

2024 Medicare Part D Formulary

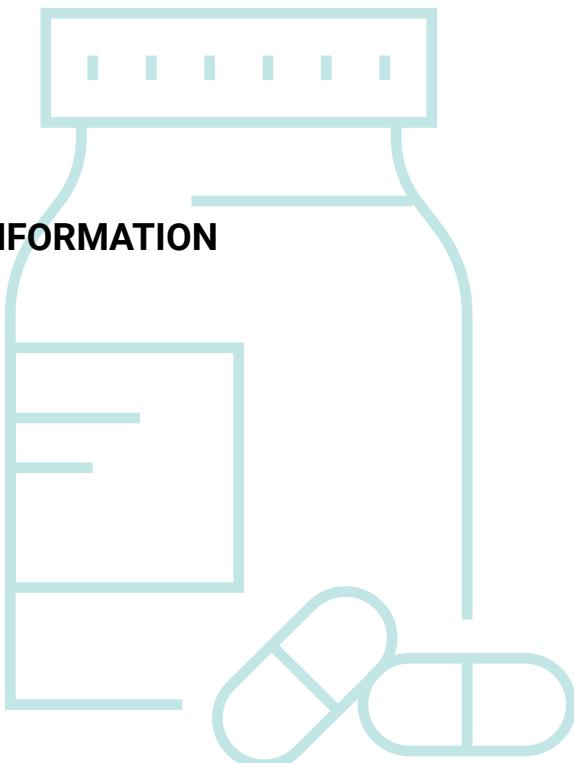
List of Covered Drugs

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

Effective: April 1, 2024

Updated: April 1, 2024

Formulary ID 24434, Version 12
and Formulary ID 24435, Version 9



This formulary was updated on April 1, 2024. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team. Visit **MassGeneralBrighamAdvantage.org/Rx-information** for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

For Medicare Advantage members:

855-833-3668 (TTY: 711)

October 1 – March 31, 8:00 AM to 8:00 PM EST, Monday through Sunday

April 1 – September 30, 8:00 AM to 8:00 PM EST, Monday through Friday

Mass General Brigham Advantage Secure (HMO-POS),
Mass General Brigham Advantage (PPO),
and Mass General Brigham Advantage Premier (PPO)

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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 refers to "we," "us," or "our," it means Mass General Brigham Health Plan. When it refers to "plans" or "our plans," it means the Mass General Brigham Advantage Secure (HMO-POS), Mass General Brigham Advantage (PPO), and Mass General Brigham Advantage Premier (PPO).

This document includes a list of the drugs (Formulary) for our plan which is current as of April 1, 2024. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the 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 co-payments/co-insurance may change on January 1, 2025 or from time to time during the year.

What is the Mass General Brigham Health Plan Medicare Part D Formulary?

A Formulary is a list of covered drugs selected by Mass General Brigham Health Plan 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. Mass General Brigham Health Plan will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a Mass General Brigham Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Mass General Brigham Health Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year

In the following cases, you will be affected by coverage changes during the year.

New generic drugs

We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on the how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?”

Drugs removed from the market

If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and 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 new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our Formulary, or 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, or at the time the member requests a refill of the drug, at which time the member will receive a one month supply of the drug (up to 30 days).

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 Mass General Brigham Health Plan Medicare Part D Formulary?”

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

Generally, if you are taking a drug on our 2024 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of April 1, 2024. To get updated information about the drugs covered by Mass General Brigham Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a change or changes to the Formulary during the year, the changes also will be posted at massgeneralbrighamadvantage.org. The updated version of the comprehensive Formulary will be posted on this website on a monthly basis as needed. To view the list of changes, start at our home page and:

- Click the link for “Rx Information” at the very top (in the blue bar)
- At the top of the page, you will see a headline for Part D and the PDF file for the formulary will be linked below and updated monthly

Or you may request an errata sheet (a copy of the 2024 Formulary changes) by calling Mass General Brigham Health Plan Customer Service at the phone numbers on the back of your Member ID card.

How do I use the Formulary?

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

Medical condition

The Formulary begins on page 12. 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”. If you know what your drug is used for, look for the category name in the list that begins on page 12. 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 98. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. 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?

Mass General Brigham Health Plan 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 cost less than brand name drugs.

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

Mass General Brigham Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval, Mass General Brigham Health Plan may not cover the drug.

Quantity limits

For certain drugs, Mass General Brigham Health Plan limits the amount of the drug that Mass General Brigham Health Plan will cover. For example, Mass General Brigham Health Plan provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

Step therapy

In some cases, Mass General Brigham Health Plan 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan 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 12. 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 restrictions 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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan Medicare Part D Formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this Formulary (list of covered drugs), you should first contact the Mass General Brigham Health Plan Customer Service and ask if your drug is covered.

If you learn that Mass General Brigham Health Plan does not cover your drug, you have two options:

1. You can ask the Mass General Brigham Health Plan Customer Service for a list of similar drugs that are covered by Mass General Brigham Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mass General Brigham Health Plan.
2. You can ask Mass General Brigham Health Plan to make an exception and cover your drug. See next section for information about how to request an exception.

How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?

You can ask Mass General Brigham Health Plan 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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.
Note: You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Mass General Brigham Health Plan 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, Mass General Brigham Health Plan will only approve your request for an exception if the alternative drugs included on the plan's Formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a Formulary, tiering, or utilization restriction exception.

When you request a Formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a Formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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. 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 up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For more information

For more detailed information about your Mass General Brigham Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Mass General Brigham Health Plan, 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 medicare.gov.

The Mass General Brigham Health Plan Medicare Part D Formulary

The Formulary that begins on page 12 provides coverage information about the drugs covered by Mass General Brigham Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

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

The information in the Requirements/Limits column tells you if Mass General Brigham Health Plan has any special requirements for coverage of your drug.

Abbreviations and definitions of Formulary terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Prior Authorization (PA)

For safety reasons and/or cost savings, Mass General Health Plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval first, Mass General Health Plan may not cover the drug.

Quantity Limits (QL)

For safety reasons and/or cost savings, for certain drugs Mass General Health Plan limits the amount of the drug that we will cover. For example, Mass General Brigham Health Plan provides one capsule per day for JANUVIA. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases Mass General Brigham Health Plan 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

Limited Access (LA)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to Mass General Brigham Health Plan so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

Specialty Pharmacy Drug (SP)

Mass General Brigham Health Plan provides members the option of obtaining some select medications through a Specialty Pharmacy provider. By using a Specialty Pharmacy, members will have access to providers that specialize in education, care, and support for members with certain complex conditions.

NDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited to a 30-day supply.

Additional Coverage

Part B Vaccines:

Mass General Brigham Health Plan covers certain vaccines under Medicare Part B. These vaccines may also be obtained at most retail pharmacies.

- Covid-19 Vaccine
- Influenza (Flu) Vaccine
- Pneumococcal Vaccine

Diabetic Supplies:

Mass General Brigham Health Plan provides coverage for the following blood glucose meters, test strips, needles, syringes and continuous glucose monitors (CGM).

- BD Needles and Syringes
- Dexcom & FreeStyle Libre Medicare Eligible CGMs
- OneTouch Glucose Meters and Test Strips

Excluded Drug Coverage:

Mass General Brigham Health Plan covers select Medicare excluded drugs. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Limitations to this coverage may apply.

Enhanced coverage of Medicare-excluded drugs

Prescription Vitamins

- cyanocobalamin solution (1000mcg/ml & 2000mcg/ml) - Tier 2
- ergocalciferol (50000mcg capsule) - Tier 2
- folic acid (1mg tablet) - Tier 2
- NascoBol Nasal Solution - Tier 4
- phytonadione (5mg tablet) - Tier 2

Sexual Dysfunction

- sildenafil citrate (25mg, 50mg, 100mg tablet) - Tier 2 QL (6 tabs / 30 days);
Capped Benefit = 72 tablets every year
- tadalafil (10mg, 20mg tablet) - Tier 3 QL (6 tabs / 30 days);
Capped Benefit = 72 tablets every year

Your costs in the initial coverage period

Note: If you qualify for Massachusetts Prescription Advantage Program (Massachusetts' State Pharmaceutical Assistance Program - SPAP) or Low Income Subsidy, the amounts below may be reduced.

What you pay for a 30-day supply from a retail pharmacy:

Mass General Brigham Health Plan Medicare Advantage Plan Type	Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
		Preferred Generic Drugs	Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs	Specialty Drugs
Mass General Brigham Advantage PPO - What you pay after deductible is met						
	\$0	\$0	\$3	\$37	\$100	33%
Mass General Brigham Advantage Secure HMO-POS						
	\$0	\$0	\$3	\$37	\$100	33%
Mass General Brigham Advantage Premier PPO						
	\$0	\$0	\$3	\$37	\$100	33%

*Your deductible will be \$0–\$99 based on your level of “Extra Help.”

**Cost-share for prescription drugs filled at any network pharmacy is based on your level of “Extra Help.”

Tier descriptions

Tier 1—Preferred Generic Drugs—\$0 cost

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

Tier 2—Generic Drugs

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 3—Preferred Brand Name Drugs

Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

Tier 4—Non-Preferred Drugs

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for Mass General Brigham Health Plan to cover them. If they are approved, they will be covered in Tier 4.

Tier 5—Specialty Drugs

Tier 5 includes high-cost specialty generic and brand-name drugs that cost \$950 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail and are excluded from the mail order program and tier exception process.

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
ALLOPURINOL TABS 200mg	1	
<i>colchicine</i> CAPS .6mg	3	
<i>colchicine</i> TABS .6mg	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat</i> TABS 40mg, 80mg	3	ST
<i>GLOPERBA</i> SOLN .6mg/5ml	4	
<i>probenecid</i> TABS 500mg	2	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac epolamine</i> PTCH 1.3%	3	QL (60 patches / 30 days), PA
<i>diclofenac potassium</i> TABS 50mg	3	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>fenoprofen calcium</i> CAPS 400mg	4	
<i>fenoprofen calcium</i> TABS 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>INDOCIN</i> SUSP 25mg/5ml	4	
<i>indomethacin</i> CAPS 25mg, 50mg	1	
<i>indomethacin</i> CPCR 75mg	3	
<i>ketoprofen</i> CAPS 25mg	2	
<i>ketoprofen</i> CP24 200mg	4	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	4	
<i>mefenamic acid</i> CAPS 250mg	2	
<i>meloxicam</i> CAPS 5mg, 10mg	3	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy SP - Specialty Drugs
 B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply Part B - Part B Product

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> SUSP 125mg/5ml; TBEC 375mg, 500mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>naproxen sodium</i> TB24 375mg, 500mg, 750mg	4	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	
<i>tolmetin sodium</i> CAPS 400mg	3	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	3	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	3	QL (30 tabs / 30 days), PA
LAZANDA SOLN 100mcg/act	5	NDS, QL (30 bottles / 30 days), PA
LAZANDA SOLN 400mcg/act	5	NDS, QL (15 bottles / 30 days), PA
<i>levorphanol tartrate</i> TABS 2mg, 3mg	5	NDS, QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	4	QL (60 caps / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl</i> T12A 10mg, 20mg	3	QL (60 tabs / 30 days), PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	3	QL (60 tabs / 30 days), PA
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	NDS, QL (120 sprays / 30 days), PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg	3	QL (30 caps / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	3	QL (30 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **Part B** - Part B Product

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-15 mg	3	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 10mg/ml	2	QL (3 bottles / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	3	QL (180 tabs / 30 days)
codeine sulfate TABS 30mg	3	QL (180 tabs / 30 days)
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	5	NDS, QL (120 tabs / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg	3	QL (180 tabs / 30 days)
hydromorphone hcl TABS 8mg	3	QL (120 tabs / 30 days)
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	3	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone hcl CAPS 5mg	4	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	4	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	4	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg	3	QL (180 tabs / 30 days)
oxycodone hcl TABS 20mg, 30mg	3	QL (120 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
oxymorphone hcl TABS 5mg, 10mg	2	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> SOLN 5mg/ml	3	QL (2400 mL / 30 days)
<i>tramadol hcl</i> TABS 25mg	3	QL (240 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol hcl</i> TABS 100mg	2	QL (120 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>AEMCOLO</i> TBEC 194mg	3	PA
<i>albendazole</i> TABS 200mg	5	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	3	
<i>ARIKAYCE</i> SUSP 590mg/8.4ml	3	SP, PA
<i>atovaquone</i> SUSP 750mg/5ml	5	NDS
<i>aztreonam</i> SOLR 1gm, 2gm	3	
<i>BENZNIDAZOLE</i> TABS 12.5mg, 100mg	4	
<i>CAYSTON</i> SOLR 75mg	5	NDS, SP, LA, PA
<i>CLEOCIN</i> SUPP 100mg	4	
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	3	
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	3	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	3	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	3	
<i>colistimethate sodium</i> SOLR 150mg	3	
<i>dapsone</i> TABS 25mg, 100mg	4	
<i>daptomycin</i> SOLR 350mg, 500mg	5	NDS
<i>ERAXIS</i> SOLR 50mg, 100mg	3	
<i>ertapenem sodium</i> SOLR 1gm	3	
<i>fosfomycin tromethamine</i> PACK 3gm	3	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	3	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	3	
<i>IMPAVIDO</i> CAPS 50mg	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i> TABS 3mg	2	QL (12 tabs / 90 days), PA
KRINTAFEL TABS 150mg	3	
LAMPIT TABS 30mg, 120mg	4	
<i>linezolid</i> SOLN 600mg/300ml	3	
<i>linezolid</i> SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
<i>meropenem</i> SOLR 1gm, 500mg	3	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> CAPS 375mg; TABS 250mg, 500mg	2	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (6 tabs / 30 days)
NITROFURANTOIN SUSP 50mg/5ml	3	
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate for inj soln</i> SOLR 300mg	3	B/D
<i>pentamidine isethionate for nebulization soln</i> SOLR 300mg	3	B/D
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	NDS
SOLOSEC PACK 2gm	4	
<i>streptomycin sulfate</i> SOLR 1gm	3	
<i>sulfadiazine</i> TABS 500mg	3	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	3	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	3	
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	5	NDS, B/D, SP
<i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	2	
VABOMERE INJ 2GM(1-1)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 125mg, 250mg; SOLR 1gm, 5gm, 10gm, 25mg/ml, 250mg/5ml, 500mg, 750mg	3	
XENLETA TABS 600mg	5	NDS, SP
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	PA
<i>amphotericin b</i> SOLR 50mg	4	PA
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, PA
<i>caspofungin acetate</i> SOLR 50mg	5	NDS
<i>caspofungin acetate</i> SOLR 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	2	
<i>itraconazole</i> SOLN 10mg/ml	3	
<i>ketoconazole</i> TABS 200mg	2	
<i>micafungin sodium</i> SOLR 50mg, 100mg	5	NDS
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	5	NDS, PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS
<i>voriconazole</i> TABS 50mg, 200mg	4	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	QL (24 tabs / 3 days)
<i>mefloquine hcl</i> TABS 250mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>pyrimethamine</i> TABS 25mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA

Drug Name		Drug Tier	Requirements/Limits
ANTIRETROVIRAL AGENTS			
<i>abacavir sulfate</i> SOLN 20mg/ml		3	SP
<i>abacavir sulfate</i> TABS 300mg		2	SP
APTIVUS CAPS 250mg		5	NDS, SP
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg		4	SP
<i>darunavir</i> TABS 600mg, 800mg		5	NDS, SP
EDURANT TABS 25mg		5	NDS, SP
<i>efavirenz</i> CAPS 50mg, 200mg		3	SP
<i>efavirenz</i> TABS 600mg		4	SP
<i>emtricitabine</i> CAPS 200mg		3	SP
EMTRIVA SOLN 10mg/ml		3	SP
<i>etravirine</i> TABS 100mg, 200mg		5	NDS, SP
<i>fosamprenavir calcium</i> TABS 700mg		5	NDS, SP
FUZEON SOLR 90mg		5	NDS, SP
INTELENCE TABS 25mg		4	SP
ISENTRESS CHEW 25mg		4	QL (720 tabs / 30 days), SP
ISENTRESS CHEW 100mg		5	NDS, QL (180 tabs / 30 days), SP
ISENTRESS PACK 100mg; TABS 400mg		5	NDS, SP
ISENTRESS HD TABS 600mg		5	NDS, SP
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg		3	SP
LEXIVA SUSP 50mg/ml		4	SP
<i>maraviroc</i> TABS 150mg, 300mg		5	NDS, SP
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg		4	SP
<i>nevirapine</i> TABS 200mg		2	SP
NORVIR PACK 100mg; SOLN 80mg/ml		4	SP
PIFELTRO TABS 100mg		5	NDS, SP
PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg		5	NDS, SP
PREZISTA TABS 75mg		4	SP
REYATAZ PACK 50mg		5	NDS, SP
<i>ritonavir</i> TABS 100mg		3	SP
RUKOBIA TB12 600mg		5	NDS, SP
SELZENTRY SOLN 20mg/ml; TABS 75mg		5	NDS, SP
SELZENTRY TABS 25mg		4	SP
SUNLENCA TBPK 300mg		5	NDS, SP, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg		3	SP
TIVICAY TABS 10mg		3	SP
TIVICAY TABS 25mg, 50mg		5	NDS, SP
TIVICAY PD TBSO 5mg		5	NDS, SP
TYBOST TABS 150mg		3	SP

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250mg, 625mg	5	NDS, SP
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, SP
<i>zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg</i>	2	SP
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	SP
BIKTARVY TAB	5	NDS, SP
CIMDUO TAB 300-300	5	NDS, SP
COMPLERA TAB	5	NDS, SP
DELSTRIGO TAB	5	NDS, SP
DESCOVY TAB 120-15MG	5	NDS, QL (30 tabs / 30 days), SP
DESCOVY TAB 200/25MG	5	NDS, QL (30 tabs / 30 days), SP
DOVATO TAB 50-300MG	5	NDS, SP
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS, SP
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, SP
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, SP
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NDS, QL (30 tabs / 30 days), SP
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, QL (30 tabs / 30 days), SP
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NDS, QL (30 tabs / 30 days), SP
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tabs / 30 days), SP
EVOTAZ TAB 300-150	5	NDS, SP
GENVOYA TAB	5	NDS, SP
JULUCA TAB 50-25MG	5	NDS, SP
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	SP
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	SP
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	SP
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	SP
ODEFSEY TAB	5	NDS, SP
PREZCOBIX TAB 800-150	5	NDS, SP
STRIBILD TAB	5	NDS, SP
SYMTUZA TAB	5	NDS, SP
TEMIXYS TAB 300-300	5	NDS, SP
TRIUMEQ PD TAB	5	NDS, SP

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TAB	5	NDS, SP
TRIZIVIR TAB	5	NDS, SP
ANTITUBERCULAR AGENTS		
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PASER PACK 4gm	4	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	3	
<i>rifabutin</i> CAPS 150mg	3	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, SP, LA, PA
TRECATOR TABS 250mg	4	
ANTIVIRALS		
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	NDS, SP
<i>acyclovir</i> CAPS 200mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	3	
<i>acyclovir</i> TABS 400mg, 800mg	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	PA
<i>adefovir dipivoxil</i> TABS 10mg	4	SP
BARACLUDE SOLN .05mg/ml	5	NDS, SP
<i>entecavir</i> TABS .5mg, 1mg	3	SP
EPCLUSA PAK 150-37.5	5	NDS, SP, PA
EPCLUSA PAK 200-50MG	5	NDS, SP, PA
EPCLUSA TAB 200-50MG	5	NDS, SP, PA
EPCLUSA TAB 400-100	5	NDS, SP, PA
EPIVIR HBV SOLN 5mg/ml	4	SP
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
HARVONI PAK	5	NDS, SP, PA
HARVONI PAK 45-200MG	5	NDS, SP, PA
HARVONI TAB 90-400MG	5	NDS, SP, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	NDS, SP
<i>lamivudine (hbv)</i> TABS 100mg	3	SP
LIVTENCITY TABS 200mg	5	NDS, SP, PA
MAVYRET PAK 50-20MG	5	NDS, SP, PA
MAVYRET TAB 100-40MG	5	NDS, SP, PA
<i>oseltamivir phosphate</i> CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	2	
PAXLOVID TAB 150-100	3	QL (40 tabs / 23 days)
PAXLOVID TAB 300-100	3	QL (60 tabs / 23 days)

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	SP
<i>rimantadine hydrochloride</i> TABS 100mg	3	
<i>valacyclovir hcl</i> TABS 1gm	3	
<i>valacyclovir hcl</i> TABS 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	NDS, SP
VOSEVI TAB	5	NDS, SP, PA
XOFLUZA TBPK 40mg, 80mg	4	QL (1 tab / 7 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	2	
<i>cefaclor</i> SUSR 250mg/5ml	3	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	2	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	3	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cephalexin</i> TABS 250mg, 500mg	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	NDS
ZERBAXA INJ 1.5GM	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>ERYTHROMYCINS/MACROLIDES</i>		
<i>azithromycin</i> PACK 1gm; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> SOLR 500mg	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	NDS
e.e.s. 400 TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	3	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	3	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	3	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	3	
<i>FLUOROQUINOLONES</i>		
BAXDELA TABS 450mg	5	NDS
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	3	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	2	
<i>ofloxacin</i> TABS 400mg	2	
<i>PENICILLINS</i>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab</i> 200- 28.5 mg	3	
<i>amoxicillin & k clavulanate chew tab</i> 400- 57 mg	3	

Drug Name	Drug Tier Requirements/Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	3
<i>ampicillin CAPS 500mg</i>	1
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	3
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	3
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	3
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	3
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	3
<i>BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3
<i>nafcillin sodium SOLR 1gm, 2gm</i>	3
<i>nafcillin sodium SOLR 10gm</i>	5 NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	3
<i>PEN GK/DEXTR INJ 40000/ML</i>	3
<i>PEN GK/DEXTR INJ 60000/ML</i>	3
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	3
<i>penicillin g sodium SOLR 5000000unit</i>	3
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2
<i>penicillin v potassium TABS 250mg, 500mg</i>	1
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	3	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	3	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	3	

TETRACYCLINES

demecephacycline hcl TABS 150mg, 300mg	4	
doxy 100 SOLR 100mg	3	
doxycycline (monohydrate) CAPS 50mg, 100mg	1	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	2	
doxycycline (monohydrate) TABS 150mg	3	
doxycycline hyclate CAPS 50mg	1	
doxycycline hyclate CAPS 100mg; SOLR 100mg; TBEC 50mg, 75mg, 100mg, 150mg, 200mg	3	
doxycycline hyclate TABS 20mg, 100mg	2	
minocycline hcl CAPS 50mg, 75mg, 100mg	2	
minocycline hcl TABS 50mg, 75mg, 100mg	4	
minocycline hcl TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	3	
monodoxine nl CAPS 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	5	NDS, SP, LA
tetracycline hcl CAPS 250mg, 500mg	3	
tigecycline SOLR 50mg	5	NDS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	5	NDS, B/D, SP, LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	B/D
GLEOSTINE CAPS 10mg, 40mg	4	SP
GLEOSTINE CAPS 100mg	5	NDS, SP
LEUKERAN TABS 2mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), SP, LA, PA
ANTIMETABOLITES		
INQOVI TAB 35-100MG	5	NDS, SP, LA, PA
LONSURF TAB 15-6.14	5	NDS, SP, LA, PA
LONSURF TAB 20-8.19	5	NDS, SP, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 50mg/2ml	3	B/D
ONUREG TABS 200mg, 300mg	5	NDS, SP, PA
PURIXAN SUSP 2000mg/100ml	5	NDS, SP
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, SP
<i>abiraterone acetate</i> TABS 500mg	5	NDS, SP, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	SP, PA
EMCYT CAPS 140mg	5	NDS
ERLEADA TABS 60mg, 240mg	5	NDS, SP, LA, PA
<i>exemestane</i> TABS 25mg	3	
FIRMAGON SOLR 80mg, 120mg/vial	3	SP, PA
<i>flutamide</i> CAPS 125mg	2	
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	SP, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, SP, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	5	NDS, SP, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	5	NDS, SP, PA
LYSODREN TABS 500mg	5	NDS, SP
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, SP, LA, PA
ORGOVYX TABS 120mg	5	NDS, SP, LA, PA
ORSERDU TABS 86mg, 345mg	5	NDS, SP
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	4	SP, PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), SP, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg, 80mg	5	NDS, QL (120 tabs / 30 days), SP, LA, PA
YONSA TABS 125mg	5	NDS, SP, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), SP, LA, PA
lenalidomide CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), SP, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), SP, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), SP, LA, PA
REVLIMID CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), SP, LA, PA
THALOMID CAPS 50mg, 100mg	5	NDS, QL (28 caps / 28 days), SP, LA, PA
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), SP, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, SP, LA, PA
bexarotene CAPS 75mg	5	NDS, SP
HERCEP HYLEC SOL 60-10000	5	NDS, SP, LA, PA
HERCEPTIN SOLR 150mg	5	NDS, SP, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, SP, PA
hydroxyurea CAPS 500mg	2	
KANJINTI SOLR 150mg, 420mg	5	NDS, SP, LA, PA
KISQALI 200 PAK FEMARA	5	NDS, QL (49 tabs / 28 days), SP, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), SP, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), SP, PA
MATULANE CAPS 50mg	5	NDS, SP, LA
OGIVRI SOLR 150mg, 420mg	5	NDS, SP, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, SP, PA
tretinoin (chemotherapy) CAPS 10mg	5	NDS
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, SP, PA
WELIREG TABS 40mg	5	NDS, SP, LA, PA
XURIDEN PACK 2gm	5	NDS, QL (120 packets / 30 days), SP, PA
MOLECULAR TARGET AGENTS		
AKEEGA TAB 50/500MG	5	NDS, SP, PA
AKEEGA TAB 100/500	5	NDS, SP, PA
ALECensa CAPS 150mg	5	NDS, SP, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS, SP, LA, PA
ALUNBRIG PAK	5	NDS, SP, LA, PA
AUGTYRO CAPS 40mg	5	NDS, SP, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS, SP, LA, PA
BOSULIF CAPS 50mg	5	NDS, QL (240 caps / 30 days), SP, PA
BOSULIF CAPS 100mg	5	NDS, QL (120 caps / 30 days), SP, PA
BOSULIF TABS 100mg	5	NDS, QL (120 tabs / 30 days), SP, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), SP, PA
BRAFTOVI CAPS 75mg	5	NDS, SP, LA, PA
BRUKINSA CAPS 80mg	5	NDS, SP, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
CALQUENCE CAPS 100mg	5	NDS, QL (60 caps / 30 days), SP, LA, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), SP, LA, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), SP, LA, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
COMETRIQ KIT 20mg	5	NDS, SP, LA, PA
COMETRIQ KIT 100MG	5	NDS, SP, LA, PA
COMETRIQ KIT 140MG	5	NDS, SP, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, SP, LA, PA
COTELLIC TABS 20mg	5	NDS, SP, LA, PA
DAURISMO TABS 25mg, 100mg	5	NDS, SP, LA, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	3	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	3	B/D
ERIVEDGE CAPS 150mg	5	NDS, SP, LA, PA
<i>erlotinib hcl</i> TABS 25mg, 100mg	5	NDS, QL (90 tabs / 30 days), SP, PA
<i>erlotinib hcl</i> TABS 150mg	5	NDS, QL (30 tabs / 30 days), SP, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), SP, PA
<i>everolimus</i> TBSO 2mg	5	NDS, QL (150 tabs / 30 days), SP, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), SP, PA

Drug Name	Drug Tier	Requirements/Limits
everolimus TBSO 5mg	5	NDS, QL (60 tabs / 30 days), SP, PA
EXKIVITY CAPS 40mg	5	NDS, SP, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), SP, LA, PA
FRUZAQLA CAPS 1mg, 5mg	5	NDS, SP, LA, PA
GAVRETO CAPS 100mg	5	NDS, SP, LA, PA
gefitinib TABS 250mg	5	NDS, SP, PA
GILOTrif TABS 20mg, 30mg, 40mg	5	NDS, SP, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), SP, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), SP, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	NDS, QL (90 tabs / 30 days), SP, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), SP, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), SP, LA, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), SP, LA, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), SP, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), SP, LA, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), SP, LA, PA
INREBIC CAPS 100mg	5	NDS, SP, LA, PA
IRESSA TABS 250mg	5	NDS, SP, LA, PA
IWLIFIN TABS 192mg	5	NDS, SP, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), SP, LA, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), SP
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), SP
KISQALI TAB 200DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), SP, PA
KISQALI TAB 400DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), SP, PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI TAB 600DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), SP, PA
KOSELUGO CAPS 10mg, 25mg	5	NDS, SP, PA
KRAZATI TABS 200mg	5	NDS, SP, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), SP, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), SP, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), SP, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), SP, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), SP, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), SP, LA, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), SP, LA, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), SP, LA, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), SP, LA, PA
LORBRENA TABS 25mg, 100mg	5	NDS, SP, LA, PA
LUMAKRAS TABS 120mg, 320mg	5	NDS, SP, LA, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), SP, LA, PA
LYTGOBI TAB 4MG (12 MG DAILY DOSE) TBPK 4mg	5	NDS, SP
LYTGOBI TAB 4MG (16 MG DAILY DOSE) TBPK 4mg	5	NDS, SP
LYTGOBI TAB 4MG (20 MG DAILY DOSE) TBPK 4mg	5	NDS, SP
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NDS, SP, LA, PA
MEKTOVI TABS 15mg	5	NDS, SP, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NDS, SP, LA, PA
NERLYNX TABS 40mg	5	NDS, SP, LA, PA
NEXAVAR TABS 200mg	5	NDS, QL (220 tabs / 28 days), SP, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), SP, PA
ODOMZO CAPS 200mg	5	NDS, SP, LA, PA
OGSIVEO TABS 50mg	5	NDS, SP, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, SP, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	3	B/D
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), SP, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, SP, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, SP, PA
PIQRAY 250MG TAB DOSE	5	NDS, SP, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, SP, PA
QINLOCK TABS 50mg	5	NDS, SP, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NDS, SP, LA, PA
REZLIDHIA CAPS 150mg	5	NDS, SP
ROZLYTREK CAPS 100mg, 200mg	5	NDS, SP, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), SP, LA, PA
RYDAPT CAPS 25mg	5	NDS, SP, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), SP, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), SP, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (220 tabs / 30 days), SP, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, SP, PA
STIVARGA TABS 40mg	5	NDS, SP, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), SP, PA
TABRECTA TABS 150mg, 200mg	5	NDS, SP, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NDS, SP, LA, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), SP, LA, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), SP, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS, SP, PA
TAZVERIK TABS 200mg	5	NDS, SP, LA, PA
TEPMETKO TABS 225mg	5	NDS, SP, LA, PA
TIBSOVO TABS 250mg	5	NDS, SP, LA, PA
TRUQAP TABS 160mg, 200mg	5	NDS, SP, LA, PA
TUKYSA TABS 50mg, 150mg	5	NDS, SP, LA, PA
TURALIO CAPS 125mg	5	NDS, SP, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, SP, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), SP, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), SP, LA, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), SP, LA, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), SP, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), SP, LA, PA
VIJOICE TBPK 50mg, 125mg	5	NDS, QL (28 tabs / 28 days), SP, PA
VIJOICE TAB 250MG	5	NDS, QL (56 tabs / 28 days), SP, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NDS, SP, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, SP, LA, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), SP, LA, PA
VOTRIENT TABS 200mg	5	NDS, QL (120 tabs / 30 days), SP, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg, 150mg	5	NDS, SP, LA, PA
XOSPATA TABS 40mg	5	NDS, SP, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	NDS, QL (4 tabs / 28 days), SP, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	NDS, QL (8 tabs / 28 days), SP, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	NDS, QL (4 tabs / 28 days), SP, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	NDS, QL (24 tabs / 28 days), SP, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	NDS, QL (8 tabs / 28 days), SP, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	NDS, QL (32 tabs / 28 days), SP, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	NDS, QL (8 tabs / 28 days), SP, LA, PA
ZEJULA CAPS 100mg	5	NDS, QL (90 caps / 30 days), SP, LA, PA
ZEJULA TABS 100mg	5	NDS, QL (90 tabs / 30 days), SP, LA, PA
ZEJULA TABS 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
ZELBORAF TABS 240mg	5	NDS, SP, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, SP, LA, PA
ZOLINZA CAPS 100mg	5	NDS, SP, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, SP, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS 150mg	5	NDS, SP, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MESNEX TABS 400mg	5	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5- 10 mg	1
amlodipine besylate-benazepril hcl cap 5- 10 mg	1
amlodipine besylate-benazepril hcl cap 5- 20 mg	1
amlodipine besylate-benazepril hcl cap 5- 40 mg	1
amlodipine besylate-benazepril hcl cap 10- 20 mg	1
amlodipine besylate-benazepril hcl cap 10- 40 mg	1
benazepril & hydrochlorothiazide tab 5- 6.25 mg	1
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1
benazepril & hydrochlorothiazide tab 20-25 mg	1
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1
lisinopril & hydrochlorothiazide tab 20-25 mg	1

ACE INHIBITORS

benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i> TABS 25mg, 50mg	2	
<i>KERENDIA</i> TABS 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>spironolactone</i> SUSP 25mg/5ml	2	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	

ALPHA BLOCKERS

<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg	2	
<i>prazosin hcl</i> CAPS 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>BIDIL TAB</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1
<i>ENTRESTO TAB 24-26MG</i>	3
<i>ENTRESTO TAB 49-51MG</i>	3
<i>ENTRESTO TAB 97-103MG</i>	3
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1
<i>telmisartanamlodipine tab 40-5 mg</i>	1
<i>telmisartanamlodipine tab 40-10 mg</i>	1
<i>telmisartanamlodipine tab 80-5 mg</i>	1
<i>telmisartanamlodipine tab 80-10 mg</i>	1
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	1
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	1
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	1
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i>	1	
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	
<i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl TABS 100mg, 400mg</i>	3	
<i>amiodarone hcl TABS 200mg</i>	2	
<i>digitek TABS 125mcg, 250mcg</i>	1	
<i>digoxin TABS 62.5mcg</i>	2	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	SP
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>mexiletine hcl CAPS 150mg, 200mg, 250mg</i>	2	
<i>MULTAQ TABS 400mg</i>	3	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	3	
<i>pacerone TABS 200mg</i>	2	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sorine TABS 80mg, 120mg, 160mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SOTYLIZE SOLN 5mg/ml	4	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate CAPS 50mg, 150mg; TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 43mg, 67mg, 130mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	
fluvastatin sodium CAPS 20mg, 40mg; TB24 80mg	1	
LIVALO TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	1	
pitavastatin calcium TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm	3	
cholestyramine light PACK 4gm	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl PACK 5gm; TABS 1gm	2	
ezetimibe TABS 10mg	3	
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
icosapent ethyl CAPS 1gm	3	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	NDS, SP, LA, PA
niacin (antihyperlipidemic) TABS 500mg	2	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	
niacor TABS 500mg	2	
omega-3-acid ethyl esters cap 1 gm	3	
prevalite PACK 4gm	3	

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SOSY 140mg/ml	3	SP, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	SP, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	SP, PA
VASCEPA CAPS .5gm, 1gm	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol & chlorthalidone tab 50-25 mg	1
atenolol & chlorthalidone tab 100-25 mg	1
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1
metoprolol & hydrochlorothiazide tab 50-25 mg	3
metoprolol & hydrochlorothiazide tab 100-25 mg	3
metoprolol & hydrochlorothiazide tab 100-50 mg	3

BETA-BLOCKERS

acebutolol hcl CAPS 200mg, 400mg	2
atenolol TABS 25mg, 50mg, 100mg	1
betaxolol hcl TABS 10mg, 20mg	2
bisoprolol fumarate TABS 5mg, 10mg	2
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1
carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg	3
labetalol hcl TABS 100mg, 200mg, 300mg	2
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2
metoprolol tartrate TABS 25mg, 50mg, 100mg	1
metoprolol tartrate TABS 37.5mg, 75mg	3
nadolol TABS 20mg, 40mg, 80mg	3
nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg	3
pindolol TABS 5mg, 10mg	3
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2
timolol maleate TABS 5mg, 10mg, 20mg	2

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	3	
<i>diltiazem hcl extended release beads</i> CP24 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> CAPS 10mg, 20mg; TB24 30mg, 60mg, 90mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
<i>NYMALIZE</i> SOLN 6mg/ml	5	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg	4	
<i>verapamil hcl</i> CP24 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	3	
<i>acetazolamide</i> TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide TABS .5mg, 1mg, 2mg</i>	2	
<i>chlorthalidone TABS 25mg, 50mg</i>	1	
<i>ethacrynic acid TABS 25mg</i>	4	
<i>furosemide SOLN 10mg/ml</i>	3	
<i>furosemide SOLN 10mg/ml, 40mg/5ml</i>	2	
<i>furosemide TABS 20mg, 40mg, 80mg</i>	1	
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide TABS 1.25mg, 2.5mg</i>	1	
<i>methazolamide TABS 25mg, 50mg</i>	4	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>aliskiren fumarate TABS 150mg, 300mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (30 caps / 30 days), SP, PA
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>clonidine hcl (adhd)</i> TB12 .1mg	2	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digoxin</i> SOLN .05mg/ml; TABS 125mcg, 250mcg	2	
<i>digoxin</i> SOLN .25mg/ml	3	
<i>droxidopa</i> CAPS 100mg, 200mg, 300mg	5	NDS, SP, PA
FILSPARI TABS 200mg, 400mg	5	NDS, SP, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	3	
<i>metyrosine</i> CAPS 250mg	5	NDS
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	3	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
NEXLETOL TABS 180mg	3	PA
NEXLIZET TAB 180/10MG	3	PA
ORLADEYO CAPS 110mg, 150mg	5	NDS, QL (30 caps / 30 days), SP, PA
<i>ranolazine</i> TB12 500mg, 1000mg	4	
TEKTURNNA HCT TAB 300-12.5	3	
TEKTURNNA HCT TAB 300-25MG	3	
TRACLEER TBSO 32mg	5	NDS, SP, LA, PA
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	4	

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1
NITRO-BID OINT 2%	3
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2
<i>nitroglycerin</i> SOLN .4mg/spray	3

Drug Name		Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION			
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg		5	NDS, QL (90 tabs / 30 days), SP, LA, PA
alyq TABS 20mg		5	NDS, QL (60 tabs / 30 days), SP, PA
ambrisentan TABS 5mg, 10mg		5	NDS, SP, LA, PA
bosentan TABS 62.5mg, 125mg		5	NDS, SP, LA, PA
LIQREV SUSP 10mg/ml		5	NDS, QL (244 mL / 30 days), SP, PA
OPSUMIT TABS 10mg		5	NDS, QL (30 tabs / 30 days), SP, LA, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg		5	NDS, SP, LA, PA
ORENITRAM TBCR .125mg		4	SP, LA, PA
ORENITRAM TAB MONTH 1		5	NDS, SP, LA, PA
ORENITRAM TAB MONTH 2		5	NDS, SP, LA, PA
ORENITRAM TAB MONTH 3		5	NDS, SP, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i>		5	NDS, SP, PA
SUSR 10mg/ml			
<i>sildenafil citrate (pulmonary hypertension)</i>	TABS 20mg	3	QL (360 tabs / 30 days), SP, PA
<i>tadalafil (pulmonary hypertension)</i>	TABS 20mg	5	NDS, QL (60 tabs / 30 days), SP, PA
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg		5	NDS, SP, LA, PA
UPTRAVI PACK TAB 200/800		5	NDS, SP, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml		5	NDS, SP, LA, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
alprazolam TB24 2mg, 3mg	2	QL (90 tabs / 30 days)
alprazolam TB24 .5mg, 1mg	2	QL (60 tabs / 30 days)
alprazolam TBDP .25mg, .5mg, 1mg, 2mg	3	QL (150 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	2	QL (300 mL / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	3	QL (150 mL / 30 days)
oxazepam CAPS 10mg, 15mg, 30mg	3	

ANTICONVULSANTS

APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, PA

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Drug Name		Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 100mg; TABS 200mg		2	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; TB12 100mg, 200mg, 400mg		3	
<i>carbamazepine</i> SUSP 100mg/5ml		4	
<i>CELONTIN</i> CAPS 300mg		4	
<i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg	3	PA	
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)	
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)	
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days)	
<i>DIACOMIT</i> CAPS 250mg	5	NDS, QL (360 caps / 30 days), SP, LA, PA	
<i>DIACOMIT</i> CAPS 500mg	5	NDS, QL (180 caps / 30 days), SP, LA, PA	
<i>DIACOMIT</i> PACK 250mg	5	NDS, QL (360 packets / 30 days), SP, LA, PA	
<i>DIACOMIT</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), SP, LA, PA	
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days)	
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days)	
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	3		
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days)	
<i>DILANTIN</i> CAPS 30mg, 100mg	3		
<i>DILANTIN INFATABS</i> CHEW 50mg	3		
<i>DILANTIN-125</i> SUSP 125mg/5ml	3		
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	3		
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2		
<i>EPIDIOLEX</i> SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), SP, LA, PA	
<i>epitol</i> TABS 200mg	2		
<i>EPRONTIA</i> SOLN 25mg/ml	4	QL (480 mL / 30 days), PA	
<i>ethosuximide</i> CAPS 250mg	2		
<i>ethosuximide</i> SOLN 250mg/5ml	3		
<i>felbamate</i> SUSP 600mg/5ml	4		
<i>felbamate</i> TABS 400mg, 600mg	3		
<i>FINTEPLA</i> SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), SP, LA, PA	

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP .5mg/ml	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
HORIZANT TBCR 300mg, 600mg	4	
<i>lacosamide</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	3	
<i>lamotrigine</i> TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>lamotrigine</i> tab 25 mg (42) & 100 mg (7) starter kit	2	
<i>lamotrigine</i> tab 84 x 25 mg & 14 x 100 mg starter kit	2	
<i>lamotrigine</i> tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	2	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 bottles / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	3	QL (900 mL / 30 days)
<i>pregabalin</i> (once-daily) TB24 82.5mg, 165mg, 330mg	3	
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite</i> starter kit/blu KIT 25mg	2	
<i>subvenite</i> starter kit/gre	2	
<i>subvenite</i> starter kit/ora	2	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CP24 200mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 sprays / 30 days), PA
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 sprays / 30 days), PA
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 packs / 30 days), PA
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 packs / 30 days), PA
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), SP, LA, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), SP, LA, PA
<i>vigadron</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), SP, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **Part B** - Part B Product

Drug Name	Drug Tier	Requirements/Limits
vigadroner TABS 500mg	5	NDS, QL (180 tabs / 30 days), SP, LA, PA
vigpoder PACK 500mg	5	NDS, QL (180 packets / 30 days), SP, LA, PA
VIMPAT SOLN 10mg/ml	5	NDS, QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200 (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200 (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), SP, LA, PA

ANTIDEMENTIA

ADLARITY PTWK 5mg/day, 10mg/day	4	PA
donepezil hydrochloride TABS 5mg, 10mg	1	
donepezil hydrochloride TABS 23mg	3	
donepezil hydrochloride TBDP 5mg, 10mg	2	
ergoloid mesylates TABS 1mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg; TABS 4mg, 8mg, 12mg	3	
galantamine hydrobromide SOLN 4mg/ml	4	
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	3	
memantine hcl TABS 5mg, 10mg	2	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
APLENZIN TB24 174mg, 348mg	4	ST
APLENZIN TB24 522mg	5	NDS, ST
AUVELITY TAB 45-105MG	4	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	
CITALOPRAM HYDROBROMIDE CAPS 30mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	2	
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (90 caps / 30 days)
<i>duloxetine hcl</i> CPEP 20mg, 60mg	3	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg, 40mg	3	QL (90 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, ST
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	4	ST
FETZIMA CAP TITRATIO	4	ST
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; CPDR 90mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>fluoxetine hcl</i> TABS 10mg, 20mg, 60mg	4	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	4	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	4	
MARPLAN TABS 10mg	4	
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>olanzapine-fluoxetine hcl cap</i> 3-25 mg	2	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 6-25 mg	2	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 6-50 mg	2	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 12-25 mg	2	QL (30 caps / 30 days)
<i>olanzapine-fluoxetine hcl cap</i> 12-50 mg	2	QL (30 caps / 30 days)
<i>paroxetine hcl</i> SUSP 10mg/5ml	3	PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	
<i>perphenazine-amitriptyline tab</i> 2-10 mg	3	
<i>perphenazine-amitriptyline tab</i> 2-25 mg	3	
<i>perphenazine-amitriptyline tab</i> 4-10 mg	3	
<i>perphenazine-amitriptyline tab</i> 4-25 mg	3	
<i>perphenazine-amitriptyline tab</i> 4-50 mg	3	
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	4	
TRINTELLIX TABS 5mg, 10mg, 20mg	4	
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TB24 37.5mg, 75mg, 150mg, 225mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	3	
ZURZUVAE CAPS 20mg, 25mg, 30mg	5	NDS, SP, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl CAPS 100mg; SOLN 50mg/5ml; TABS 100mg</i>	2	
<i>benztropine mesylate TABS .5mg, 1mg, 2mg</i>	2	
<i>bromocriptine mesylate CAPS 5mg; TABS 2.5mg</i>	3	
<i>carbidopa TABS 25mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	3	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	3	
<i>DUOPA SUS 4.63-20</i>	4	SP
<i>entacapone TABS 200mg</i>	3	
<i>GOCOVRI CP24 68.5mg, 137mg</i>	4	SP, PA
<i>INBRIJA CAPS 42mg</i>	5	NDS, SP
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	4	
<i>NOURIANZ TABS 20mg, 40mg</i>	5	NDS, QL (30 tabs / 30 days), SP
<i>ONGENTYS CAPS 25mg, 50mg</i>	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate</i> TABS .5mg, 1mg	4	
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	3	
RYTARY CAP 95MG	4	
RYTARY CAP 145MG	4	
RYTARY CAP 195MG	4	
RYTARY CAP 245MG	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>tolcapone</i> TABS 100mg	5	NDS
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 injection / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 vial / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg	3	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days), ST
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg	4	
<i>clozapine</i> TBDP 200mg	5	NDS
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), ST
FANAPT PAK	4	ST
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	

Drug Name		Drug Tier	Requirements/Limits
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg		2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml		3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml		3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)	
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)	
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)	
<i>loxpipamine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3		
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)	
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4		
NUPLAZID CAPS 34mg	5	NDS, QL (60 caps / 30 days), SP, LA, PA	
NUPLAZID TABS 10mg	5	NDS, QL (60 tabs / 30 days), SP, LA, PA	
<i>olanzapine</i> SOLR 10mg	4	QL (3 injections / 1 day)	
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)	
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)	
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)	
<i>olanzapine</i> TBDP 10mg	3	QL (60 tabs / 30 days)	
<i>paliperidone</i> TB24 1.5mg, 3mg, 6mg, 9mg	4		
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3		
PERSERIS PRSY 90mg, 120mg	5	NDS, QL (1 syringe / 30 days)	
<i>pimozide</i> TABS 1mg, 2mg	4		
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; TB24 50mg, 150mg, 200mg, 300mg, 400mg	3		
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)	
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)	
RISPERDAL CONSTA SRER 12.5mg	3	QL (2 vials / 28 days)	
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	5	NDS, QL (2 vials / 28 days)	
<i>risperidone</i> SOLN 1mg/ml; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3		

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Drug Name		Drug Tier	Requirements/Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg		1	
<i>risperidone microspheres</i> SRER 12.5mg	3	QL (2 vials / 28 days)	
<i>risperidone microspheres</i> SRER 25mg, 37.5mg, 50mg	5	NDS, QL (2 vials / 28 days)	
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)	
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3		
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4		
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3		
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	5	NDS, QL (1 syringe / 28 days)	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA	
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)	
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)	
VRAYLAR CAP 1.5-3MG	4		
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)	
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)	
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 injections / 28 days), SP, PA	
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 injections / 28 days), SP, PA	
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 injection / 28 days), SP, PA	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	4	QL (120 caps / 30 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	4	QL (60 caps / 30 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days)
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg, 60mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days)
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days)
guanfacine hcl (adhd) TB24 3mg	3	QL (60 tabs / 30 days)
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days)
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days)
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days)
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days)
QELBREE CP24 100mg	4	QL (180 caps / 30 days)
QELBREE CP24 150mg	4	QL (120 caps / 30 days)
QELBREE CP24 200mg	4	QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RELEXXII TBCR 18mg, 27mg, 36mg, 45mg, 63mg	3	QL (30 tabs / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	4	QL (30 patches / 30 days)

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	4	
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>estazolam</i> TABS 1mg, 2mg	2	
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	3	
<i>flurazepam hcl</i> CAPS 15mg, 30mg	2	
HETLIOZ LQ SUSP 4mg/ml	5	NDS, QL (150 mL / 30 days), SP, PA
<i>ramelteon</i> TABS 8mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), SP, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	3	QL (30 caps / 30 days)
<i>temazepam</i> CAPS 15mg	3	QL (60 caps / 30 days)
<i>triazolam</i> TABS .125mg, .25mg	2	
<i>zaleplon</i> CAPS 5mg, 10mg	2	
ZOLPIDEM TARTRATE CAPS 7.5mg	4	QL (30 caps / 30 days)
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg	3	QL (30 tabs / 30 days)
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	4	QL (30 tabs / 30 days)

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), SP, PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	4	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg	3	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>frovatriptan succinate</i> TABS 2.5mg	4	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	4	
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	
<i>sumatriptan</i> SOLN 5mg/act, 20mg/act	3	
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml, 6mg/0.5ml; SOLN 6mg/0.5ml	3	
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	
<i>sumatriptan-naproxen sodium</i> tab 85-500 mg	3	
UBRELVY TABS 50mg, 100mg	4	PA
<i>zolmitriptan</i> SOLN 5mg	3	
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	

MISCELLANEOUS

AUSTEDO TABS 6mg, 9mg, 12mg	5	NDS, SP, LA, PA
AUSTEDO XR TB24 6mg, 12mg, 24mg	5	NDS, SP, LA, PA
AUSTEDO XR TAB TITR KIT	5	NDS, SP, PA
<i>cevimeline hcl</i> CAPS 30mg	3	
DAYBUE SOLN 200mg/ml	5	NDS, SP, PA
EVRYSDI SOLR .75mg/ml	5	NDS, SP, PA
EXSERVAN FILM 50mg	5	NDS, SP
<i>gabapentin (once-daily)</i> TABS 300mg	4	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily)</i> TABS 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg	4	QL (120 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 tabs / 30 days), PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	NDS, SP, LA, PA
INGREZZA CAP 40-80MG	5	NDS, SP, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml	3	
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>pyridostigmine bromide</i> TBCR 180mg	4	
RADICAVA SOLN 30mg/100ml	5	NDS, SP, PA

Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	5	NDS, SP, PA
riluzole TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
SKYCLARYS CAPS 50mg	5	NDS, SP, PA
TEGLUTIK SUSP 50mg/10ml	5	NDS, SP
tetrabenazine TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), SP, PA
tetrabenazine TABS 25mg	5	NDS, QL (120 tabs / 30 days), SP, PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30mcg/0.5ml	5	NDS, SP
AVONEX PEN AJKT 30mcg/0.5ml	5	NDS, SP
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), SP, LA, PA
BETASERON KIT .3mg	5	NDS, QL (14 injections / 28 days), SP, PA
dalfampridine TB12 10mg	3	SP, PA
dimethyl fumarate CPDR 120mg	5	NDS, QL (14 caps / 7 days), SP, PA
dimethyl fumarate CPDR 240mg	5	NDS, QL (60 caps / 30 days), SP, PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	NDS, SP, PA
EXTAVIA KIT .3mg	5	NDS, QL (14 injections / 28 days), SP
fingolimod hcl CAPS .5mg	5	NDS, QL (28 caps / 28 days), SP, PA
GILENYA CAPS .25mg	5	NDS, QL (56 caps / 28 days), SP, PA
glatiramer acetate SOSY 20mg/ml	5	NDS, QL (30 injections / 30 days), SP, PA
glatiramer acetate SOSY 40mg/ml	5	NDS, QL (12 injections / 28 days), SP, PA
glatopa SOSY 20mg/ml	5	NDS, QL (30 injections / 30 days), SP, PA
glatopa SOSY 40mg/ml	5	NDS, QL (12 injections / 28 days), SP, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, SP, LA, PA
MAVENCLAD TBPK 10mg	5	NDS, SP
MAYZENT TABS .25mg, 1mg, 2mg	5	NDS, SP
MAYZENT STARTER PACK (7) TBPK TBPK .25mg	3	SP

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty Drugs
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **Part B** - Part B Product

Drug Name		Drug Tier	Requirements/Limits
MAYZENT STARTER PACK (12) TBPK TBPK .25mg		5	NDS, SP
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml		5	NDS, SP
PLEGRIDY SOSY 125mcg/0.5ml		5	NDS, SP, LA
PLEGRIDY INJ STARTER		5	NDS, SP, LA
PLEGRIDY PEN INJ STARTER		5	NDS, SP, LA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml		5	NDS, SP
REBIF REBIDO INJ TITRATN		5	NDS, SP
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml		5	NDS, SP
REBIF TITRTN INJ PACK		5	NDS, SP
teriflunomide TABS 7mg, 14mg		5	NDS, SP
VUMERTY CPDR 231mg		5	NDS, SP

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> SOLN 10mg/5ml; SUSP 25mg/5ml		3	
<i>baclofen</i> TABS 5mg, 10mg, 20mg		2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg		3	
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg		3	
SOHONOS CAPS 1mg, 1.5mg, 2.5mg, 5mg, 10mg		5	NDS, SP, LA, PA
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg		3	
<i>tizanidine hcl</i> TABS 2mg, 4mg		2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg		3	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg		3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg		4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg		4	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml		5	NDS, QL (540 mL / 30 days), SP, LA, PA
SUNOSI TABS 75mg, 150mg		3	PA
XYWAV SOL 0.5GM/ML		5	NDS, SP, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg		2	
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg		4	QL (60 films / 30 days)
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr		3	QL (4 patches / 28 days)
<i>buprenorphine hcl</i> SUBL 2mg, 8mg		2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	2	
disulfiram TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
LUCEMYRA TABS .18mg	5	NDS, QL (224 tabs / 14 days)
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml; SOSY 2mg/2ml	2	
naltrexone hcl TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
OPVEE SOLN 2.7mg/0.1ml	3	
varenicline tartrate TABS .5mg, 1mg	3	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
VIVITROL SUSR 380mg	5	NDS, SP

ENDOCRINE AND METABOLIC

ANDROGENS

depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
INTRAROSA INST 6.5mg	4	
methyltestosterone CAPS 10mg	5	NDS
oxandrolone TABS 2.5mg	2	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	2	QL (60 tabs / 30 days), PA
testosterone SOLN 30mg/act	4	QL (300 mL / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone packet GEL 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	QL (300 gm / 30 days), PA
<i>testosterone packet GEL 25mg/2.5gm, 50mg/5gm</i>	4	QL (300 gm / 30 days), PA
<i>testosterone pump GEL 1%, 1.62%</i>	4	QL (300 gm / 30 days), PA
<i>testosterone pump GEL 10mg/act</i>	3	QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	1	
<i>BAQSIMI ONE PACK POWD 3mg/dose</i>	3	
<i>BYDUREON BCISE AUIJ 2mg/0.85ml</i>	3	QL (4 pens / 28 days), PA
<i>BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml</i>	4	QL (1 pen / 30 days), PA
<i>FARXIGA TABS 5mg, 10mg</i>	3	
<i>glimepiride TABS 1mg, 2mg, 4mg</i>	1	
<i>glipizide TABS 2.5mg, 5mg, 10mg; TB24 2.5mg, 5mg, 10mg</i>	1	
<i>glipizide xl TB24 2.5mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide TABS 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized TABS 1.5mg, 3mg, 6mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
<i>GLYXAMBI TAB 10-5 MG</i>	3	QL (30 tabs / 30 days)
<i>GLYXAMBI TAB 25-5 MG</i>	3	QL (30 tabs / 30 days)
<i>JANUMET TAB 50-500MG</i>	3	QL (60 tabs / 30 days)
<i>JANUMET TAB 50-1000</i>	3	QL (60 tabs / 30 days)
<i>JANUMET XR TAB 50-500MG</i>	3	QL (60 tabs / 30 days)
<i>JANUMET XR TAB 50-1000</i>	3	QL (60 tabs / 30 days)
<i>JANUMET XR TAB 100-1000</i>	3	QL (30 tabs / 30 days)
<i>JANUVIA TABS 25mg, 50mg, 100mg</i>	3	QL (30 tabs / 30 days)
<i>JARDIANCE TABS 10mg</i>	3	QL (60 tabs / 30 days)
<i>JARDIANCE TABS 25mg</i>	3	QL (30 tabs / 30 days)
<i>JENTADUETO TAB 2.5-500</i>	3	QL (60 tabs / 30 days)
<i>JENTADUETO TAB 2.5-1000</i>	3	QL (60 tabs / 30 days)
<i>JENTADUETO XR 2.5-1000MG</i>	3	QL (60 tabs / 30 days)
<i>JENTADUETO XR 5-1000MG</i>	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> SOLN 500mg/5ml; TABS 500mg, 850mg, 1000mg; TB24 500mg, 750mg	1	
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
<i>nateglinide</i> TABS 60mg, 120mg	1	
OZEMPIC SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC SOPN 2mg/3ml, 8mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC SOPN 4mg/3ml	3	PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1	
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
<i>saxagliptin hcl</i> TABS 2.5mg, 5mg	3	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	3	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	3	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	3	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (30 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (30 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (30 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
ISOPROPYL ALCOHOL 0.7 ML/ML	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXPEN SOPN 100unit/ml	3	
LYUMJEV SOLN 100unit/ml	3	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
NEEDLES, INSULIN DISP., SAFETY	3	
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	2	
alendronate sodium TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) SOLN 200unit/act	2	
calcitonin (salmon) SOLN 200unit/ml	3	
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
ibandronate sodium TABS 150mg	2	
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NDS, LA, PA
PROLIA SOSY 60mg/ml	4	SP, PA
risedronate sodium TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	3	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NDS, SP, PA
XGEVA SOLN 120mg/1.7ml	5	NDS, SP, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, SP
ZOLEDRONIC ACID SOLN 4mg/100ml	4	B/D, SP
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	5	NDS, SP, PA
deferasirox TABS 90mg	3	SP, PA
deferasirox TBSO 125mg	4	SP, PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine CAPS 250mg; TABS 250mg	5	NDS, SP
sodium polystyrene sulfonate powder	2	
sps SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg	5	NDS, SP
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
altavera	2	
alyacen 1/35	2	
amethia	2	
ANNOVERA MIS	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aviane	2	

Drug Name	Drug Tier	Requirements/Limits
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila TABS .35mg</i>	2	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>deblitane TABS .35mg</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>eluryng</i>	3	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethynodiol dienoate (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethynodiol dienoate tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethynodiol dienoate tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>LO LOESTRIN TAB 1-10-10</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	3	
<i>lutera</i>	2	
<i>lyeq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>NEXTSTELLIS TAB 3-14.2MG</i>	2	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethynodiol dienoate tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethynodiol dienoate tab 1 mg-20 mcg</i>	2	

Drug Name	Drug Tier Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	2
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	2
<i>nortrel 0.5/35 (28)</i>	2
<i>nortrel 1/35</i>	2
<i>nortrel 7/7/7</i>	2
<i>nylia 1/35</i>	2
<i>nylia 7/7/7</i>	2
<i>nymyo</i>	2
<i>ocella</i>	2
<i>orsythia</i>	2
<i>pimtrea</i>	2
<i>pirmella 1/35</i>	3
<i>portia-28</i>	2
<i>reclipsen</i>	2
<i>setlakin</i>	2
<i>sharobel TABS .35mg</i>	2
<i>simliya</i>	2
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	2
<i>tarina fe 1/20 eq</i>	2
<i>tilia fe</i>	2
<i>tri-estarrylla</i>	2
<i>tri-legest fe</i>	2
<i>tri-lo-estarrylla</i>	2
<i>tri-lo-marzia</i>	2
<i>tri-lo-mili</i>	2
<i>tri-lo-sprintec</i>	2
<i>tri-mili</i>	2
<i>tri-nymyo</i>	2
<i>tri-sprintec</i>	2
<i>tri-vylibra</i>	2
<i>tri-vylibra lo</i>	2
<i>trivora-28</i>	2
<i>velivet</i>	2
<i>vestura</i>	2

Drug Name	Drug Tier	Requirements/Limits
vienna	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
xulane	4	
zafemy	4	
zovia 1/35	2	
zumandimine	2	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	NDS
ESTROGENS		
amabelz tab 0.5-0.1	2	
azurette	2	
BIJUVA CAP 0.5-100	4	
COMBIPATCH DIS	4	
DELESTROGEN OIL 10mg/ml	4	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
DUAVEE TAB 0.45-20	4	
ELESTRIN GEL .06%	4	
estradiol GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
estradiol TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5- 0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	3	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	3	
ESTRING RING 7.5mcg/24hr	3	
EVAMIST SOLN 1.53mg/spray	4	

Drug Name	Drug Tier	Requirements/Limits
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	
<i>jintel/i</i>	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	4	
MENOSTAR PTWK 14mcg/24hr	4	
MENTAX CREA 1%	4	
<i>mimvey</i>	2	
MYFEMBREE TAB	5	NDS, QL (28 tabs / 28 days), PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
ORIAHNN CAP	5	NDS, QL (56 caps / 28 days), PA
OSPHENA TABS 60mg	4	
PREMARIN CREA .625mg/gm	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	
PREMPHASE TAB	4	
PREMPRO TAB 0.3-1.5	4	
PREMPRO TAB 0.45-1.5	4	
PREMPRO TAB 0.625-2.5	4	
PREMPRO TAB 0.625-5	4	
<i>yuvafem TABS 10mcg</i>	3	
GLUCOCORTICOIDS		
dexamethasone SOLN .5mg/5ml	3	
dexamethasone TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
dexamethasone TBPK 1.5mg	2	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	2	
MEDROL TABS 2mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	
methylprednisolone TBPK 4mg	2	
prednisolone SOLN 15mg/5ml	2	
prednisolone TABS 5mg	3	
prednisolone sodium phosphate SOLN 5mg/5ml	4	

Drug Name		Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 10mg/5ml, 20mg/5ml; TBDP 10mg, 15mg, 30mg		2	
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml		3	
<i>prednisone</i> SOLN 5mg/5ml		4	
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg		1	
<i>prednisone</i> TBPK 5mg, 10mg		3	
PREDNISONE INTENSOL CONC 5mg/ml		4	
GLUCOSE ELEVATING AGENTS			
<i>diazoxide</i> SUSP 50mg/ml	5	NDS	
GLUCAGEN HYPOKIT SOLR 1mg	3		
<i>glucagon (rdna)</i> KIT 1mg	3		
GLUCAGON EMERGENCY KIT KIT 1mg	3		
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3		
GVOKE KIT SOLN 1mg/0.2ml	3		
GVOKE PFS SOSY 1mg/0.2ml	3		
MISCELLANEOUS			
<i>betaine powder for oral solution</i>	5	NDS, SP, LA	
<i>cabergoline</i> TABS .5mg	2		
<i>carglumic acid</i> TBSO 200mg	5	NDS, SP, LA, PA	
CERDELGA CAPS 84mg	5	NDS, SP, LA, PA	
CEREZYME SOLR 400unit	5	NDS, SP, PA	
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	SP	
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, SP	
CORTROPHIN GEL 80unit/ml	5	NDS, SP, PA	
CYSTAGON CAPS 50mg, 150mg	4	SP, LA, PA	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2		
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2		
DEXCOM G5 MIS RECEIVER	3	Part B	
DEXCOM G5 MIS TRANSMIT	3	Part B	
DEXCOM G6 MIS RECEIVER	3	Part B	
DEXCOM G6 MIS SENSOR	3	Part B	
DEXCOM G6 MIS TRANSMIT	3	Part B	
DEXCOM G7 MIS RECEIVER	3	Part B	
DEXCOM G7 MIS SENSOR	3	Part B	
EGRIFTA SV SOLR 2mg	5	NDS, SP, PA	
EMFLAZA SUSP 22.75mg/ml; TABS 6mg, 18mg, 30mg, 36mg	5	NDS, SP, PA	
EVENITY SOSY 105mg/1.17ml	5	NDS, SP, PA	
FABRAZYME SOLR 5mg, 35mg	5	NDS, SP, PA	

Drug Name	Drug Tier	Requirements/Limits
FREESTY LIBR KIT 2 SENSOR	3	Part B
FREESTY LIBR KIT 3 SENSOR	3	Part B
FREESTY LIBR MIS 2 READER	3	Part B
FREESTY LIBR MIS 3 READER	3	Part B
FREESTYLE KIT SENSOR	3	Part B
FREESTYLE MIS READER	3	Part B
G5/G4 MIS SENSOR	3	Part B
GENOTROPIN CART 5mg, 12mg	5	NDS, SP, PA
GENOTROPIN MINIQUICK PRSY .2mg,.4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, SP, PA
HUMATROPE CART 6mg, 12mg, 24mg	5	NDS, SP, PA
INCRELEX SOLN 40mg/4ml	5	NDS, SP, LA, PA
ISTURISA TABS 1mg	5	NDS, QL (240 tabs / 30 days), SP, PA
ISTURISA TABS 5mg	5	NDS, QL (60 tabs / 30 days), SP, PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NDS, SP, LA, PA
KEVEYIS TABS 50mg	5	NDS, SP, PA
KORLYM TABS 300mg	5	NDS, QL (120 tabs / 30 days), SP, LA, PA
LANCETS	3	Part B
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, SP, PA
<i>miglustat</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), SP, PA
MYCAPSSA CPDR 20mg	5	NDS, SP, PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	5	NDS, SP, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, SP, PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	NDS, SP, PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	5	NDS, SP, LA, PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	5	NDS, SP, LA, PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	5	NDS, SP, LA, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml	4	SP, PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	5	NDS, SP, PA
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / 30 days), PA
OMNIPOD DASH KIT PDM	4	QL (1 kit / 30 days), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD MIS POD PALS	4	QL (15 pods / 30 days), PA
OMNITROPE SOCT 5mg/1.5ml; SOLR 5.8mg	3	SP, LA, PA
OMNITROPE SOCT 10mg/1.5ml	5	NDS, SP, LA, PA
ONETOUCH KIT ULT MINI	3	Part B
ONETOUCH KIT ULTRA 2	3	Part B
ONETOUCH KIT VERIO IQ	3	Part B
ONETOUCH TES VERIO	3	Part B
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NDS, SP, PA
raloxifene hcl TABS 60mg	2	
RAVICTI LIQD 1.1gm/ml	5	NDS, SP, PA
RECORLEV TABS 150mg	5	NDS, QL (240 tabs / 30 days), SP, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, SP, PA
SEROSTIM SOLR 4mg, 5mg, 6mg	5	NDS, SP, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, QL (60 ampules / 30 days), SP, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS, SP, PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	5	NDS, SP, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, SP, LA, PA
TEGSEDI SOSY 284mg/1.5ml	5	NDS, QL (4 syringes / 30 days), SP, PA
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), SP, PA
VYNDARQEL CAPS 20mg	5	NDS, QL (120 caps / 30 days), SP, PA
ZOMACTON SOLR 5mg, 10mg	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	5	NDS, PA
calcium acetate (<i>phosphate binder</i>) CAPS 667mg; TABS 667mg	2	
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packs / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	4	QL (540 packs / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
<i>sevelamer hcl</i> TABS 400mg, 800mg	3	
VELPHORO CHEW 500mg	5	NDS, QL (180 tabs / 30 days)
PROGESTINS		
CRINONE GEL 4%, 8%	4	PA
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	2	
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	4	
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyt</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
NP THYROID 15 TABS 15mg	2	
NP THYROID 30 TABS 30mg	2	

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Drug Name	Drug Tier	Requirements/Limits
NP THYROID 60 TABS 60mg	2	
NP THYROID 90 TABS 90mg	2	
NP THYROID 120 TABS 120mg	2	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
THYQUIDITY SOLN 100mcg/5ml	4	
TIROSINT CAPS 37.5mcg, 44mcg, 62.5mcg	4	
TIROSINT-SOL SOLN 100mcg/ml	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	2	
<i>calcitriol</i> SOLN 1mcg/ml	3	
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	3	
RAYALDEE CPCR 30mcg	5	NDS

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg	3	B/D
<i>aprepitant</i> CAPS 125mg	5	NDS, B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	B/D
<i>compro</i> SUPP 25mg	3	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	3	B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg/5ml	3	B/D
<i>granisetron hcl</i> TABS 1mg	3	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>metoclopramide hcl</i> TBDP 5mg	2	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/5ml	3	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> TABS 24mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	3	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	
SANCUSO PTCH 3.1mg/24hr	5	NDS
scopolamine PT72 1mg/3days	4	
VARUBI TBPK 90mg	4	B/D, SP
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml	2	
<i>dicyclomine hcl</i> TABS 20mg	3	
<i>glycopyrrolate</i> SOLN 1mg/5ml	3	
<i>glycopyrrolate</i> TABS 1mg, 2mg	2	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	4	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	4	
<i>budesonide</i> CPEP 3mg	3	
<i>budesonide</i> TB24 9mg	5	NDS
<i>budesonide (intrarectal)</i> FOAM 2mg	4	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm; CPDR 400mg; ENEM 4gm; SUPP 1000mg; TBEC 1.2gm	4	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
UCERIS TB24 9mg	4	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	2	
KRISTALOSE PACK 10gm, 20gm	3	
LACTULOSE PACK 10gm	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lubiprostone</i> CAPS 8mcg, 24mcg	3	
MYTESI TBEC 125mg	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
peg-3350/electrolytes/asc	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	5	NDS
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	3	
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	3	
BYLVAY CAPS 400mcg, 1200mcg	5	NDS, SP, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	5	NDS, SP, PA
CHOLBAM CAPS 50mg, 250mg	5	NDS, SP, PA
CLENPIQ SOL	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
GATTEX KIT 5mg	5	NDS, SP, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
LIVMARLI SOLN 9.5mg/ml	5	NDS, SP, PA
loperamide hcl CAPS 2mg	2	
misoprostol TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days), PA
OCALIVA TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), SP, PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	5	NDS, SP, LA, PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (30 syringes / 30 days), PA
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (30 injections / 30 days), PA
RELISTOR TABS 150mg	3	QL (90 tabs / 30 days), PA
SUCRAID SOLN 8500unit/ml	5	NDS, SP
sucralfate TABS 1gm	2	
ursodiol CAPS 300mg	3	
ursodiol TABS 250mg, 500mg	4	
VOWST CAP	5	NDS, SP, PA
XERMELO TABS 250mg	5	NDS, QL (90 tabs / 30 days), SP, LA, PA
XIFAXAN TABS 200mg	3	PA
XIFAXAN TABS 550mg	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
dexlansoprazole CPDR 30mg, 60mg	3	
esomeprazole magnesium CPDR 20mg, 40mg	4	QL (30 caps / 30 days)
esomeprazole magnesium PACK 10mg, 20mg, 40mg	4	
lansoprazole CPDR 15mg, 30mg	2	
lansoprazole TBDD 15mg, 30mg	4	
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole magnesium CPDR 20.6mg	1	
omeprazole-sodium bicarbonate cap 20- 1100 mg	4	
omeprazole-sodium bicarbonate cap 40- 1100 mg	4	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	5	NDS
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	5	NDS
pantoprazole sodium TBEC 20mg, 40mg	2	
rabeprazole sodium TBEC 20mg	3	
VAGINAL ANTI-INFECTIVES		
NUVESSA GEL 1.3%	4	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	
dutasteride CAPS .5mg	2	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	
finasteride TABS 5mg	1	
silodosin CAPS 4mg, 8mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil TABS 2.5mg, 5mg</i>	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl CAPS .4mg</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	2	
<i>ELMIRON CAPS 100mg</i>	4	
<i>THIOLA EC TBEC 100mg, 300mg</i>	5	NDS, SP
<i>tiopronin TABS 100mg</i>	5	NDS, SP
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide TB24 7.5mg, 15mg</i>	3	
<i>fesoterodine fumarate TB24 4mg, 8mg</i>	4	QL (30 tabs / 30 days)
<i>flavoxate hcl TABS 100mg</i>	2	
<i>GEMTESA TABS 75mg</i>	4	
<i>MYRBETRIQ SRER 8mg/ml</i>	4	QL (300 mL / 28 days)
<i>MYRBETRIQ TB24 25mg, 50mg</i>	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SOLN 5mg/5ml</i>	3	
<i>oxybutynin chloride TABS 5mg; TB24 5mg, 10mg, 15mg</i>	1	
<i>solifenacina succinate TABS 5mg, 10mg</i>	3	
<i>tolterodine tartrate CP24 2mg, 4mg</i>	4	
<i>tolterodine tartrate TABS 1mg, 2mg</i>	3	
<i>trospium chloride CP24 60mg; TABS 20mg</i>	3	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal CREA 2%</i>	2	
<i>GYNAZOLE-1 CREA 2%</i>	4	
<i>metronidazole vaginal GEL .75%</i>	3	
<i>miconazole 3 SUPP 200mg</i>	2	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	2	
<i>VANDAZOLE GEL .75%</i>	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	3	QL (60 caps / 30 days)
<i>ELIQUIS TABS 2.5mg, 5mg</i>	3	
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	3	
<i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	3	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	4	

Drug Name		Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml		5	NDS
<i>FRAGMIN</i> SOLN 95000unit/3.8ml; SOSY 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml		5	NDS
<i>FRAGMIN</i> SOSY 2500unit/0.2ml, 5000unit/0.2ml		3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml		2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg		1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg		1	
<i>XARELTO</i> SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg		3	
<i>XARELTO</i> STAR TAB 15/20MG		3	

HEMATOPOIETIC GROWTH FACTORS

<i>NEULASTA</i> SOSY 6mg/0.6ml	5	NDS, SP
<i>PROCRIT</i> SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	SP, PA
<i>PROCRIT</i> SOLN 20000unit/ml, 40000unit/ml	5	NDS, SP, PA
<i>UDENYCA</i> SOAJ 6mg/0.6ml; SOSY 6mg/0.6ml	5	NDS, SP
<i>ZARXIO</i> SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, SP, PA
<i>ZIEXTENZO</i> SOSY 6mg/0.6ml	5	NDS, SP, PA

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	3	
<i>BERINERT</i> KIT 500unit	5	NDS, QL (24 kits / 30 days), SP, LA, PA
<i>CABLIVI</i> KIT 11mg	5	NDS, SP
<i>cilostazol</i> TABS 50mg, 100mg	2	
<i>DOPTELET</i> TABS 20mg	5	NDS, SP, LA, PA
<i>DOPTELET</i> 40 MG DAILY DOSE CARTON TABS 20mg	5	NDS, SP, PA
<i>DOPTELET</i> 60 MG DAILY DOSE CARTON TABS 20mg	5	NDS, SP, PA
<i>DROXIA</i> CAPS 200mg, 300mg, 400mg	3	
<i>ENDARI</i> PACK 5gm	5	NDS, SP, LA
<i>HAEGARDA</i> SOLR 2000unit	5	NDS, QL (30 vials / 30 days), SP, LA, PA
<i>HAEGARDA</i> SOLR 3000unit	5	NDS, QL (20 vials / 30 days), SP, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), SP, PA
LEUKINE SOLR 250mcg	5	NDS, SP
MULPLETA TABS 3mg	5	NDS, SP, PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	5	NDS, SP
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	NDS, QL (360 packets / 30 days), SP, LA, PA
PROMACTA PACK 25mg	5	NDS, QL (180 packets / 30 days), SP, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	NDS, QL (30 tabs / 30 days), SP, LA, PA
PROMACTA TABS 50mg, 75mg	5	NDS, QL (60 tabs / 30 days), SP, LA, PA
PYRUKYND TABS 5mg, 20mg, 50mg	5	NDS, SP, PA
PYRUKYND TAB 20MGX5MG	5	NDS, SP, PA
PYRUKYND TAB 50MGX20M	5	NDS, SP, PA
PYRUKYND TAPER PACK TBPK 5mg	5	NDS, SP, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	3	SP, PA
RETACRIT SOLN 40000unit/ml	5	NDS, SP, PA
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), SP, LA, PA
TAVALISSE TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), SP
<i>tranexamic acid</i> TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (6 injections / 28 days), SP, PA
CIBINQO TABS 50mg, 100mg, 200mg	3	QL (30 tabs / 30 days), SP, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), SP, PA
DUPIXENT SOSY 100mg/0.67ml	5	NDS, QL (2 syringes / 28 days), SP, PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), SP, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), SP, PA
ENBREL SOLR 25mg; SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), SP, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), SP, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 injections / 28 days), SP, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), SP, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), SP, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), SP, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 injections / 28 days), SP, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, SP, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NDS, SP, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), SP, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), SP, PA
HUMIRA PEN KIT PS/UV	5	NDS, SP, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	NDS, SP, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NDS, SP, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NDS, SP, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (6 injections / 28 days), SP, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	NDS, QL (6 injections / 28 days), SP, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	NDS, SP, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	NDS, SP, PA
INFliximab SOLR 100mg	5	NDS, SP, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 pens / 28 days), SP, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 syringes / 28 days), SP, PA

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	5	NDS, QL (110 tabs / year), SP, PA
REMICADE SOLR 100mg	5	NDS, SP, PA
RENFLEXIS SOLR 100mg	5	NDS, SP, PA
RINVOQ TB24 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), SP, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), SP, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (1 syringe / 28 days), SP, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (1 pen / 28 days), SP, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (2 vials / 28 days), SP, PA
STELARA SOSY 45mg/0.5ml	5	NDS, QL (2 syringes / 28 days), SP, PA
STELARA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), SP, PA
TALTZ SOAJ 80mg/ml	5	NDS, QL (4 pens / 28 days), SP, LA, PA
TALTZ SOSY 80mg/ml	5	NDS, QL (4 syringes / 28 days), SP, LA, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), SP, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), SP, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), SP, PA

DERMATOLOGY, ANTIPSORIATICS

<i>methoxsalen rapid</i> CAPS 10mg	5	NDS
OTEZLA TABS 30mg	5	NDS, QL (60 tabs / 30 days), SP, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

hydroxychloroquine sulfate TABS 200mg	2	
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	2	B/D
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml	5	NDS, B/D, SP, LA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, B/D, SP
GAMASTAN INJ	4	B/D, SP, LA

Drug Name		Drug Tier	Requirements/Limits
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml		5	NDS, B/D, SP
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm		5	NDS, B/D, SP
GAMMAKED SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml		5	NDS, B/D, SP
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml		5	NDS, B/D, SP, LA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml		5	NDS, B/D, SP
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml		5	NDS, B/D, SP
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml		5	NDS, B/D, SP
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml		5	NDS, B/D, SP
IMMUNOMODULATORS			
ACTIMMUNE SOLN 2000000unit/0.5ml		5	NDS, SP, LA
ARCALYST SOLR 220mg		5	NDS, SP, LA, PA
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml		5	NDS, SP, PA
IMMUNOSUPPRESSANTS			
ASTAGRAF XL CP24 .5mg, 1mg, 5mg		4	B/D, SP
azathioprine TABS 50mg		2	B/D
azathioprine TABS 75mg, 100mg		3	B/D
BENLYSTA SOAJ 200mg/ml		5	NDS, QL (8 pens / 28 days), SP, LA, PA
BENLYSTA SOSY 200mg/ml		5	NDS, QL (8 syringes / 28 days), SP, LA, PA
cyclosporine CAPS 25mg, 100mg		3	B/D, SP
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml		3	B/D, SP
ENSPRYNG SOSY 120mg/ml		5	NDS, SP, PA
ENVARSUS XR TB24 .75mg, 1mg, 4mg		4	B/D, SP
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg		5	NDS, B/D, QL (60 tabs / 30 days), SP
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml		3	B/D, SP

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Drug Name	Drug Tier	Requirements/Limits
KINERET SOSY 100mg/0.67ml	5	NDS, QL (30 syringes / 28 days), SP, PA
LUPKYNIS CAPS 7.9mg	5	NDS, SP, PA
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, SP
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D, SP
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D, SP
PROGRAF PACK .2mg, 1mg	4	B/D, SP
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	SP
REZUROCK TABS 200mg	5	NDS, SP, LA, PA
<i>sirolimus</i> SOLN 1mg/ml	5	NDS, B/D, SP
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D, SP
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, SP

MISCELLANEOUS

CINRYZE SOLR 500unit	5	NDS, SP, PA
REVCovi SOLN 2.4mg/1.5ml	5	NDS, SP
RIDAURA CAPS 3mg	5	NDS
RUCONEST SOLR 2100unit	5	NDS, SP
TAKHYRO SOLN 300mg/2ml; SOSY 300mg/2ml	5	NDS, SP, PA
TAVNEOS CAPS 10mg	5	NDS, SP, PA

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAx RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ	3	
IPOP INJ INACTIVE	3	
IXIARO INJ	3	
JYNNEOS SUSP .5ml	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENBRAYA INJ	3	
PENTACEL INJ	3	
PREHEVBRIOSUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTAQUE SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	
STAMARIL INJ	3	
TDVAX INJ 2-2 LF	3	
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3
D10W/NACL INJ 0.2%	3
dextrose 5% w/ sodium chloride 0.2%	3
dextrose 5% w/ sodium chloride 0.9%	3
dextrose 5% w/ sodium chloride 0.45%	3

Drug Name	Drug Tier	Requirements/Limits
dextrose 10% w/ sodium chloride 0.45%	3	
FREAMINE III INJ 10%	3	B/D
hepatamine	3	
ISOLYTE-P INJ /D5W	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	
KCL/D5W/LACT INJ 20MEQ/L	2	
KCL/D5W/LACT INJ 40MEQ/L	2	
magnesium sulfate SOLN 50%	3	
multiple electrolytes ph 5.5	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
potassium chloride SOLN 2meq/ml	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

CUVRIOR TABS 300mg	5	NDS, SP, PA
deferiprone TABS 500mg, 1000mg	5	NDS, SP
DOJOLVI LIQD 100%	5	NDS, SP
JYNARQUE TBPK 15mg	5	NDS, SP
JYNARQUE PAK 30-15MG	5	NDS, SP
JYNARQUE PAK 45-15MG	5	NDS, SP
JYNARQUE PAK 60-30MG	5	NDS, SP

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE PAK 90-30MG	5	NDS, SP
K-TAB TBCR 10meq	4	
<i>klor-con</i> PACK 20meq	1	
<i>klor-con</i> 8 TBCR 8meq	1	
<i>klor-con</i> 10 TBCR 10meq	1	
<i>klor-con</i> m10 TBCR 10meq	1	
<i>klor-con</i> m15 TBCR 15meq	2	
<i>klor-con</i> m20 TBCR 20meq	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> CHEW .25mg, .5mg, 1mg; SOLN .5mg/ml; TABS .5mg	2	
<i>sodium fluoride</i> 2.2 mg	2	
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, SP
UROCIT-K 5 TBCR 540mg	4	
UROCIT-K 10 TBCR 1080mg	4	
UROCIT-K 15 TBCR 15meq	4	

IV NUTRITION

<i>aminosyn ii</i>	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
<i>clenisol sf</i> 15%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	3	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

Drug Name	Drug Tier Requirements/Limits
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2
<i>BLEPHAMIDE OIN S.O.P.</i>	4
<i>BLEPHAMIDE SUS OP</i>	4
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2
<i>neomycin-polymyxin-hc ophth susp</i>	3
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2
<i>TOBRADEX OIN 0.3-0.1%</i>	3
<i>TOBRADEX ST SUS 0.3-0.05</i>	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3
<i>ZYLET SUS 0.5-0.3%</i>	3
ANTI-INFECTIVES	
<i>AZASITE SOLN 1%</i>	4
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	4
<i>bacitracin-polymyxin b ophth oint</i>	2
<i>BESIVANCE SUSP .6%</i>	3
<i>CILOXAN OINT .3%</i>	3
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2
<i>erythromycin (ophth) OINT 5mg/gm</i>	2
<i>gatifloxacin (ophth) SOLN .5%</i>	4
<i>gentak OINT .3%</i>	3
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2
<i>levofloxacin (ophth) SOLN .5%</i>	2
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3
<i>NATACYN SUSP 5%</i>	4
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3
<i>ofloxacin (ophth) SOLN .3%</i>	2
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3
<i>tobramycin (ophth) SOLN .3%</i>	2
<i>trifluridine SOLN 1%</i>	4
<i>ZIRGAN GEL .15%</i>	4

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - MISCELLANEOUS		
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neo-polycin hc ophth oint 1%</i>	2	
<i>polycin ophth oint</i>	2	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
VERKAZIA EMUL .1%	4	
XDEMVY SOLN .25%	5	NDS, SP
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .07%, .09%</i>	3	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>diluprednate EMUL .05%</i>	3	
DUREZOL EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	
FML FORTE SUSP .25%	4	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
<i>loteprednol etabonate GEL .5%; SUSP .5%</i>	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>bepotastine besilate SOLN 1.5%</i>	3	
<i>cromolyn sodium (ophth) SOLN 4%</i>	2	
<i>epinastine hcl (ophth) SOLN .05%</i>	4	
<i>olopatadine hcl SOLN .2%</i>	3	
ZERVIATE SOLN .24%	4	

Drug Name	Drug Tier Requirements/Limits
ANTIGLAUCOMA	
ALPHAGAN P SOLN .1%	3
<i>betaxolol hcl (ophth)</i> SOLN .5%	3
BETIMOL SOLN .25%, .5%	4
BETOPTIC-S SUSP .25%	4
<i>bimatoprost</i> SOLN .03%	2
<i>brimonidine tartrate</i> SOLN .1%	3
<i>brimonidine tartrate</i> SOLN .2%	2
<i>brimonidine tartrate</i> SOLN .15%	4
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3
<i>brinzolamide</i> SUSP 1%	3
<i>carteolol hcl (ophth)</i> SOLN 1%	2
<i>dorzolamide hcl</i> SOLN 2%	2
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	3
<i>latanoprost</i> SOLN .005%	1
<i>levobunolol hcl</i> SOLN .5%	2
LUMIGAN SOLN .01%	3
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3
RHOPRESSA SOLN .02%	3
SIMBRINZA SUS 1-0.2%	4
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	2
<i>travoprost</i> SOLN .004%	3
VYZULTA SOLN .024%	4
GLUCOCORTICOIDS	
MAXIDEX SUSP .1%	4
PRED MILD SUSP .12%	3
MISCELLANEOUS	
<i>apraclonidine hcl</i> SOLN .5%	2
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2
COMBIGAN SOL 0.2/0.5%	3
CYSTADROPS SOLN .37%	5 NDS, SP, LA, PA
CYSTARAN SOLN .44%	5 NDS, SP, LA, PA
IOPIDINE SOLN 1%	4
OXERVATE SOLN .002%	5 NDS, SP, PA
RESTASIS EMUL .05%	3
RESTASIS MULTIDOSE EMUL .05%	3
ROCKLATAN DRO	4
<i>timolol maleate (ophth) pf</i> SOLN .5%	3
TYRVAYA SOLN .03mg/act	4

Drug Name	Drug Tier	Requirements/Limits
XIIDRA SOLN 5%	3	
ZIOPTAN SOLN .015mg/ml	4	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	2	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac OIL .01%</i>	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER 100MCG	3	QL (1 inhaler / 30 days)
TRELEGY AER 200MCG	3	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%	2	QL (60 mL / 30 days)
<i>ipratropium bromide (nasal)</i> SOLN .06%	2	QL (30 mL / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	4	QL (1 inhaler / 30 days)
<i>tiotropium bromide monohydrate</i> CAPS 18mcg	4	QL (30 caps / 30 days)
YUPELRI SOLN 175mcg/3ml	5	NDS, B/D

ANTIHISTAMINES

azelastine hcl SOLN .1%	2	QL (2 bottles / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl</i> SOLN .15%	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	
<i>desloratadine</i> TABS 5mg	2	
<i>desloratadine</i> TBDP 2.5mg, 5mg	4	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	3	
<i>olopatadine hcl (nasal)</i> SOLN .6%	3	QL (1 bottle / 30 days)
AUTOIMMUNE AGENTS		
FASENRA SOSY 30mg/ml	5	NDS, SP, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, SP, LA, PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	5	NDS, SP, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NDS, SP, LA, PA
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (4 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	3	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	3	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	3	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)

Drug Name		Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS			
<i>montelukast sodium</i> CHEW 4mg, 5mg		3	
<i>montelukast sodium</i> PACK 4mg		4	
<i>montelukast sodium</i> TABS 10mg		1	
<i>zaflunukast</i> TABS 10mg, 20mg		3	
<i>zileuton</i> TB12 600mg	5	NDS	
MISCELLANEOUS			
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D	
<i>ARALAST NP</i> SOLR 500mg, 1000mg	5	NDS, SP, LA, PA	
<i>BRONCHITOL</i> CAPS 40mg	5	NDS, QL (560 caps / 28 days), SP	
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	3		
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4		
<i>KALYDECO</i> PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), SP, LA, PA	
<i>KALYDECO</i> TABS 150mg	5	NDS, QL (60 tabs / 30 days), SP, LA, PA	
<i>OFEV</i> CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), SP, LA, PA	
<i>ORALAIR SUB</i> 300 IR	4	SP, PA	
<i>ORKAMBI GRA</i> 75-94MG	5	NDS, QL (56 packets / 28 days), SP, LA, PA	
<i>ORKAMBI GRA</i> 100-125	5	NDS, QL (56 packets / 28 days), SP, LA, PA	
<i>ORKAMBI GRA</i> 150-188	5	NDS, QL (56 packets / 28 days), SP, LA, PA	
<i>ORKAMBI TAB</i> 100-125	5	NDS, QL (112 tabs / 28 days), SP, LA, PA	
<i>ORKAMBI TAB</i> 200-125	5	NDS, QL (112 tabs / 28 days), SP, LA, PA	
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), SP, PA	
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), SP, PA	
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), SP, PA	
<i>PROLASTIN-C</i> SOLR 1000mg	5	NDS, SP, LA, PA	
<i>PULMOZYME</i> SOLN 2.5mg/2.5ml	5	NDS, B/D, SP	
<i>roflumilast</i> TABS 250mcg, 500mcg	3		
<i>STIOLTO AER</i> 2.5-2.5	3	QL (15 inhalers / 30 days)	
<i>STRIVERDI RESPIMAT</i> AERS 2.5mcg/act	3	QL (15 inhalers / 30 days)	

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), SP, LA, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), SP, LA, PA
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (84 packs / 28 days), SP, LA, PA
TRIKAFTA PAK 75MG	5	NDS, QL (84 packs / 28 days), SP, LA, PA
TRIKAFTA TAB	5	NDS, QL (84 tabs / 28 days), SP, LA, PA
ZEMAIRA SOLR 1000mg	5	NDS, SP, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 inhalers / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 blisters / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	3	B/D
<i>fluticasone propionate (inhalation)</i> AEPB 50mcg/act	3	QL (180 inhalations / 30 days)
<i>fluticasone propionate (inhalation)</i> AEPB 100mcg/act, 250mcg/act	3	QL (240 inhalations / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	4	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	4	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	4	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act	3	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	3	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	3	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	3	QL (1 inhaler / 30 days)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

ANTI-INFECTIVES - MISCELLANEOUS

<i>acyclovir topical CREA 5%; OINT 5%</i>	3
<i>mafénide acetate PACK 5%</i>	3
<i>WINLEVI CREA 1%</i>	4 PA

DERMATOLOGY, ACNE

<i>accutane CAPS 10mg, 20mg, 40mg</i>	4
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	2
<i>avita GEL .025%</i>	2 PA
<i>AZELEX CREA 20%</i>	4
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	4
<i>clindamycin phosphate (topical) GEL 1%</i>	4 QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3 QL (60 mL / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	4
<i>ery PADS 2%</i>	2
<i>erythromycin (acne aid) SOLN 2%</i>	2
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	4
<i>myorisan CAPS 10mg, 20mg, 30mg, 40mg</i>	4
<i>sulfacetamide sodium (acne) LOTN 10%</i>	3

Drug Name		Drug Tier	Requirements/Limits
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>		4	PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>		4	
DERMATOLOGY, ANTIBIOTICS			
<i>clindacin etz pledges SWAB 1%</i>		2	
<i>clindacin-p SWAB 1%</i>		2	
<i>gentamicin sulfate (topical) CREA .1%</i>		4	
<i>gentamicin sulfate (topical) OINT .1%</i>		3	
<i>mupirocin OINT 2%</i>		2	QL (220 gm / 30 days)
<i>mupirocin calcium (topical) CREA 2%</i>		3	QL (180 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>		2	
<i>ssd CREA 1%</i>		2	
<i>SULFAMYLYON CREA 85mg/gm</i>		4	
DERMATOLOGY, ANTIFUNGALS			
<i>ciclopirox olamine CREA .77%</i>		2	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>		2	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>		3	
<i>clotrimazole (topical) SOLN 1%</i>		3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>		3	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>		4	
<i>econazole nitrate CREA 1%</i>		3	
<i>ketoconazole (topical) CREA 2%</i>		3	
<i>ketoconazole (topical) FOAM 2%</i>		4	
<i>ketoconazole (topical) SHAM 2%</i>		2	
<i>luliconazole CREA 1%</i>		3	
<i>naftifine hcl CREA 1%, 2%</i>		3	
<i>naftifine hcl GEL 1%, 2%</i>		4	
<i>nyamyc POWD 100000unit/gm</i>		2	
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm</i>		2	
<i>nystop POWD 100000unit/gm</i>		2	
<i>oxiconazole nitrate CREA 1%</i>		4	QL (90 gm / 30 days)
DERMATOLOGY, ANTI-PSORIATICS			
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>		4	
<i>calcipotriene OINT .005%</i>		4	QL (120 gm / 30 days)
<i>calcipotriene SOLN .005%</i>		4	QL (120 mL / 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>		4	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>		4	
<i>calcitriol (topical) OINT 3mcg/gm</i>		3	

Drug Name	Drug Tier	Requirements/Limits
tazarotene CREA .1%; GEL .05%, .1%	3	PA
TAZAROTENE FOAM .1%	4	PA
TAZORAC CREA .05%; GEL .05%, .1%	4	PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
ala-cort CREA 2.5%	2	
ALA-SCALP LOTN 2%	3	
alclometasone dipropionate CREA .05%	4	QL (60 gm / 30 days)
alclometasone dipropionate OINT .05%	2	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	4	
betamethasone dipropionate (topical) LOTN .05%	2	
betamethasone dipropionate (topical) OINT .05%	3	
betamethasone dipropionate augmented CREA .05%	2	
betamethasone dipropionate augmented GEL .05%; LOTN .05%	4	
betamethasone dipropionate augmented OINT .05%	3	
betamethasone valerate CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
betamethasone valerate FOAM .12%	4	QL (100 gm / 30 days)
betamethasone valerate LOTN .1%	2	QL (120 mL / 30 days)
clobetasol propionate CREA .05%	3	QL (240 gm / 30 days)
clobetasol propionate FOAM .05%	4	QL (200 gm / 30 days)
clobetasol propionate GEL .05%; OINT .05%	4	QL (240 gm / 30 days)
clobetasol propionate LIQD .05%	4	QL (250 mL / 30 days)
clobetasol propionate LOTN .05%; SHAM .05%	4	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	4	QL (200 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (240 gm / 30 days)
clobetasol propionate emulsion FOAM .05%	4	QL (200 gm / 30 days)
fluocinolone acetonide CREA .01%, .025%; OIL .01%; OINT .025%	3	
fluocinolone acetonide SOLN .01%	4	
fluocinonide CREA .1%	3	QL (120 gm / 30 days)
fluocinonide CREA .05%; SOLN .05%	3	
fluocinonide GEL .05%; OINT .05%	4	
fluocinonide emulsified base CREA .05%	3	
fluticasone propionate CREA .05%; OINT .005%	2	

Drug Name		Drug Tier	Requirements/Limits
<i>fluticasone propionate</i> LOTN .05%		4	
<i>halobetasol propionate</i> CREA .05%; OINT .05%		4	
<i>hydrocortisone (topical)</i> CREA 1%; OINT 1%		1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%		2	
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%; SOLN .1%		4	
<i>hydrocortisone butyrate</i> LOTN .1%		1	
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%		4	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%		3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%, .5%		2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .05%		3	

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days)
<i>lidocaine</i> PTCH 5%	4	QL (90 patches / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days)
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (60 gm / 30 days)
<i>lidocan iii</i> PTCH 5%	4	QL (90 patches / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>azelaic acid</i> GEL 15%	3	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	NDS, SP, PA
<i>calcipotriene</i> CREA .005%	3	QL (120 gm / 30 days)
<i>clindamycin phosphate (topical)</i> FOAM 1%	4	QL (100 gm / 30 days)
<i>clindamycin phosphate (topical)</i> SWAB 1%	2	
<i>clocortolone pivalate</i> CREA .1%	4	
<i>clodan</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>CORDRAN</i> TAPE 4mcg/sqcm	4	
<i>desonide</i> CREA .05%; GEL .05%; LOTN .05%; OINT .05%	4	
<i>desoximetasone</i> CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	4	
<i>diclofenac sodium</i> GEL 3%	3	QL (200 gm / 30 days)
<i>diclofenac sodium (topical)</i> GEL 1%	3	
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 30 days)
<i>diflorasone diacetate</i> CREA .05%; OINT .05%	4	
<i>doxepin hcl</i> CREA 5%	4	QL (90 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OINT 2%	4	PA
<i>fluorouracil (topical)</i> CREA 5%	3	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>flurandrenolide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>flurandrenolide</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>flurandrenolide</i> OINT .05%	4	QL (120 gm / 30 days)
<i>halcinonide</i> CREA .1%	3	
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>hydrocortisone acetate w/ pramoxine perianal cream</i> 1-1%	2	
<i>imiquimod</i> CREA 3.75%	4	QL (28 packets / 30 days)
<i>imiquimod</i> CREA 5%	4	QL (24 packets / 30 days)
<i>imiquimod pump cre</i> CREA 3.75%	4	QL (15 gm / 30 days)
KLISYRI OINT 1%	5	NDS, PA
<i>lactic acid (ammonium lactate)</i> CREA 12%	3	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; LOTN .75%	4	
<i>metronidazole (topical)</i> GEL .75%, 1%	3	
<i>nystatin-triamcinolone cream</i> 100000-0.1 unit/gm-%	3	
<i>nystatin-triamcinolone oint</i> 100000-0.1 unit/gm-%	3	
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	3	
<i>podofilox</i> GEL .5%	4	
<i>podofilox</i> SOLN .5%	3	
<i>prednicarbate</i> OINT .1%	2	
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	4	
<i>selenium sulfide</i> LOTN 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	3	
<i>ivermectin (rosacea)</i> CREA 1%	4	
<i>lindane</i> SHAM 1%	2	
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>DERMATOLOGY, WOUND CARE AGENTS</i>		
REGRANEX GEL .01%	5	NDS, QL (30 gm / 30 days)
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
sodium chloride (<i>gu irrigant</i>) SOLN .9%	2	
water for irrigation, sterile irrigation soln	2	
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
SOLN .12%		
clotrimazole TROC 10mg	4	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>oralone dental paste</i> PSTE .1%	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
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<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	15
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	15
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	15
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<i>colchicine</i>	12
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<i>ethosuximide</i>	42
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	62

<i>ethynodiol diacetate & ethinyl estradiol</i>	40
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<i>fluocinolone acetonide (otic)</i>	88
<i>fluocinonide</i>	94
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<i>gentamicin in saline inj 1 mg/ml</i>	15
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<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	74
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<i>perphenazine-amitriptyline tab 2-10 mg</i>	47
<i>perphenazine-amitriptyline tab 2-25 mg</i>	47
<i>perphenazine-amitriptyline tab 4-10 mg</i>	47
<i>perphenazine-amitriptyline tab 4-25 mg</i>	47
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<i>phenytoin</i>	43
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<i>pimtrea</i>	64
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<i>pioglitazone hcl-glimepiride tab 30-2</i>	
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<i>pitavastatin calcium</i>	36
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<i>pravastatin sodium</i>	36
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<i>prazosin hcl</i>	33
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<i>saxagliptin-metformin hcl tab er 24hr</i> <i>5-1000 mg</i>	59
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<i>sodium polystyrene sulfonate powder</i>	61
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<i>sulfacetamide sodium (ophth)</i>	85
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<i>sulfadiazine</i>	16
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	16
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	16
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<i>tamoxifen citrate</i>	25
<i>tamsulosin hcl</i>	75
<i>tarina fe 1/20 eq</i>	64
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<i>telmisartan-amlodipine tab 40-5 mg</i>	34
<i>telmisartan-amlodipine tab 80-10 mg</i>	34
<i>telmisartan-amlodipine tab 80-5 mg</i>	34
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	34
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<i>terbinafine hcl</i>	17	<i>toremifene citrate</i>	25
<i>terbutaline sulfate</i>	89	<i>torsemide</i>	39
<i>terconazole vaginal</i>	75	TOUJEO MAX SOLOSTAR	60
<i>teriflunomide</i>	56	TOUJEO SOLOSTAR	60
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<i>testosterone cypionate</i>	57	TRADJENTA	59
<i>testosterone enanthate</i>	57	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	15
<i>testosterone packet</i>	58	<i>tramadol hcl</i>	13, 15
<i>testosterone pump</i>	58	<i>trandolapril</i>	33
<i>tetrabenazine</i>	55	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	40
<i>tetracycline hcl</i>	24	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	40
THALOMID	26	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	40
<i>theophylline</i>	91	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	40
THIOLA EC	75	<i>tranexamic acid</i>	77
<i>thioridazine hcl</i>	51	<i>tranylcyromine sulfate</i>	47
<i>thiothixene</i>	51	TRAVASOL INJ 10%	84
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<i>tiadylt er</i>	38	TRAZIMERA	26
<i>tiagabine hcl</i>	44	<i>trazodone hcl</i>	47
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<i>tigecycline</i>	24	TRELEGY AER 200MCG	88
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<i>timolol maleate</i>	37	TRESIBA	60
<i>timolol maleate (ophth)</i>	87	TRESIBA FLEXTOUCH	61
<i>timolol maleate (ophth) pf</i>	87	<i>tretinoin</i>	93
<i>tinidazole</i>	16	<i>tretinoin (chemotherapy)</i>	26
<i>tiopronin</i>	75	TREXALL	79
<i>tiotropium bromide monohydrate</i>	88	<i>triamcinolone acetonide (mouth)</i>	97
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<i>tizanidine hcl</i>	56	<i>triazolam</i>	53
TOBRADEX OIN 0.3-0.1%	85	<i>trientine hcl</i>	61
TOBRADEX ST SUS 0.3-0.05	85	<i>tri-estarylla</i>	64
<i>tobramycin</i>	16	<i>trifluoperazine hcl</i>	51
<i>tobramycin (ophth)</i>	85	<i>trifluridine</i>	85
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	85		
<i>tobramycin sulfate</i>	16		
<i>tolcapone</i>	49		
<i>tolmetin sodium</i>	13		
<i>tolterodine tartrate</i>	75		
<i>tolvaptan</i>	84		
<i>topiramate</i>	44		

<i>trihexyphenidyl hcl</i>	49
TRIJARDY XR TAB ER 24HR 10-5-	
1000MG	59
TRIJARDY XR TAB ER 24HR 12.5-2.5-	
1000MG	59
TRIJARDY XR TAB ER 24HR 25-5-	
1000MG	59
TRIJARDY XR TAB ER 24HR 5-2.5-	
1000MG	59
TRIKAFTA PAK 59.5MG	91
TRIKAFTA PAK 75MG	91
TRIKAFTA TAB	91
<i>tri-legest fe</i>	64
<i>tri-lo-estarrylla</i>	64
<i>tri-lo-marzia</i>	64
<i>tri-lo-mili</i>	64
<i>tri-lo-sprintec</i>	64
<i>trimethoprim</i>	16
<i>tri-mili</i>	64
<i>trimipramine maleate</i>	47
TRINTELLIX	47
<i>tri-nymyo</i>	64
<i>tri-sprintec</i>	64
TRIUMEQ PD TAB	19
TRIUMEQ TAB	20
<i>trivora-28</i>	64
<i>tri-vylibra</i>	64
<i>tri-vylibra lo</i>	64
TRIZIVIR TAB	20
TROPHAMINE INJ 10%	84
<i>trospium chloride</i>	75
TRULICITY	59
TRUMENBA INJ	82
TRUQAP	30
TRUXIMA	26
TUKYSA	30
TURALIO	30
TWINRIX INJ	82
TYBOST	18
TYPHIM VI	82
TYRVAYA	87
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UBRELVY	54
UCERIS	72
UDENYCA	76
<i>unithroid</i>	71
UPTRAVI	41

UPTRAVI PACK TAB 200/800	41
UROCIT-K 10	84
UROCIT-K 15	84
UROCIT-K 5	84
<i>ursodiol</i>	73
UZEDY	51
V	
VABOMERE INJ 2GM(1-1)	16
<i>valacyclovir hcl</i>	21
VALCHLOR	25
<i>valganciclovir hcl</i>	21
<i>valproate sodium</i>	44
<i>valproic acid</i>	44
<i>valsartan</i>	35
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	34
VALTOCO 10 MG DOSE	44
VALTOCO 15 MG DOSE	44
VALTOCO 20 MG DOSE	44
VALTOCO 5 MG DOSE	44
<i>vancomycin hcl</i>	17
VANDAZOLE	75
VANFLYTA	30
VAQTA	82
<i>varenicline tartrate</i>	57
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	57
VARIVAX	82
VARUBI	72
VASCEPA	37
<i>velivet</i>	64
VELPHORO	70
VELTASSA	61
VEMLIDY	21
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<i>venlafaxine hcl</i>	47
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<i>verapamil hcl</i>	38
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VERZENIO	31
<i>vestura</i>	64
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V-GO 30 KIT	69
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<i>vienna</i>	65
vigabatrin	44
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vigpoder	45
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<i>vilazodone hcl</i>	47
VIMPAT	45
<i>viorele</i>	65
VIRACEPT	19
VIREAD	19
VITRAKVI	31
VIVITROL	57
VIZIMPRO	31
VONJO	31
<i>voriconazole</i>	17
VOSEVI TAB	21
VOTRIENT	31
VOWST CAP	73
VRAYLAR	51
VRAYLAR CAP 1.5-3MG	51
VUMERTY	56
<i>vyfemla</i>	65
<i>vylbra</i>	65
VYNDAMAX	69
VYNDAQEL	69
VYVANSE	53
VYZULTA	87
W	
<i>warfarin sodium</i>	76
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WELIREG	26
<i>wera</i>	65
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<i>wixela inh</i>	92

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XALKORI	31
XARELTO	76
XARELTO STAR TAB 15/20MG	76
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XCOPRI	45
XCOPRI PAK 100-150	45
XCOPRI PAK 12.5-25	45
XCOPRI PAK 150-200 (MAINTENANCE)	45
XCOPRI PAK 150-200 (TITRATION)	45
XCOPRI PAK 50-100MG	45
XDEMVY	86
XELJANZ	79
XELJANZ XR	79
XELSTRYM	53
XENLETA	17
XERMELO	73
XGEVA	61
XHANCE	91
XIFAXAN	73
XIGDUO XR TAB 10-1000	60
XIGDUO XR TAB 10-500MG	60
XIGDUO XR TAB 2.5-1000	60
XIGDUO XR TAB 5-1000MG	60
XIGDUO XR TAB 5-500MG	60
XIIDRA	88
XOFLUZA	21
XOLAIR	89
XOSPATA	31
XPOVIO 100 MG ONCE WEEKLY	31
XPOVIO 40 MG ONCE WEEKLY	31
XPOVIO 40 MG TWICE WEEKLY	31
XPOVIO 60 MG ONCE WEEKLY	31
XPOVIO 60 MG TWICE WEEKLY	31
XPOVIO 80 MG ONCE WEEKLY	31
XPOVIO 80 MG TWICE WEEKLY	31
XTANDI	25, 26
xulane	65
XULTOPHY INJ 100/3.6	60
XURIDEN	26
XYWAV SOL 0.5GM/ML	56
Y	
YF-VAX INJ	82
YONSA	26
YUPELRI	88
<i>yuvafem</i>	66

Z

<i>zafemy</i>	65
<i>zafirlukast</i>	90
<i>zaleplon</i>	53
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ZEJULA	31
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<i>zenatane</i>	93
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ZERVIATE	86
<i>zidovudine</i>	19
ZIEXTENZO	76
<i>zileuton</i>	90
ZIOPTAN	88
<i>ziprasidone hcl</i>	51
<i>ziprasidone mesylate</i>	51
ZIRABEV	31
ZIRGAN	85
<i>zoledronic acid</i>	61
ZOLEDRONIC ACID	61
ZOLINZA	31
<i>zolmitriptan</i>	54
<i>zolpidem tartrate</i>	53
ZOLPIDEM TARTRATE	53
ZOMACTON	69
ZONISADE	45
<i>zonisamide</i>	45
<i>zovia 1/35</i>	65
ZTALMY	45
<i>zumandimine</i>	65
ZURZUVAE	47
ZYDELIG	31
ZYKADIA	32
ZYLET SUS 0.5-0.3%	85
ZYPITAMAG	36
ZYPREXA RELPREVV	51

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-833-3668. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-833-3668. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-833-3668. 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-833-3668. 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-833-3668. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-833-3668. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-833-3668 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-833-3668. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-833-3668. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-833-3668. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-833-3668. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-833-3668 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-833-3668. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-833-3668. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-833-3668. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-833-3668. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、 1-855-833-3668 にお電話ください。日本語を話す人 者 が支援いたします。これは無料 のサー ビスです。

Armenian: Մենք ունենք բանավոր թարգմանչի անվճար ծառայություններ, որոնց օգնությամբ կստանաք մեր բժշկական ապահովագրության կամ դեղերի ծրագրի վերաբերյալ բոլոր հնարավոր հարցերի պատասխանները։ Թարգմանչի ծառայություններ պատվիրելու համար պարզապես զանգահարեք 1-855-833-3668։ Անձնակազմի որևէ անդամ, որը խոսում է անգլերեն կամ այլ լեզվով, կարող է օգնել ձեզ։ Ծառայությունն անվճար է։

Cambodian: មានអ្នកបោះឆ្នោតសេវាបកប្រៀបធោយកគិតគិតថ្មី ដើម្បីទទួលខ្លួនសំណូរណាមួយ ដែលអ្នកអាចចាប់អារ៉ានៃគិតគិតប្រព័ន្ធដោយ ប្រើប្រាស់លេខ 1-855-833-3668 ដើម្បីស្វែងរកអ្នកបោះឆ្នោតប្រចាំថ្ងៃ។
ទេះទីនេះអ្នកអាចចាប់អារ៉ាយកាសាទូរខ្លួនដូច្នេះ នៅក្នុងគិតគិតគិតថ្មី។

Farsi:

ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا در مورد داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، کافیست با ما تماس بگیرید 1-855-833-3668. فردی که به زبان انگلیسی/زبان شما صحبت می‌کند می‌تواند به شما کمک کند. این خدمت، رایگان است.

Hawaiian: Loa'a ke kōkua unuhi 'ōlelo no ka pane 'ana i kāu mau nīnau no kā mākou papa hana olakino a lā'au lapa'au paha. Ke makemake 'oe e kauoha no kēia kōkua, e kelepona mai iā mākou ma ka helu 1-855-833-3668. Na kekahī kanaka 'ōlelo Hawai'i e kōkua iā 'oe. He kōkua uku 'ole.

Ilocano: Adda libre a serbisiomi a panagipatarus tapno masungbatan ti aniaman a saludsodmo panggep iti planomi iti salun-at wenco agas. Tapno makaala iti agipatarus, tawagandakami laeng iti 1-855-833-3668. Matulungannaka ti Ilocano ti pagsasaona. Libre daytoy a serbisyo.

Samoan: Ua i ai la matou 'au'aunaga fa'amatala'upu fai fua e leai se totogi e tali ai ni au fesili e ono i ai e uiga i le soifua maloloina pe o alafua tau fuala'au. Ina ia maua se fa'amatala'upu, na o le vili mai o matou 'i le 1-855-833-3668. 'O se tasi e tautala i le Gagana Fa'asāmoa e mafai ona fesoasoani iate 'oe. 'O lenei 'au'aunaga e fai fua.

This formulary was updated on April 1, 2024. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team.

For Medicare Advantage members:

855-833-3668 (TTY: 711)

October 1 – March 31, 8:00 AM to 8:00 PM EST, Monday through Sunday

April 1 – September 30, 8:00 AM to 8:00 PM EST, Monday through Friday

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Mass General Brigham Health Plan Medicare Advantage Part D Formulary