARD INJ 22.5MG	3	PA
ELIGARD INJ 30MG	3	PA
ELIGARD INJ 45MG	3	PA
ELIGARD INJ 7.5MG	3	PA
FIRMAGON INJ 120MG/VIAL	5	PA
FIRMAGON INJ 80MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
leuprolide acetate inj 1mg/0.2ml	5	PA
LEUPROLIDE ACETATE INJ 22.5MG	4	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	PA
MYFEMBREE TABS 1MG; 0.5MG; 40MG	5	QL (1 EA per 1 days) PA
ORGOVYX TABS 120MG	5	PA
ORIAHNN CPPK 300MG; 1MG; 0.5MG	5	QL (2 EA per 1 days) PA
ORILISSA TABS 150MG	5	QL (1 EA per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABS 200MG	5	QL (2 EA per 1 days) PA
SYNAREL SOLN 2MG/ML	5	PA
TRELSTAR MIXJECT INJ 11.25MG	3	PA
TRELSTAR MIXJECT INJ 22.5MG	5	PA
TRELSTAR MIXJECT INJ 3.75MG	3	PA
Leptins		
MYALEPT INJ 11.3MG	5	PA
Parathyroid and Antiparathyroid Agents		
BONSITY INJ 560MCG/2.24ML	5	QL (2.48 ML per 28 days) PA
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 MO
TYMLOS INJ 3120MCG/1.56ML	5	QL (1.56 ML per 30 days) PA MO
YORVIPATH INJ 168MCG/0.56ML	5	QL (1.12 ML per 28 days) PA
YORVIPATH INJ 294MCG/0.98ML	5	QL (1.96 ML per 28 days) PA
YORVIPATH INJ 420MCG/1.4ML	5	QL (2.8 ML per 28 days) PA
Pituitary		
ACTHAR INJ 80UNIT/ML	5	PA
CORTROPHIN INJ 40UNIT/0.5ML	5	PA
CORTROPHIN INJ 80UNIT/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN INJ 80UNIT/ML	5	PA
CRENESSITY CAPS 100MG	5	QL (2 EA per 1 days) PA
CRENESSITY CAPS 25MG	5	QL (2 EA per 1 days) PA
CRENESSITY CAPS 50MG	5	QL (2 EA per 1 days) PA
CRENESSITY SOLN 50MG/ML	5	QL (4 ML per 1 days) PA
desmopressin acetate inj 4mcg/ml	4	
desmopressin acetate inj 4mcg/ml	4	MO
desmopressin acetate soln 0.01%	4	MO
DESMOPRESSIN ACETATE SOLN 0.01%	2	
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	2	
medroxyprogesterone acetate inj 150mg/ml	4	
medroxyprogesterone acetate inj 150mg/ml	2	
medroxyprogesterone acetate tabs 10mg	2	MO
medroxyprogesterone acetate tabs 2.5mg	2	MO
medroxyprogesterone acetate tabs 5mg	2	MO
megestrol acetate susp 40mg/ml	4	
MEGESTROL ACETATE SUSP 625MG/5ML	4	
megestrol acetate tabs 20mg	4	

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate tabs 40mg	4	
norethindrone acetate tabs 5mg	2	MO
progesterone caps 100mg	2	MO
progesterone caps 200mg	2	MO
Somatostatin Agonists and Antagonists		
lanreotide acetate inj 120mg/0.5ml	5	PA
MYCAPSSA CPDR 20MG	5	QL (4 EA per 1 days) PA
octreotide acetate inj 1000mcg/ml	4	MO
octreotide acetate inj 100mcg/ml	4	MO
octreotide acetate inj 10mg	5	PA
octreotide acetate inj 200mcg/ml	4	MO
octreotide acetate inj 20mg	5	PA
octreotide acetate inj 30mg	5	PA
octreotide acetate inj 500mcg/ml	5	MO
octreotide acetate inj 50mcg/ml	4	MO
SIGNIFOR INJ 0.3MG/ML	5	PA MO
SIGNIFOR INJ 0.6MG/ML	5	PA MO
SIGNIFOR INJ 0.9MG/ML	5	PA MO
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA
Somatotropin Agonists and Antagonists		
EGRIFTA SV INJ 2MG	5	QL (1 EA per 1 days) PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA MO
GENOTROPIN MINIQUICK INJ 0.4MG	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK INJ 0.6MG	5	PA MO
GENOTROPIN MINIQUICK INJ 0.8MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.2MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.4MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.8MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1MG	5	PA MO
GENOTROPIN MINIQUICK INJ 2MG	5	PA MO
GENOTROPIN INJ 12MG	5	PA MO
GENOTROPIN INJ 5MG	5	PA MO
HUMATROPE INJ 12MG	5	PA MO
HUMATROPE INJ 24MG	5	PA MO
HUMATROPE INJ 6MG	5	PA MO
INCRELEX INJ 40MG/4ML	5	PA LA MO
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	5	PA MO
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	5	PA MO
NORDITROPIN FLEXPRO INJ 30MG/3ML	5	PA MO
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	5	PA MO
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA MO
OMNITROPE INJ 10MG/1.5ML	5	PA MO
OMNITROPE INJ 5.8MG	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 5MG/1.5ML	5	PA MO
SOMAVERT INJ 10MG	5	PA LA MO
SOMAVERT INJ 15MG	5	PA LA MO
SOMAVERT INJ 20MG	5	PA LA MO
SOMAVERT INJ 25MG	5	PA LA MO
SOMAVERT INJ 30MG	5	PA LA MO
Thyroid and Antithyroid Agents		
ARMOUR THYROID TABS 120MG	4	MO
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

Drug Name	Drug Tier	Requirements/Limits
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	5	
levothyroxine sodium inj 200mcg	5	
levothyroxine sodium inj 500mcg	5	
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

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tabs 50mcg	2	MO
liothyronine sodium tabs 5mcg	2	MO
methimazole tabs 10mg	2	MO
methimazole tabs 5mg	2	MO
NP THYROID 120 TABS 120MG	4	MO
NP THYROID 15 TABS 15MG	4	MO
NP THYROID 30 TABS 30MG	4	MO
NP THYROID 60 TABS 60MG	4	MO
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 TABS 60MG	5	QL (1 EA per 1 days) PA
REZDIFFRA TABS 80MG	5	QL (1 EA per 1 days) PA
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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 300MCG	3	MO
SYNTHROID TABS 50MCG	3	MO
SYNTHROID TABS 75MCG	3	MO
SYNTHROID TABS 88MCG	3	MO
TIROSINT-SOL SOLN 100MCG/ML	4	PA MO
TIROSINT-SOL SOLN 112MCG/ML	4	PA MO
TIROSINT-SOL SOLN 125MCG/ML	4	PA MO
TIROSINT-SOL SOLN 137MCG/ML	4	PA MO
TIROSINT-SOL SOLN 13MCG/ML	4	PA MO
TIROSINT-SOL SOLN 150MCG/ML	4	PA MO
TIROSINT-SOL SOLN 175MCG/ML	4	PA MO
TIROSINT-SOL SOLN 200MCG/ML	4	PA MO
TIROSINT-SOL SOLN 25MCG/ML	4	PA MO
TIROSINT-SOL SOLN 37.5MCG/ML	4	PA MO
TIROSINT-SOL SOLN 44MCG/ML	4	PA MO
TIROSINT-SOL SOLN 50MCG/ML	4	PA MO
TIROSINT-SOL SOLN 62.5MCG/ML	4	PA MO
TIROSINT-SOL SOLN 75MCG/ML	4	PA MO
TIROSINT-SOL SOLN 88MCG/ML	4	PA 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

Drug Name	Drug Tier	Requirements/Limits
Immunomodulatory Agents		
Alzheimer Disease Agents		
LEQEMBI IQLIK INJ 360MG/1.8ML	5	QL (7.2 ML per 28 days) PA
Bone-modifying Agents		
EVENITY INJ 105MG/1.17ML	5	QL (2.34 ML per 28 days) PA
JUBBONTI INJ 60MG/ML	3	QL (1 ML per 180 days)
OSENVELT INJ 120MG/1.7ML	5	PA
STOBOCLO INJ 60MG/ML	3	QL (1 ML per 180 days)
WYOST INJ 120MG/1.7ML	5	PA
Complement Inhibitor Agents		
FABHALTA CAPS 200MG	5	QL (2 EA per 1 days) PA
TAVNEOS CAPS 10MG	5	QL (6 EA per 1 days) PA
Disease-modifying Antirheumatic Drugs		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	PA
ACTEMRA INJ 162MG/0.9ML	5	PA
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (3 EA per 180 days) PA

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJ 40MG/0.8ML	5	QL (4 EA per 180 days) PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	5	QL (6 EA per 180 days) PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJ 40MG/0.4ML	5	QL (4 EA per 180 days) PA
ADALIMUMAB-ADBM INJ 10MG/0.2ML	5	QL (2 EA per 28 days) PA
ADALIMUMAB-ADBM INJ 20MG/0.4ML	5	QL (2 EA per 28 days) PA
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA
ADALIMUMAB-ADBM INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ADALIMUMAB-ADBM INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
AVSOLA INJ 100MG	5	PA
AVTOZMA INJ 200MG/10ML	5	PA
AVTOZMA INJ 400MG/20ML	5	PA
AVTOZMA INJ 80MG/4ML	5	PA
BENLYSTA INJ 120MG	5	PA
BENLYSTA INJ 200MG/ML	5	QL (8 ML per 28 days) PA MO
BENLYSTA INJ 200MG/ML	5	QL (8 ML per 28 days) PA MO
BENLYSTA INJ 400MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
CIMZIA (1 SYRINGE) INJ 200MG/ML	5	QL (4 EA per 28 days) PA MO
CIMZIA (2 SYRINGE) INJ 200MG/ML	5	QL (2 EA per 28 days) PA MO
CIMZIA STARTER KIT INJ 200MG/ML	5	QL (3 EA per 180 days) PA MO
CIMZIA INJ 200MG	5	QL (2 EA per 28 days) PA MO
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA MO
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA MO
COSENTYX UNOREADY INJ 300MG/2ML	5	PA
COSENTYX INJ 125MG/5ML	5	PA
COSENTYX INJ 150MG/ML	5	PA MO
COSENTYX INJ 150MG/ML	5	PA MO
COSENTYX INJ 75MG/0.5ML	5	PA MO
ENBREL MINI INJ 50MG/ML	5	QL (8 ML per 28 days) PA MO
ENBREL SURECLICK INJ 50MG/ML	5	QL (8 ML per 28 days) PA MO
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA MO
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA MO
ENTYVIO PEN INJ 108MG/0.68ML	5	QL (1.36 ML per 28 days) PA
INFLECTRA INJ 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
KINERET INJ 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA MO
leflunomide tabs 10mg	2	MO
leflunomide tabs 20mg	2	MO
LUPKYNIS CAPS 7.9MG	5	QL (6 EA per 1 days) PA
ORENCIA CLICKJECT INJ 125MG/ML	5	PA MO
ORENCIA INJ 125MG/ML	5	PA MO
ORENCIA INJ 250MG	5	PA MO
ORENCIA INJ 50MG/0.4ML	5	PA MO
ORENCIA INJ 87.5MG/0.7ML	5	PA MO
OTEZLA XR TB24 75MG	5	QL (1 EA per 1 days) PA MO
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TBPK 0	5	QL (41 EA per 180 days) PA
OTEZLA TABS 20MG	5	QL (2 EA per 1 days) PA
OTEZLA TABS 30MG	5	QL (60 EA per 30 days) PA MO
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA
OTEZLA TBPK 0	5	QL (55 EA per 180 days) PA
RINVOQ LQ SOLN 1MG/ML	5	QL (12 ML per 1 days) PA
RINVOQ TB24 15MG	5	QL (1 EA per 1 days) PA MO
RINVOQ TB24 30MG	5	QL (1 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 45MG	5	QL (1 EA per 1 days) PA MO
SAPHNELO INJ 300MG/2ML	5	PA
SIMPONI ARIA INJ 50MG/4ML	5	PA MO
SIMPONI INJ 100MG/ML	5	QL (1 ML per 28 days) PA MO
SIMPONI INJ 100MG/ML	5	QL (1 ML per 28 days) PA MO
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 30 days) PA MO
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 30 days) PA MO
STEQEYMA INJ 130MG/26ML	4	QL (104 ML per 180 days) PA
STEQEYMA INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA
STEQEYMA INJ 45MG/0.5ML	3	QL (3 ML per 84 days) PA
STEQEYMA INJ 90MG/ML	5	QL (2 ML per 56 days) PA
tofacitinib citrate er tb24 11mg	5	QL (1 EA per 1 days) PA
tofacitinib citrate er tb24 22mg	5	QL (1 EA per 1 days) PA
tofacitinib citrate soln 1mg/ml	5	QL (10 ML per 1 days) PA
tofacitinib citrate tabs 10mg	5	QL (2 EA per 1 days) PA
tofacitinib citrate tabs 5mg	5	QL (2 EA per 1 days) PA
YESINTEK INJ 130MG/26ML	5	QL (104 ML per 180 days) PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA
YESINTEK INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA
YESINTEK INJ 90MG/ML	5	QL (2 ML per 56 days) PA
ZYMFENTRA 2-PEN INJ 120MG/ML	5	QL (2 EA per 28 days) PA
ZYMFENTRA 2-SYRINGE INJ 120MG/ML	5	QL (2 EA per 28 days) PA
Immunomodulatory Agents		
everolimus tabs 0.25mg	4	B/D MO
everolimus tabs 0.5mg	4	B/D MO
everolimus tabs 0.75mg	5	B/D MO
everolimus tabs 1mg	5	B/D MO
Immunosuppressive Therapy		
ATGAM INJ 50MG/ML	5	PA
AZATHIOPRINE INJ 100MG	4	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	B/D MO
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
ENVARSUS XR TB24 0.75MG	4	B/D
ENVARSUS XR TB24 1MG	4	B/D
ENVARSUS XR TB24 4MG	4	B/D
gengraf caps 100mg	2	B/D MO

Drug Name	Drug Tier	Requirements/Limits
gengraf caps 25mg	2	B/D MO
mycophenolate mofetil caps 250mg	2	B/D MO
NULOJIX INJ 250MG	5	PA
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	4	B/D MO
sirolimus tabs 2mg	4	B/D MO
TACROLIMUS ER CP24 0.5MG	4	B/D MO
TACROLIMUS ER CP24 1MG	4	B/D MO
TACROLIMUS ER CP24 5MG	4	B/D MO
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
VOYXACT INJ 400MG/2ML	5	QL (2 ML per 28 days) PA
XOLAIR INJ 150MG/ML	5	PA
XOLAIR INJ 150MG/ML	5	PA LA
XOLAIR INJ 150MG	5	PA LA
XOLAIR INJ 300MG/2ML	5	PA
XOLAIR INJ 300MG/2ML	5	PA
XOLAIR INJ 75MG/0.5ML	5	PA
XOLAIR INJ 75MG/0.5ML	5	PA
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	QL (1 EA per 28 days) MO
AVONEX INJ 30MCG/0.5ML	5	QL (1 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
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 MO
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	4	QL (7 EA per 180 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	4	QL (12 EA per 180 days) PA
MAYZENT TABS 0.25MG	5	QL (4 EA per 1 days) PA MO
MAYZENT TABS 1MG	5	QL (1 EA per 1 days) PA
MAYZENT TABS 2MG	5	QL (1 EA per 1 days) PA MO
teriflunomide tabs 14mg	4	PA MO
teriflunomide tabs 7mg	4	PA MO
Myasthenia Gravis Agents		
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	5	QL (20 ML per 28 days) PA
ZILBRYSQ INJ 16.6MG/0.416ML	5	QL (0.42 ML per 1 days) PA
ZILBRYSQ INJ 23MG/0.574ML	5	QL (0.58 ML per 1 days) PA

Drug Name	Drug Tier	Requirements/Limits
ZILBRYSQ INJ 32.4MG/0.81ML	5	QL (0.81 ML per 1 days) PA
Neuromyelitis Optica Spectrum Disorder Agents		
ENSPRYNG INJ 120MG/ML	5	QL (3 ML per 28 days) PA
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
dutasteride caps 0.5mg	2	MO
finasteride tabs 5mg	2	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 51 INJ 500MG/10ML	5	PA
WAINUA INJ 45MG/0.8ML	5	QL (0.8 ML per 28 days) PA
WAINUA INJ 45MG/0.8ML	5	QL (0.8 ML per 28 days) PA
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

Drug Name	Drug Tier	Requirements/Limits
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days) MO
ibandronate sodium inj 3mg/3ml	4	
ibandronate sodium tabs 150mg	1	QL (1 EA per 28 days) MO
pamidronate disodium inj 30mg/10ml	4	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	PA
pamidronate disodium inj 90mg/10ml	4	PA
risedronate sodium tabs 150mg	2	QL (1 EA per 28 days) PA MO
risedronate sodium tabs 30mg	2	QL (1 EA per 1 days) PA
risedronate sodium tabs 35mg	2	QL (4 EA per 28 days) PA MO
risedronate sodium tabs 35mg	2	QL (4 EA per 28 days) PA MO
risedronate sodium tabs 35mg	2	QL (4 EA per 28 days) PA MO
risedronate sodium tabs 5mg	2	QL (1 EA per 1 days) PA MO
ZOLEDRONIC ACID INJ 4MG/100ML	4	PA
zoledronic acid inj 4mg/5ml	4	PA
zoledronic acid inj 5mg/100ml	4	PA
Cariostatic Agents		
DENTAGEL GEL 1.1%	3	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	
PREVIDENT FLUORIDE GEL 1.1%	3	
SF 5000 PLUS CREA 1.1%	3	
SF GEL 1.1%	3	

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE 5000 PLUS CREA 1.1%	3	
SODIUM FLUORIDE CREA 1.1%	3	
SODIUM FLUORIDE GEL 1.1%	3	
Immunomodulatory Agents		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA 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
OCREVUS ZUNOVO INJ 23000UNIT/23ML; 920MG/23ML	5	QL (23 ML per 180 days) PA
OCREVUS INJ 300MG/10ML	5	QL (20 ML per 180 days) PA
THALOMID CAPS 100MG	5	PA MO
THALOMID CAPS 50MG	5	PA MO
TYSABRI INJ 300MG/15ML	5	PA LA
ZEPOSIA 7-DAY STARTER PACK CPPK 0	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT CPPK 0	5	QL (56 EA per 365 days) PA
ZEPOSIA CAPS 0.92MG	5	QL (1 EA per 1 days) PA
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		

Drug Name	Drug Tier	Requirements/Limits
EMPAVELI INJ 1080MG/20ML	5	QL (160 ML per 30 days) PA
HAEGARDA INJ 2000UNIT	5	PA
HAEGARDA INJ 3000UNIT	5	PA
VOYDEYA TABS 100MG	5	QL (6 EA per 1 days) PA
VOYDEYA TBPK 0	5	QL (6 EA per 1 days) PA
Other Miscellaneous Therapeutic Agents		
AQNEURSA PACK 1GM	5	PA
betaine anhydrous powd 0	5	PA MO
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA
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
ELMIRON CAPS 100MG	4	PA
EVRYSDI SOLR 0.75MG/ML	5	QL (6.67 ML per 1 days) PA
EVRYSDI TABS 5MG	5	QL (1 EA per 1 days) PA
l-glutamine pack 5gm	5	PA
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 MO
REZUROCK TABS 200MG	5	QL (2 EA per 1 days) PA
RIVFLOZA INJ 128MG/0.8ML	5	QL (0.8 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA INJ 160MG/ML	5	QL (1 ML per 28 days) PA
RIVFLOZA INJ 80MG/0.5ML	5	QL (1 ML per 28 days) PA
SKYCLARYS CAPS 50MG	5	QL (3 EA per 1 days) PA
SOHONOS CAPS 1.5MG	5	QL (2 EA per 1 days) PA
SOHONOS CAPS 10MG	5	QL (2 EA per 1 days) PA
SOHONOS CAPS 1MG	5	QL (4 EA per 1 days) PA
SOHONOS CAPS 2.5MG	5	QL (1 EA per 1 days) PA
SOHONOS CAPS 5MG	5	QL (1 EA per 1 days) PA
TYBOST TABS 150MG	3	MO
VIJOICE PACK 50MG	5	QL (1 EA per 1 days) PA
VIJOICE TBPK 0	5	QL (2 EA per 1 days) PA
VIJOICE TBPK 125MG	5	QL (1 EA per 1 days) PA
VIJOICE TBPK 50MG	5	QL (1 EA per 1 days) PA
VOXZOGO INJ 0.4MG	5	QL (1 EA per 1 days) PA
VOXZOGO INJ 0.56MG	5	QL (1 EA per 1 days) PA
VOXZOGO INJ 1.2MG	5	QL (1 EA per 1 days) PA
XEOMIN INJ 100UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
XEOMIN INJ 200UNIT	4	PA
XEOMIN INJ 50UNIT	4	PA
Protective Agents		
dalfampridine er tb12 10mg	2	QL (2 EA per 1 days) PA MO
mesna tabs 400mg	4	
Oxytocics		
Oxytocics		
mifepristone tabs 200mg	2	QL (1 EA per 1 days)
Respiratory Tract Agents		
Anti-inflammatory Agents		
ARCALYST INJ 220MG	5	PA LA MO
BRINSUPRI TABS 10MG	5	QL (1 EA per 1 days) PA
BRINSUPRI TABS 25MG	5	QL (1 EA per 1 days) PA
cromolyn sodium conc 100mg/5ml	4	MO
cromolyn sodium nebu 20mg/2ml	2	B/D MO
FASENRA PEN INJ 30MG/ML	5	PA
FASENRA INJ 10MG/0.5ML	4	PA
FASENRA INJ 30MG/ML	5	PA
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	2	QL (1 EA per 1 days) MO
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA MO
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA MO
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA 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	PA MO
nintedanib esylate caps 150mg	5	PA MO
OFEV CAPS 100MG	5	QL (2 EA per 1 days) PA MO
OFEV CAPS 150MG	5	QL (2 EA per 1 days) PA MO
pirfenidone caps 267mg	5	QL (9 EA per 1 days) PA MO
pirfenidone tabs 267mg	5	QL (6 EA per 1 days) PA MO
PIRFENIDONE TABS 534MG	5	QL (3 EA per 1 days) PA MO
pirfenidone tabs 801mg	5	QL (3 EA per 1 days) PA MO
Antitussives		
promethazine hydrochloride/dextromethorphan hydrobromide syrp 15mg/5ml; 6.25mg/5ml	2	QL (900 ML per 30 days) ED
promethazine/codeine soln 10mg/5ml; 6.25mg/5ml	2	QL (900 ML per 30 days) ED

Drug Name	Drug Tier	Requirements/Limits
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
ALYFTREK TABS 125MG; 50MG; 10MG	5	QL (2 EA per 1 days) PA
ALYFTREK TABS 50MG; 20MG; 4MG	5	QL (3 EA per 1 days) PA
KALYDECO PACK 13.4MG	5	QL (2 EA per 1 days) PA MO
KALYDECO PACK 25MG	5	QL (2 EA per 1 days) PA MO
KALYDECO PACK 5.8MG	5	QL (2 EA per 1 days) PA MO
KALYDECO PACK 50MG	5	QL (2 EA per 1 days) PA MO
KALYDECO PACK 75MG	5	QL (2 EA per 1 days) PA MO
KALYDECO TABS 150MG	5	QL (2 EA per 1 days) PA MO
ORKAMBI PACK 125MG; 100MG	5	QL (2 EA per 1 days) PA MO
ORKAMBI PACK 188MG; 150MG	5	QL (2 EA per 1 days) PA MO
ORKAMBI PACK 94MG; 75MG	5	QL (2 EA per 1 days) PA MO
ORKAMBI TABS 125MG; 100MG	5	QL (4 EA per 1 days) PA MO
ORKAMBI TABS 125MG; 200MG	5	QL (4 EA per 1 days) PA MO
SYMDEKO TBPK 150MG; 100MG	5	QL (2 EA per 1 days) PA MO
SYMDEKO TBPK 75MG; 50MG	5	QL (2 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (3 EA per 1 days) PA MO
TRIKAFTA TBPK 50MG; 0; 25MG	5	QL (3 EA per 1 days) PA MO
TRIKAFTA THPK 100MG; 0; 50MG	5	QL (2 EA per 1 days) PA MO
TRIKAFTA THPK 80MG; 0; 40MG	5	QL (2 EA per 1 days) PA 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
WINREVAIR INJ 45MG	5	QL (1 EA per 21 days) PA
WINREVAIR INJ 45MG	5	QL (1 EA per 21 days) PA
WINREVAIR INJ 60MG	5	QL (1 EA per 21 days) PA
WINREVAIR INJ 60MG	5	QL (1 EA per 21 days) PA
Vasodilating Agents		
ADEMPAS TABS 0.5MG	5	PA MO
ADEMPAS TABS 1.5MG	5	PA MO
ADEMPAS TABS 1MG	5	PA MO
ADEMPAS TABS 2.5MG	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 2MG	5	PA MO
alyq tabs 20mg	4	QL (2 EA per 1 days) PA MO
ambrisentan tabs 10mg	5	PA LA MO
ambrisentan tabs 5mg	5	PA LA MO
bosentan tabs 125mg	5	PA LA MO
bosentan tabs 62.5mg	5	PA LA MO
bosentan tbso 32mg	5	QL (4 EA per 1 days) PA MO
FILSPARI TABS 200MG	5	QL (1 EA per 1 days) PA
FILSPARI TABS 400MG	5	QL (1 EA per 1 days) PA
macitentan tabs 10mg	5	QL (1 EA per 1 days) PA MO
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	QL (504 EA per 365 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG	5	PA
ORENITRAM TBCR 1MG	5	PA
ORENITRAM TBCR 2.5MG	5	PA
ORENITRAM TBCR 5MG	5	PA
riociguat tabs 0.5mg	5	PA MO
riociguat tabs 1.5mg	5	PA MO
riociguat tabs 1mg	5	PA MO
riociguat tabs 2.5mg	5	PA MO
riociguat tabs 2mg	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate susr 10mg/ml	4	QL (6 ML per 1 days) PA MO
sildenafil citrate tabs 20mg	2	QL (3 EA per 1 days) PA MO
tadalafil tabs 20mg	4	QL (2 EA per 1 days) PA MO
TADLIQ SUSP 20MG/5ML	5	QL (10 ML per 1 days) PA
treprostinil inj 100mg/20ml	5	PA LA
treprostinil inj 200mg/20ml	5	PA LA
treprostinil inj 20mg/20ml	5	PA LA
treprostinil inj 50mg/20ml	5	PA LA
TRYVIO TABS 12.5MG	4	QL (1 EA per 1 days) PA MO
VANRAFIA TABS 0.75MG	4	QL (1 EA per 1 days) PA
YUTREPIA CAPS 106MCG	5	QL (8 EA per 1 days) PA
YUTREPIA CAPS 26.5MCG	5	QL (5 EA per 1 days) PA
YUTREPIA CAPS 53MCG	5	QL (5 EA per 1 days) PA
YUTREPIA CAPS 79.5MCG	5	QL (5 EA per 1 days) PA
Skin and Mucous Membrane Agents		
Anti-infectives		
acyclovir crea 5%	4	PA
acyclovir oint 5%	4	PA
ciclodan soln 8%	2	
ciclopirox nail lacquer soln 8%	2	
ciclopirox olamine crea 0.77%	2	
ciclopirox gel 0.77%	2	

Drug Name	Drug Tier	Requirements/Limits
ciclopirox sham 1%	2	
ciclopirox susp 0.77%	2	
clindamycin phosphate (once-daily) gel 1%	2	
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%	2	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN 0.05%; 1%	4	
clotrimazole crea 1%	2	
clotrimazole soln 1%	2	
clotrimazole troc 10mg	2	
econazole nitrate crea 1%	2	
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%	2	
MICONAZOLE 3 SUPP 200MG	4	
mupirocin oint 2%	2	
nyamyc powd 100000unit/gm	2	
nystatin crea 100000unit/gm	2	

Drug Name	Drug Tier	Requirements/Limits
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	
nystop powd 100000unit/gm	2	
penciclovir crea 1%	2	PA
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	PA
Anti-inflammatory Agents		
ADBRY INJ 300MG/2ML	5	QL (6 ML per 28 days) PA
ala-cort crea 1%	2	
alclometasone dipropionate crea 0.05%	2	
ALCLOMETASONE DIPROPIONATE OINT 0.05%	4	
AMCINONIDE OINT 0.1%	4	
ANZUPGO CREA 20MG/GM	5	QL (60 GM per 30 days) PA
betamethasone dipropionate augmented crea 0.05%	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	4	
betamethasone dipropionate augmented lotn 0.05%	2	
betamethasone dipropionate augmented oint 0.05%	2	
betamethasone dipropionate crea 0.05%	2	
betamethasone dipropionate lotn 0.05%	2	

Drug Name	Drug Tier	Requirements/Limits
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 MO
budesonide foam 2mg	2	
clobetasol propionate emollient base crea 0.05%	2	
clobetasol propionate emollient foam 0.05%	4	
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	2	
clobetasol propionate foam 0.05%	4	
clobetasol propionate gel 0.05%	2	
clobetasol propionate lotn 0.05%	4	
clobetasol propionate oint 0.05%	2	
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	
diclofenac sodium gel 3%	2	QL (100 GM per 30 days) PA
diclofenac sodium soln 1.5%	2	PA
DUPIXENT INJ 200MG/1.14ML	5	PA
DUPIXENT INJ 200MG/1.14ML	5	PA MO
DUPIXENT INJ 300MG/2ML	5	PA
DUPIXENT INJ 300MG/2ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
EBGLYSS INJ 250MG/2ML	5	PA
EBGLYSS INJ 250MG/2ML	5	PA
EUCRISA OINT 2%	4	PA
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	
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%	2	
hydrocortisone crea 1%	2	
hydrocortisone crea 2.5%	2	
hydrocortisone crea 2.5%	2	
hydrocortisone enem 100mg/60ml	2	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone lotn 2.5%	2	
hydrocortisone oint 1%	2	QL (100 GM per 30 days)
hydrocortisone oint 2.5%	2	QL (100 GM per 30 days)
kourzeq pste 0.1%	2	
mometasone furoate crea 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate soln 0.1%	2	
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	
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	PA
TREMFYA PEN INJ 100MG/ML	5	PA
TREMFYA INJ 200MG/20ML	5	PA
TREMFYA INJ 200MG/2ML	5	PA
TREMFYA INJ 200MG/2ML	5	PA
triamcinolone acetonide dental paste pste 0.1%	2	
triamcinolone acetonide crea 0.025%	2	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide crea 0.1%	2	
triamcinolone acetonide crea 0.5%	2	
triamcinolone acetonide lotn 0.025%	2	
triamcinolone acetonide lotn 0.1%	2	
triamcinolone acetonide oint 0.025%	2	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
triamcinolone acetonide pste 0.1%	2	
triderm crea 0.5%	2	
Antiproliferants		
bexarotene gel 1%	5	PA
fluorouracil crea 5%	2	
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
imiquimod crea 5%	2	
PANRETIN GEL 0.1%	5	PA
VALCHLOR GEL 0.016%	5	PA
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

Drug Name	Drug Tier	Requirements/Limits
phenazopyridine hydrochloride tabs 100mg	2	
PHENAZOPYRIDINE HYDROCHLORIDE TABS 200MG	2	
Astringents		
QBREXZA PADS 2.4%	4	QL (1 EA per 1 days) PA
SOFDRA GEL 12.45%	5	QL (40.2 ML per 30 days) PA
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

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

Drug Name	Drug Tier	Requirements/Limits
ADBRY INJ 150MG/ML	5	QL (6 ML per 28 days) PA MO
FILSUVEZ GEL 10%	5	PA
HYFTOR GEL 0.2%	5	PA
pimecrolimus crea 1%	4	PA
SKYRIZI PEN INJ 150MG/ML	5	QL (1 ML per 28 days) PA MO
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA MO
tacrolimus oint 0.03%	4	
tacrolimus oint 0.1%	4	
TREMFYA INJ 100MG/ML	5	PA
TREMFYA INJ 100MG/ML	5	PA
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
flavoxate hcl tabs 100mg	2	MO
GEMTESA TABS 75MG	4	QL (1 EA per 1 days) PA 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 MO
oxybutynin chloride er tb24 15mg	4	PA MO
oxybutynin chloride er tb24 5mg	4	PA MO
oxybutynin chloride soln 5mg/5ml	2	PA MO
oxybutynin chloride tabs 5mg	4	PA MO
solifenacin succinate tabs 10mg	4	QL (1 EA per 1 days) PA MO
solifenacin succinate tabs 5mg	4	QL (1 EA per 1 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate er cp24 2mg	4	QL (1 EA per 1 days) PA MO
tolterodine tartrate er cp24 4mg	4	QL (1 EA per 1 days) PA MO
tolterodine tartrate tabs 1mg	4	QL (2 EA per 1 days) PA MO
tolterodine tartrate tabs 2mg	4	QL (2 EA per 1 days) PA MO
trospium chloride er cp24 60mg	4	QL (1 EA per 1 days) PA MO
trospium chloride tabs 20mg	4	QL (2 EA per 1 days) PA MO
VESICARE LS SUSP 5MG/5ML	4	PA MO
Respiratory Smooth Muscle Relaxants		
aminophylline inj 25mg/ml	4	
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	4	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 TABS 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	4	PA
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	4	
paricalcitol caps 1mcg	2	PA MO
paricalcitol caps 2mcg	2	PA MO
paricalcitol caps 4mcg	2	PA MO
paricalcitol inj 2mcg/ml	4	PA
paricalcitol inj 5mcg/ml	4	PA

OTC products

Drug Name	Drug Tier	Requirements/Limits
Devices		
Devices		
BD AUTOSHIELD DUO 30G X 5MM MISC	6	QL (200 EA per 30 days) PA
Hormones and Synthetic Substitutes		
Antidiabetic Agents		
NOVOLIN 70/30 FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLIN 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLIN N FLEXPEN RELION INJ 100UNIT/ML	6	MO
NOVOLIN N RELION INJ 100UNIT/ML	6	MO
NOVOLIN R FLEXPEN RELION INJ 100UNIT/ML	6	MO
NOVOLIN R RELION INJ 100UNIT/ML	6	MO

Index

Drug Name	Page #
abacavir	17
abacavir sulfate	17
abacavir sulfate/lamivudine	17
abigale	192
abigale lo	192
ABILIFY ASIMTUFII	121
ABILIFY MAINTENA	121
ABILIFY MYCITE MAINTENANCE KIT	121
ABILIFY MYCITE STARTER KIT	122
abiraterone acetate	25
abirtega	25
ABRAXANE	25
ABRYSVO	53
acamprosate calcium dr	23
acarbose	177
accutane	230
acebutolol hydrochloride	71
ACETAMINOPHEN/CODEINE	91
acetaminophen/codeine phosphate	91
acetazolamide	162
acetazolamide er	162
acetic acid	163
acetylcysteine	24
acitretin	231
ACTEMRA	205
ACTEMRA ACTPEN	205
ACTHAR	197
ACTHIB	53
ACTIMMUNE	215
acyclovir	17
acyclovir	223
acyclovir sodium	17
ADACEL	52
ADALIMUMAB-AATY 1-PEN KIT	205
ADALIMUMAB-AATY 2-PEN KIT	205
ADALIMUMAB-AATY 2-SYRINGE	205
ADALIMUMAB-AATY CD/UC/HS STARTER	205
ADALIMUMAB-ADBM	206
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	206
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	206
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	206
adapalene	231
ADBRY	225
ADBRY	232
adefovir dipivoxil	17
ADEMPAS	221
ADVAIR HFA	58
AGAMREE	172

Drug Name	Page #
AIMOVIG	112
AKEEGA	25
ala-cort	225
albendazole	1
albuterol sulfate	59
albuterol sulfate hfa	59
alclometasone dipropionate	225
ALCOHOL PREP PADS	141
ALDURAZYME	158
ALECENSA	25
alendronate sodium	213
alfuzosin hcl er	58
aliskiren	84
allopurinol	213
ALOGLIPTIN	177
ALOGLIPTIN/METFORMIN HCL	177
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	177
ALOGLIPTIN/PIOGLITAZONE	177
alosetron hydrochloride	164
alprazolam	116
ALPRAZOLAM INTENSOL	116
altavera	186
ALUNBRIG	26
alyacen 1/35	186
ALYFTREK	220
alyq	222
amantadine hcl	113
amantadine hydrochloride	113
ambrisentan	222
AMCINONIDE	225
amikacin sulfate	1
amiloride hcl	83
amiloride hydrochloride	83
AMILORIDE/HYDROCHLOROTHIAZIDE	150
aminophylline	233
aminosyn ii	143
AMINOSYN-PF	144
AMINOSYN-PF 7%	144
amiodarone hcl	77
amiodarone hydrochloride	77
amitriptyline hcl	122
amitriptyline hydrochloride	122
amlodipine besylate	75
amlodipine besylate/atorvastatin calcium	74
amlodipine besylate/benazepril hcl	75
amlodipine besylate/benazepril hydrochloride	75
amlodipine besylate/valsartan	75
amlodipine/olmesartan medoxomil	76
amlodipine/valsartan/hydrochlorothiazide	76
ammonium lactate	230
amnesteem	231
amoxapine	122

Drug Name	Page #
amoxicillin	1
amoxicillin/clavulanate potassium	1
AMOXICILLIN/CLAVULANATE POTASSIUM ER	1
amphetamine/dextroamphetamine	99
AMPHOTERICIN B	14
amphotericin b liposome	14
ampicillin	2
ampicillin sodium	2
ampicillin/sulbactam	2
ampicillin-sulbactam	2
anagrelide hydrochloride	61
anastrozole	192
ANORO ELLIPTA	55
ANZUPGO	225
apomorphine hydrochloride	113
APRACLONIDINE	162
aprepitant	165
apri	186
APTIVUS	17
AQNEURSA	216
AQVESME	65
ARALAST NP	61
aranelle	186
ARCALYST	218
AREXVY	53
arformoterol tartrate	59
argatroban	61
ARIKAYCE	2
aripiprazole	122
aripiprazole odt	122
ARISTADA	123
ARISTADA INITIO	123
armodafinil	100
ARMOUR THYROID	201
ARNUITY ELLIPTA	172
arsenic trioxide	26
ascomp/codeine	91
asenapine maleate sl	123
ashlyna	186
aspirin/dipyridamole	61
aspirin/dipyridamole er	61
atazanavir	17
atazanavir sulfate	17
atenolol	71
atenolol/chlorthalidone	71
ATGAM	210
atomoxetine	100
atomoxetine hydrochloride	100
atorvastatin calcium	68
atovaquone	16
atovaquone/proguanil hcl	16
atovaquone/proguanil hydrochloride	16
ATROPINE SULFATE	55
atropine sulfate	164
ATTRUBY	78
aubra eq	186
AUGTYRO	26
AURANOFIN	171
AUSTEDO	140
AUSTEDO XR	140

Drug Name	Page #
AUSTEDO XR PATIENT TITRATION KIT	140
AUVELITY	123
AUVELITY TITRATION PACK	123
AVASTIN	26
aviane	186
AVMAPKI FAKZYNJA CO-PACK	26
AVONEX	211
AVONEX PEN	211
AVSOLA	206
AVTOZMA	206
AYVAKIT	26
azacitidine	26
AZATHIOPRINE	210
azelastine hcl	162
azelastine hydrochloride	162
azithromycin	2
aztreonam	2
azurette	186
bac	91
BACITRACIN	159
bacitracin/polymyxin b	159
baclofen	57
balsalazide disodium	164
BALVERSA	26
balziva	186
BAQSIMI ONE PACK	185
BAQSIMI TWO PACK	186
BARACLUDE	17
BASAGLAR KWIKPEN	178
BAVENCIO	27
BCG VACCINE	53
BD AUTOSHIELD DUO 30G X 5MM	235
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	141
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	141
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	141
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	141
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	141
BELEODAQ	27
benazepril hydrochloride	84
benazepril hydrochloride/hydrochlorothiazide	84
bendamustine hydrochloride	27
BENLYSTA	206
BENZNIDAZOLE	16
benztropine mesylate	114
BESREMI	27
BESREMI PEN	27
betaine anhydrous	216
betamethasone dipropionate	225

Drug Name	Page #
betamethasone dipropionate augmented	225
betamethasone valerate	226
BETASERON	212
BETAXOLOL HCL	162
bethanechol chloride	56
bexarotene	27
bexarotene	229
BEXSERO	53
BEYFORTUS	17
bicalutamide	27
BICILLIN L-A	2
BIKTARVY	18
bimatoprost	162
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo	166
bisoprolol fumarate	71
bisoprolol fumarate/hydrochlorothiazide	71
BIVIGAM	50
bleomycin sulfate	27
blisovi 24 fe	186
blisovi fe 1.5/30	186
BONSITY	197
BOOSTRIX	52
bortezomib	27
bosentan	222
BOSULIF	27
bosutinib	27
BOTOX	216
BRAFTOVI	27
BREO ELLIPTA	172
breyna	172
BREZTRI AEROSPHERE	172
briellyn	187
brimonidine tartrate	162
brimonidine tartrate/timolol maleate	226
BRINSUPRI	218
brinzolamide	162
brivaracetam	104
BRIXADI	91
bromocriptine mesylate	114
BRONCHITOL	221
BRUKINSA	27
budesonide	172
budesonide	226
budesonide/formoterol fumarate dihydrate	172
bumetanide	83
buprenorphine	92
buprenorphine hcl	92
buprenorphine hcl/naloxone hcl	92
buprenorphine hydrochloride/naloxone hydrochloride	92
bupropion hydrochloride	123
bupropion hydrochloride er (sr)	58
bupropion hydrochloride er (sr)	123

Drug Name	Page #
bupropion hydrochloride er (xl)	123
buspirone hcl	116
buspirone hydrochloride	116
busulfan	27
butalbital/acetaminophen	93
butalbital/acetaminophen/caffeine	93
butalbital/acetaminophen/caffeine/codeine	93
butalbital/aspirin/caffeine/codeine	93
BYSANTI	124
BYSANTI TITRATION PACK A	124
BYSANTI TITRATION PACK B	124
BYSANTI TITRATION PACK C	124
CABENUVA	18
cabergoline	114
CABLIVI	61
CABOMETYX	28
calcipotriene	230
calcitonin salmon	197
calcitonin-salmon	197
calcitriol	234
calcium acetate	152
CALQUENCE	28
camila	187
camrese lo	187
CAMZYOS	78
candesartan cilexetil	85
candesartan cilexetil/hydrochlorothiazide	85
CAPLYTA	124
CAPRELSA	28
captopril	85
carbamazepine	105
carbamazepine er	104
carbidopa	114
carbidopa/levodopa	114
carbidopa/levodopa er	114
carbidopa/levodopa/entacapone	114
carboplatin	28
CARDAMYST	78
carglumic acid	142
carmustine	28
CARTEOLOL HCL	162
cartia xt	78
carvedilol	72
caspofungin acetate	14
cavhanza	28
CAYSTON	3
CEFACLOR	3
cefadroxil	3
cefazolin	3
cefazolin sodium	3
CEFAZOLIN SODIUM/DEXTROSE	3
CEFAZOLIN/DEXTROSE	3
cefdinir	3
CEFEPIME	4

Drug Name	Page #
cefepime hydrochloride	4
CEFEPIME/DEXTROSE	4
cefixime	4
CEFOTAXIME SODIUM	4
cefoxitin sodium	4
CEFPODOXIME PROXETIL	4
cefprozil	4
CEFTAROLINE FOSAMIL	5
ceftazidime	5
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	5
ceftriaxone sodium	5
CEFTRIAXONE/DEXTROSE	5
cefuroxime axetil	5
cefuroxime sodium	5
celecoxib	93
cephalexin	5
CEQUA	160
CERDELGA	158
CEREZYME	158
cevimeline hydrochloride	56
CHENODAL	168
CHLORAMPHENICOL SODIUM SUCCINATE	6
chlordiazepoxide hcl	117
chlordiazepoxide hydrochloride	117
CHLORDIAZEPOXIDE/AMITRIPTYLINE	124
chlorhexidine gluconate	159
chloroquine phosphate	16
chlorothiazide sodium	83
chlorpromazine hcl	124
chlorpromazine hydrochloride	125
chlorthalidone	83
chlorzoxazone	57
CHOLBAM	168
cholestyramine	68
cholestyramine light	68
ciclodan	223
ciclopirox	223
ciclopirox nail lacquer	223
ciclopirox olamine	223
cidofovir	18
cilostazol	61
CIMDUO	18
cimetidine	166
cimetidine hydrochloride	166
CIMZIA	207
CIMZIA (1 SYRINGE)	207
CIMZIA (2 SYRINGE)	207
CIMZIA STARTER KIT	207
cinacalcet hydrochloride	197
ciprofloxacin hcl	6
ciprofloxacin hydrochloride	6
ciprofloxacin hydrochloride	159
CIPROFLOXACIN I.V.-IN D5W	6
ciprofloxacin/dexamethasone	160
cisplatin	28
citalopram hydrobromide	125

Drug Name	Page #
cladribine	28
claravis	231
CLARITHROMYCIN	6
clarithromycin er	6
CLEMASTINE FUMARATE	24
CLIMARA	192
clindamycin hcl	6
clindamycin hydrochloride	6
clindamycin palmitate hydrochloride	6
clindamycin phosphate	7
clindamycin phosphate	224
clindamycin phosphate (once-daily)	224
clindamycin phosphate (twice-daily)	224
clindamycin phosphate in d5w	6
clindamycin phosphate/dextrose	6
CLINIMIX 4.25%/DEXTROSE 10%	144
CLINIMIX 4.25%/DEXTROSE 5%	145
CLINIMIX 5%/DEXTROSE 15%	145
CLINIMIX 5%/DEXTROSE 20%	145
CLINIMIX E 2.75%/DEXTROSE 5%	146
CLINIMIX E 4.25%/DEXTROSE 10%	146
CLINIMIX E 4.25%/DEXTROSE 5%	147
CLINIMIX E 5%/DEXTROSE 15%	147
CLINIMIX E 5%/DEXTROSE 20%	148
clinisol sf 15%	148
CLINOLIPID	148
clobazam	105
clobetasol propionate	226
clobetasol propionate emollient	226
clobetasol propionate emollient base	226
clodan	226
clofarabine	28
clomipramine hcl	125
clomipramine hydrochloride	125
clonazepam	105
clonazepam odt	105
clonidine	82
clonidine hydrochloride	82
clopidogrel	61
clorazepate dipotassium	117
clotrimazole	224
clotrimazole/betamethasone dipropionate	224
clozapine	126
clozapine odt	125
COARTEM	16

Drug Name	Page #
COBENFY	126
COBENFY STARTER PACK	126
CODEINE SULFATE	93
colchicine	213
colesevelam hydrochloride	68
colestipol hydrochloride	68
colistimethate sodium	7
COMBIVENT RESPIMAT	59
COMETRIQ	28
compro	126
constulose	142
COPIKTRA	28
CORLANOR	78
CORTISONE ACETATE	173
CORTROPHIN	197
COSENTYX	207
COSENTYX SENSOREADY PEN	207
COSENTYX UNOREADY	207
COTELLIC	29
CRENESSITY	198
CREON	169
CRESEMBA	14
cromolyn sodium	162
cromolyn sodium	218
cryselle	187
CTEXLI	168
CURITY GAUZE PADS 2"X2" 12 PLY	141
CUVRIOR	171
cyclobenzaprine hydrochloride	58
cyclopentolate hcl	164
cyclopentolate hydrochloride	164
cyclophosphamide	29
CYCLOSERINE	15
CYCLOSET	178
cyclosporine	160
cyclosporine	210
cyclosporine modified	210
CYRAMZA	29
cyred eq	187
CYSTADROPS	164
CYSTAGON	216
CYSTARAN	164
cytarabine	29
cytarabine aqueous	29
dabigatran etexilate	62
dacarbazine	29
dactinomycin	29
dalfampridine er	218
danazol	176
DANZITEN	29
dapagliflozin	178
dapagliflozin/metformin hydrochloride er	178
dapsone	15
DAPTACEL	52
DAPTOMYCIN	7
darunavir	18
DARZALEX	29
DARZALEX FASPRO	29

Drug Name	Page #
dasatinib	29
DAURISMO	30
DAWNZERA	84
DAYBUE	119
DAYBUE STIX	119
deblitane	187
decitabine	30
deferasirox	171
deferiprone	171
deflazacort	173
DELSTRIGO	18
DENGVAXIA	53
DENTAGEL	214
DEPO-MEDROL	173
DEPO-SUBQ PROVERA 104	198
DESCOVY	18
desipramine hcl	126
desipramine hydrochloride	126
desloratadine	25
desmopressin acetate	198
desonide	226
desvenlafaxine er	126
dexamethasone	173
dexamethasone 10-day dose pack	173
dexamethasone 13-day dose pack	173
dexamethasone 6-day dose pack	173
dexamethasone 6-day therapy pack	173
DEXAMETHASONE INTENSOL	173
DEXAMETHASONE SODIUM PHOSPHATE	160
dexamethasone sodium phosphate	173
dexmethylphenidate hcl	101
dexmethylphenidate hydrochloride	101
dexmethylphenidate hydrochloride er	101
dexrazoxane	24
dexrazoxane hydrochloride	24
dextroamphetamine sulfate	102
dextroamphetamine sulfate er	102
dextromethorphan hydrobromide/quinidine sulfate	120
DEXTROSE	148
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	152
DEXTROSE 10%	148
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	152
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	153
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	153
DEXTROSE 25%	148
DEXTROSE 30%	148
dextrose 5%	148

Drug Name	Page #
dextrose 5%/lactated ringers	153
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	153
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	153
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	153
dextrose 5%/sodium chloride 0.9%	153
DEXTROSE 50%	148
DEXTROSE 70%	148
dextrose/sodium chloride	153
DIACOMIT	105
diazepam	105
diazepam	117
diazepam intensol	117
diazoxide	186
dichlorphenamide	83
diclofenac potassium	93
diclofenac sodium	160
diclofenac sodium	226
diclofenac sodium dr	93
diclofenac sodium er	94
dicloxacillin sodium	7
dicyclomine hcl	55
dicyclomine hydrochloride	55
DIFICID	7
difluprednate	160
digoxin	78
dihydroergotamine mesylate	58
DILANTIN	105
dilantin infatabs	105
dilantin-125	105
DILTIAZEM HCL	79
diltiazem hcl er	78
diltiazem hydrochloride	79
diltiazem hydrochloride er	79
dilt-xr	78
dimethyl fumarate	215
dimethyl fumarate starterpack	215
DIPENTUM	164
diphenhydramine hydrochloride	24
diphenoxylate hydrochloride/atropine sulfate	164
DIPHENOXYLATE/ATROPINE	164
dipyridamole	62
disopyramide phosphate	80
disulfiram	23
divalproex sodium dr	105
divalproex sodium er	106
DOCETAXEL	30
dofetilide	80
DOJOLVI	149
dolishale	187
donepezil hcl	56
donepezil hydrochloride	56
donepezil hydrochloride odt	56
DOPTELET	66
DOPTELET SPRINKLE	66

Drug Name	Page #
dorzolamide hcl/timolol maleate	162
dorzolamide hydrochloride	162
dotti	193
DOVATO	18
doxazosin	67
doxazosin mesylate	67
doxepin hcl	127
doxepin hydrochloride	127
doxepin hydrochloride	229
DOXERCALCIFEROL	234
doxycycline	7
doxycycline hyclate	7
doxycycline monohydrate	7
DRIZALMA SPRINKLE	127
dronabinol	170
drospirenone/ethinyl estradiol	187
drospirenone/ethinyl estradiol/levomefolate calcium	187
DROXIA	30
droxidopa	59
duloxetine hydrochloride dr	127
DUPIXENT	226
DURAMORPH	94
dutasteride	213
DUVYZAT	216
E.E.S. 400	7
EBGLYSS	227
econazole nitrate	224
EDURANT PED	18
efavirenz	19
efavirenz/emtricitabine/tenofovir disoproxil fumarate	18
efavirenz/lamivudine/tenofovir disoproxil fumarate	18
EGRIFTA SV	199
EKTERLY	84
ELAPRASE	158
eletriptan hydrobromide	112
ELIGARD	195
ELIQUIS	62
ELIQUIS STARTER PACK	62
ELMIRON	216
eltrombopag olamine	66
eluryng	187
EMEND	165
EMGALITY	112
EMPAVELI	216
EMPLICITI	30
EMSAM	114
emtricitabine	19
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	19
emtricitabine/tenofovir disoproxil	19
emtricitabine/tenofovir disoproxil fumarate	19
EMTRIVA	19
EMVERM	1
enalapril maleate	85
enalapril maleate/hydrochlorothiazide	85

Drug Name	Page #
ENBREL	207
ENBREL MINI	207
ENBREL SURECLICK	207
endocet	94
ENGERIX-B	53
enilloring	187
enoxaparin sodium	62
ENSACOVE	30
enskyce	187
ENSPRYNG	213
entacapone	115
entecavir	19
ENTRESTO	85
ENTYVIO PEN	207
enulose	142
ENVARSUS XR	210
EOHILIA	174
EPCLUSA	19
EPIDIOLEX	106
epinastine hcl	162
epinephrine	59
epitol	106
eplerenone	86
ERAXIS	14
ERBITUX	30
eribulin mesylate	30
ERIVEDGE	30
ERLEADA	30
erlotinib hydrochloride	30
errin	187
ertapenem sodium	7
ERYTHROCIN LACTOBIONATE	7
erythromycin	159
erythromycin base	7
ERYTHROMYCIN DR	8
erythromycin ethylsuccinate	8
erythromycin lactobionate	8
escitalopram oxalate	127
eslicarbazepine acetate	106
esomeprazole magnesium	166
esomeprazole magnesium dr	166
estarylla	187
estradiol	193
estradiol valerate	193
estradiol/norethindrone acetate	193
ESTRING	194
eszopiclone	117
ethambutol hydrochloride	15
ethosuximide	106
etodolac	94
etonogestrel/ethinyl estradiol	187
etravirine	19
EUCRISA	227
EULEXIN	31
EVENITY	205
everolimus	31
everolimus	210
EVEXITHROID	201
EVOTAZ	19
EVRYSDI	216
exemestane	194

Drug Name	Page #
EXONDYS 51	213
EXXUA	128
EXXUA TITRATION PACK	128
ezetimibe	69
ezetimibe/simvastatin	68
FABHALTA	205
FABRAZYME	158
falmina	187
famciclovir	19
famotidine	166
FANAPT	128
FANAPT TITRATION PACK A	128
FANAPT TITRATION PACK B	128
FANAPT TITRATION PACK C	128
FARXIGA	178
FASENRA	218
FASENRA PEN	218
febuxostat	213
feirza 1.5/30	187
feirza 1/20	187
felbamate	106
felodipine er	76
FEMRING	194
fenofibrate	69
fenofibrate micronized	69
fenofibric acid dr	69
fentanyl	94
FERRIPROX	171
FETZIMA	129
FETZIMA TITRATION PACK	128
fidaxomicin	8
FILSPARI	222
FILSUVEZ	232
finasteride	213
finasteride	230
fingolimod hydrochloride	212
FINTEPLA	106
finzala	187
FIRDAPSE	56
FIRMAGON	195
flac	160
flavoxate hcl	232
FLEBOGAMMA DIF	50
flecainide acetate	80
fluconazole	14
fluconazole in nacl	14
fluconazole in sodium chloride	14
flucytosine	14
FLUDARABINE PHOSPHATE	31
fludrocortisone acetate	174
flunisolide	160
fluocinolone acetonide	160
fluocinolone acetonide	227
fluocinolone acetonide body	227
fluocinolone acetonide ear drops	160
fluocinolone acetonide scalp	227

Drug Name	Page #
fluocinolone acetonide topical	227
fluocinonide	227
fluocinonide emulsified base	227
fluoride	141
fluorometholone	160
fluorouracil	31
fluorouracil	229
FLUOXETINE DR	129
fluoxetine hydrochloride	129
fluphenazine decanoate	129
FLUPHENAZINE HCL	129
FLUPHENAZINE HYDROCHLORIDE	129
flurbiprofen	94
FLURBIPROFEN SODIUM	161
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	174
fluticasone propionate	161
fluticasone propionate	174
fluticasone propionate/salmeterol	60
FLUTICASONE PROPIONATE/SALMETEROL	174
fluticasone propionate/salmeterol diskus	59
fluvoxamine maleate	129
FML FORTE	161
FOLOTYN	31
fondaparinux sodium	62
fosamprenavir calcium	19
fosfomycin tromethamine	23
fosinopril sodium	86
fosinopril sodium/hydrochlorothiazide	86
fosphenytoin sodium	106
FOSRENOL	151
FOTIVDA	31
FRUZAQLA	31
FULPHILA	66
fulvestrant	31
furosemide	83
gabapentin	106
GALAFOLD	157
GALANTAMINE HYDROBROMIDE	57
galantamine hydrobromide er	56
galbriela	187
gallifrey	198
GAMASTAN	50
GAMMAGARD LIQUID	50
GAMMAGARD LIQUID ERC	50
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	51
GAMMAKED	51
GAMMAPLEX	51
GAMUNEX-C	51
ganciclovir	19
GARDASIL 9	53
gatifloxacin	159

Drug Name	Page #
GATTEX	169
gavilyte-c	167
gavilyte-g	167
gavilyte-n/flavor pack	167
GAVRETO	32
gefitinib	32
gemcitabine hcl	32
gemcitabine hydrochloride	32
gemfibrozil	69
gemmily	187
GEMTESA	232
generlac	142
gengraf	210
GENOTROPIN	200
GENOTROPIN MINIQUICK	199
gentamicin sulfate	8
gentamicin sulfate	159
gentamicin sulfate	224
gentamicin sulfate pediatric	8
gentamicin sulfate/0.9% sodium chloride	8
GENVOYA	19
GILOTRIF	32
glatiramer acetate	212
glatopa	212
glimepiride	178
glipizide	179
glipizide er	178
glipizide/metformin hydrochloride	179
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	186
GLUCOSE (DEXTROSE) 50%	149
glycerol phenylbutyrate	143
glycopyrrolate	55
glydo	229
GLYXAMBI	179
GOMEKLI	32
granisetron hcl	165
granisetron hydrochloride	165
GRANIX	66
GRASTEK	50
griseofulvin microsize	14
griseofulvin ultramicrosize	14
guanfacine hydrochloride	83
guanfacine hydrochloride er	120
GVOKE HYPOPEN 1-PACK	186
GVOKE HYPOPEN 2-PACK	186
GVOKE KIT	186
GVOKE PFS	186
HAEGARDA	216
hailey 24 fe	187
hailey fe 1/20	187
halobetasol propionate	227
haloette	188
haloperidol	130
haloperidol decanoate	129
haloperidol lactate	130

Drug Name	Page #
HAVRIX	53
heather	188
heparin sodium	63
HEPARIN SODIUM/D5W	63
HEPARIN SODIUM/DEXTROSE	63
HEPARIN SODIUM/NACL 0.45%	63
HEPARIN SODIUM/SODIUM CHLORIDE	63
heparin sodium/sodium chloride 0.9%	63
heparin sodium/sodium chloride 0.9% premix	63
HEPLISAV-B	53
HERNEXEOS	32
HETLIOZ LQ	117
HIBERIX	53
HUMATROPE	200
hydralazine hydrochloride	89
hydrochlorothiazide	83
hydrocodone bitartrate/acetaminophen	94
hydrocodone/acetaminophen	95
HYDROCODONE/IBUPROFEN	95
hydrocortisone	174
hydrocortisone	227
HYDROCORTISONE BUTYRATE	227
hydrocortisone sodium succinate	174
hydrocortisone valerate	227
hydrocortisone/acetic acid	161
hydromorphone hcl	95
hydromorphone hydrochloride	95
hydroxychloroquine sulfate	16
hydroxyurea	32
hydroxyzine hcl	117
HYDROXYZINE HYDROCHLORIDE	117
HYDROXYZINE PAMOATE	118
HYFTOR	232
HYRNUO	32
ibandronate sodium	214
IBRANCE	33
IBTROZI	33
ibu	96
ibuprofen	95
icatibant acetate	84
iclevia	188
ICLUSIG	33
icosapent ethyl	69
idarubicin hcl	33
idarubicin hydrochloride	33
IDHIFA	33
IDVYNSO	19
ifosfamide	34
imatinib mesylate	34
IMBRUVICA	34

Drug Name	Page #
IMFINZI	34
IMIPENEM/CILASTATIN	8
imipramine hcl	130
imipramine hydrochloride	130
imiquimod	229
IMKELDI	34
IMOVAX RABIES (H.D.C.V.)	53
IMPAVIDO	16
INBRIJA	115
incassia	188
INCRELEX	200
INCRUSE ELLIPTA	55
indapamide	83
INFANRIX	52
INFLECTRA	207
INGREZZA	140
INLURIYO	34
INLYTA	34
INQOVI	34
INREBIC	34
INSULIN ASPART	180
INSULIN ASPART FLEXPEN	179
INSULIN ASPART PENFILL	179
INSULIN ASPART PROTAMINE/INSULIN ASPART	180
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	179
INSULIN LISPRO	180
INSULIN LISPRO JUNIOR KWIKPEN	180
INSULIN LISPRO KWIKPEN	180
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	180
INTELENCE	19
INTRALIPID	149
introvale	188
INVEGA HAFYERA	130
INVEGA SUSTENNA	130
INVEGA TRINZA	131
IOPIDINE	162
IPOL INACTIVATED IPV	53
ipratropium bromide	55
ipratropium bromide hfa	55
ipratropium bromide/albuterol sulfate	60
IQIRVO	168
irbesartan	86
irbesartan/hydrochlorothiazide	86
ISENTRESS	20
ISENTRESS HD	20
isibloom	188
ISOLYTE-P/DEXTROSE 5%	153
ISOLYTE-S	153
ISOLYTE-S PH 7.4	153
ISONIAZID	15

Drug Name	Page #
isosorbide dinitrate	89
isosorbide mononitrate	90
isosorbide mononitrate er	90
isotonic gentamicin	8
isotretinoin	231
ISTURISA	174
ITOVEBI	34
itraconazole	14
ivabradine hydrochloride	80
ivermectin	1
IWILFIN	34
IXIARO	53
jaimiess	188
JAKAFI	35
JAKAFI XR	35
jantoven	64
JANUMET	180
JANUMET XR	180
JANUVIA	180
JARDIANCE	180
jasmiel	188
JAYPIRCA	35
jaythari	174
JIDEYTRO	35
JOENJA	215
JOURNAVX	96
joyeaux	188
JUBBONTI	205
juleber	188
JULUCA	20
junel 1.5/30	188
junel 1/20	188
junel fe 1.5/30	188
junel fe 1/20	188
junel fe 24	188
JUXTAPID	69
JYLAMVO	35
JYNNEOS	53
kaitlib fe	188
KALETRA	20
KALYDECO	220
kariva	188
kcl 0.075%/d5w/nacl 0.45%	153
kcl 0.15%/d5w/nacl 0.2%	153
kcl 0.15%/d5w/nacl 0.225%	154
kcl 0.15%/d5w/nacl 0.45%	154
kcl 0.15%/d5w/nacl 0.9%	154
kcl 0.3%/d5w/nacl 0.45%	154
kcl 0.3%/d5w/nacl 0.9%	154
kelnor 1/35	188
kenalog-10	175
KERENDIA	86
ketoconazole	14
ketoconazole	224
ketorolac tromethamine	161
KEYTRUDA	35
KINERET	208
KINRIX	52
kionex	151
KISQALI	35
klayesta	224
klor-con	154
klor-con 10	154
klor-con 8	154

Drug Name	Page #
klor-con m10	154
klor-con m15	154
klor-con m20	154
KLOXXADO	120
KOMZIFTI	36
KOSELUGO	36
kourzeq	228
KRAZATI	36
KRINTAFEL	16
kurvelo	188
KYLEENA	188
kymbee	175
KYPROLIS	36
LABETALOL HYDROCHLORIDE	72
lacosamide	106
LACTATED RINGERS	154
lactated ringers/dextrose 5%	154
lactulose	143
LAGEVRIO	20
lamivudine	20
lamivudine/zidovudine	20
lamotrigine	107
lamotrigine er	107
lamotrigine odt	107
lamotrigine starter kit/blue	107
lamotrigine starter kit/green	107
lamotrigine starter kit/orange	107
LAMPIT	16
lanreotide acetate	199
lansoprazole	166
lansoprazole odt	166
lanthanum carbonate	151
LANTUS	181
LANTUS SOLOSTAR	181
lapatinib ditosylate	36
larin 1.5/30	188
larin 1/20	188
larin fe 1.5/30	188
larin fe 1/20	188
latanoprost	163
LAZCLUZE	36
leflunomide	208
lenalidomide	36
LENVIMA 10 MG DAILY DOSE	36
LENVIMA 12MG DAILY DOSE	36
LENVIMA 14 MG DAILY DOSE	36
LENVIMA 18 MG DAILY DOSE	37
LENVIMA 20 MG DAILY DOSE	37
LENVIMA 24 MG DAILY DOSE	37
LENVIMA 4 MG DAILY DOSE	37
LENVIMA 8 MG DAILY DOSE	37
LEQEMBI IQLIK	205
lessina	188
letrozole	194
leucovorin calcium	24

Drug Name	Page #
LEUKERAN	37
LEUKINE	66
leuprolide acetate	196
levalbuterol	60
levalbuterol hcl	60
levalbuterol hydrochloride	60
LEVALBUTEROL TARTRATE HFA	60
levetiracetam	108
levetiracetam er	107
levetiracetam/sodium chloride	108
LEVOBUNOLOL HCL	163
levocarnitine	216
levocarnitine sf	216
levocetirizine dihydrochloride	25
LEVOFLOXACIN	8
levofloxacin	159
levofloxacin in d5w	8
LEVOLEUCOVORIN	24
levoleucovorin calcium	24
levonest	188
levonorgestrel and ethinyl estradiol	188
levonorgestrel/ethinyl estradiol	189
levonorgestrel/ethinyl estradiol/ferrous bisglycinate	189
levo-t	201
levothyroxine sodium	202
levoxyl	202
l-glutamine	216
LIBTAYO	37
lidocaine	229
lidocaine hcl	229
lidocaine hcl in d5w	80
lidocaine hcl jelly	229
lidocaine hcl/dextrose	80
lidocaine hydrochloride	229
LIDOCAINE HYDROCHLORIDE JELLY	229
lidocaine hydrochloride viscous	163
lidocaine viscous	163
lidocaine/prilocaine	229
LIFYORLI	37
LILETTA	189
lincomycin hydrochloride	9
linezolid	9
LINZESS	168
liothyronine sodium	202
lisdexamfetamine dimesylate	102
lisinopril	86
lisinopril/hydrochlorothiazide	86
LITHIUM	112
lithium carbonate	112
lithium carbonate er	112
LIVDELZI	168
LIVMARLI	168
LIVMARLI	170
LIVTENCITY	20
LO LOESTRIN FE	189

Drug Name	Page #
LODOCO	216
lofexidine hydrochloride	60
lojaimiess	189
LOKELMA	152
lomustine	37
LONSURF	37
loperamide hydrochloride	164
lopinavir/ritonavir	20
lorazepam	118
lorazepam intensol	118
LORBRENA	38
loryna	189
losartan potassium	87
losartan potassium/hydrochlorothiazide	87
lovastatin	70
low-ogestrel	189
loxapine	131
loxapine succinate	131
lubiprostone	168
luizza 1.5/30	189
luizza 1/20	189
LUMAKRAS	38
LUMIGAN	163
LUMIZYME	159
LUPKYNIS	208
LUPRON DEPOT (1-MONTH)	196
LUPRON DEPOT (3-MONTH)	196
LUPRON DEPOT (4-MONTH)	196
LUPRON DEPOT (6-MONTH)	196
LUPRON DEPOT-PED (1-MONTH)	196
LUPRON DEPOT-PED (3-MONTH)	196
lurasidone hydrochloride	131
lutera	189
LYBALVI	131
lyleq	189
lyllana	195
LYNPARZA	38
LYSODREN	38
LYTGOBI	38
lyza	189
macitentan	222
magnesium sulfate	108
maraviroc	20
marlissa	189
MARPLAN	132
MATULANE	38
matzim la	80
MAVYRET	20
MAXIDEX	161
MAYZENT	212
MAYZENT STARTER PACK	212
meclizine hcl	165
meclizine hydrochloride	165
medroxyprogesterone acetate	198

Drug Name	Page #
mefloquine hydrochloride	16
megestrol acetate	198
MEKINIST	38
MEKTOVI	38
meleya	189
meloxicam	96
melphalan hydrochloride	38
memantine hcl titration pak	120
memantine hydrochloride	120
MENEST	195
MENQUADFI	53
MENVEO	53
mercaptopurine	38
meropenem	9
MEROPENEM/SODIUM CHLORIDE	9
mesalamine	164
mesalamine dr	164
mesalamine er	164
mesna	218
metformin hydrochloride	181
metformin hydrochloride er	181
METHADONE HCL	96
methadone hydrochloride	96
methadone hydrochloride intensol	96
METHADOSE	96
METHADOSE SUGAR-FREE	96
methazolamide	83
methenamine hippurate	23
methimazole	203
METHITEST	176
methocarbamol	58
methotrexate	39
methotrexate sodium	38
METHOXSALEN	230
methsuximide	108
methyldopa	83
methylphenidate hydrochloride	104
METHYLPHENIDATE HYDROCHLORIDE ER	103
methylphenidate hydrochloride er (cd)	102
methylphenidate hydrochloride er (dif)	103
methylphenidate hydrochloride er (la)	103
methylphenidate hydrochloride er (osm)	103
methylprednisolone	175
methylprednisolone dose pack	175
methylprednisolone sodium succinate	175
methylprednisolone sodiumsuccinate	175
metoclopramide hcl	171
metoclopramide hydrochloride	171
metoclopramide hydrochloride +rfid	171
metolazone	83

Drug Name	Page #
metoprolol succinate er	72
metoprolol tartrate	72
metoprolol/hydrochlorothiazide	72
metronidazole	16
metronidazole	224
metronidazole vaginal	224
metyrosine	142
mexiletine hydrochloride	80
mibelas 24 fe	189
micafungin	15
micafungin sodium/sodium chloride	15
MICAFUNGIN/SODIUM CHLORIDE	15
MICONAZOLE 3	224
microgestin 1.5/30	189
microgestin 1/20	189
microgestin fe 1.5/30	189
microgestin fe 1/20	189
midazolam hcl	118
midazolam hydrochloride	118
midazolam hydrochloride +rfid	118
midodrine hydrochloride	60
mifepristone	181
mifepristone	218
MIGERGOT	112
MIGLITOL	181
miglustat	158
mili	189
milnacipran hydrochloride	120
milnacipran hydrochloride titration pack	120
mimvey	195
MINIVELLE	195
minocycline hcl	9
minocycline hydrochloride	9
minoxidil	90
minzoya	190
MIPLYFFA	157
MIRENA	190
mirtazapine	132
mirtazapine odt	132
misoprostol	167
mitomycin	39
mitoxantrone hydrochloride	39
M-M-R II	53
modafinil	104
MODEYSO	39
moexipril hydrochloride	87
MOLINDONE HYDROCHLORIDE	132
mometasone furoate	228
montelukast sodium	218
morphine sulfate	96
morphine sulfate er	96
MOUNJARO	181
MOVANTIK	169
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	9
MOXIFLOXACIN HYDROCHLORIDE	9

Drug Name	Page #
moxifloxacin hydrochloride	159
MRESVIA	53
MULPLETA	66
MULTAQ	80
MULTIPLE ELECTROLYTES INJECTION TYPE 1	154
mupirocin	224
mutamycin	39
MYALEPT	197
MYCAPSSA	199
mycophenolate mofetil	211
mycophenolate mofetil	215
mycophenolic acid dr	215
MYFEMBREE	196
MYHIBBIN	215
MYLOTARG	39
MYQORZO	80
MYRBETRIQ	232
nabumetone	97
nadolol	72
NAFCILLIN	10
nafcillin sodium	9
NAGLAZYME	159
nalbuphine hydrochloride	97
naloxone hcl	120
naloxone hydrochloride	120
naltrexone hydrochloride	121
naproxen	97
naproxen dr	97
naratriptan hcl	113
NATACYN	159
NATAZIA	190
nateglinide	182
NAYZILAM	108
nebivolol hydrochloride	72
necon 0.5/35-28	190
NEFAZODONE HYDROCHLORIDE	132
nelarabine	39
neomycin sulfate	10
neomycin/polymyxin/bacitracin	160
neomycin/polymyxin/bacitracin/hydrocortisone	161
neomycin/polymyxin/dexamethasone	161
NEOMYCIN/POLYMYXIN/GRAMICIDIN	160
neomycin/polymyxin/hc	161
neomycin/polymyxin/hydrocortisone	161
NERLYNX	39
NEULASTA	66
NEVIRAPINE	20
nevirapine er	20
NEXLETOL	70
NEXLIZET	70
NEXPLANON	190
niacin er	70
nicardipine hcl	76
nicardipine hydrochloride	76
nicotrol ns	55
nifedipine er	76

Drug Name	Page #
nikki	190
nilotinib hydrochloride	39
nilutamide	39
NINLARO	39
nintedanib esylate	219
NIPENT	40
nitazoxanide	17
nitisinone	158
nitrofurantoin macrocrystals	23
nitrofurantoin monohydrate	23
nitrofurantoin monohydrate/macrocrystals	23
NITROGLYCERIN	90
nitroglycerin	230
nitroglycerin transdermal	90
NITYR	158
nora-be	190
NORDITROPIN FLEXPRO	200
norelgestromin/ethinyl estradiol	190
norethindrone	190
norethindrone acetate	199
norethindrone acetate/ethinyl estradiol	190
norethindrone acetate/ethinyl estradiol/ferrous fumarate	190
norethindrone/ethinyl estradiol/ferrous fumarate	190
norgestimate/ethinyl estradiol	190
NORMOSOL -R	155
NORMOSOL-M/D5W	155
NORMOSOL-R	155
NORPACE CR	81
nortrel 0.5/35 (28)	191
nortrel 1/35	191
nortrel 7/7/7	191
nortriptyline hcl	132
nortriptyline hydrochloride	132
NORVIR	20
NOVOLIN 70/30	182
NOVOLIN 70/30 FLEXPEN	182
NOVOLIN 70/30 FLEXPEN RELION	235
NOVOLIN 70/30 RELION	235
NOVOLIN N	182
NOVOLIN N FLEXPEN	182
NOVOLIN N FLEXPEN RELION	235
NOVOLIN N RELION	235
NOVOLIN R	182
NOVOLIN R FLEXPEN	182
NOVOLIN R FLEXPEN RELION	235
NOVOLIN R RELION	235
NOVOLOG	183
NOVOLOG FLEXPEN	182
NOVOLOG FLEXPEN RELION	182
NOVOLOG MIX 70/30	182
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	182

Drug Name	Page #
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	182
NOVOLOG MIX 70/30 RELION	182
NOVOLOG PENFILL	182
NOVOLOG RELION	183
NOXAFIL	15
NP THYROID 120	203
NP THYROID 15	203
NP THYROID 30	203
NP THYROID 60	203
NP THYROID 90	203
NUBEQA	40
NUCALA	218
NULOJIX	211
NUPLAZID	133
NURTEC	113
NUTRILIPID	149
NUTROPIN AQ NUSPIN 10	200
nyamyc	224
nylia 1/35	191
nylia 7/7/7	191
nystatin	15
nystatin	224
nystatin/triamcinolone	228
nystatin/triamcinolone acetonide	228
nystop	225
OCREVUS	215
OCREVUS ZUNOVO	215
OCTAGAM	51
octreotide acetate	199
ODACTRA	50
ODEFSEY	21
ODOMZO	40
OFEV	219
ofloxacin	160
OGSIVEO	40
OJEMDA	40
OJJAARA	40
olanzapine	133
olanzapine odt	133
olanzapine/fluoxetine	133
olmesartan medoxomil	87
olmesartan medoxomil/amlodipine/hydrochlorothiazide	77
olmesartan medoxomil/hydrochlorothiazide	87
omega-3-acid ethyl esters	70
omeprazole	167
omeprazole dr	167
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	141
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	142
OMNIPOD 5 LIBRE INTRO KIT	142
OMNIPOD 5 LIBRE PODS	142
OMNIPOD CLASSIC PODS (GEN 3)	142

Drug Name	Page #
OMNIPOD DASH INTRO KIT (GEN 4)	142
OMNIPOD DASH PDM KIT (GEN 4)	142
OMNIPOD DASH PODS (GEN 4)	142
OMNITROPE	200
ondansetron hcl	165
ondansetron hydrochloride	165
ondansetron hydrochloride +rfid	165
ondansetron odt	166
ONGENTYS	115
ONUREG	40
OPDIVO	40
OPFOLDA	158
OPIPZA	133
opium	97
opium tincture	97
OPVEE	121
oralone dental paste	228
ORENCIA	208
ORENCIA CLICKJECT	208
ORENITRAM	222
ORENITRAM TITRATION KIT MONTH 1	222
ORENITRAM TITRATION KIT MONTH 2	222
ORENITRAM TITRATION KIT MONTH 3	222
ORFADIN	158
ORGOVYX	196
ORIAHNN	196
ORILISSA	196
ORKAMBI	220
orquidea	191
ORSERDU	41
oseltamivir phosphate	21
OSENVELT	205
OTEZLA	208
OTEZLA XR	208
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK	208
oxacillin sodium	10
oxcarbazepine	108
OXERVATE	161
oxybutynin chloride	232
oxybutynin chloride er	232
oxycodone hcl	98
oxycodone hydrochloride	98
oxycodone/acetaminophen	98
OXYCONTIN	98
OZEMPIC	183
pacerone	81
PACLITAXEL	41
PACLITAXEL PROTEIN-BOUND PARTICLES	41
paliperidone er	134
PALYNZIQ	159
pamidronate disodium	214
PANRETIN	229
pantoprazole sodium	167
paricalcitol	234

Drug Name	Page #
paroxetine	134
paroxetine hcl	134
paroxetine hydrochloride	134
PAXLOVID	21
pazopanib hydrochloride	41
PEDIARIX	53
PEDVAXHIB	53
peg-3350/electrolytes	167
peg-3350/nacl/na bicarbonate/kcl	167
PEGASYS	21
PEMAZYRE	41
pemetrexed	41
pemetrexed disodium	41
PENBRAYA	53
penciclovir	225
penicillamine	171
penicillin g potassium	10
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	10
PENICILLIN G SODIUM	10
penicillin v potassium	10
PENMENVY	53
PENTACEL	54
pentamidine isethionate	17
pentoxifylline er	67
perampanel	109
perindopril erbumine	87
periogard	160
PERJETA	41
permethrin	225
perphenazine	134
PERPHENAZINE/AMITRIPTYLINE	134
phenazopyridine hydrochloride	230
PHENELZINE SULFATE	134
phenobarbital	118
phenytek	109
phenytoin	109
phenytoin infatabs	109
phenytoin sodium	109
phenytoin sodium extended	109
philith	191
PIFELTRO	21
pilocarpine hcl	163
pilocarpine hydrochloride	57
pilocarpine hydrochloride	163
pimecrolimus	232
PIMOZIDE	134
pimtrea	191
pindolol	73
pioglitazone hcl	183
pioglitazone hcl/metformin hcl	183
pioglitazone hydrochloride	183
piperacillin sodium/tazobactam sodium	10
piperacillin sodium/tazobactam sodium/nacl	10
PIQRAY 200MG DAILY DOSE	41

Drug Name	Page #
PIQRAY 250MG DAILY DOSE	41
PIQRAY 300MG DAILY DOSE	42
pirfenidone	219
piroxicam	99
plenamine	149
plerixafor	66
PNV PRENATAL PLUS MULTIVITAMIN + DHA	234
PODOFILOX	231
polymyxin b sulfate/trimethoprim sulfate	160
pomalidomide	42
POMALYST	42
portia-28	191
posaconazole	15
posaconazole dr	15
POTASSIUM CHLORIDE	156
potassium chloride cr	155
potassium chloride er	155
potassium chloride/dextrose	156
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	155
potassium chloride/dextrose/sodium chloride	155
potassium chloride/sodium chloride	156
potassium citrate er	142
pralatrexate	42
PRALUENT	70
pramipexole dihydrochloride	115
prasugrel hydrochloride	64
pravastatin sodium	70
praziquantel	1
prazosin hydrochloride	67
PRED MILD	161
prednisolone	175
prednisolone acetate	161
PREDNISOLONE SODIUM PHOSPHATE	161
prednisolone sodium phosphate	175
PREDNISONE	175
pregabalin	109
PREHEVBRIO	54
PREMARIN	195
PREMASOL	149
PRENATAL	234
PRETOMANID	16
prevalite	70
PREVIDENT 5000 DRY MOUTH	214
PREVIDENT FLUORIDE	214
PREVYMIS	21
PREZCOBIX	21
PREZISTA	21
PRIMAQUINE PHOSPHATE	17
PRIMIDONE	110
PRIORIX	54
PRIVIGEN	52

Drug Name	Page #
probenecid	157
probenecid/colchicine	157
procainamide hydrochloride	81
prochlorperazine	135
prochlorperazine edisylate	135
prochlorperazine maleate	135
PROCRIT	66
procto-med hc	228
proctosol hc	228
proctozone-hc	228
progesterone	199
PROGRAF	211
PROLASTIN-C	61
PROLEUKIN	42
promethazine hcl	24
promethazine hcl	119
promethazine hydrochloride	25
promethazine hydrochloride	119
promethazine hydrochloride plain	25
promethazine hydrochloride/dextromethorphan hydrobromide	219
PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRINE HYDROCHLORIDE	25
promethazine/codeine	219
propafenone hcl	81
propafenone hydrochloride	81
proparacaine hcl	163
proparacaine hydrochloride	163
PROPRANOLOL HCL	73
PROPRANOLOL HYDROCHLORIDE	73
propranolol hydrochloride er	73
propylthiouracil	203
PROQUAD	54
PROSOL	150
protriptyline hcl	135
prucalopride	170
PULMOZYME	221
pyquvi	176
pyrazinamide	16
pyridostigmine bromide	57
pyridostigmine bromide er	57
pyrimethamine	17
PYRUKYND	65
PYRUKYND TAPER PACK	65
QBREXZA	230
QINLOCK	42
QUADRACEL	52
quetiapine fumarate	135
quetiapine fumarate er	135
quinapril hydrochloride	87
quinapril/hydrochlorothiazide	88
quinidine gluconate cr	81
quinidine gluconate er	81
QUINIDINE SULFATE	81
quinine sulfate	17
QVAR REDIHALER	176
RABAVERT	54
rabeprazole sodium	167

Drug Name	Page #
RADICAVA ORS	91
RADICAVA ORS STARTER KIT	91
RALDESY	135
raloxifene hydrochloride	195
ramelteon	119
ramipril	88
ranolazine er	81
rasagiline mesylate	115
reclipsen	191
RECOMBIVAX HB	54
REDEMPLO	70
REGONOL	57
RELENZA DISKHALER	21
RELISTOR	169
RENTHYROID	203
repaglinide	183
REPATHA	70
REPATHA SURECLICK	70
RETACRIT	67
RETEVMO	42
RETROVIR IV INFUSION	21
REVCOVI	159
REVUFORJ	42
REXTOVY	121
REXULTI	135
REYATAZ	21
REZDIFFRA	203
REZLIDHIA	42
REZUROCK	216
RHOPRESSA	163
RIABNI	42
ribavirin	22
RIDAURA	171
rifabutin	16
rifampin	16
rifapentine	16
rilpivirine hydrochloride	22
riluzole	91
RIMANTADINE HYDROCHLORIDE	22
ringers injection	157
RINGERS IRRIGATION	152
RINVOQ	208
RINVOQ LQ	208
riociguat	222
risedronate sodium	214
risperidone	136
risperidone er	136
risperidone odt	136
ritonavir	22
RITUXAN	43
rivaroxaban	64
rivastigmine tartrate	57
rivastigmine transdermal system	57
rivelsa	191
RIVFLOZA	216
rizatriptan benzoate	113
rizatriptan benzoate odt	113
ROCKLATAN	163
roflumilast	221
romidepsin	43
ROMVIMZA	43

Drug Name	Page #
ropinirole hcl	115
ropinirole hydrochloride	115
rosuvastatin calcium	70
rosyrah	191
ROTARIX	54
ROTATEQ	54
roweepra	110
ROZLYTREK	43
RUBRACA	43
rufinamide	110
RUKOBIA	22
RUXIENCE	43
RYDAPT	43
RYTARY	116
sacubitril/valsartan	88
SANTYL	230
SAPHNELO	209
sapropterin dihydrochloride	158
saxagliptin hydrochloride	184
saxagliptin hydrochloride/metformin hydrochloride er	183
SCEMBLIX	43
scopolamine	55
SECUADO	136
selegiline hcl	116
selegiline hydrochloride	116
selenium sulfide	225
SELZENTRY	22
SEPHIENCE	158
SEREVENT DISKUS	60
sertraline hcl	136
sertraline hydrochloride	136
setlakin	191
sevelamer carbonate	152
SF	214
SF 5000 PLUS	214
sharobel	191
SHINGRIX	54
SIGNIFOR	199
SIKLOS	44
sildenafil	90
sildenafil citrate	90
sildenafil citrate	223
silver sulfadiazine	225
SIMPONI	209
SIMPONI ARIA	209
simvastatin	71
sirolimus	211
SIRTURO	16
SIVEXTRO	11
SKYCLARYS	217
SKYLA	191
SKYRIZI	170
SKYRIZI	232
SKYRIZI PEN	232
sodium bicarbonate	142
sodium chloride	157
sodium chloride 0.45%	157
sodium chloride 0.9%	152
sodium fluoride	141
SODIUM FLUORIDE	215
SODIUM FLUORIDE 5000 PLUS	215

Drug Name	Page #
SODIUM OXYBATE	104
sodium phenylbutyrate	143
sodium polystyrene sulfonate	152
sodium sulfate/potassium sulfate/magnesium sulfate	167
SOFDRA	230
SOFOSBUVIR/VELPATASVIR	22
SOHONOS	217
solifenacin succinate	232
SOLTAMOX	195
SOLU-CORTEF	176
SOMATULINE DEPOT	199
SOMAVERT	201
sorafenib	44
sorafenib tosylate	44
sotalol hcl	73
sotalol hcl (af)	73
sotalol hcl af	73
sotalol hydrochloride	74
sotalol hydrochloride (af)	74
sotalol hydrochloride af	74
SOTYLIZE	74
SPIRIVA RESPIMAT	55
spironolactone	88
spironolactone/hydrochlorothiazide	88
SPRAVATO 56MG DOSE	137
SPRAVATO 84MG DOSE	137
sprintec 28	191
sps	152
sronyx	191
ssd	225
STEQEYMA	209
sterile water for irrigation	152
STIMUFEND	67
STIOLTO RESPIMAT	55
STIVARGA	44
STOBOCLO	205
STRENSIQ	159
STREPTOMYCIN SULFATE	11
STRIBILD	22
SUBLOCADE	99
subvenite	110
SUCRAID	159
sucralfate	167
sulfacetamide sodium	160
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	162
sulfadiazine	11
sulfamethoxazole/trimethoprim	11
sulfamethoxazole/trimethoprim ds	11
sulfasalazine	11
sulindac	99
sumatriptan	113
sumatriptan succinate	113
sunitinib malate	44
SUNLENCA	22
syeda	191
SYMDEKO	220

Drug Name	Page #
SYMPAZAN	110
SYMPROIC	169
SYMTUZA	22
SYNAREL	197
SYNJARDY	184
SYNJARDY XR	184
SYNTHROID	203
TABLOID	44
TABRECTA	44
tacrolimus	211
tacrolimus	232
TACROLIMUS ER	211
tadalafil	90
tadalafil	223
TADLIQ	223
TAFINLAR	44
TAGRISSO	44
TAKHZYRO	84
TALZENNA	44
tamoxifen citrate	195
tamsulosin hydrochloride	58
tarina 24 fe	191
tarina fe 1/20 eq	191
TARPEYO	176
tasimelteon	119
TAVALISSE	65
TAVNEOS	205
tazarotene	231
taziceF	11
TAZVERIK	45
TDVAX	52
TECENTRIQ	45
TECENTRIQ HYBREZA	45
telmisartan	88
telmisartan/amlodipine	77
telmisartan/hydrochlorothiazide	88
temazepam	119
temsirolimus	45
TENCON	99
TENIVAC	52
tenofovir disoproxil fumarate	22
TEPMETKO	45
terazosin hcl	68
terazosin hydrochloride	68
terbinafine hcl	15
terbinafine hydrochloride	15
terbutaline sulfate	60
terconazole	225
teriflunomide	212
TERIPARATIDE	197
testosterone	177
testosterone cypionate	176
TESTOSTERONE ENANTHATE	177
testosterone pump	177
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	52
tetrabenazine	141
tetracycline hydrochloride	11
TEVIMBRA	45
THALOMID	215
THEO-24	233

Drug Name	Page #
theophylline	233
THEOPHYLLINE ER	233
thioridazine hydrochloride	137
thiotepa	45
thiothixene	137
THYMOGLOBULIN	211
tiadylt er	81
tiagabine hydrochloride	110
TIBSOVO	45
ticagrelor	64
TICOVAC	54
tigecycline	11
tilia fe	191
timolol maleate	74
timolol maleate	163
timolol maleate ophthalmic gel forming	163
tinidazole	17
tiotropium bromide	55
TIROSINT-SOL	204
tis-u-sol	152
TIVICAY	22
TIVICAY PD	22
tizanidine hcl	58
tizanidine hydrochloride	58
TOBI PODHALER	11
TOBRADEX	162
TOBRADEX ST	162
tobramycin	12
tobramycin	160
tobramycin sulfate	11
tobramycin/dexamethasone	162
tofacitinib citrate	209
tofacitinib citrate er	209
tolterodine tartrate	233
tolterodine tartrate er	233
tolvaptan	151
TONMYA	120
topiramate	110
topotecan hcl	45
topotecan hydrochloride	45
toremifene citrate	195
torsemide	151
TOUJEO MAX SOLOSTAR	184
TOUJEO SOLOSTAR	184
tovet	228
TPN ELECTROLYTES	157
TRADJENTA	184
tramadol hydrochloride	99
tramadol hydrochloride/acetaminophen	99
trandolapril	89
tranexamic acid	61
tranylcypromine sulfate	137
TRAVASOL	150
travoprost	163
trazodone hydrochloride	137
TRELEGY ELLIPTA	176
TRELSTAR MIXJECT	197
TREMFYA	228
TREMFYA	232

Drug Name	Page #
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	228
TREMFYA PEN	228
treprostinil	223
TRESIBA	185
TRESIBA FLEXTOUCH	184
tretinoin	45
tretinoin	230
triamcinolone acetonide	176
triamcinolone acetonide	228
triamcinolone acetonide dental paste	228
triamterene/hydrochlorothiazide	151
triderm	229
trientine hydrochloride	172
tri-estarylla	191
trifluoperazine hcl	137
trifluoperazine hydrochloride	137
TRIFLURIDINE	160
TRIHEXYPHENIDYL HYDROCHLORIDE	116
TRIJARDY XR	185
TRIKAFTA	221
tri-legest fe	191
tri-lo-estarylla	191
tri-lo-sprintec	191
trimethoprim	23
tri-mili	191
trimipramine maleate	137
TRINTELLIX	137
tri-sprintec	191
TRIUMEQ	22
TRIUMEQ PD	22
tri-vylibra	191
tri-vylibra lo	191
TROPHAMINE	150
trospium chloride	233
trospium chloride er	233
TRULICITY	185
TRUMENBA	54
TRUQAP	45
TRUXIMA	46
TRYNGOLZA	71
TRYVIO	223
TUKYSA	46
TURALIO	46
turqoz	192
TWINRIX	54
TYBLUME	192
TYBOST	217
tydemy	192
TYMLOS	197
TYPHIM VI	54
TYRVAYA	163
TYSABRI	215
UBRELVY	113
UDENYCA	67
UDENYCA ONBODY	67
unithroid	204
ursodiol	168
UZEDY	138

Drug Name	Page #
valacyclovir hydrochloride	22
VALCHLOR	229
valganciclovir	23
valganciclovir hydrochloride	23
valproate sodium	111
valproic acid	111
valsartan	89
valsartan/hydrochlorothiazide	89
VALTOCO 10 MG DOSE	111
VALTOCO 15 MG DOSE	111
VALTOCO 20 MG DOSE	111
VALTOCO 5 MG DOSE	111
valtya 1/35	192
valtya 1/50	192
VANCOMYCIN	13
VANCOMYCIN HCL	12
vancomycin hydrochloride	12
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	12
VANFLYTA	46
VANRAFIA	223
VAQTA	54
varenicline starting month	56
varenicline tartrate	56
varenicline tartrate continuing month	58
VARIVAX	54
VARIZIG	52
VAXCHORA	54
VECTIBIX	46
velivet	192
VELTASSA	152
VENCLEXTA	46
VENCLEXTA STARTING PACK	46
VENLAFAXINE BESYLATE ER	138
venlafaxine hydrochloride	138
venlafaxine hydrochloride er	138
VEOZAH	120
VEPPANU	46
verapamil hcl er	82
verapamil hcl sr	82
verapamil hydrochloride	82
verapamil hydrochloride er	82
verapamil hydrochloride sr	82
VEREGEN	231
VERKAZIA	162
VERQUVO	90
VERSACLOZ	139
VERZENIO	46
VESICARE LS	233
vestura	192
VIBERZI	164
vienva	192
vigabatrin	111
VIGAFYDE	111
VIJOICE	217
vilazodone hydrochloride	139
VIMKUNYA	54
VINBLASTINE SULFATE	47
vinorelbine tartrate	47

Drug Name	Page #
viorele	192
VIRACEPT	23
VIREAD	23
VITRAKVI	47
VIVITROL	121
VIVOTIF	54
VIZIMPRO	47
VONJO	47
VOQUEZNA DUAL PAK	13
VOQUEZNA TRIPLE PAK	13
VORANIGO	47
voriconazole	15
VOSEVI	23
VOWST	170
VOXZOGO	217
VOYDEYA	216
VOYXACT	211
VPRIV	159
VRAYLAR	139
vyfemla	192
vylibra	192
VYNDAMAX	82
VYVGART HYTRULO	212
VYXEOS	47
WAINUA	213
WAKIX	104
warfarin sodium	64
WAYRILZ	65
WEGOVY	185
WELIREG	47
wera	192
WINREVAIR	221
wixela inhub	60
wymzya fe	192
WYOST	205
XALKORI	47
xarah fe	192
XARELTO	65
XARELTO STARTER PACK	65
XATMEP	48
XCOPRI	111
XDEMVY	160
xelria fe	192
XEOMIN	217
XERMELO	165
xifaxan	13
XIIDRA	162
XOLAIR	211
XOLREMDI	67
XOSPATA	48
XPOVIO	48
XPOVIO 60 MG TWICE WEEKLY	48
XPOVIO 80 MG TWICE WEEKLY	48
xromi	48
XTANDI	48
xulane	192
XURIDEN	24
XYWAV	120
yargesa	158
YERVOY	49
YESINTEK	209

Drug Name	Page #
YF-VAX	54
YONDELIS	49
YONSA	49
YORVIPATH	197
yulithira	49
YUTREPIA	223
yuvafem	195
zafemy	192
zafirlukast	219
zaleplon	119
ZALTRAP	49
ZARXIO	67
ZEGALOGUE	186
ZEJULA	49
ZELBORAF	49
ZELSUVMI	225
zelvysia	158
ZEMAIRA	61
zenatane	231
ZENBEXUS	49
ZENPEP	169
ZEPOSIA	215
ZEPOSIA 7-DAY STARTER PACK	215
ZEPOSIA STARTER KIT	215
ZERBAXA	13
zidovudine	23
ZILBRYSQ	212
ZIMHI	121
ZINPLAVA	52
ziprasidone hcl	139
ziprasidone mesylate	139
ZIRGAN	160
ZOKINVY	158
ZOLEDRONIC ACID	214
ZOLINZA	49
zolmitriptan	113
zolmitriptan odt	113
zolpidem tartrate	119
ZONISADE	112
zonisamide	112
ZOSYN	13
zovia 1/35	192
ZTALMY	112
zumandimine	192
ZURNAI	121
ZURZUVAE	139
ZYCUBO	157
ZYDELIG	49
ZYKADIA	50
ZYMFENTRA 2-PEN	210
ZYMFENTRA 2-SYRINGE	210
ZYPREXA RELPREVV	139

This formulary was updated in September 2026. For more recent information or other questions, please contact CareOregon Advantage Pharmacy Customer Service at 866-325-7344 (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.

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CareOregon Advantage Pharmacy Customer Service

Call toll-free: 866-325-7344, TTY 711

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