Select Health

Select Health Medicare | 2026

Essential Formulary

LIST OF COVERED DRUGS

This formulary was updated on 01/01/2026

For more recent information or other questions, please contact Select Health Member Services at **855-442-9900** (TTY users should call **711**), during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

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Select Health Medicare
2026 Essential Formulary
List of Covered Drugs

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

Select Health is an HMO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

Select Health Medicare + Kroger pharmacy network includes limited lower-cost, preferred pharmacies. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **800-442-9900 (TTY 711)** or consult the online pharmacy directory at **selecthealth.org/medicare/pharmacy**.

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Notice of Availability

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats by contacting Select Health Medicare at 1-**855-442-9900 (TTY: 711)**.

English ATTENTION**:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-855-442-9900 (TTY: 711)** or speak to your provider.

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台語 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 **1-855-442-9900 (TTY: 711)** 或與您的提供者討論。

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Việt LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-855-442-9900 (TTY: 711)** hoặc trao đổi với người cung cấp dịch vụ của bạn.

Deutsch ACHTUNG**:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-855-442-9900 (TTY: 711)** an oder sprechen Sie mit Ihrem Provider.

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العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-855-442-9900 (TTY:711)** أو تحدث إلى مقدم الخدمة.

हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-855-442-9900 (TTY: 711)** पर कॉल करें या अपने प्रदाता से बात करें।.

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Português do Brasil ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para **1-855-442-9900 (TTY: 711)** ou fale com seu provedor.

Kreyòl Ayisyen ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **1-855-442-9900 (TTY: 711)** oswa pale avèk founisè w la.

Polski UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-**855-442-9900 (TTY: 711)** lub porozmawiaj ze swoim dostawcą.

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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 Select Health. When it refers to “plan” or “our plan,” it means Select Health Medicare.

This document includes the Drug List (formulary) for our plan **which is current as of** January 1, 2026 . For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Select Health Medicare 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 Select Health 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. Select Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Select Health Medicare 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 Formulay 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 here: **selecthealth.org/medicare/pharmacy**.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).
If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "*How do I request an exception to the Select Health Medicare formulary?*"
Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. 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 60-day supply of the drug and notice of the change.
  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *"How do I request an exception to the Select Health Medicare formulary?"*

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2026 . To get updated information about the drugs covered by Select Health Medicare, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes throughout the plan year, Select Health may make changes via errata sheets mailed to you. Additionally, you may visit **selecthealth.org/medicare** for a link to the errata sheet.

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/Hypotensive Agents. If you know what your drug is used for, look for the category name in the list that begins on **page** 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page** 120 . 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?

Select Health Medicare 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 1.3, "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:** Select Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Select Health before you fill your prescriptions. If you don't get approval, Select Health may not cover the drug.

- **Quantity Limits:** For certain drugs, Select Health limits the amount of the drug that Select Health will cover. For example, Select Health provides 60 tablets per prescription for lovastatin. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Select Health 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, Select Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Select Health 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 Select Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Select Health Medicare formulary?” on **page ix** for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs not normally covered by a Medicare Prescription Drug Plan. Select Health pays for certain OTC drugs through your Select Health Medicare Benefits Mastercard® Prepaid Card (Flex Card). Please see your *Evidence of Coverage* for additional details on your OTC drug coverage. The cost to Select Health of these OTC drugs will not count towards your total Part D drug costs.

What if my drug is not on the formulary?

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

If you learn that Select Health Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Select Health Medicare. When you receive the list, show it to your doctor and as them to prescribe a similar drug that is covered by Select Health Medicare.

- You can ask Select Health 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 Select Health Medicare formulary?

You can ask Select Health 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, Select Health

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, Select Health 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 tiering or 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 **90 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 **90-days**.

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to **30 days** (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should

use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

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

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

Select Health Medicare formulary

The formulary that begins on **page** 1 provides coverage information about the drugs covered by Select Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on **page** 120 .

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

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

The information in the **Requirements/Limits** column tells you if Select Health has any special requirements for coverage of your drug.

PA – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.

QL – We limit the amount of the drug covered in a specific time period.

ST – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

LA – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your *Provider and Pharmacy Directory* or call Member Services toll-free at **855-442-9900**. TTY users should call **711**.

NM – This drug is not available through our mail order pharmacy.

MI – This prescription drug is covered under our medical benefit. For more information, call Member Services at **855-442-9900**, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call **711**.

B vs D – This drug may be covered under the Part B or Part D Medicare benefit.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole 200 mg tab	2	
ivermectin 3 mg tab	3	NM
praziquantel 600 mg tab	3	NM
ANTIBACTERIALS		
amikacin sulfate 500 mg/2ml solution	2	HI
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	3	QL (122 PER 14 DAYS), NM
amoxicillin (125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml)	2	
amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)	2	
amoxicillin-pot clavulanate (200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml)	2	
amoxicillin-pot clavulanate (250-125 mg tab, 250-62.5 mg/5ml recon susp, 500-125 mg tab, 875-125 mg tab)	2	
ampicillin 500 mg cap	2	
ampicillin sodium (1 gm soln, 10 gm soln)	2	HI
ampicillin-sulbactam sodium (1.5 (1-0.5) gm soln, 3 (2-1) gm soln, 15 (10-5) gm soln)	2	HI
ARIKAYCE 590 MG/8.4ML SUSPENSION	5	QL (252 PER 30 DAYS)
azithromycin (100 mg/5ml, 200 mg/5ml)	2	NM
azithromycin (500 mg tab, 600 mg tab)	2	NM
azithromycin 250 mg tab	2	QL (60 PER 30 DAYS), NM
azithromycin 500 mg recon soln	2	HI, NM

PA: Prior authorization, QL: Quantity Limitations, ST: Step Therapy
LA: Limited Access, HI: Home Infusion, NM: Non-Mail Order
BvD: This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page ix

DRUG NAME	TIER	REQUIREMENTS/LIMITS
aztreonam (1 gm soln, 2 gm soln)	2	HI, NM
BAXDELA 300 MG RECON SOLN	5	QL (28 PER 14 DAYS), HI, NM
BAXDELA 450 MG TAB	5	QL (28 PER 14 DAYS), NM
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	4	NM
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	4	NM
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4	NM
CAYSTON 75 MG RECON SOLN	5	PA, QL (280 PER 30 DAYS), NM
CEFACLOR (250 MG CAP, 500 MG CAP)	2	NM
CEFACLOR ER 500 MG TAB 12H	2	NM
cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap)	2	NM
cefazolin sodium (1 gm soln, 10 gm soln, 500 mg soln)	2	HI, NM
cefdinir (125 mg/5ml, 250 mg/5ml)	2	NM
cefdinir 300 mg cap	2	NM
cefepime hcl (1 gm soln, 2 gm soln)	2	HI, NM
cefixime (100 mg/5ml, 200 mg/5ml)	3	NM
cefixime 400 mg cap	3	QL (60 PER 30 DAYS)
cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)	2	HI, NM
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP)	3	NM

PA: Prior authorization, QL: Quantity Limitations, ST: Step Therapy
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DRUG NAME	TIER	REQUIREMENTS/LIMITS
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	2	NM
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	2	HI, NM
ceftriaxone sodium (1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln)	2	HI, NM
cefuroxime axetil (250 mg tab, 500 mg tab)	3	NM
cefuroxime sodium (1.5 gm soln, 750 mg soln)	3	HI, NM
cephalexin (125 mg/5ml, 250 mg/5ml)	2	NM
cephalexin (250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab)	2	NM
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	2	NM
ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)	2	HI, NM
clarithromycin (clarithromycin 250 mg/5ml recon susp, clarithromycin 250 mg tab, clarithromycin 500 mg tab, clarithromycin 125 mg/5ml recon susp)	2	NM
clarithromycin er 500 mg tab 24h	3	NM
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	2	NM
clindamycin palmitate hcl 75 mg/5ml recon soln	3	NM
clindamycin phosphate (300 mg/2ml, 600 mg/4ml)	2	HI, NM
clindamycin phosphate (9 gm/60ml, 900 mg/6ml, 9000 mg/60ml)	2	HI, NM
clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)	2	HI, NM
colistimethate sodium (cba) 150 mg recon soln	2	HI, NM
DALVANCE 500 MG RECON SOLN	4	HI, NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln)	2	HI, NM
daptomycin 500 mg recon soln	2	QL (150 PER 30 DAYS), HI, NM
dicloxacillin sodium (250 mg cap, 500 mg cap)	3	NM
DIFICID 200 MG TAB	5	ST, QL (20 PER 10 DAYS), NM
DIFICID 40 MG/ML RECON SUSP	5	ST, QL (136 PER 10 DAYS), NM
doxy 100 mg recon soln	4	HI, NM
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)	2	NM
doxycycline hyclate 100 mg recon soln	4	HI
doxycycline hyclate 20 mg tab	2	QL (60 PER 30 DAYS), NM
doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)	2	NM
ertapenem sodium 1 gm recon soln	2	HI, NM
erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)	2	HI, NM
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	4	NM
erythromycin base (250 mg tab, 500 mg tab)	2	NM
erythromycin base (erythromycin base 500 mg tab dr, erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr)	4	NM
erythromycin ethylsuccinate 200 mg/5ml recon susp	2	NM
erythromycin ethylsuccinate 400 mg/5ml recon susp	2	
erythromycin lactobionate 500 mg recon soln	2	
FIRVANQ 25 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)
FIRVANQ 50 MG/ML RECON SOLN	3	QL (450 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	2	HI, NM
gentamicin sulfate 40 mg/ml solution	2	HI, NM
imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)	4	HI, NM
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	2	NM
levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)	2	HI, NM
linezolid 100 mg/5ml recon susp	3	NM
linezolid 600 mg tab	3	QL (60 PER 30 DAYS), NM
linezolid 600 mg/300ml solution	3	HI, NM
meropenem (1 gm soln, 500 mg soln)	2	HI, NM
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	2	NM
moxifloxacin hcl 400 mg tab	3	NM
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	3	HI, NM
nafcillin sodium (1 gm soln, 2 gm soln, 10 gm soln)	2	HI, NM
neomycin sulfate 500 mg tab	2	NM
NUZYRA 100 MG RECON SOLN	4	HI, NM
NUZYRA 150 MG TAB	4	QL (30 PER 14 DAYS), NM
ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab, ofloxacin 400 mg tab)	3	NM
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	2	HI, NM
penicillin g potassium 20000000 unit recon soln	2	HI, NM
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	2	HI, NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)	2	NM
piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 40.5 (36-4.5) gm ln)	2	HI, NM
piperacillin sod-tazobactam so 13.5 (12-1.5) gm recon ln	2	HI, NM
SIVEXTRO 200 MG RECON SOLN	4	QL (6 PER 30 OVER TIME), HI, NM
SIVEXTRO 200 MG TAB	4	QL (6 PER 30 OVER TIME), NM
STREPTOMYCIN SULFATE 1 GM RECON SOLN	2	BVD, NM
sulfadiazine 500 mg tab	2	NM
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)	2	NM
sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)	2	NM
sulfasalazine (500 mg tab, 500 mg tab dr)	4	NM
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	4	HI, NM
tetracycline hcl (250 mg cap, 500 mg cap)	3	NM
tigecycline 50 mg recon soln	2	HI, NM
tobramycin 300 mg/5ml nebu soln	5	PA, NM
tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 80 mg/2ml solution)	2	HI, NM
vancomycin hcl (1 gm soln, 10 gm soln, 750 mg soln)	4	HI, NM
vancomycin hcl (125 mg cap, 250 mg cap)	4	QL (120 PER 30 DAYS), NM
vancomycin hcl (50 mg/ml soln, 250 mg/5ml soln)	4	QL (450 PER 30 DAYS), NM

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vancomycin hcl 25 mg/ml recon soln	4	QL (450 PER 30 DAYS)
vancomycin hcl 500 mg recon soln	4	HI, NM
VANCOMYCIN HCL 750 MG RECON SOLN	4	
VOWST CAP	5	ST, QL (12 PER 180 OVER TIME), NM
XIFAXAN 200 MG TAB	4	PA, QL (180 PER 30 DAYS), NM
XIFAXAN 550 MG TAB	5	PA, QL (90 PER 30 DAYS), NM
ANTIFUNGALS		
AMPHOTERICIN B 50 MG RECON SOLN	4	HI
amphotericin b liposome 50 mg recon susp	4	HI
caspofungin acetate (50 mg soln, 70 mg soln)	4	HI, NM
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5	PA
fluconazole (10 mg/ml, 40 mg/ml)	3	NM
fluconazole (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	NM
fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)	2	HI, NM
flucytosine (250 mg cap, 500 mg cap)	2	NM
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	3	NM
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	3	NM
itraconazole 10 mg/ml solution	3	NM
itraconazole 100 mg cap	3	QL (126 PER 30 DAYS), NM
ketoconazole 200 mg tab	2	NM
micafungin sodium (50 mg soln, 100 mg soln)	2	BVD
NOXAFIL 300 MG PACKET	5	PA, QL (31 PER 30 DAYS), NM
nystatin 100000 unit/ml suspension	2	NM

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nystatin 500000 unit tab	2	NM
posaconazole 100 mg tab dr	5	PA, QL (240 PER 30 DAYS)
posaconazole 40 mg/ml suspension	5	PA, NM
terbinafine hcl 250 mg tab	2	QL (90 PER 30 DAYS), NM
VIVJOA 150 MG CAP THPK	4	PA, QL (21 PER 180 OVER TIME), NM
voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)	3	HI, NM
voriconazole 200 mg tab	3	QL (90 PER 30 DAYS), NM
voriconazole 40 mg/ml recon susp	3	QL (450 PER 30 DAYS), NM
voriconazole 50 mg tab	3	QL (360 PER 30 DAYS), NM
ANTIMYCOBACTERIALS		
dapsone (25 mg tab, 100 mg tab)	3	
ethambutol hcl (100 mg tab, 400 mg tab)	2	NM
isoniazid (100 mg tab, 300 mg tab)	2	NM
PRETOMANID 200 MG TAB	3	PA, QL (30 PER 30 DAYS)
PRIFTIN 150 MG TAB	4	QL (32 PER 28 DAYS), NM
pyrazinamide 500 mg tab	2	NM
rifabutin 150 mg cap	2	NM
rifampin (150 mg cap, 300 mg cap)	3	NM
rifampin 600 mg recon soln	3	HI, NM
SIRTURO (20 MG TAB, 100 MG TAB)	5	PA, NM
ANTIPROTOZOALS		
atovaquone 750 mg/5ml suspension	4	NM
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	3	NM
chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)	2	NM
COARTEM 20-120 MG TAB	4	QL (24 PER 30 OVER TIME), NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	4	NM
IMPAVIDO 50 MG CAP	4	PA, QL (84 PER 28 DAYS), NM
KRINTAFEL 150 MG TAB	4	QL (4 PER 30 OVER TIME), NM
LAMPIT (30 MG TAB, 120 MG TAB)	4	PA, NM
mefloquine hcl 250 mg tab	2	NM
metronidazole (250 mg tab, 375 mg cap)	2	NM
metronidazole (metronidazole 500 mg/100ml solution, metronidazole 500 mg/100ml solution)	2	HI, NM
metronidazole 500 mg tab	2	NM
nitazoxanide 500 mg tab	4	QL (20 PER 10 DAYS), NM
pentamidine isethionate 300 mg recon soln	2	BVD, HI, NM
primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)	2	NM
pyrimethamine 25 mg tab	5	
quinine sulfate 324 mg cap	3	NM
tinidazole (250 mg tab, 500 mg tab)	2	NM
ANTIVIRALS		
abacavir sulfate 20 mg/ml solution	4	
abacavir sulfate 300 mg tab	4	QL (180 PER 30 DAYS)
abacavir sulfate-lamivudine 600-300 mg tab	4	QL (30 PER 30 DAYS)
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	1	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	2	
acyclovir sodium 50 mg/ml solution	2	HI
adefovir dipivoxil 10 mg tab	3	QL (30 PER 30 DAYS)
amantadine hcl (50 mg/5ml solution, 100 mg tab)	3	
amantadine hcl 100 mg cap	3	QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
APTIVUS 250 MG CAP	5	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	3	QL (60 PER 30 DAYS), NM
BARACLUDE 0.05 MG/ML SOLUTION	4	NM
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	5	QL (30 PER 30 DAYS), NM
CIMDUO 300-300 MG TAB	5	QL (30 PER 30 DAYS)
darunavir 600 mg tab	4	QL (60 PER 30 DAYS), NM
darunavir 800 mg tab	5	QL (30 PER 30 DAYS), NM
DELSTRIGO 100-300-300 MG TAB	5	QL (30 PER 30 DAYS), NM
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	5	QL (30 PER 30 DAYS), NM
DOVATO 50-300 MG TAB	5	QL (30 PER 30 DAYS), NM
EDURANT 25 MG TAB	5	QL (60 PER 30 DAYS), NM
efavirenz 600 mg tab	3	QL (60 PER 30 DAYS), NM
efavirenz-emtricitab-tenofo df 600-200-300 mg	4	QL (30 PER 30 DAYS), NM
efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)	4	QL (30 PER 30 DAYS), NM
emtricitab-rilpivir-tenofov df 200-25-300 mg	5	
emtricitabine 200 mg cap	4	QL (30 PER 30 DAYS), NM
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	4	QL (30 PER 30 DAYS), NM
EMTRIVA 10 MG/ML SOLUTION	4	QL (720 PER 30 DAYS), NM
entecavir (0.5 mg tab, 1 mg tab)	4	QL (30 PER 30 DAYS), NM
etravirine (100 mg tab, 200 mg tab)	4	NM
EVOTAZ 300-150 MG TAB	4	QL (30 PER 30 DAYS), NM
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	2	NM
fosamprenavir calcium 700 mg tab	4	NM

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GENVOYA 150-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM
INTELENCE 25 MG TAB	4	NM
ISENTRESS 100 MG CHEW TAB	5	QL (180 PER 30 DAYS), NM
ISENTRESS 100 MG PACKET	5	QL (60 PER 30 DAYS), NM
ISENTRESS 25 MG CHEW TAB	4	QL (180 PER 30 DAYS), NM
ISENTRESS 400 MG TAB	5	QL (60 PER 30 DAYS), NM
ISENTRESS HD 600 MG TAB	5	QL (60 PER 30 DAYS), NM
JULUCA 50-25 MG TAB	5	QL (30 PER 30 DAYS), NM
KALETRA 400-100 MG/5ML SOLUTION	4	QL (390 PER 30 DAYS)
lamivudine (10 mg/ml, 300 mg/30ml)	4	NM
lamivudine (100 mg tab, 150 mg tab, 300 mg tab)	4	QL (60 PER 30 DAYS), NM
lamivudine-zidovudine 150-300 mg tab	4	NM
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	5	PA, QL (168 PER 365 OVER TIME)
LIVTENCITY 200 MG TAB	5	PA, QL (336 PER 28 DAYS)
lopinavir-ritonavir 100-25 mg tab	4	QL (300 PER 30 DAYS), NM
lopinavir-ritonavir 200-50 mg tab	4	QL (120 PER 30 DAYS), NM
maraviroc (150 mg tab, 300 mg tab)	3	QL (120 PER 30 DAYS), NM
MAVYRET 100-40 MG TAB	5	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PACKET	5	PA, QL (140 PER 28 DAYS)
nevirapine 200 mg tab	4	QL (60 PER 30 DAYS), NM
NEVIRAPINE 50 MG/5ML SUSPENSION	4	QL (1200 PER 30 DAYS), NM
nevirapine er 400 mg tab 24h	4	QL (30 PER 30 DAYS), NM
NORVIR 100 MG PACKET	4	QL (360 PER 30 DAYS), NM
ODEFSEY 200-25-25 MG TAB	5	QL (30 PER 30 DAYS), NM
oseltamivir phosphate 30 mg cap	3	QL (84 PER 180 OVER TIME), NM

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oseltamivir phosphate 45 mg cap	3	QL (42 PER 180 OVER TIME), NM
oseltamivir phosphate 6 mg/ml recon susp	3	NM
oseltamivir phosphate 75 mg cap	3	QL (42 PER 180 OVER TIME), NM
PAXLOVID (150/100) MG & 0MG TAB THPK	3	QL (30 PER 60 OVER TIME), NM
PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK	3	QL (30 PER 60 OVER TIME), NM
PAXLOVID 6 150 MG & 5 100MG TAB THPK	3	QL (11 PER 60 OVER TIME), NM
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 30 OVER TIME), NM
PEGASYS 180 MCG/ML SOLUTION	5	PA, QL (4 PER 28 OVER TIME), NM
PIFELTRO 100 MG TAB	5	QL (30 PER 30 DAYS), NM
PREVYMIS (20 MG PACKET, 120 MG PACKET)	5	PA, QL (800 PER 365 OVER TIME)
PREVYMIS (240 MG TAB, 480 MG TAB)	5	PA, QL (200 PER 365 OVER TIME)
PREZCOBIX 800-150 MG TAB	5	QL (30 PER 30 DAYS), NM
PREZISTA 100 MG/ML SUSPENSION	5	QL (360 PER 30 DAYS), NM
PREZISTA 150 MG TAB	5	QL (180 PER 30 DAYS), NM
PREZISTA 75 MG TAB	4	QL (60 PER 30 DAYS), NM
RELENZA DISKHALER 5 MG/ACT AER POW BA	4	QL (60 PER 30 DAYS), NM
REYATAZ 50 MG PACKET	5	QL (240 PER 30 DAYS), NM
RIBAVIRIN 200 MG CAP	3	QL (210 PER 30 DAYS), NM
RIBAVIRIN 200 MG TAB	3	QL (210 PER 30 DAYS), NM
ritonavir 100 mg tab	4	QL (450 PER 30 DAYS), NM
RUKOBIA 600 MG TAB ER 12H	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS), NM

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SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	5	PA, QL (30 PER 30 DAYS)
STRIBILD 150-150-200-300 MG TAB	5	QL (30 PER 30 DAYS), NM
SUNLENCA 300 MG TAB	5	QL (5 PER 28 OVER TIME), NM
SUNLENCA 4 X 300 MG TAB THPK	5	QL (4 PER 180 OVER TIME), NM
SUNLENCA 5 X 300 MG TAB THPK	5	QL (5 PER 180 OVER TIME), NM
SYMTUZA 800-150-200-10 MG TAB	5	QL (30 PER 30 DAYS), NM
tenofovir disoproxil fumarate 300 mg tab	3	QL (30 PER 30 DAYS), NM
TIVICAY 50 MG TAB	5	QL (60 PER 30 DAYS), NM
TIVICAY PD 5 MG TAB SOL	5	QL (180 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TAB	5	QL (30 PER 30 DAYS), NM
TRIUMEQ PD 60-5-30 MG TAB SOL	5	QL (180 PER 30 DAYS)
TYBOST 150 MG TAB	3	QL (30 PER 30 DAYS), NM
valacyclovir hcl (1 gm tab, 500 mg tab)	2	QL (120 PER 30 DAYS), NM
valganciclovir hcl 450 mg tab	3	QL (90 PER 30 DAYS), NM
valganciclovir hcl 50 mg/ml recon soln	3	NM
VEMLIDY 25 MG TAB	5	PA, QL (30 PER 30 DAYS)
VIRACEPT (250 MG TAB, 625 MG TAB)	5	NM
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	5	QL (30 PER 30 DAYS), NM
VIREAD 40 MG/GM POWDER	5	NM
VOSEVI 400-100-100 MG TAB	5	PA, QL (28 PER 28 DAYS)
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	4	QL (8 PER 365 OVER TIME), NM
XOFLUZA (80 MG DOSE) OFLUZA 2 40 TAB THPK	4	QL (8 PER 365 OVER TIME), NM
zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)	4	NM

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URINARY ANTI-INFECTIVES		
fosfomycin tromethamine 3 gm packet	3	NM
methenamine hippurate 1 gm tab	3	NM
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	3	PA, NM
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	3	NM
nitrofurantoin monohyd macro 100 mg cap	3	NM
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	2	
trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)	2	NM
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptadine hcl 2 mg/5ml syrup	2	QL (4500 PER 30 DAYS)
cyproheptadine hcl 4 mg tab	3	QL (450 PER 30 DAYS)
promethazine hcl (12.5 mg suppos, 25 mg suppos)	3	
promethazine hcl (6.25 mg/5ml solution, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg tab, 50 mg tab)	2	
PROMETHEGAN (PROMETHEGAN 50 MG SUPPOS, PROMETHEGAN 25 MG SUPPOS)	3	
SECOND GENERATION ANTIHISTAMINES		
cetirizine hcl (1 mg/ml, 5 mg/5ml)	2	QL (300 PER 30 DAYS)
desloratadine 5 mg tab	2	QL (30 PER 30 DAYS)
levocetirizine dihydrochloride 2.5 mg/5ml solution	2	
levocetirizine dihydrochloride 5 mg tab	2	QL (30 PER 30 DAYS)

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ANTINEOPLASTIC AGENTS		
abiraterone acetate 250 mg tab	3	QL (120 PER 30 DAYS)
abirtega 250 mg tab	3	QL (120 PER 30 DAYS)
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAP	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TAB, 180 MG TAB)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TAB	5	PA, QL (180 PER 30 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	5	PA, QL (30 PER 180 OVER TIME)
AUGTYRO 160 MG CAP	5	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAP	5	PA, QL (240 PER 30 DAYS)
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER	5	PA, QL (66 PER 28 OVER TIME)
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	5	PA, QL (30 PER 30 DAYS)
BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	5	PA, QL (84 PER 28 DAYS)
bexarotene 75 mg cap	5	PA
bicalutamide 50 mg tab	2	QL (30 PER 30 DAYS)
BOSULIF (100 MG CAP, 100 MG TAB)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAP	5	PA, QL (210 PER 30 DAYS)
BRAFTOVI 75 MG CAP	5	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAP	5	PA, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	5	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG TAB	5	PA, QL (60 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CAPRELSA (100 MG TAB, 300 MG TAB)	5	PA, LA, QL (30 PER 30 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	5	PA
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	5	PA
COMETRIQ (60 MG DAILY DOSE) 20 KIT	5	PA
COPIKTRA (15 MG CAP, 25 MG CAP)	5	PA, QL (60 PER 30 DAYS)
COTELLIC 20 MG TAB	5	PA, LA, QL (63 PER 28 DAYS)
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	2	BVD
DANZITEN (71 MG TAB, 95 MG TAB)	5	PA, LA, QL (120 PER 30 DAYS)
dasatinib (20 mg tab, 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)	5	PA, QL (30 PER 30 DAYS)
DAURISMO 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
ERIVEDGE 150 MG CAP	5	PA, QL (30 PER 30 DAYS)
ERLEADA 240 MG TAB	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TAB	5	PA, QL (120 PER 30 DAYS)
erlotinib hcl (100 mg tab, 150 mg tab)	5	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tab	5	PA, QL (60 PER 30 DAYS)
EULEXIN 125 MG CAP	5	PA, QL (180 PER 30 DAYS)
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	5	QL (120 PER 30 DAYS), BVD
everolimus (2 mg tab, 3 mg tab, 5 mg tab)	5	PA, QL (60 PER 30 DAYS)
everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	5	PA, QL (30 PER 30 DAYS)
everolimus 0.25 mg tab	4	QL (120 PER 30 DAYS), BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	5	PA, QL (21 PER 28 OVER TIME)
FRUZAQLA 1 MG CAP	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAP	5	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
gefitinib 250 mg tab	5	PA, QL (30 PER 30 DAYS)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	5	PA, QL (30 PER 30 DAYS)
GLEOSTINE (40 MG CAP, 100 MG CAP)	5	PA
GLEOSTINE 10 MG CAP	4	PA
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	5	PA, QL (240 PER 30 DAYS)
GOMEKLI 2 MG CAP	5	PA, QL (120 PER 30 DAYS)
hydroxyurea 500 mg cap	2	
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5	PA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	5	PA, QL (30 PER 30 DAYS)
IDHIFA (50 MG TAB, 100 MG TAB)	5	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	3	QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	3	QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAP	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (216 PER 30 DAYS)
IMKELDI 80 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
INLYTA 1 MG TAB	5	PA, QL (600 PER 30 DAYS)
INLYTA 5 MG TAB	5	PA, QL (120 PER 30 DAYS)
INQOVI 35-100 MG TAB	5	PA, QL (5 PER 28 OVER TIME)

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INREBIC 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
ITOVEBI 3 MG TAB	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TAB	5	PA, QL (30 PER 30 DAYS)
IWILFIN 192 MG TAB	5	PA, QL (240 PER 30 DAYS)
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TAB	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TAB	5	PA, QL (30 PER 30 DAYS)
KISQALI (200 MG DOSE) (TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (400 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI (600 MG DOSE) 200 TAB THPK	5	PA, QL (63 PER 28 DAYS)
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	5	PA, QL (91 PER 28 DAYS)
KOSELUGO (10 MG CAP, 25 MG CAP)	5	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TAB	5	PA, QL (180 PER 30 DAYS)
lapatinib ditosylate 250 mg tab	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TAB	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TAB	5	PA, QL (60 PER 30 DAYS)
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	5	PA, LA, QL (28 PER 28 DAYS)
LENVIMA (10 MG DAILY DOSE) CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	5	PA, QL (90 PER 30 DAYS)

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LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG DAILY DOSE) (CAP THPK	5	PA, QL (90 PER 30 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	5	PA, QL (90 PER 30 DAYS)
LEUKERAN 2 MG TAB	5	PA
LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB)	5	PA, QL (80 PER 28 DAYS)
LORBRENA 100 MG TAB	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TAB	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TAB	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TAB	5	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TAB	5	PA, QL (90 PER 30 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	5	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TAB	5	
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	5	PA, QL (150 PER 30 DAYS)
MATULANE 50 MG CAP	5	
MEKINIST 0.05 MG/ML RECON SOLN	5	PA, QL (1200 PER 30 DAYS)
MEKINIST 0.5 MG TAB	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TAB	5	PA, QL (30 PER 30 DAYS)

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MEKTOVI 15 MG TAB	5	PA, QL (180 PER 30 DAYS)
mercaptopurine 2000 mg/100ml suspension	5	PA, QL (300 PER 30 DAYS)
mercaptopurine 50 mg tab	2	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	2	BVD
methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)	2	BVD
methotrexate sodium 2.5 mg tab	2	
NERLYNX 40 MG TAB	5	PA, QL (180 PER 30 DAYS)
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	5	PA, QL (120 PER 30 DAYS)
nilutamide 150 mg tab	5	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5	PA, QL (3 PER 28 OVER TIME)
NUBEQA 300 MG TAB	5	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAP	5	PA, LA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TAB, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TAB	5	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB	5	PA, QL (24 PER 28 OVER TIME)
OJEMDA 25 MG/ML RECON SUSP	5	PA, QL (96 PER 28 OVER TIME)
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	5	PA, QL (30 PER 30 DAYS)
ONUREG (200 MG TAB, 300 MG TAB)	5	PA, QL (14 PER 28 OVER TIME)
ORSERDU 345 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TAB	5	PA, QL (90 PER 30 DAYS)
pazopanib hcl 200 mg tab	5	PA

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PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5	PA, LA
PIQRAY (200 MG DAILY DOSE) (TAB THPK	5	PA, QL (30 PER 30 DAYS)
PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK	5	PA, QL (60 PER 30 DAYS)
PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	5	PA, QL (60 PER 30 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5	PA, QL (21 PER 28 OVER TIME)
QINLOCK 50 MG TAB	5	PA, QL (90 PER 30 DAYS)
RASUVO 10 MG/0.2ML SOLN A-INJ	3	ST, QL (0.8 PER 28 OVER TIME)
RASUVO 12.5 MG/0.25ML SOLN A-INJ	3	ST, QL (1 PER 28 OVER TIME)
RASUVO 15 MG/0.3ML SOLN A-INJ	3	ST, QL (1.2 PER 28 OVER TIME)
RASUVO 17.5 MG/0.35ML SOLN A-INJ	3	ST, QL (1.4 PER 28 OVER TIME)
RASUVO 20 MG/0.4ML SOLN A-INJ	3	ST, QL (1.6 PER 28 OVER TIME)
RASUVO 22.5 MG/0.45ML SOLN A-INJ	3	ST, QL (1.8 PER 28 OVER TIME)
RASUVO 25 MG/0.5ML SOLN A-INJ	3	ST, QL (2 PER 28 OVER TIME)
RASUVO 30 MG/0.6ML SOLN A-INJ	3	ST, QL (2.4 PER 28 OVER TIME)
RASUVO 7.5 MG/0.15ML SOLN A-INJ	3	ST, QL (0.6 PER 28 OVER TIME)
RETEVMO (120 MG TAB, 160 MG TAB)	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG TAB	5	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG TAB	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TAB	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TAB	5	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TAB	5	PA, QL (240 PER 30 DAYS)
REZLIDHIA 150 MG CAP	5	PA, QL (60 PER 30 DAYS)
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	5	PA, QL (8 PER 28 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ROZLYTREK 100 MG CAP	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAP	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PACKET	5	PA, QL (360 PER 30 DAYS)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAP	5	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TAB	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TAB	5	PA, QL (300 PER 30 DAYS)
sorafenib tosylate 200 mg tab	5	PA, QL (120 PER 30 DAYS)
STIVARGA 40 MG TAB	5	PA, QL (84 PER 21 DAYS)
sunitinib malate (25 mg cap, 37.5 mg cap, 50 mg cap)	5	PA, QL (30 PER 30 DAYS)
sunitinib malate 12.5 mg cap	5	PA, QL (90 PER 30 DAYS)
TABLOID LOID 40 MG	5	PA
TABRECTA (150 MG TAB, 200 MG TAB)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TAB SOL	5	PA, QL (900 PER 30 DAYS)
TAGRISSO (40 MG TAB, 80 MG TAB)	5	PA, LA, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	PA, QL (30 PER 30 DAYS)
TALZENNA 0.25 MG CAP	5	PA, QL (90 PER 30 DAYS)
TAZVERIK 200 MG TAB	5	PA, QL (240 PER 30 DAYS)
TEPMETKO 225 MG TAB	5	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TAB	5	PA, QL (60 PER 30 DAYS)
torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	5	PA, LA, QL (30 PER 30 DAYS)
tretinoin 10 mg cap	5	QL (360 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	3	
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	5	PA, QL (64 PER 28 OVER TIME)
TUKYSA (50 MG TAB, 150 MG TAB)	5	PA, QL (120 PER 30 DAYS)
TURALIO 125 MG CAP	5	PA, LA, QL (120 PER 30 DAYS)
VANFLYTA 17.7 MG TAB	5	PA, QL (30 PER 30 DAYS)
VANFLYTA 26.5 MG TAB	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA 10 MG TAB	4	PA, QL (120 PER 30 DAYS)
VENCLEXTA 100 MG TAB	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TAB	5	PA, QL (120 PER 30 DAYS)
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	PA, QL (120 PER 30 DAYS)
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	PA, QL (60 PER 30 DAYS)
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK)	5	PA, QL (28 PER 28 DAYS)
VIJOICE 200 & 50 MG TAB THPK	5	PA, QL (56 PER 28 DAYS)
VIJOICE 50 MG PACKET	5	PA, QL (30 PER 30 DAYS)
VITRAKVI 100 MG CAP	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAP	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	5	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TAB	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TAB	5	PA, QL (30 PER 30 DAYS)
WELIREG 40 MG TAB	5	PA, QL (90 PER 30 DAYS)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	5	PA, QL (120 PER 30 DAYS)

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XALKORI (200 MG CAP, 250 MG CAP)	5	PA, QL (60 PER 30 DAYS)
XALKORI 150 MG CAP SPRINK	5	PA, QL (180 PER 30 DAYS)
XOSPATA 40 MG TAB	5	PA, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	5	PA, QL (16 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	5	PA, QL (4 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	5	PA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	5	PA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	5	PA, QL (32 PER 28 OVER TIME)
XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)	5	PA, QL (120 PER 30 DAYS)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TAB	5	PA, QL (240 PER 30 DAYS)
ZOLINZA 100 MG CAP	5	PA, QL (120 PER 30 DAYS)
ZYDELIG (100 MG TAB, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TAB	5	PA, QL (150 PER 30 DAYS)

ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND VACCINES

ANTITOXINS AND IMMUNE GLOBULINS

BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA

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GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	5	PA
GAMMAKED 1 GM/10ML SOLUTION	5	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5	PA
GAMUNEX-C 1 GM/10ML SOLUTION	5	PA
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 25 GM/500ML SOLUTION)	5	PA
OCTAGAM 30 GM/300ML SOLUTION	5	PA
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA
TOXOIDS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	3	$0 (PREVENTIVE)
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	3	$0 (PREVENTIVE)
DAPTACEL 23-15-5SUSPENSION	3	$0 (PREVENTIVE)
INFANRIX 25-58-10SUSPENSION	3	$0 (PREVENTIVE)
KINRIX 0.5 ML SUSP PRSYR	3	$0 (PREVENTIVE)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PEDIARIX SUSPPRSYR	3	
PENTACEL RECONSUSP	3	
QUADRACEL 0.5 ML SUSP PRSYR	3	$0 (PREVENTIVE)
QUADRACEL SUSPENSION	3	
TENIVAC 5-2 LFU INJECTABLE	3	$0 (PREVENTIVE)
VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	3	QL (1 PER 999 OVER TIME), $0 (PREVENTIVE)
ACTHIB RECONSOLN	3	
AREXVY 120 MCG/0.5ML RECON SUSP	3	QL (1 PER 999 OVER TIME), $0 (PREVENTIVE)
BCG VACCINE 50 MG RECON SOLN	3	$0 (PREVENTIVE)
BEXSERO SUSPPRSYR	3	$0 (PREVENTIVE)
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	3	BVD, $0 (PREVENTIVE)
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	3	$0 (PREVENTIVE)
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	3	$0 (PREVENTIVE)
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	3	BVD, $0 (PREVENTIVE)
HIBERIX 10 MCG RECON SOLN	3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	3	$0 (PREVENTIVE)
IPOL INJECTABLE	3	$0 (PREVENTIVE)
IXCHIQ RECONSOLN	3	PA, $0 (PREVENTIVE)
IXIARO SUSPENSION	3	$0 (PREVENTIVE)
JYNNEOS 0.5 ML SUSPENSION	3	$0 (PREVENTIVE)
M-M-R II RECONSOLN	3	$0 (PREVENTIVE)

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MENQUADFI SOLUTION	3	$0 (PREVENTIVE)
MENVEO RECONSOLN	3	$0 (PREVENTIVE)
MENVEO SOLUTION	3	$0 (PREVENTIVE)
MRESVIA 50 MCG/0.5ML SUSP PRSYR	3	QL (1 PER 999 OVER TIME), $0 (PREVENTIVE)
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	3	
PENBRAYA RECONSUSP	3	$0 (PREVENTIVE)
PRIORIX RECONSUSP	3	$0 (PREVENTIVE)
PROQUAD RECONSUSP	3	$0 (PREVENTIVE)
RABAVERT RECONSUSP	3	$0 (PREVENTIVE)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	3	BVD, $0 (PREVENTIVE)
ROTARIX SUSPENSION	3	$0 (PREVENTIVE)
ROTATEQ SOLUTION	3	$0 (PREVENTIVE)
SHINGRIX 50 MCG/0.5ML RECON SUSP	3	$0 (PREVENTIVE)
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	3	$0 (PREVENTIVE)
TRUMENBA SUSPPRSYR	3	$0 (PREVENTIVE)
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	3	BVD, $0 (PREVENTIVE)
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	3	$0 (PREVENTIVE)
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	3	$0 (PREVENTIVE)
VARIVAX 1350 PFU/0.5ML RECON SUSP	3	$0 (Preventive)
VAXCHORA RECONSUSP	3	PA, $0 (PREVENTIVE)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	3	PA, $0 (PREVENTIVE)
VIVOTIF CAPDR	3	PA, QL (4 PER 999 OVER TIME), $0 (Preventive)
YF-VAX INJECTABLE	3	$0 (PREVENTIVE)
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	4	ST, QL (10.7 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	3	QL (8 PER 30 DAYS)
dicyclomine hcl (10 mg cap, 20 mg tab)	2	QL (240 PER 30 DAYS)
dicyclomine hcl 10 mg/5ml solution	2	QL (2400 PER 30 DAYS)
diphenoxylate-atropine 2.5-0.025 mg tab	4	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	4	
glycopyrrolate (1 mg tab, 2 mg tab)	2	
glycopyrrolate 1 mg/5ml solution	3	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	4	ST, QL (30 PER 30 DAYS)
ipratropium bromide 0.02 % solution	2	BVD
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	2	BVD
methscopolamine bromide 2.5 mg tab	2	
methscopolamine bromide 5 mg tab	2	

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scopolamine 1 mg/3days patch 72hr	3	QL (10 PER 28 OVER TIME)
SPIRIVA HANDIHALER 18 MCG CAP	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL NS 10 MG/ML SOLUTION	5	PA, QL (360 PER 30 DAYS)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	3	QL (106 PER 365 OVER TIME)
varenicline tartrate 0.5 mg tab	3	QL (336 PER 365 OVER TIME)
varenicline tartrate 1 mg tab	3	QL (336 PER 365 OVER TIME)
varenicline tartrate(continue) 1 mg tab	3	QL (336 PER 365 OVER TIME)
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	2	
donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)	2	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	3	
galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)	3	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
pyridostigmine bromide (pyridostigmine bromide 30 mg tab, pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)	3	
pyridostigmine bromide er 180 mg tab	3	
rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)	3	
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	2	
SKELETAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	2	
carisoprodol 350 mg tab	2	QL (120 PER 30 DAYS)
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	2	
metaxalone 800 mg tab	3	
methocarbamol (500 mg tab, 750 mg tab)	2	
SOHONOS (1 MG CAP, 1.5 MG CAP, 2.5 MG CAP)	5	PA, QL (30 PER 30 DAYS)
SOHONOS 10 MG CAP	5	PA, QL (60 PER 30 DAYS)
SOHONOS 5 MG CAP	5	PA, QL (30 PER 30 DAYS)
tizanidine hcl (2 mg tab, 4 mg tab)	2	
tizanidine hcl 2 mg cap	2	ST, QL (540 PER 30 DAYS)
tizanidine hcl 4 mg cap	2	ST, QL (270 PER 30 DAYS)
tizanidine hcl 6 mg cap	2	ST, QL (180 PER 30 DAYS)
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er 10 mg tab 24h	2	QL (30 PER 30 DAYS)
dihydroergotamine mesylate 4 mg/ml solution	3	PA
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	3	QL (30 PER 30 DAYS)
phenoxybenzamine hcl 10 mg cap	5	PA, QL (3600 PER 30 DAYS)
silodosin (4 mg cap, 8 mg cap)	2	QL (30 PER 30 DAYS)

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tamsulosin hcl 0.4 mg cap	1	QL (60 PER 30 DAYS)
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln, 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)	2	BVD
albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)	2	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	2	QL (17 PER 30 OVER TIME)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	QL (36 PER 30 OVER TIME)
arformoterol tartrate 15 mcg/2ml nebu soln	3	QL (120 PER 30 DAYS), BVD
AUVI-Q (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	3	
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
breyna (80-4.5 mcg/act, 160-4.5 mcg/act)	4	QL (20.4 PER 30 DAYS)
budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)	4	QL (20.4 PER 30 DAYS)
droxidopa (100 mg cap, 200 mg cap, 300 mg cap)	4	PA, QL (180 PER 30 DAYS)
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	3	QL (2 PER 30 OVER TIME)
epinephrine (0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln)	3	
fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	3	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3	QL (12 PER 30 DAYS)

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FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	3	QL (1 PER 30 DAYS)
formoterol fumarate 20 mcg/2ml nebu soln	4	QL (120 PER 30 DAYS), BVD
levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)	2	BVD
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	
lofexidine hcl 0.18 mg tab	5	PA, QL (224 PER 30 OVER TIME)
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (4 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	2	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	3	QL (36 PER 30 DAYS)
wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	3	QL (60 PER 30 DAYS)

BLOOD DERIVATIVES

PROLASTIN-C 1000 MG RECON SOLN	5	PA
PROLASTIN-C 1000 MG/20ML SOLUTION	5	PA

BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS

ANTITHROMBOTIC AGENTS

ticagrelor 60 mg tab	3	QL (60 PER 30 DAYS)

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BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS		
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	5	BVD, ESRD
ARANESP (ALBUMIN FREE) (25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	3	BVD, ESRD
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	3	BVD, ESRD
DOPTELET 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
eltrombopag olamine (12.5 mg packet, 25 mg packet)	5	PA, QL (180 PER 30 DAYS)
eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab)	5	PA, QL (30 PER 30 DAYS)
eltrombopag olamine 75 mg tab	5	PA, QL (60 PER 30 DAYS)
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	BVD, ESRD
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	BVD
FYLNETRA 6 MG/0.6ML SOLN PRSYR	5	PA
GRANIX (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	BVD
LEUKINE 250 MCG RECON SOLN	5	PA

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
MULPLETA 3 MG TAB	5	PA, QL (7 PER 30 OVER TIME)
NEULASTA 6 MG/0.6ML SOLN PRSYR	5	PA
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	5	BVD
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	5	PA
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
RETACRIT (10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	3	BVD, ESRD
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	3	BVD, ESRD
STIMUFEND 6 MG/0.6ML SOLN PRSYR	5	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	5	BVD
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	5	PA

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BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS		
ANTIHEMORRHAGIC AGENTS		
tranexamic acid 650 mg tab	3	QL (30 PER 30 DAYS)
BLOOD FORMATION,COAGULATION & THROMBOSIS AGENTS		
ANTITHROMBOTIC AGENTS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	2	
clopidogrel bisulfate 75 mg tab	1	QL (30 PER 30 DAYS)
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	4	QL (60 PER 30 DAYS)
enoxaparin sodium (30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln)	3	
fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)	5	QL (30 PER 30 DAYS)
fondaparinux sodium 2.5 mg/0.5ml solution	4	QL (30 PER 30 DAYS)
heparin sodium (porcine) (5000 unit/ml, 10000 unit/ml, 20000 unit/ml)	3	ESRD
heparin sodium (porcine) 1000 unit/ml solution	3	ESRD
heparin sodium (porcine) pf 1000 unit/ml solution	3	ESRD
prasugrel hcl (5 mg tab, 10 mg tab)	2	QL (30 PER 30 DAYS)
ticagrelor 90 mg tab	3	QL (60 PER 30 DAYS)
XARELTO (10 MG TAB, 20 MG TAB)	3	QL (30 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	3	QL (600 PER 30 DAYS)
XARELTO 15 MG TAB	3	QL (42 PER 30 DAYS)
XARELTO 2.5 MG TAB	3	QL (60 PER 30 DAYS)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2	QL (60 PER 30 DAYS)
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	2	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	QL (60 PER 30 DAYS)
ANTILIPEMIC AGENTS		
amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	ST, QL (30 PER 30 DAYS)
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
cholestyramine (4 gm packet, 4 gm/dose powder)	3	QL (720 PER 30 DAYS)
cholestyramine light (4 gm packet, 4 gm/dose powder)	3	QL (1195 PER 30 DAYS)
colesevelam hcl 3.75 gm packet	4	QL (180 PER 30 DAYS)
colesevelam hcl 625 mg tab	3	QL (180 PER 30 DAYS)
colestipol hcl (5 gm granules, 5 gm packet)	3	QL (900 PER 30 DAYS)
colestipol hcl 1 gm tab	3	QL (480 PER 30 DAYS)
ezetimibe 10 mg tab	1	QL (30 PER 30 DAYS)
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	1	QL (30 PER 30 DAYS)
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	1	QL (60 PER 30 DAYS)
fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)	1	QL (60 PER 30 DAYS)
fenofibric acid (45 mg cap dr, 135 mg cap dr)	3	QL (60 PER 30 DAYS)
fluvastatin sodium (20 mg cap, 40 mg cap)	1	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
gemfibrozil 600 mg tab	2	QL (60 PER 30 DAYS)
icosapent ethyl (0.5 gm cap, 1 gm cap)	4	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP)	5	PA, QL (90 PER 30 DAYS)
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	1	
NEXLETOL 180 MG TAB	3	PA, QL (30 PER 30 DAYS)
NEXLIZET 180-10 MG TAB	3	PA, QL (30 PER 30 DAYS)
niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)	2	QL (120 PER 30 DAYS)
omega-3-acid ethyl esters 1 gm cap	3	QL (120 PER 30 DAYS)
pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)	1	ST
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
prevalite (4 gm packet, 4 gm/dose powder)	3	QL (1195 PER 30 DAYS)
REPATHA 140 MG/ML SOLN PRSYR	3	PA, QL (3 PER 30 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA, QL (3.5 PER 30 OVER TIME)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA, QL (3 PER 30 OVER TIME)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	2	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	2	
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	2	
betaxolol hcl (10 mg tab, 20 mg tab)	2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	

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bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	2	
CARTEOLOL HCL 1 % SOLUTION	2	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	1	
carvedilol phosphate er (er 10 mg cap er, er 20 mg cap er, er 40 mg cap er, er 80 mg cap er)	3	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	1	
metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)	1	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	3	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	3	
nebivolol hcl (2.5 mg tab, 5 mg tab, 20 mg tab)	2	QL (90 PER 30 DAYS)
nebivolol hcl 10 mg tab	2	QL (120 PER 30 DAYS)
pindolol (5 mg tab, 10 mg tab)	2	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	1	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	2	
propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)	2	
sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab)	4	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	4	
sotalol hcl 80 mg tab	4	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	2	

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CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	1	
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	1	
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	1	
cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)	3	
dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)	3	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	2	
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)	2	
diltiazem hcl er beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)	2	
diltiazem hcl er coated beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er)	2	
felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	2	
isradipine (2.5 mg cap, 5 mg cap)	2	
matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)	3	
nicardipine hcl (20 mg cap, 30 mg cap)	2	
nifedipine (10 mg cap, 20 mg cap)	1	

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nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	1	
nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	1	
nimodipine 30 mg cap	2	
nisoldipine er (nisoldipine er 34 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 30 mg tab er 24h, nisoldipine er 40 mg tab er 24h, nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h)	2	
olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)	1	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	1	
tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)	3	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	1	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1	
verapamil hcl er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)	2	
verapamil hcl er (er 120 mg tab er, er 180 mg tab er, er 240 mg tab er)	1	
CARDIAC DRUGS		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
CORLANOR 5 MG/5ML SOLUTION	4	ST, QL (450 PER 30 DAYS)
digoxin (125 mcg tab, 250 mcg tab)	2	
digoxin (digoxin 0.05 mg/ml solution, digoxin 0.05 mg/ml solution)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
digoxin 62.5 mcg tab	3	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	3	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	2	
ivabradine hcl (5 mg tab, 7.5 mg tab)	4	ST, QL (60 PER 30 DAYS)
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	3	
NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H)	4	
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	3	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	2	
propafenone hcl er (er 225 mg cap er, er 325 mg cap er, er 425 mg cap er)	3	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	2	NM
ranolazine er (er 500 mg tab er, er 1000 mg tab er)	3	QL (120 PER 30 DAYS)
VYNDAMAX 61 MG CAP	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAP	5	PA, QL (120 PER 30 DAYS)
HYPOTENSIVE AGENTS		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	3	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	
clonidine hcl er 0.1 mg tab 12h	1	QL (120 PER 30 DAYS)
furosemide 10 mg/ml solution	2	
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
minoxidil (2.5 mg tab, 10 mg tab)	2	
NIMODIPINE 60 MG/20ML SOLUTION	5	QL (1800 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NYMALIZE 6 MG/ML SOLUTION	5	QL (1800 PER 30 DAYS)
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	2	ST, QL (30 PER 30 DAYS)
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	1	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	1	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	4	ST
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3	QL (60 PER 30 DAYS)
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL (240 PER 30 DAYS)
eplerenone (25 mg tab, 50 mg tab)	3	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	1	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	1	
KERENDIA (10 MG TAB, 20 MG TAB)	4	PA, QL (30 PER 30 DAYS)
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	
moexipril hcl (7.5 mg tab, 15 mg tab)	1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	1	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB)	1	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	1	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	2	
spironolactone-hctz 25-25 mg tab	2	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	1	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	1	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	
VASODILATING AGENTS		
aspirin-dipyridamole er 25-200 mg cap 12h	3	QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab)	2	
isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er, er 120 mg tab er)	2	
NITRO-BID 2 % OINTMENT	4	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)	2	
nitroglycerin 0.4 % ointment	4	QL (30 PER 30 OVER TIME)
nitroglycerin 0.4 mg/spray solution	3	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	3	
sildenafil citrate 10 mg/ml recon susp	3	PA, QL (180 PER 30 DAYS)
sildenafil citrate 20 mg tab	3	PA, QL (90 PER 30 DAYS)
tadalafil (pah) 20 mg tab	3	PA, QL (60 PER 30 DAYS)
tadalafil 5 mg tab	3	PA, QL (30 PER 30 DAYS)
TADLIQ 20 MG/5ML SUSPENSION	5	PA, QL (300 PER 30 DAYS)
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3	PA, QL (30 PER 30 DAYS)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)	3	QL (390 PER 30 DAYS)
ascomp-codeine 50-325-40-30 mg cap	3	QL (180 PER 30 DAYS), NM
bac (butalbital-acetamin-caff) 50-325-40 mg tab	3	QL (60 PER 30 DAYS), NM

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buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	3	QL (4 PER 28 OVER TIME), NM
buprenorphine hcl 2 mg sl tab	3	QL (210 PER 30 DAYS), NM
buprenorphine hcl 8 mg sl tab	3	QL (120 PER 30 DAYS), NM
buprenorphine hcl-naloxone hcl (2-0.5 mg tab, 8-2 mg tab)	2	QL (120 PER 30 DAYS), NM
buprenorphine hcl-naloxone hcl (2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg)	3	QL (120 PER 30 DAYS), NM
butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)	3	QL (60 PER 30 DAYS), NM
butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)	3	QL (60 PER 30 DAYS), NM
butalbital-asa-caff-codeine 50-325-40-30 mg cap	3	QL (60 PER 30 DAYS), NM
butalbital-aspirin-caffeine 50-325-40 mg cap	3	QL (60 PER 30 DAYS), NM
celecoxib 100 mg cap	2	QL (240 PER 30 DAYS)
celecoxib 200 mg cap	2	QL (120 PER 30 DAYS)
celecoxib 400 mg cap	2	QL (60 PER 30 DAYS)
celecoxib 50 mg cap	2	QL (480 PER 30 DAYS)
diclofenac potassium 50 mg tab	2	
diclofenac potassium(migraine) 50 mg packet	3	ST, QL (9 PER 30 OVER TIME)
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	2	
diclofenac sodium er 100 mg tab 24h	2	
diflunisal 500 mg tab	2	QL (90 PER 30 DAYS)
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	2	
etodolac er (er 400 mg tab er, er 500 mg tab er)	2	QL (60 PER 30 DAYS)
etodolac er 600 mg tab 24h	2	QL (30 PER 30 DAYS)
fenoprofen calcium (fenoprofen calcium 400 mg cap, fenoprofen calcium 400 mg cap)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	3	PA, QL (10 PER 30 OVER TIME), NM
flurbiprofen 100 mg tab	2	
hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (240 PER 30 DAYS)
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	3	QL (240 PER 30 DAYS), NM
hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)	3	QL (120 PER 30 DAYS), NM
ibu (600 mg tab, 800 mg tab)	2	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	2	
indomethacin 25 mg cap	2	QL (240 PER 30 DAYS)
indomethacin 50 mg cap	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 100 MG CAP	2	QL (120 PER 30 DAYS)
MECLOFENAMATE SODIUM 50 MG CAP	2	QL (240 PER 30 DAYS)
meloxicam (7.5 mg tab, 15 mg tab)	2	
methadone hcl (5 mg tab, 10 mg tab)	3	QL (90 PER 30 DAYS), NM
morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)	3	QL (120 PER 30 DAYS), NM
morphine sulfate er (er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	3	QL (60 PER 30 DAYS), NM
morphine sulfate er 15 mg tab	3	QL (90 PER 30 DAYS), NM
nabumetone (500 mg tab, 750 mg tab)	2	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 500 mg tab)	2	
naproxen sodium (275 mg tab, 550 mg tab)	2	
oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (120 PER 30 DAYS), NM

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	3	QL (180 PER 30 DAYS)
piroxicam (10 mg cap, 20 mg cap)	2	
sulindac (150 mg tab, 200 mg tab)	2	
tramadol hcl 100 mg tab	3	QL (120 PER 30 DAYS)
tramadol hcl 50 mg tab	3	QL (240 PER 30 DAYS)
tramadol hcl er 100 mg tab 24h	3	QL (120 PER 30 DAYS)
tramadol hcl er 200 mg tab 24h	3	QL (60 PER 30 DAYS)
tramadol hcl er 300 mg tab 24h	3	QL (30 PER 30 DAYS)
tramadol-acetaminophen 37.5-325 mg tab	3	QL (120 PER 30 DAYS)
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS		
amphetamine-dextroamphet er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er)	3	QL (60 PER 30 DAYS)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (60 PER 30 DAYS)
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	3	QL (90 PER 30 DAYS)
dexmethylphenidate hcl er (er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er, er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er)	3	QL (60 PER 30 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	3	QL (60 PER 30 DAYS)
dextroamphetamine sulfate er (er 10 mg cap er, er 15 mg cap er)	3	QL (120 PER 30 DAYS)
dextroamphetamine sulfate er 5 mg cap 24h	3	QL (60 PER 30 DAYS)
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)	3	ST, QL (30 PER 30 DAYS)
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	4	ST, QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
methylphenidate hcl (2.5 mg chew tab, 5 mg tab, 10 mg tab, 20 mg tab)	3	QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg chew tab, 10 mg chew tab)	3	QL (180 PER 30 DAYS)
methylphenidate hcl 10 mg/5ml solution	3	QL (900 PER 30 DAYS)
methylphenidate hcl 5 mg/5ml solution	3	QL (1800 PER 30 DAYS)
methylphenidate hcl er (cd) (er 20 mg cap er, er 50 mg cap er, er 60 mg cap er)	3	QL (30 PER 30 DAYS)
methylphenidate hcl er (cd) (er 30 mg cap er, er 40 mg cap er)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er (cd) 10 mg cap	3	QL (180 PER 30 DAYS)
methylphenidate hcl er (la) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 60 mg cap er)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 18 mg tab er 24h)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)	3	QL (60 PER 30 DAYS)
methylphenidate hcl er 10 mg tab	3	QL (120 PER 30 DAYS)
methylphenidate hcl er 20 mg tab	3	QL (90 PER 30 DAYS)
modafinil (100 mg tab, 200 mg tab)	3	QL (90 PER 30 DAYS)
WAKIX (4.45 MG TAB, 17.8 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ANTICONVULSANTS		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5	ST, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5	ST, QL (600 PER 30 DAYS)
carbamazepine (100 mg/5ml suspension, 200 mg/10ml suspension)	2	QL (2400 PER 30 DAYS)
carbamazepine 100 mg chew tab	2	QL (480 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CARBAMAZEPINE 200 MG CHEW TAB	3	QL (240 PER 30 DAYS)
carbamazepine 200 mg tab	2	QL (240 PER 30 DAYS)
carbamazepine er (er 100 mg cap er, er 100 mg tab er)	3	QL (480 PER 30 DAYS)
carbamazepine er (er 200 mg cap er, er 200 mg tab er)	3	QL (240 PER 30 DAYS)
carbamazepine er 300 mg cap 12h	3	QL (150 PER 30 DAYS)
carbamazepine er 400 mg tab 12h	3	QL (120 PER 30 DAYS)
clobazam (10 mg tab, 20 mg tab)	2	QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	2	QL (480 PER 30 DAYS)
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)	3	QL (300 PER 30 DAYS)
clonazepam (0.5 mg tab, 1 mg tab, 2 mg tab)	2	QL (300 PER 30 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	4	PA, LA, QL (300 PER 30 DAYS)
DILANTIN 100 MG CAP	4	QL (300 PER 30 DAYS)
DILANTIN 125 MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS)
DILANTIN 30 MG CAP	4	
DILANTIN INFATABS 50 MG CHEW	4	QL (600 PER 30 DAYS)
DILANTIN-125 MG/5ML SUSPENSION	4	QL (750 PER 30 DAYS)
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	2	
divalproex sodium er (er 250 mg tab er, er 500 mg tab er)	2	
EPIDIOLEX 100 MG/ML SOLUTION	5	PA, QL (900 PER 30 DAYS)
epitol 200 mg tab	2	QL (240 PER 30 DAYS)
EPRONTIA 25 MG/ML SOLUTION	4	QL (480 PER 30 DAYS)

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EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	4	ST, QL (180 PER 30 DAYS)
eslicarbazepine acetate (200 mg tab, 400 mg tab)	4	ST, QL (30 PER 30 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	4	ST, QL (60 PER 30 DAYS)
ethosuximide 250 mg cap	2	
ethosuximide 250 mg/5ml solution	2	
felbamate (400 mg tab, 600 mg tab)	3	
felbamate 600 mg/5ml suspension	3	
FINTEPLA 2.2 MG/ML SOLUTION	5	PA, LA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	ST, QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	5	ST, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TAB	4	ST, QL (30 PER 30 DAYS)
gabapentin (250 mg/5ml, 300 mg/6ml)	2	QL (2160 PER 30 DAYS)
gabapentin 100 mg cap	2	QL (960 PER 30 DAYS)
gabapentin 300 mg cap	2	QL (330 PER 30 DAYS)
gabapentin 400 mg cap	2	QL (270 PER 30 DAYS)
gabapentin 600 mg tab	2	QL (180 PER 30 DAYS)
gabapentin 800 mg tab	2	QL (120 PER 30 DAYS)
lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)	4	QL (1200 PER 30 DAYS)
lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	QL (60 PER 30 DAYS)
LAMICTAL ODT 100 MG TAB DISP	4	QL (60 PER 30 DAYS)
LAMICTAL ODT 200 MG TAB DISP	4	QL (90 PER 30 DAYS)
lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)	3	
lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	2	

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lamotrigine 21 x 25 mg & 7 x 50 mg kit	4	QL (28 PER 180 OVER TIME)
lamotrigine 25 & 50 & 100 mg kit	4	QL (70 PER 365 OVER TIME)
lamotrigine 42 x 50 mg & 14x100 mg kit	4	QL (56 PER 365 OVER TIME)
lamotrigine er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er, er 250 mg tab er, er 300 mg tab er)	3	
lamotrigine starter kit-blue 35 x 25 mg	4	
lamotrigine starter kit-green 84 x 25 mg & 14x100 mg	4	
lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg	4	
levetiracetam (100 mg/ml, 500 mg/5ml)	3	QL (900 PER 30 DAYS)
levetiracetam (750 mg tab, 1000 mg tab)	2	QL (120 PER 30 DAYS)
levetiracetam 250 mg tab	2	QL (480 PER 30 DAYS)
LEVETIRACETAM 250 MG TAB	4	ST, QL (90 PER 30 DAYS)
levetiracetam 500 mg tab	2	QL (240 PER 30 DAYS)
levetiracetam er (er 500 mg tab er, er 750 mg tab er)	3	QL (120 PER 30 DAYS)
magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)	2	HI
methsuximide 300 mg cap	4	QL (120 PER 30 DAYS)
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	2	
oxcarbazepine 300 mg/5ml suspension	3	
oxcarbazepine er 150 mg tab 24h	4	ST, QL (480 PER 30 DAYS)
oxcarbazepine er 300 mg tab 24h	4	ST, QL (240 PER 30 DAYS)
oxcarbazepine er 600 mg tab 24h	4	ST, QL (120 PER 30 DAYS)
phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)	2	
phenytek (200 mg cap, 300 mg cap)	2	

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phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension)	2	
phenytoin 50 mg chew tab	2	
phenytoin infatabs infas 50 mg chew	2	
phenytoin sodium extended 100 mg cap	2	
pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	2	
PRIMIDONE 125 MG TAB	2	QL (480 PER 30 DAYS)
primidone 250 mg tab	2	QL (240 PER 30 DAYS)
primidone 50 mg tab	2	QL (1200 PER 30 DAYS)
rufinamide 200 mg tab	4	PA, QL (120 PER 30 DAYS)
rufinamide 40 mg/ml suspension	5	PA, QL (2400 PER 30 DAYS)
rufinamide 400 mg tab	5	PA, QL (240 PER 30 DAYS)
SPRITAM (500 MG TAB, 750 MG TAB, 1000 MG TAB)	4	ST, QL (90 PER 30 DAYS)
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	5	PA, QL (60 PER 30 DAYS)
tiagabine hcl 12 mg tab	4	QL (120 PER 30 DAYS)
tiagabine hcl 16 mg tab	4	QL (90 PER 30 DAYS)
tiagabine hcl 2 mg tab	4	QL (840 PER 30 DAYS)
tiagabine hcl 4 mg tab	4	QL (420 PER 30 DAYS)
topiramate (15 mg cap, 25 mg cap)	2	
topiramate 100 mg tab	2	QL (180 PER 30 DAYS)
topiramate 200 mg tab	2	QL (60 PER 30 DAYS)
topiramate 25 mg tab	2	QL (720 PER 30 DAYS)
topiramate 50 mg cap sprink	4	
topiramate 50 mg tab	2	QL (360 PER 30 DAYS)
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
vigabatrin 500 mg packet	5	PA, QL (9000 PER 30 DAYS)
vigabatrin 500 mg tab	5	PA, QL (180 PER 30 DAYS)
vigadrone 500 mg packet	5	PA, QL (180 PER 30 DAYS)
VIGAFYDE 100 MG/ML SOLUTION	5	PA, LA, QL (750 PER 30 OVER TIME)
vigpoder 500 mg packet	5	PA, LA, QL (180 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	4	QL (60 PER 30 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	4	QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK	4	QL (56 PER 28 DAYS)
XCOPRI (COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	4	QL (28 PER 28 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	5	PA
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	2	
ZTALMY 50 MG/ML SUSPENSION	5	PA, LA, QL (1080 PER 30 DAYS)
ANTIMIGRAINE AGENTS		
AJOVY 225 MG/1.5ML SOLN A-INJ	3	QL (4.5 PER 84 OVER TIME)
AJOVY 225 MG/1.5ML SOLN PRSYR	3	QL (4.5 PER 84 OVER TIME)
eletriptan hydrobromide 20 mg tab	2	QL (9 PER 30 OVER TIME)
eletriptan hydrobromide 40 mg tab	2	QL (9 PER 30 OVER TIME)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	4	PA, QL (5 PER 84 OVER TIME)
EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR	3	PA, QL (3 PER 30 OVER TIME)
frovatriptan succinate 2.5 mg tab	4	ST, QL (12 PER 30 OVER TIME)
naratriptan hcl (1 mg tab, 2.5 mg tab)	3	QL (9 PER 30 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NURTEC 75 MG TAB DISP	3	PA, QL (8 PER 30 OVER TIME)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	4	PA, QL (30 PER 30 DAYS)
REYVOW (50 MG TAB, 100 MG TAB)	4	PA, QL (8 PER 30 OVER TIME)
rizatriptan benzoate (5 mg tab disp, 10 mg tab, 10 mg tab disp)	2	QL (18 PER 30 OVER TIME)
rizatriptan benzoate 5 mg tab	2	QL (18 PER 30 OVER TIME)
sumatriptan (5 mg/act, 20 mg/act)	3	ST, QL (12 PER 30 OVER TIME)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	2	QL (9 PER 30 OVER TIME)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	3	QL (4 PER 30 OVER TIME)
sumatriptan succinate refill 4 mg/0.5ml soln cart	3	QL (4 PER 30 OVER TIME)
UBRELVY (50 MG TAB, 100 MG TAB)	3	PA, QL (16 PER 30 OVER TIME)
zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)	3	QL (9 PER 30 OVER TIME)
zolmitriptan (zolmitriptan 5 mg solution, zolmitriptan 2.5 mg solution)	4	ST, QL (8 PER 30 OVER TIME)
ANTIPARKINSONIAN AGENTS		
apomorphine hcl 30 mg/3ml soln cart	5	PA
benztropine mesylate (0.5 mg tab, 1 mg tab)	2	QL (90 PER 30 DAYS)
benztropine mesylate 2 mg tab	2	
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	3	
cabergoline 0.5 mg tab	2	
carbidopa 25 mg tab	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP, CARBIDOPA-LEVODOPA 10-100 MG TAB, CARBIDOPA-LEVODOPA 25-100 MG TAB, CARBIDOPA-LEVODOPA 25-250 MG TAB)	2	
carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)	2	QL (360 PER 30 DAYS)
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)	3	
entacapone 200 mg tab	3	
pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)	2	
pramipexole dihydrochloride er (er 0.375 mg tab er, er 2.25 mg tab er, er 3 mg tab er, er 3.75 mg tab er, er 4.5 mg tab er)	3	ST, QL (30 PER 30 DAYS)
pramipexole dihydrochloride er (er 0.75 mg tab er, er 1.5 mg tab er)	3	ST, QL (90 PER 30 DAYS)
rasagiline mesylate (0.5 mg tab, 1 mg tab)	3	
ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)	2	
ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er, er 8 mg tab er, er 12 mg tab er)	3	QL (90 PER 30 DAYS)
RYTARY 23.75-95 MG CAP ER	3	ST, QL (750 PER 30 DAYS)
RYTARY 36.25-145 MG CAP ER	3	ST, QL (480 PER 30 DAYS)
RYTARY 48.75-195 MG CAP ER	3	ST, QL (360 PER 30 DAYS)
RYTARY 61.25-245 MG CAP ER	3	ST, QL (300 PER 30 DAYS)
selegiline hcl (5 mg cap, 5 mg tab)	3	
trihexyphenidyl hcl (2 mg tab, 5 mg tab)	2	QL (150 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)	3	QL (150 PER 30 DAYS)
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	2	QL (150 PER 30 DAYS)
alprazolam er (er 0.5 mg tab er, er 1 mg tab er, er 2 mg tab er, er 3 mg tab er)	3	QL (90 PER 30 DAYS)
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	QL (300 PER 30 DAYS)
alprazolam xr (0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er)	3	QL (90 PER 30 DAYS)
BELSOMRA (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	ST, QL (30 PER 30 DAYS)
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	2	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)	3	QL (90 PER 30 DAYS)
clorazepate dipotassium 15 mg tab	3	QL (180 PER 30 DAYS)
diazepam (2 mg tab, 5 mg tab, 10 mg tab)	2	QL (120 PER 30 DAYS)
diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)	2	
diazepam 5 mg/5ml solution	2	QL (1200 PER 30 DAYS)
diazepam 5 mg/ml conc	2	QL (240 PER 30 DAYS)
diazepam intensol 5 mg/ml conc	2	QL (240 PER 30 DAYS)
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	2	QL (30 PER 30 DAYS)
HETLIOZ LQ 4 MG/ML SUSPENSION	5	PA, QL (150 PER 30 DAYS)
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2	
hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)	2	

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lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)	2	QL (150 PER 30 DAYS)
lorazepam 2 mg/ml conc	2	QL (150 PER 30 DAYS)
lorazepam intensol 2 mg/ml conc	2	QL (150 PER 30 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	4	QL (10 PER 30 OVER TIME)
ramelteon 8 mg tab	2	QL (30 PER 30 DAYS)
tasimelteon 20 mg cap	5	PA, QL (30 PER 30 DAYS)
temazepam 15 mg cap	2	QL (60 PER 30 DAYS)
temazepam 30 mg cap	2	QL (30 PER 30 DAYS)
triazolam (0.125 mg tab, 0.25 mg tab)	3	QL (30 PER 30 DAYS)
VALTOCO 10 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK	4	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE /0.1ML LIQUID	4	QL (10 PER 30 OVER TIME)
zaleplon (5 mg cap, 10 mg cap)	2	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tab, 10 mg tab)	2	QL (60 PER 30 DAYS)
zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)	2	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS

atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	3	QL (30 PER 30 DAYS)
guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)	2	
memantine hcl (2 mg/ml, 10 mg/5ml)	3	
memantine hcl (5 mg tab, 10 mg tab)	2	QL (60 PER 30 DAYS)
memantine hcl 28 x 5 mg & 21 x 10 mg tab	2	QL (49 PER 28 DAYS)
memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)	2	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
QELBREE 100 MG CAP ER 24H	4	ST, QL (30 PER 30 DAYS)
QELBREE 150 MG CAP ER 24H	4	ST, QL (60 PER 30 DAYS)
QELBREE 200 MG CAP ER 24H	4	ST, QL (90 PER 30 DAYS)
RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA, QL (70 PER 28 DAYS)
riluzole 50 mg tab	3	
SUNOSI (75 MG TAB, 150 MG TAB)	4	ST, QL (30 PER 30 DAYS)
OPIATE ANTAGONISTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	QL (2 PER 30 OVER TIME)
naloxone hcl (naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 0.4 mg/ml solution, naloxone hcl 4 mg/10ml solution)	2	
naloxone hcl 0.4 mg/ml soln prsyr	2	
naltrexone hcl 50 mg tab	2	
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 PER 56 OVER TIME), BVD
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 PER 56 OVER TIME), BVD
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5	QL (2 PER 28 OVER TIME), BVD
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	2	
APLENZIN (174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H)	4	ST, QL (30 PER 30 DAYS)
aripiprazole (10 mg tab disp, 15 mg tab disp)	2	QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	2	
aripiprazole 1 mg/ml solution	2	QL (900 PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 PER 56 OVER TIME), BVD
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 PER 28 OVER TIME), BVD
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 PER 28 OVER TIME), BVD
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 PER 28 OVER TIME), BVD
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	QL (2.4 PER 28 OVER TIME), BVD
asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)	3	ST, QL (60 PER 30 DAYS)
AUVELITY 45-105 MG TAB ER	5	ST, QL (60 PER 30 DAYS)
bupropion hcl (75 mg tab, 100 mg tab)	2	
bupropion hcl er (smoking det) 150 mg tab 12h	2	
bupropion hcl er (sr) (er 100 mg tab er, er 150 mg tab er, er 200 mg tab er)	2	
bupropion hcl er (xl) (er 150 mg tab er, er 300 mg tab er)	2	
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	5	PA, QL (30 PER 30 DAYS)
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	
CHLORPROMAZINE HCL (30 MG/ML CONC, 100 MG/ML CONC)	3	
citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)	1	
citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)	2	
CITALOPRAM HYDROBROMIDE 30 MG CAP	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	3	ST
clozapine (100 mg tab, 150 mg tab disp, 200 mg tab disp)	3	QL (180 PER 30 DAYS)
clozapine (25 mg tab, 50 mg tab)	3	QL (90 PER 30 DAYS)
clozapine (clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab disp)	3	QL (270 PER 30 DAYS)
clozapine 200 mg tab	3	QL (135 PER 30 DAYS)
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	5	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	5	PA, QL (56 PER 180 OVER TIME)
compro 25 mg suppos	2	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
DESVENLAFAXINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H)	2	
desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er)	2	
doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	2	
doxepin hcl 10 mg/ml conc	2	
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	4	ST, QL (60 PER 30 DAYS)
duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)	2	
duloxetine hcl 40 mg cp dr part	2	QL (60 PER 30 DAYS)
EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	5	ST, QL (30 PER 30 DAYS)
ERZOFRI 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 PER 28 OVER TIME), BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ERZOFRI 156 MG/ML SUSP PRSYR	5	QL (1 PER 28 OVER TIME), BVD
ERZOFRI 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 PER 28 OVER TIME), BVD
ERZOFRI 351 MG/2.25ML SUSP PRSYR	5	QL (2.25 PER 28 OVER TIME), BVD
ERZOFRI 39 MG/0.25ML SUSP PRSYR	5	QL (0.25 PER 28 OVER TIME), BVD
ERZOFRI 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 PER 28 OVER TIME), BVD
escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)	1	
escitalopram oxalate (5 mg/5ml, 10 mg/10ml)	2	
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB	4	PA, QL (8 PER 30 OVER TIME)
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	ST, QL (30 PER 30 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	ST, QL (30 PER 30 DAYS)
fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)	1	
fluoxetine hcl (fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab, fluoxetine hcl 60 mg tab)	3	
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	3	
fluoxetine hcl 20 mg/5ml solution	2	
FLUOXETINE HCL 90 MG CAP DR	3	QL (4 PER 28 OVER TIME)
fluphenazine decanoate 25 mg/ml solution	3	BVD

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FLUPHENAZINE HCL (FLUPHENAZINE HCL 1 MG TAB, FLUPHENAZINE HCL 2.5 MG TAB, FLUPHENAZINE HCL 5 MG TAB, FLUPHENAZINE HCL 10 MG TAB, FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 5 MG/ML CONC)	3	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	3	BVD
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	2	
fluvoxamine maleate er (er 100 mg cap er, er 150 mg cap er)	3	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	2	
haloperidol decanoate (50 mg/ml, 100 mg/ml)	2	BVD
haloperidol lactate 2 mg/ml conc	2	
haloperidol lactate 5 mg/ml solution	2	BVD
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	2	
imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)	2	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	5	QL (3.5 PER 180 OVER TIME), BVD
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	5	QL (5 PER 180 OVER TIME), BVD
INVEGA SUSTENNA (78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR)	5	BVD
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	BVD
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 PER 90 OVER TIME), BVD
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 PER 90 OVER TIME), BVD

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INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 PER 90 OVER TIME), BVD
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 PER 90 OVER TIME), BVD
lithium 8 meq/5ml solution	2	
lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)	2	
lithium carbonate er (er 300 mg tab er, er 450 mg tab er)	2	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	2	
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)	2	
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	5	PA, QL (30 PER 30 DAYS)
MARPLAN 10 MG TAB	4	
mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)	2	QL (30 PER 30 DAYS)
mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)	2	
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	2	QL (270 PER 30 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	3	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	2	
NUPLAZID (10 MG TAB, 34 MG CAP)	5	PA, QL (60 PER 30 DAYS)
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)	2	
olanzapine (5 mg tab disp, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	3	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
olanzapine 10 mg recon soln	2	BVD
olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)	4	
OPIPZA 10 MG FILM	5	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5	PA, QL (30 PER 30 DAYS)
OPIPZA 5 MG FILM	5	PA, QL (180 PER 30 DAYS)
paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)	3	QL (30 PER 30 DAYS)
paliperidone er 6 mg tab 24h	3	QL (60 PER 30 DAYS)
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	2	
PAROXETINE HCL 10 MG/5ML SUSPENSION	2	QL (900 PER 30 DAYS)
paroxetine hcl er (er 12.5 mg tab er, er 37.5 mg tab er)	2	QL (30 PER 30 DAYS)
paroxetine hcl er 25 mg tab 24h	2	QL (90 PER 30 DAYS)
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	2	
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	5	QL (1 PER 30 OVER TIME), BVD
phenelzine sulfate (phenelzine sulfate 15 mg tab, phenelzine sulfate 15 mg tab)	2	
PIMOZIDE (1 MG TAB, 2 MG TAB)	2	
prochlorperazine 25 mg suppos	3	
prochlorperazine maleate (5 mg tab, 10 mg tab)	2	
protriptyline hcl (5 mg tab, 10 mg tab)	4	ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)	2	
quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)	3	
RALDESY 10 MG/ML SOLUTION	4	ST
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	4	PA, QL (30 PER 30 DAYS)
risperidone (0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)	2	QL (60 PER 30 DAYS)
risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	2	
risperidone 0.25 mg tab	2	
RISPERIDONE 0.25 MG TAB DISP	2	QL (30 PER 30 DAYS)
risperidone 1 mg/ml solution	2	QL (240 PER 30 DAYS)
risperidone microspheres er (er 12.5 mg, er 25 mg)	4	BVD
risperidone microspheres er (er 37.5 mg, er 50 mg)	5	BVD
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5	ST, QL (30 PER 30 DAYS)
sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)	1	
sertraline hcl 20 mg/ml conc	2	QL (300 PER 30 DAYS)
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	2	
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	2	
tranylcypromine sulfate 10 mg tab	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	1	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	2	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	4	ST
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4	ST, QL (30 PER 30 DAYS)
UZEDY 100 MG/0.28ML SUSP PRSYR	5	QL (0.28 PER 28 OVER TIME), BVD
UZEDY 125 MG/0.35ML SUSP PRSYR	5	QL (0.35 PER 28 OVER TIME), BVD
UZEDY 150 MG/0.42ML SUSP PRSYR	5	QL (0.42 PER 28 OVER TIME), BVD
UZEDY 200 MG/0.56ML SUSP PRSYR	5	QL (0.56 PER 28 OVER TIME), BVD
UZEDY 250 MG/0.7ML SUSP PRSYR	5	QL (0.7 PER 28 OVER TIME), BVD
UZEDY 50 MG/0.14ML SUSP PRSYR	5	QL (0.14 PER 28 OVER TIME), BVD
UZEDY 75 MG/0.21ML SUSP PRSYR	5	QL (0.21 PER 28 OVER TIME), BVD
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	4	ST
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	2	
venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er)	2	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA, QL (600 PER 30 DAYS)
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	3	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	PA, QL (30 PER 30 DAYS)
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ziprasidone mesylate 20 mg recon soln	2	BVD
ZURZUVAE (20 MG CAP, 25 MG CAP, 30 MG CAP)	5	PA, QL (28 PER 14 DAYS)
VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H)	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 PER 180 OVER TIME)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 PER 180 OVER TIME)
tetrabenazine 12.5 mg tab	4	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tab	5	PA, QL (120 PER 30 DAYS)
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
AMMONIA DETOXICANTS		
carglumic acid 200 mg tab sol	5	PA
constulose 10 gm/15ml solution	2	
enulose 10 gm/15ml solution	2	
generlac 10 gm/15ml solution	3	
lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)	2	
lactulose 20 gm packet	2	
lactulose encephalopathy 10 gm/15ml solution	2	
sodium phenylbutyrate 3 gm/tsp powder	5	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/10) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/5) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/15) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/20) (/20) % SOLUTION	3	HI
CLINIMIX E/DEXTROSE (8/10) % SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/5) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/15) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/20) (/20) % SOLUTION	3	HI
CLINIMIX/DEXTROSE (6/5) (/5) % SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) % SOLUTION	3	
clinisol sf 15 % solution	2	HI
dextrose (dextrose 10 % solution, dextrose 10 % solution)	2	HI
dextrose (dextrose 5 % solution, dextrose 5 % solution)	2	HI
ISOLYTE-P IN D5W INSOLUTION	3	HI
NUTRILIPID 20 % EMULSION	3	HI
plenamine 15 % solution	2	HI

DRUG NAME	TIER	REQUIREMENTS/LIMITS
PREMASOL 10 % SOLUTION	3	HI
PROSOL 20 % SOLUTION	3	HI
TRAVASOL 10 % SOLUTION	3	HI
TROPHAMINE 10 % SOLUTION	3	HI
DIURETICS		
amiloride hcl 5 mg tab	2	
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
chlorthalidone (25 mg tab, 50 mg tab)	2	
DIURIL 250 MG/5ML SUSPENSION	3	
ethacrynic acid 25 mg tab	4	PA, QL (480 PER 30 DAYS)
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	1	
FUROSEMIDE (FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 8 MG/ML SOLUTION)	2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	
indapamide (1.25 mg tab, 2.5 mg tab)	1	
JYNARQUE (15 MG TAB, 30 MG TAB)	5	PA, QL (120 PER 30 DAYS)
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)	5	PA, QL (60 PER 30 DAYS)
tolvaptan (tolvaptan 15 mg tab, tolvaptan 15 mg tab)	5	QL (30 PER 30 DAYS)
tolvaptan 30 mg tab	5	QL (120 PER 30 DAYS)
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	2	
triamterene (50 mg cap, 100 mg cap)	3	QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	
ION-REMOVING AGENTS		
kionex 15 gm/60ml suspension	3	
LOKELMA 10 GM PACKET	3	QL (90 PER 30 DAYS)
LOKELMA 5 GM PACKET	3	QL (30 PER 30 DAYS)
sodium polystyrene sulfonate powder	3	
SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)	3	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	5	PA, QL (30 PER 30 DAYS)
VELTASSA 1 GM PACKET	4	PA, QL (120 PER 30 DAYS)
REPLACEMENT PREPARATIONS		
DEXTROSE-NACL 5-0.9 % SOLUTION	2	
dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)	2	HI
ISOLYTE-S PH 7.4 SOLUTION	3	HI

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution)	2	HI
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	2	HI
klor-con (klor-con 8 meq tab er, klor-con 20 meq packet, klor-con 8 meq tab er)	3	
klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)	3	
klor-con m10 meq tab er	3	
klor-con m15 meq tab er	4	
klor-con m20 meq tab er	3	
MULTIPLE ELECTRO TYPE 1 PH 5.5 SOLUTION	3	HI
multiple electro type 1 ph 7.4 solution	3	
PLASMA-LYTE 148 SOLUTION	3	HI
PLASMA-LYTE A SOLUTION	3	HI
potassium chloride (10 %, 20 meq/15ml (10%), 40 meq/15ml (20%))	3	
potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 40 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/100ml solution)	3	HI
potassium chloride 2 meq/ml solution	3	HI
potassium chloride 20 meq packet	3	

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potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)	1	
potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)	1	
potassium chloride in dextrose 20-5 meq/l-% solution	2	HI
potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)	3	HI
potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	2	HI
sodium chloride (0.45 %, 3 %, 5 %)	2	HI
sodium chloride (pf) 0.9 % solution	2	HI
SODIUM CHLORIDE 0.9 % SOLUTION	2	BVD
sodium chloride 0.9 % solution	2	BVD, HI
TPN ELECTROLYTES CONC	2	HI

URICOSURIC AGENTS

colchicine-probenecid 0.5-500 mg tab	3	
probenecid 500 mg tab	3	

ENZYMES

PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR, 20 MG/ML SOLN PRSYR)	5	PA, QL (60 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
REVCOVI 2.4 MG/1.5ML SOLUTION	5	PA
SUCRAID 8500 UNIT/ML SOLUTION	5	PA, LA, QL (354 PER 30 DAYS)

EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

ANTI-INFECTIVES

ak-poly-bac 500-10000 unit/gm ointment	2	
bacitra-neomycin-polymyxin-hc 1 % ointment	2	
BACITRACIN 500 UNIT/GM OINTMENT	2	
bacitracin-polymyxin b 500-10000 unit/gm ointment	2	
BESIVANCE 0.6 % SUSPENSION	4	QL (15 PER 30 OVER TIME)
chlorhexidine gluconate 0.12 % solution	2	
CILOXAN 0.3 % OINTMENT	4	QL (17.5 PER 30 OVER TIME)
CIPRO HC 0.2-1 % SUSPENSION	3	
ciprofloxacin hcl 0.2 % solution	3	NM
ciprofloxacin hcl 0.3 % solution	3	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	3	
erythromycin 5 mg/gm ointment	2	
gatifloxacin 0.5 % solution	3	QL (15 PER 30 OVER TIME)
gentamicin sulfate 0.3 % solution	2	
LEVOFLOXACIN 0.5 % SOLUTION	2	
moxifloxacin hcl 0.5 % solution	2	QL (15 PER 30 OVER TIME)
neomycin-bacitracin zn-polymyx (3.5-400-10000, 5-400-10000)	2	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION	2	

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neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution, neomycin-polymyxin-hc 3.5-10000-1 suspension, neomycin-polymyxin-hc 3.5-10000-1 suspension)	3	
ofloxacin 0.3 % solution	2	
periogard 0.12 % solution	2	
sulfacetamide sodium (sulfacetamide sodium 10 % ointment, sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)	2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
tobramycin 0.3 % solution	2	
tobramycin-dexamethasone 0.3-0.1 % suspension	3	
TOBREX 0.3 % OINTMENT	4	
TRIFLURIDINE 1 % SOLUTION	3	
XDEMVY 0.25 % SOLUTION	5	PA
ZIRGAN 0.15 % GEL	4	
ZYLET 0.5-0.3 % SUSPENSION	4	
ANTI-INFLAMMATORY AGENTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL (30 PER 30 DAYS)
bromfenac sodium (once-daily) 0.09 % solution	3	
cyclosporine 0.05 % emulsion	3	QL (60 PER 30 DAYS)
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	3	
diclofenac sodium 0.1 % solution	2	
FLAREX 0.1 % SUSPENSION	4	
flunisolide 25 mcg/act (0.025%) solution	3	QL (50 PER 30 OVER TIME)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
fluocinolone acetonide 0.01 % oil	3	
fluorometholone 0.1 % suspension	3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	3	
fluticasone propionate 50 mcg/act suspension	2	QL (16 PER 30 OVER TIME)
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	3	QL (240 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	3	QL (12 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	3	QL (24 PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL (10.6 PER 30 DAYS)
FML FORTE 0.25 % SUSPENSION	4	
hydrocortisone-acetic acid 1-2 % solution	3	
ILEVRO 0.3 % SUSPENSION	4	QL (15 PER 30 OVER TIME)
ketorolac tromethamine (0.4 %, 0.5 %)	2	
kourzeq 0.1 % paste	2	
LOTEMAX 0.5 % OINTMENT	4	QL (15 PER 30 OVER TIME)
LOTEMAX SM 0.38 % GEL	4	QL (15 PER 30 OVER TIME)
loteprednol etabonate (0.5 % gel, 0.5 % suspension)	3	QL (15 PER 30 OVER TIME)
loteprednol etabonate 0.2 % suspension	4	QL (15 PER 30 OVER TIME)
MAXIDEX 0.1 % SUSPENSION	4	
mometasone furoate 50 mcg/act suspension	3	QL (34 PER 30 OVER TIME)
prednisolone acetate 1 % suspension	3	QL (30 PER 30 DAYS)
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
triamcinolone acetonide 0.1 % paste	2	

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TYRVAYA 0.03 MG/ACT SOLUTION	3	QL (8.4 PER 30 OVER TIME)
XHANCE 93 MCG/ACT EXHU	4	PA
XIIDRA 5 % SOLUTION	3	QL (60 PER 30 DAYS)
ANTIALLERGIC AGENTS		
azelastine hcl (0.1 %, 137 mcg/spray)	2	QL (60 PER 30 DAYS)
azelastine hcl 0.05 % solution	3	
bepotastine besilate 1.5 % solution	3	QL (15 PER 30 OVER TIME)
olopatadine hcl 0.6 % solution	3	ST, QL (30.5 PER 30 OVER TIME)
ANTIGLAUCOMA AGENTS		
ALPHAGAN P ALHAGAN 0.1 % SOLUTION	3	QL (15 PER 30 OVER TIME)
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETOPTIC-S 0.25 % SUSPENSION	4	
bimatoprost 0.03 % solution	3	QL (7.5 PER 30 OVER TIME)
brimonidine tartrate 0.2 % solution	2	
brinzolamide 1 % suspension	3	QL (15 PER 30 OVER TIME)
COMBIGAN 0.2-0.5 % SOLUTION	3	QL (10 PER 30 OVER TIME)
dorzolamide hcl 2 % solution	2	
dorzolamide hcl-timolol mal (2, 22.3-6.8 mg/ml)	3	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	3	
latanoprost 0.005 % solution	2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	2	
LUMIGAN 0.01 % SOLUTION	3	QL (5 PER 30 OVER TIME)
methazolamide (25 mg tab, 50 mg tab)	3	
pilocarpine hcl (1 %, 2 %, 4 %)	3	
RHOPRESSA 0.02 % SOLUTION	4	ST, QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	4	ST, QL (5 PER 30 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SIMBRINZA 1-0.2 % SUSPENSION	3	QL (16 PER 30 OVER TIME)
timolol maleate (0.25 % gel soln, 0.5 % gel soln)	3	
timolol maleate (0.25 %, 0.5 %)	2	
timolol maleate ocudose 0.5 % solution	2	
timolol maleate pf (0.25 %, 0.5 %)	2	
VYZULTA 0.024 % SOLUTION	4	ST
EENT DRUGS, MISCELLANEOUS		
acetic acid 2 % solution	2	
APRACLONIDINE HCL 0.5 % SOLUTION	2	
IOPIDINE 1 % SOLUTION	4	
ipratropium bromide (0.03 %, 0.06 %)	2	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	4	QL (60 PER 30 DAYS)
balsalazide disodium 750 mg cap	3	
budesonide er 9 mg tab 24h	5	ST, QL (30 PER 30 DAYS)
DIPENTUM 250 MG CAP	4	
mesalamine 1.2 gm tab dr	3	QL (120 PER 30 DAYS)
mesalamine 4 gm enema	3	
mesalamine er 0.375 gm cap 24h	3	QL (120 PER 30 DAYS)
ROWASA 4 GM KIT	4	
ANTIDIARRHEA AGENTS		
loperamide hcl 2 mg cap	3	
XERMELO 250 MG TAB	5	PA, QL (90 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
ANTIEMETICS		
aprepitant 125 mg cap	3	QL (3 PER 30 OVER TIME), BVD
aprepitant 40 mg cap	3	QL (1 PER 30 OVER TIME), BVD
aprepitant 80 & 125 mg cap	3	QL (9 PER 30 OVER TIME), BVD
aprepitant 80 mg cap	3	QL (6 PER 30 OVER TIME), BVD
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	3	PA, QL (60 PER 30 DAYS)
granisetron hcl 1 mg tab	3	BVD
ondansetron (4 mg tab disp, 8 mg tab disp)	2	QL (240 PER 30 DAYS), BVD
ondansetron hcl (4 mg tab, 8 mg tab)	2	QL (240 PER 30 DAYS), BVD
ondansetron hcl 4 mg/5ml solution	2	BVD
VARUBI (180 MG DOSE) 2 X 90 TAB THPK	4	QL (4 PER 28 OVER TIME), BVD
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	2	
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	2	
famotidine 20 mg tab	2	
famotidine 40 mg tab	2	
famotidine 40 mg/5ml recon susp	3	
lansoprazole (15 mg cap dr, 30 mg cap dr)	2	
misoprostol (100 mcg tab, 200 mcg tab)	2	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	2	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	2	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	2	
rabeprazole sodium 20 mg tab dr	3	QL (60 PER 30 DAYS)
sucralfate 1 gm tab	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
sucralfate 1 gm/10ml suspension	3	
CATHARTICS AND LAXATIVES		
CLENPIQ 10-3.5-12 MG-GM - GM/175ML SOLUTION	3	
GAVILYTE-C 240 GM RECON SOLN	2	
gavilyte-g 236 gm recon soln	2	
gavilyte-n with flavor pack 420 gm recon soln	2	
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	3	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	2	
peg-3350/electrolytes 236 gm recon soln	2	
peg-3350/electrolytes/ascorbat 100 gm recon soln	3	
peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln	3	
SUFLAVE 178.7 GM RECON SOLN	3	
SUPREP BOWEL PREP KIT SU17.5-3.13-1.6 GM/177ML SOLUTION	3	
SUTAB SU1479-225-188 MG	3	
CHOLELITHOLYTIC AGENTS		
CHENODAL 250 MG TAB	5	
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	3	
DIGESTANTS		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	3	
GATTEX 5 MG KIT	5	PA

DRUG NAME	TIER	REQUIREMENTS/LIMITS
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	3	
GI DRUGS, MISCELLANEOUS		
CHOLBAM (50 MG CAP, 250 MG CAP)	5	PA, LA, QL (120 PER 30 DAYS)
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL (30 PER 30 DAYS)
lubiprostone (8 mcg cap, 24 mcg cap)	2	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3	QL (30 PER 30 DAYS)
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5	PA, QL (30 PER 30 DAYS)
SYMPROIC 0.2 MG TAB	3	QL (30 PER 30 DAYS)
PROKINETIC AGENTS		
metoclopramide hcl (5 mg tab, 10 mg tab)	2	
metoclopramide hcl (5 mg/5ml, 10 mg/10ml)	3	
METOCLOPRAMIDE HCL 5 MG TAB DISP	4	
prucalopride succinate (1 mg tab, 2 mg tab)	4	ST, QL (30 PER 30 DAYS)
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAP	4	
deferasirox (90 mg packet, 180 mg packet, 360 mg packet)	5	PA, QL (120 PER 30 DAYS)
deferasirox 125 mg tab sol	4	QL (720 PER 30 DAYS)
deferasirox 180 mg tab	5	QL (450 PER 30 DAYS)
deferasirox 250 mg tab sol	5	PA, QL (360 PER 30 DAYS)
deferasirox 360 mg tab	3	QL (120 PER 30 DAYS)

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deferasirox 500 mg tab sol	5	PA, QL (180 PER 30 DAYS)
deferasirox 90 mg tab	4	QL (240 PER 30 DAYS)
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	5	PA, QL (120 PER 30 DAYS)
deferiprone (500 mg tab, 1000 mg tab)	5	
FERRIPROX 100 MG/ML SOLUTION	5	QL (2970 PER 30 DAYS)
penicillamine 250 mg tab	5	
TRIENTINE HCL (TRIENTINE HCL 250 MG CAP, TRIENTINE HCL 500 MG CAP)	5	PA

HORMONES AND SYNTHETIC SUBSTITUTES

ADRENALS

ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	3	QL (1 PER 30 DAYS)
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	3	QL (1 PER 30 DAYS)
ASMANEX HFA (100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	3	QL (13 PER 30 DAYS)
ASMANEX HFA 50 MCG/ACT AEROSOL	3	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	3	QL (240 PER 30 DAYS), BVD
budesonide 3 mg cp dr part	3	
dexamethasone (0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	2	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
fludrocortisone acetate 0.1 mg tab	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HEMADY 20 MG TAB	4	PA, QL (60 PER 30 DAYS)
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	2	
INTRAROSA 6.5 MG INSERT	4	QL (30 PER 30 DAYS)
methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	2	
methylprednisolone 4 mg tab thpk	2	
prednisolone 15 mg/5ml solution	3	
prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)	3	
prednisolone sodium phosphate 20 mg/5ml solution	3	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL 5 MG/ML CONC	2	
TARPEYO 4 MG CAP DR	5	PA, LA, QL (120 PER 30 DAYS)
ANDROGENS		
danazol (50 mg cap, 100 mg cap, 200 mg cap)	4	
testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)	3	QL (150 PER 30 DAYS)
testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)	3	QL (300 PER 30 DAYS)
testosterone cypionate (100 mg/ml, 200 mg/ml)	3	BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	3	QL (10 PER 28 OVER TIME), BVD
ANTIDIABETIC AGENTS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (90 PER 30 DAYS)
ALOGLIPTIN BENZOATE (6.25 MG TAB, 12.5 MG TAB, 25 MG TAB)	1	QL (30 PER 30 DAYS)
ALOGLIPTIN-METFORMIN HCL (12.5-1000 MG TAB, 12.5-500 MG TAB)	1	QL (60 PER 30 DAYS)
ALOGLIPTIN-PIOGLITAZONE (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB)	1	QL (30 PER 30 DAYS)
DAPAGLIFLOZIN PROPANEDIOL (5 MG TAB, 10 MG TAB)	3	QL (30 PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	3	QL (30 PER 30 DAYS)
FIASP 100 UNIT/ML SOLUTION	3	$35 ($35/30)
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	3	$35 ($35/30)
FIASP PENFILL 100 UNIT/ML SOLN CART	3	$35 ($35/30)
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	1	
glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)	1	
glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	1	
glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)	1	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	QL (120 PER 30 DAYS)
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	3	QL (30 PER 30 DAYS)
HUMALOG (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	3	$35 ($35/30)

DRUG NAME	TIER	REQUIREMENTS/LIMITS
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	$35 ($35/30)
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	3	$35 ($35/30)
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	3	$35 ($35/30)
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	3	$35 ($35/30)
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	3	$35 ($35/30)
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	3	$35 ($35/30)
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	3	$35 ($35/30)
HUMULIN R U-500 (CONCENTRATED) (CONCENTATED) UNIT/ML SOLUTION	3	$35 ($35/30)
HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN	3	$35 ($35/30)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	3	$35 ($35/30)
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	$35 ($35/30)
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	3	$35 ($35/30)
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	3	$35 ($35/30)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	3	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
JARDIANCE (10 MG TAB, 25 MG TAB)	3	QL (30 PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB	3	QL (60 PER 30 DAYS)
JENTADUETO 2.5-500 MG TAB	3	QL (120 PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
LANTUS 100 UNIT/ML SOLUTION	3	QL (120 PER 30 DAYS), $35 ($35/30)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	QL (120 PER 30 DAYS), $35 ($35/30)
metformin hcl (500 mg tab, 500 mg/5ml solution, 850 mg tab, 1000 mg tab)	1	
metformin hcl er (er 500 mg tab er, er 750 mg tab er)	1	
mifepristone 300 mg tab	5	PA, QL (120 PER 30 DAYS)
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	3	PA, QL (2 PER 28 OVER TIME)
nateglinide (60 mg tab, 120 mg tab)	1	
NOVOLOG 100 UNIT/ML SOLUTION	3	$35 ($35/30)
NOVOLOG 70/30 FLEXPEN RELION FLEX(70-30) 100 UNIT/ML SUSP	3	$35 ($35/30)
NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN	3	$35 ($35/30)
NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN	3	$35 ($35/30)
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	$35 ($35/30)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NOVOLOG MIX 70/30 FLEXPEN FLEX(70-30) 100 UNIT/ML SUSP	3	$35 ($35/30)
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	$35 ($35/30)
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	$35 ($35/30)
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	$35 ($35/30)
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	1	QL (30 PER 30 DAYS)
pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	1	QL (30 PER 30 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	1	QL (90 PER 30 DAYS)
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
saxagliptin hcl (2.5 mg tab, 5 mg tab)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er (er 5-1000 mg tab er, er 5-500 mg tab er)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er 2.5-1000 mg tab 24h	1	QL (60 PER 30 DAYS)
SEGLUROMET (2.5-1000 MG TAB, 2.5-500 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB)	4	ST, QL (60 PER 30 DAYS)
SITAGLIPTIN (25 MG TAB, 50 MG TAB, 100 MG TAB)	1	QL (30 PER 30 DAYS)
SITAGLIPTIN BASE-METFORMIN HCL (50-1000 MG TAB, 50-500 MG TAB)	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	3	ST, QL (18 PER 30 OVER TIME), $35 ($35/30)
STEGLATRO (5 MG TAB, 15 MG TAB)	4	ST, QL (30 PER 30 DAYS)
SYMLINPEN 120 SYMLIN2700 MCG/2.7ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME)
SYMLINPEN 60 SYMLIN1500 MCG/1.5ML SOLN	5	ST, QL (10.8 PER 30 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (30 PER 30 DAYS), $35 ($35/30)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	QL (45 PER 30 DAYS), $35 ($35/30)
TRADJENTA 5 MG TAB	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 10-5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	3	PA, QL (4 PER 28 OVER TIME)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (30 PER 30 DAYS)
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	
diazoxide 50 mg/ml suspension	5	
glucagon emergency (glucagon emergency 1 mg kit, glucagon emergency 1 mg kit)	3	

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CONTRACEPTIVES		
abigale lo 0.5-0.1 mg tab	3	
amabelz 0.5-0.1 mg tab	3	
apri 0.15-30 mg-mcg tab	2	
aranelle 0.5/1/0.5-35 mg-mcg tab	2	
aviane 0.1-20 mg-mcg tab	2	
azurette 0.15-0.02/0.01 mg (21/5) tab	2	
balziva 0.4-35 mg-mcg tab	2	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	2	
briellyn 0.4-35 mg-mcg tab	2	
camila 0.35 mg tab	2	
cryselle-28 0.3-30 mg-mcg tab	2	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	2	
dolishale 90-20 mcg tab	2	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	2	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	2	
eluryng 0.12-0.015 mg/24hr ring	3	QL (1 PER 28 OVER TIME)
enilloring 0.12-0.015 mg/24hr	3	QL (1 PER 28 OVER TIME)
errin 0.35 mg tab	2	
estarylla 0.25-35 mg-mcg tab	2	
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	3	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	2	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	2	QL (1 PER 28 OVER TIME)
feirza 1.5/30 1.5-30 mg-mcg tab	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
feirza 1/20 1-20 mg-mcg tab	2	
fyavolv (0.5-2.5 tab, 1-5 tab)	3	
gallifrey 5 mg tab	2	
hailey 24 fe 1-20 mg-mcg() tab	2	
haloette 0.12-0.015 mg/24hr ring	3	QL (1 PER 28 OVER TIME)
heather 0.35 mg tab	2	
iclevia 0.15-0.03 mg tab	2	QL (91 PER 91 DAYS)
introvale 0.15-0.03 mg tab	2	QL (91 PER 91 DAYS)
jaimiess 0.15-0.03 &0.01 mg tab	2	
jasmiel 3-0.02 mg tab	2	
jinteli 1-5 mg-mcg tab	3	
junel 1.5/30 1.5-30 mg-mcg tab	2	
junel 1/20 1-20 mg-mcg tab	2	
junel fe 1.5/30 1.5-30 mg-mcg tab	2	
junel fe 1/20 1-20 mg-mcg tab	2	
junel fe 24 1-20 mg-mcg() tab	2	
kariva 0.15-0.02/0.01 mg (21/5) tab	2	
kelnor 1/35 1-35 mg-mcg tab	2	
kelnor 1/50 1-50 mg-mcg tab	2	
lessina 0.1-20 mg-mcg tab	2	
levonest 50-30/75-40/ 125-30 mcg tab	2	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	2	
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	2	QL (91 PER 91 DAYS)
levonorgestrel-ethinyl estrad 90-20 mcg tab	2	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	2	

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LILETTA (52 MG) 20.1 MCG/DAY IUD	3	QL (1 PER 365 OVER TIME), BVD
LO LOESTRIN FE ESTRIN 1 MG-10 MCG / 10 MCG TAB	4	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	4	
loestrin 1/20 (21) 1-20 mg-mcg tab	4	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	4	
loestrin fe 1/20 1-20 mg-mcg tab	4	
loryna 3-0.02 mg tab	2	
lutera 0.1-20 mg-mcg tab	2	
lyleq 0.35 mg tab	2	
marlissa 0.15-30 mg-mcg tab	2	
meleya 0.35 mg tab	2	
merzee 1-20 mg-mcg(24) cap	2	
microgestin 1.5/30 1.5-30 mg-mcg tab	2	
microgestin 1/20 1-20 mg-mcg tab	2	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	2	
microgestin fe 1/20 1-20 mg-mcg tab	2	
mili 0.25-35 mg-mcg tab	2	
mimvey 1-0.5 mg tab	3	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	2	
NEXPLANON 68 MG IMPLANT	3	QL (1 PER 365 OVER TIME)
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	2	QL (4 PER 28 OVER TIME)
norethin ace-eth estrad-fe 1-20 mg-mcg tab	2	
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	2	
norethindrone 0.35 mg tab	2	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	2	
norethindrone acetate 5 mg tab	2	

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norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	3	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	2	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	2	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	2	
nortrel 1/35 (21) 1-35 mg-mcg tab	2	
nortrel 1/35 (28) 1-35 mg-mcg tab	2	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	2	
nylia 1/35 1-35 mg-mcg tab	2	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	2	
portia-28 0.15-30 mg-mcg tab	2	
reclipsen 0.15-30 mg-mcg tab	2	
SAFYRAL 3-0.03-0.451 MG TAB	4	
sprintec 28 0.25-35 mg-mcg tab	2	
sronyx 0.1-20 mg-mcg tab	2	
tarina 24 fe 1-20 mg-mcg() tab	2	
tilia fe 1-20/1-30/1-35 mg-mcg tab	2	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	2	
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	2	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	2	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	2	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	2	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	2	
turqoz 0.3-30 mg-mcg tab	2	
valtya 1/50 1-50 mg-mcg tab	2	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	2	
vestura 3-0.02 mg tab	2	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
vienva 0.1-20 mg-mcg tab	2	
vylibra 0.25-35 mg-mcg tab	2	
xarah fe 1-20/1-30/1-35 mg-mcg tab	2	
xulane 150-35 mcg/24hr patch wk	2	QL (4 PER 28 OVER TIME)
zovia 1/35 (28) 1-35 mg-mcg tab	2	
zovia 1/35e (28) 1-35 mg-mcg tab	2	
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
anastrozole 1 mg tab	2	QL (30 PER 30 DAYS)
DEPO-ESTRADIOL 5 MG/ML OIL	4	
dotti (0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	3	
dotti 0.025 mg/24hr patch tw	3	
DUAVEE 0.45-20 MG TAB	3	QL (30 PER 30 DAYS)
estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk)	3	
estradiol (0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk)	3	
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	3	QL (450 PER 30 DAYS)
estradiol 0.1 mg/gm cream	3	QL (127.5 PER 30 OVER TIME)
estradiol 10 mcg tab	3	QL (30 PER 30 DAYS)
exemestane 25 mg tab	3	QL (60 PER 30 DAYS)
FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING)	4	ST, QL (1 PER 90 OVER TIME)
IMVEXXY MAINTENANCE PACK (PACK 4 MCG INSERT, PACK 10 MCG INSERT)	4	ST, QL (30 PER 30 DAYS)
IMVEXXY STARTER PACK (PACK 4 MCG INSERT, PACK 10 MCG INSERT)	4	ST, QL (30 PER 30 DAYS)

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letrozole 2.5 mg tab	2	QL (30 PER 30 DAYS)
lyllana (0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	3	
lyllana 0.025 mg/24hr patch tw	3	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA, QL (60 PER 30 DAYS)
OSPHENA 60 MG TAB	4	QL (30 PER 30 DAYS)
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	QL (30 PER 30 DAYS)
PREMARIN 0.625 MG/GM CREAM	3	ST, QL (60 PER 30 DAYS)
PREMPHASE 0.625-5 MG TAB	3	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	3	
raloxifene hcl 60 mg tab	2	QL (30 PER 30 DAYS)
SOLTAMOX 10 MG/5ML SOLUTION	4	
tamoxifen citrate (10 mg tab, 20 mg tab)	2	
toremifene citrate 60 mg tab	5	PA, QL (30 PER 30 DAYS)
yuvafem 10 mcg tab	3	QL (30 PER 30 DAYS)
GONADOTROPINS AND ANTIGONADOTROPINS		
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT)	4	BVD
FIRMAGON (240 MG DOSE) 120 /VIAL RECON SOLN	5	BVD
FIRMAGON 80 MG RECON SOLN	4	BVD
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	4	BVD
leuprolide acetate 1 mg/0.2ml kit	4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5	BVD

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	5	BVD
LUPRON DEPOT (4-MONTH) 30 MG KIT	5	BVD
LUPRON DEPOT (6-MONTH) 45 MG KIT	5	BVD
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5	BVD
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	5	BVD
MYFEMBREE 40-1-0.5 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORGOVYX 120 MG TAB	5	PA, QL (32 PER 30 DAYS)
ORILISSA 150 MG TAB	5	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TAB	5	PA, QL (60 PER 30 DAYS)
SYNAREL 2 MG/ML SOLUTION	4	PA
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	4	BVD
PARATHYROID AND ANTIPARATHYROID AGENTS		
calcitonin (salmon) 200 unit/act solution	2	ESRD
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	4	QL (120 PER 30 DAYS), ESRD
YORVIPATH (168 MCG/0.56ML SOLN PEN, 294 MCG/0.98ML SOLN PEN)	5	PA, QL (2 PER 28 OVER TIME)
YORVIPATH 420 MCG/1.4ML SOLN PEN	5	PA, QL (2.8 PER 28 OVER TIME)
PITUITARY		
desmopressin ace spray refrig 0.01 % solution	3	QL (15 PER 30 OVER TIME)
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	3	QL (180 PER 30 DAYS)
GENOTROPIN MINIQUICK (0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	5	PA

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GENOTROPIN MINIQUICK 0.2 MG PRSYR	4	PA
OMNITROPE 5.8 MG RECON SOLN	5	PA
PROGESTINS		
CRINONE 4 % GEL	4	PA
DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR	3	QL (1 PER 90 OVER TIME)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	2	QL (1 PER 90 OVER TIME)
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	2	
megestrol acetate (20 mg tab, 40 mg tab)	2	
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	2	
megestrol acetate (megestrol acetate 625 mg/5ml suspension, megestrol acetate 625 mg/5ml suspension)	4	
progesterone (100 mg cap, 200 mg cap)	3	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml)	4	PA
octreotide acetate (500 mcg/ml, 1000 mcg/ml)	5	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5	PA, QL (60 PER 30 DAYS)
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
INCRELEX 40 MG/4ML SOLUTION	5	PA
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	5	PA
SOMAVERT (15 MG RECON SOLN, 20 MG RECON SOLN)	5	PA, QL (60 PER 30 DAYS)

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SOMAVERT (25 MG RECON SOLN, 30 MG RECON SOLN)	5	PA, QL (30 PER 30 DAYS)
SOMAVERT 10 MG RECON SOLN	5	PA, QL (90 PER 30 DAYS)
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	3	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
methimazole (5 mg tab, 10 mg tab)	1	
propylthiouracil 50 mg tab	2	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	3	
TIROSINT-SOL (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION)	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride 0.5 mg cap	2	QL (30 PER 30 DAYS)
finasteride 5 mg tab	1	QL (30 PER 30 DAYS)
ALCOHOL DETERRENTS		
acamprosate calcium 333 mg tab dr	3	QL (180 PER 30 DAYS)
disulfiram (250 mg tab, 500 mg tab)	3	
ANTIDOTES		
acetylcysteine 10 % solution	2	BVD
acetylcysteine 20 % solution	2	BVD
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	3	
ANTIGOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1	
colchicine 0.6 mg tab	3	QL (120 PER 30 DAYS)
febuxostat (40 mg tab, 80 mg tab)	2	QL (30 PER 30 DAYS)
BONE ANABOLIC AGENTS		
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA, QL (2.4 PER 30 OVER TIME)
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	PA, QL (1.56 PER 30 OVER TIME)
BONE RESORPTION INHIBITORS		
alendronate sodium (35 mg tab, 70 mg tab)	1	
alendronate sodium 10 mg tab	1	
ibandronate sodium 150 mg tab	2	QL (1 PER 28 OVER TIME)
PROLIA 60 MG/ML SOLN PRSYR	4	QL (1 PER 180 OVER TIME), BVD
risedronate sodium 150 mg tab	2	QL (1 PER 28 OVER TIME)

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risedronate sodium 30 mg tab	3	QL (30 PER 30 DAYS)
risedronate sodium 35 mg tab	2	QL (4 PER 28 OVER TIME)
risedronate sodium 35 mg tab	3	QL (4 PER 28 OVER TIME)
risedronate sodium 5 mg tab	2	QL (30 PER 30 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	5	PA
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	2	
acetazolamide er 500 mg cap 12h	2	
KEVEYIS 50 MG TAB	5	PA, LA, QL (120 PER 30 DAYS)
COMPLEMENT INHIBITORS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5	PA, QL (16 PER 28 OVER TIME)
icatibant acetate 30 mg/3ml soln prsyr	5	PA, QL (18 PER 30 OVER TIME)
ORLADEYO (110 MG CAP, 150 MG CAP)	5	PA, LA, QL (30 PER 30 DAYS)
TAVNEOS 10 MG CAP	5	PA, LA, QL (180 PER 30 DAYS)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	5	PA, QL (3.2 PER 28 OVER TIME)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	5	PA, QL (0.8 PER 28 OVER TIME)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	5	PA, QL (2.4 PER 28 OVER TIME)
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION)	5	PA, QL (4 PER 28 OVER TIME)
ENBREL 50 MG/ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
ENBREL MINI 50 MG/ML SOLN CART	5	PA, QL (8 PER 28 OVER TIME)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	5	PA, QL (8 PER 28 OVER TIME)
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	5	PA, QL (1.36 PER 28 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
HADLIMA (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	5	PA, QL (8 PER 28 OVER TIME)
HADLIMA PUSHTOUCH (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	5	PA, QL (8 PER 28 OVER TIME)
leflunomide (10 mg tab, 20 mg tab)	3	
PYZCHIVA 45 MG/0.5ML SOLN PRSYR	4	PA, QL (2 PER 84 OVER TIME)
PYZCHIVA 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
RIDAURA 3 MG CAP	5	
SELARSDI 45 MG/0.5ML SOLN PRSYR	4	PA, QL (2 PER 84 OVER TIME)
SELARSDI 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5	PA, QL (2 PER 84 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	5	PA, QL (2 PER 28 OVER TIME)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA, QL (3.6 PER 28 OVER TIME)
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5	PA, QL (2 PER 84 OVER TIME)
USTEKINUMAB 90 MG/ML SOLN PRSYR	5	PA, QL (3 PER 84 OVER TIME)
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)
IMMUNOMODULATORY AGENTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	5	PA
BESREMI 500 MCG/ML SOLN PRSYR	5	PA, QL (2 PER 28 OVER TIME)

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dimethyl fumarate (120 mg cap dr, 240 mg cap dr)	3	QL (60 PER 30 DAYS)
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	3	QL (60 PER 30 DAYS)
fingolimod hcl 0.5 mg cap	3	QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	5	QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	5	QL (12 PER 28 OVER TIME)
glatopa 20 mg/ml soln prsyr	5	QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	5	QL (12 PER 28 OVER TIME)
teriflunomide (7 mg tab, 14 mg tab)	3	QL (30 PER 30 DAYS)
THALOMID 100 MG CAP	5	QL (120 PER 30 DAYS)
THALOMID 50 MG CAP	5	QL (240 PER 30 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H)	4	ST, BVD
azathioprine (50 mg tab, 75 mg tab, 100 mg tab)	2	BVD
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5	PA
cyclosporine (25 mg cap, 100 mg cap)	2	BVD
cyclosporine modified (25 mg cap, 100 mg cap, 100 mg/ml solution)	3	BVD
cyclosporine modified 50 mg cap	3	BVD
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA, QL (5 PER 84 OVER TIME)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4	ST, BVD
gengraf (25 mg cap, 100 mg cap)	3	BVD
LUPKYNIS 7.9 MG CAP	5	PA, QL (180 PER 30 DAYS)
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	3	BVD

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mycophenolate sodium 180 mg tab dr	3	QL (240 PER 30 DAYS), BVD
mycophenolate sodium 360 mg tab dr	3	QL (120 PER 30 DAYS), BVD
mycophenolic acid 180 mg tab dr	3	QL (240 PER 30 DAYS), BVD
mycophenolic acid 360 mg tab dr	3	QL (120 PER 30 DAYS), BVD
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	BVD
REZUROCK 200 MG TAB	5	PA, QL (30 PER 30 DAYS)
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	4	BVD
sirolimus 1 mg/ml solution	4	BVD
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	2	BVD
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AQNEURSA 1 GM PACKET	5	PA, QL (120 PER 30 DAYS)
ARCALYST 220 MG RECON SOLN	5	PA
betaine powder	5	
CYSTAGON (50 MG CAP, 150 MG CAP)	4	PA
dalfampridine er 10 mg tab 12h	3	QL (60 PER 30 DAYS)
FILSPARI (200 MG TAB, 400 MG TAB)	5	PA, QL (30 PER 30 DAYS)
FIRDAPSE 10 MG TAB	5	PA, LA, QL (240 PER 30 DAYS)
ISTURISA 1 MG TAB	5	PA, LA, QL (240 PER 30 DAYS)
ISTURISA 5 MG TAB	5	PA, LA, QL (360 PER 30 DAYS)
l-glutamine 5 gm packet	5	PA, QL (180 PER 30 DAYS)
metyrosine 250 mg cap	5	PA
MYALEPT 11.3 MG RECON SOLN	5	PA, QL (67.8 PER 30 DAYS)
nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)	5	PA, QL (600 PER 30 DAYS)
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	5	PA, QL (600 PER 30 DAYS)
ORFADIN 4 MG/ML SUSPENSION	5	PA, QL (1500 PER 30 DAYS)

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PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	5	PA, QL (56 PER 28 DAYS)
PYRUKYND TAPER PACK (PACK 5 MG TAB THPK, PACK 7 20 MG & 7 5 MG TAB THPK, PACK 7 50 MG & 7 20 MG TAB THPK)	5	PA, QL (56 PER 28 DAYS)
sapropterin dihydrochloride 100 mg tab	5	PA
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	5	PA, QL (30 PER 30 DAYS)
PROTECTIVE AGENTS		
ELMIRON 100 MG CAP	4	
mesna 400 mg tab	5	
NONHORMONAL CONTRACEPTIVES		
PHEXXI 1.8-1-0.4 % GEL	4	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 100 mg/5ml conc	3	
CROMOLYN SODIUM 4 % SOLUTION	3	
FASENRA 10 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 PER 28 OVER TIME)
FASENRA 30 MG/ML SOLN PRSYR	5	PA, QL (2 PER 56 OVER TIME)
FASENRA PEN 30 MG/ML SOLN A-INJ	5	PA, QL (2 PER 56 OVER TIME)
montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)	1	QL (60 PER 30 DAYS)
montelukast sodium 4 mg packet	1	QL (30 PER 30 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 PER 28 OVER TIME)

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XOLAIR 150 MG/ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN A-INJ	5	PA, QL (4 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN PRSYR	5	PA, QL (4 PER 28 OVER TIME)
zafirlukast (10 mg tab, 20 mg tab)	3	QL (60 PER 30 DAYS)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
azelastine-fluticasone 137-50 mcg/act suspension	4	ST, QL (23 PER 30 OVER TIME)
cromolyn sodium 20 mg/2ml nebu soln	3	BVD
ANTIFIBROTIC AGENTS		
OFEV (100 MG CAP, 150 MG CAP)	5	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	5	PA, QL (270 PER 30 DAYS)
PIRFENIDONE 534 MG TAB	5	PA, QL (90 PER 30 DAYS)
pirfenidone 801 mg tab	5	PA, QL (90 PER 30 DAYS)
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (60 PER 30 DAYS)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	5	PA, QL (60 PER 30 DAYS)
MUCOLYTIC AGENTS		
BRONCHITOL 40 MG CAP	5	PA, QL (600 PER 30 DAYS)

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BRONCHITOL TOLERANCE TEST 40 MG CAP	5	PA, QL (600 PER 30 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	QL (150 PER 30 DAYS), BVD
VASODILATING AGENTS		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	5	PA, QL (90 PER 30 DAYS)
ambrisentan (5 mg tab, 10 mg tab)	5	PA, LA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tab, 125 mg tab)	5	PA, QL (60 PER 30 DAYS)
OPSUMIT 10 MG TAB	5	PA, QL (30 PER 30 DAYS)
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5	PA, QL (200 PER 180 OVER TIME)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5	PA
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
acyclovir 5 % ointment	3	
benzoyl peroxide-erythromycin 5-3 % gel	3	
ciclopirox (0.77 % gel, 1 % shampoo)	3	
ciclopirox 8 % solution	3	NM
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	3	
CLEOCIN 100 MG SUPPOS	4	
clindamycin phos (once-daily) 1 % gel	3	
clindamycin phos (twice-daily) 1 % gel	3	
clindamycin phos-benzoyl perox 1-5 % gel	3	ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
clindamycin phos-benzoyl perox 1.2-2.5 % gel	2	ST
clindamycin phos-benzoyl perox 1.2-5 % gel	2	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab, 2 % cream)	3	
clotrimazole (1 % cream, 1 % solution)	2	
clotrimazole 10 mg troche	2	
clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % cream, clotrimazole-betamethasone 1-0.05 % lotion)	3	
econazole nitrate 1 % cream	3	
ERY 2 % PAD	2	
erythromycin (2 % gel, 2 % solution)	2	
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	3	
ivermectin 1 % cream	3	ST, QL (45 PER 30 OVER TIME)
ketoconazole (2 % cream, 2 % shampoo)	3	
klayesta 100000 unit/gm powder	2	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion)	3	
metronidazole 1 % gel	3	QL (60 PER 30 DAYS)
MICONAZOLE 3 200 MG SUPPOS	4	
mupirocin 2 % ointment	3	
mupirocin calcium 2 % cream	3	
naftifine hcl 2 % cream	3	
nyamyc 100000 unit/gm powder	2	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment)	2	
nystatin 100000 unit/gm powder	2	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
nystop 100000 unit/gm powder	2	
oxiconazole nitrate 1 % cream	3	
permethrin 5 % cream	3	
silver sulfadiazine 1 % cream	2	
SPINOSAD 0.9 % SUSPENSION	4	
ssd 1 % cream	2	
sulfacetamide sodium (acne) 10 % lotion	3	
terconazole (0.4 %, 0.8 %)	3	
terconazole 80 mg suppos	3	
VANDAZOLE 0.75 % GEL	3	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)	3	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.12 % foam, betamethasone valerate 0.1 % lotion)	3	
calcipotriene-betameth diprop 0.005-0.064 % ointment	4	
calcipotriene-betameth diprop 0.005-0.064 % suspension	3	
clobetasol prop emollient base 0.05 % cream	3	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	3	
clobetasol propionate 0.05 % liquid	3	QL (125 PER 14 OVER TIME)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
clobetasol propionate e clobtasol propionat0.05 % cram	3	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	3	
desoximetasone (0.25 % cream, 0.25 % ointment)	4	
diclofenac sodium 1.5 % solution	3	QL (450 PER 30 DAYS)
diclofenac sodium 3 % gel	3	
ENSTILAR 0.005-0.064 % FOAM	5	
EUCRISA 2 % OINTMENT	3	QL (60 PER 30 DAYS)
fluocinolone acetonide 0.01 % solution	3	
fluocinolone acetonide 0.025 % ointment	3	
fluocinolone acetonide scalp 0.01 % oil	3	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	3	
fluocinonide emulsified base 0.05 % cream	3	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	2	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	3	
hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)	2	
hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)	2	
hydrocortisone 100 mg/60ml enema	3	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	2	
procto-med hc 2.5 % cream	2	
proctosol hc 2.5 % cream	2	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
proctozone-hc 2.5 % cream	2	
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	2	
triderm 0.5 % cream	2	
KERATOLYTIC AGENTS		
adapalene-benzoyl peroxide 0.1-2.5 % gel	2	ST
ammonium lactate 12 % cream	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
accutane (10 mg cap, 20 mg cap, 40 mg cap)	3	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	4	QL (60 PER 30 DAYS)
adapalene (0.1 % cream, 0.3 % gel)	3	ST
ADBRY (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ)	5	PA, QL (6 PER 28 OVER TIME)
ALTRENO 0.05 % LOTION	4	QL (45 PER 30 OVER TIME)
amnesteem (10 mg cap, 20 mg cap, 40 mg cap)	3	
amnesteem 30 mg cap	3	
azelaic acid 15 % gel	3	QL (50 PER 30 OVER TIME)
AZELEX 20 % CREAM	4	ST
bexarotene 1 % gel	5	PA
calcipotriene (calcipotriene 0.005 % ointment, calcipotriene 0.005 % solution, calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	5	PA, QL (30 PER 30 DAYS)
claravis (10 mg cap, 20 mg cap, 40 mg cap)	3	
claravis 30 mg cap	3	
dapsone 5 % gel	3	ST

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
DUPIXENT 300 MG/2ML SOLN A-INJ	5	PA, QL (8 PER 28 OVER TIME)
DUPIXENT 300 MG/2ML SOLN PRSYR	5	PA, QL (8 PER 28 OVER TIME)
FILSUVEZ 10 % GEL	5	PA
FINACEA 15 % FOAM	4	
fluorouracil (fluorouracil 5 % cream, fluorouracil 2 % solution, fluorouracil 5 % solution)	3	
HYFTOR 0.2 % GEL	5	PA
imiquimod 5 % cream	3	
isotretinoin (10 mg cap, 20 mg cap, 40 mg cap)	3	
isotretinoin 30 mg cap	3	
METHOXSALEN RAPID 10 MG CAP	5	
PANRETIN 0.1 % GEL	5	PA, QL (60 PER 30 DAYS)
pimecrolimus 1 % cream	4	ST
PODOFILOX 0.5 % SOLUTION	2	
SANTYL 250 UNIT/GM OINTMENT	4	
tacrolimus (0.03 %, 0.1 %)	3	QL (100 PER 30 OVER TIME)
tazarotene (0.05 % gel, 0.1 % gel)	4	
tazarotene 0.05 % cream	4	ST
tazarotene 0.1 % cream	3	ST
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)	3	
tretinoin 0.05 % gel	3	ST
tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel, tretinoin microsphere 0.1 % gel)	4	ST
TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	4	ST
VALCHLOR 0.016 % GEL	5	PA, QL (120 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
VTAMA 1 % CREAM	4	ST, QL (60 PER 30 DAYS)
zenatane (10 mg cap, 20 mg cap, 40 mg cap)	3	
zenatane 30 mg cap	3	

SKIN AND MUCOUS MEMBRANE PREPARATIONS

ANTIPRURITICS AND LOCAL ANESTHETICS

agoneaze 2.5-2.5 % kit	3	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3	
lidocaine 5 % patch	3	
lidocaine viscous hcl 2 % solution	3	
lidocaine-prilocaine 2.5-2.5 % cream	3	
lidocaine-prilocaine 2.5-2.5 % kit	3	
lidocan 5 % patch	3	
livixil pak 2.5-2.5 % kit	3	
prilovix 2.5-2.5 % kit	3	
prilovix lite 2.5-2.5 % kit	3	
prilovix lite plus 2.5-2.5 % kit	3	
prilovix plus 2.5-2.5 % kit	3	
prilovix ultralite 2.5-2.5 % kit	3	
prilovix ultralite plus 2.5-2.5 % kit	3	
tridacaine ii 5 % patch	3	
tridacaine iii 5 % patch	3	

SMOOTH MUSCLE RELAXANTS

GENITOURINARY SMOOTH MUSCLE RELAXANTS

darifenacin hydrobromide er (er 7.5 mg tab er, er 15 mg tab er)	3	QL (30 PER 30 DAYS)
fesoterodine fumarate er (er 4 mg tab er, er 8 mg tab er)	4	QL (30 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
flavoxate hcl 100 mg tab	2	
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	3	QL (30 PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	3	QL (300 PER 30 DAYS)
oxybutynin chloride 5 mg tab	1	QL (120 PER 30 DAYS)
oxybutynin chloride 5 mg/5ml solution	2	QL (473 PER 23 DAYS)
oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)	1	QL (60 PER 30 DAYS)
solifenacin succinate (5 mg tab, 10 mg tab)	2	QL (30 PER 30 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	2	QL (60 PER 30 DAYS)
tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)	3	QL (30 PER 30 DAYS)
trospium chloride 20 mg tab	2	QL (60 PER 30 DAYS)
trospium chloride er 60 mg cap 24h	3	QL (30 PER 30 DAYS)
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
roflumilast (250 mcg tab, 500 mcg tab)	3	QL (30 PER 30 DAYS)
theophylline er (theophylline er 400 mg tab er 24h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 200 mg tab er 12h)	3	
SUPPLIES		
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)
ESSENTRA WIPES 9X9" 70 % SHEET	2	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)
INSULIN SYRINGE-NEEDLE U-100 (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MAGELLAN INSULIN SAFETY SYR (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MARATHON MEDICAL PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC)	2	QL (200 PER 30 DAYS)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
MONOJECT ULTRA COMFORT SYRINGE (28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC)	2	QL (200 PER 30 DAYS)

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MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML MISC	2	QL (200 PER 30 DAYS)
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	QL (200 PER 30 DAYS)
PRO COMFORT PEN NEEDLES (PEN 4 MISC, PEN 5 MISC)	2	QL (200 PER 30 DAYS)
SURE COMFORT PEN NEEDLES (PEN 31G 6 MISC, PEN 32G 4 MISC)	2	QL (200 PER 30 DAYS)
ULTICARE INSULIN SAFETY SYR (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	QL (200 PER 30 DAYS)

Uncategorized

Unclassified

ALTOPREV (20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H)	4	QL (30 PER 30 DAYS)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	QL (200 PER 30 DAYS)
CABLIVI 11 MG KIT	5	PA, QL (31 PER 30 DAYS)
cilostazol (50 mg tab, 100 mg tab)	2	
CLINIMIX E/DEXTROSE (8/14) (/14) % SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) (/14) % SOLUTION	3	
ELIQUIS 2.5 MG TAB	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QL (74 PER 180 OVER TIME)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	QL (200 PER 30 DAYS)

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
pentoxifylline er 400 mg tab	2	
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP)	3	
TAVALISSE (100 MG TAB, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL (102 PER 365 OVER TIME)

VITAMINS

VITAMIN D

calcitriol (0.25 mcg cap, 0.5 mcg cap)	4	ESRD
calcitriol 1 mcg/ml solution	4	ESRD
doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap, doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)	2	ESRD
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	3	ESRD
ALTRIXA OB 15-0.4-0.6 MG TAB	3	
ATABEX EC AEX 29-1 MG DR	3	
AZESCO 13-1 MG TAB	3	
C-NATE DHA 28-1-200 MG CAP	3	
CITRANATAL 90 DHA -1 & 300 MG MISC	3	
CITRANATAL ASSURE 35-1 & 300 MG MISC	3	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
CITRANATAL DHA 27-1 & 250 MG MISC	3	
CITRANATAL HARMONY 27-1-260 MG CAP	3	
CITRANATAL RX 27-1 MG TAB	3	
CO-NATAL FA TAB	3	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	3	
COMPLETENATE 29-1 MG CHEW TAB	3	
DERMACINRX PRETRATE 1 MG TAB	3	
DUET DHA 400 25-1 & MG MISC	3	
DUET DHA BALANCED 25-1 & 267 MG MISC	3	
EMBRIVA 13-1 MG TAB	3	
FOLATEXCEL 1 MG TAB	3	
INATAL GT TAB	3	
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	3	
M-NATAL PLUS 27-1 MG TAB	3	
MATERVIA 0.5 MG CAP	3	
MULTI-MAC 15-0.75-1 MG TAB	3	
nafrinse 2.2 (1 f) mg chew tab	2	
NATACHEW NATA28-1 MG TAB	3	
NATALVIT TAB	3	
NEO-VITAL RX 1 MG TAB	3	
NEOMATERNA 1 MG TAB	3	
NEONATAL + DHA 29-1 & 200 MG MISC	3	
NEONATAL COMPLETE 29-1 MG TAB	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
NEONATAL PLUS 27-1 MG TAB	3	
NESTABS DHA 32-1 MG MISC	3	
NESTABS NESS 32-1 MG	3	
OB COMPLETE ONE 50-1-476 MG CAP	3	
OB COMPLETE PETITE 35-5-1-200 MG CAP	3	
OB COMPLETE PREMIER 30-20-1 MG TAB	3	
OB COMPLETE/DHA 30-10-1-200 MG CAP	3	
OBSTETRIX EC (WITH DOCUSATE) 29-1 MG TAB	3	
PNV 27-CA/FE/FA 60-1 MG TAB	3	
PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC	3	
PNV TABS 20-1 S MG	3	
PNV TABS 29-1 S MG	3	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	3	
PNV-SELECT 27-0.6-0.4 MG TAB	3	
PREGEN DHA 28-1-35 MG CAP	3	
PREGENNA 20-1 MG TAB	3	
PRENA 1 TRUE 30-.4 & 300 MG MISC	3	
PRENA1 1.4 MG CHEW TAB	3	
PRENA1 PEARL 30-1.4-200 MG CAP ER	3	
PRENAISSANCE 29-1.25-325 MG CAP	3	
PRENAISSANCE PLUS 28-1-250 MG CAP	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
PRENATAL 19 (19 CHEW TAB, 19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL PLUS IRON 29-1 MG TAB	3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	3	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	3	
PRENATE DHA 18-0.6-0.4-300 MG CAP	3	
PRENATE ELITE 20-0.6-0.4 MG TAB	3	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	3	
PRENATE MINI 18-0.6-0.4-350 MG CAP	3	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	3	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	3	
PRENATRIX 27-1 MG TAB	3	
PRENATRYL 27-1 MG TAB	3	
PRENATVITE COMPLETE 1 MG TAB	3	
PRENATVITE PLUS 1 MG TAB	3	
PREPLUS 27-1 MG TAB	3	
PRETAB PRE29-1 MG	3	
PRIMACARE 30-1-470 MG CAP	3	
PROVIDA OB 20-20-1.25 MG CAP	3	
SE-NATAL 19 (19 29-1 MG CHEW TAB, 19 29-1 MG TAB)	3	

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DRUG NAME	TIER	REQUIREMENTS/LIMITS
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	3	
SELECT-OB+DHA 29-1 & 250 MG MISC	3	
SODIUM FLUORIDE (SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB, SODIUM FLUORIDE 1.1 (0.5 F) MG TAB, SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB, SODIUM FLUORIDE 2.2 (1 F) MG TAB)	2	
THRIVITE RX 29-1 MG TAB	3	
TRICARE TAB	3	
TRINATAL RX 1 60-MG TAB	3	
TRINATE TAB	3	
TRINAZ 12-1 MG TAB	3	
TRISTART DHA 31-0.6-0.4-200 MG CAP	3	
VINATE II 29-1 MG TAB	3	
VINATE ONE 60-1 MG TAB	3	
VIRT-NATE DHA 28-1-200 MG CAP	3	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	3	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	3	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	3	
VITAFOL-NANO 18-0.6-0.4 MG TAB	3	
VITAFOL-OB TAB	3	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	3	
VITAFOL-ONE 29-1-200 MG CAP	3	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	3	

DRUG NAME	TIER	REQUIREMENTS/LIMITS
VITAMEDMD REDICHEW RX 1.4 MG TAB	3	
VITAPEARL 30-1.4-200 MG CAP ER	3	
VITATRUE 30-1.4 & 300 MG MISC	3	
VIVA DHA 28-1-200 MG CAP	3	
VP-PNV-DHA 28-1-215.8 MG CAP	3	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	3	
WESNATE DHA 28-1-200 MG CAP	3	
WESTAB PLUS WES27-1 MG	3	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	3	
ZALVIT 13-1 MG TAB	3	
ZIPHEX 13-1 MG TAB	3	

PA: Prior authorization, QL: Quantity Limitations, ST: Step Therapy
LA: Limited Access, HI: Home Infusion, NM: Non-Mail Order
BvD: This drug may be covered under Part B or Part D
You can find information on what the symbols and abbreviations on this table mean by going to page ix

Appendix

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selecthealth.org/medicare

This formulary was updated on <00/00/2026>.

For more recent information or other questions, please contact Select Health Member Services at **855-442-9900** (TTY users should call **711**), during the following dates and times:

October 1 to March 31:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

Select Health is an HMO, SNP plan sponsor with a Medicare contract. Enrollment in Select Health Medicare depends on contract renewal.

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