New Hanover Health Advantage

FirstCarolinaCare

2022 Formulary

(List of Covered Drugs)

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

This formulary was updated on 12/1/2022. For more recent information or other questions, please contact FirstCarolinaCare Member Services at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit FirstCarolinaCare.com/NHHA.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.When this drug list (formulary) refers to “we,” “us” or “our,” it means **New Hanover Health Advantage**. When it refers to “plan” or “our plan,” it means **FirstCarolinaCare**.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2022. 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 copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (855) 291-9336 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (855) 291-9336 (TTY: 711).

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New Hanover FirstCarolinaCare HMO-POS Formulary 00022515 Version 20

What is the FirstCarolinaCare Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we 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 Medicare rules in making these changes.

Changes that can affect you this year:

In the below 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 how to request an exception, and you can find information in the section titled "How do I request an exception to the FirstCarolinaCare 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 generic drug that is not new to market 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 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 30-day supply of the drug.
  - 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 FirstCarolinaCare Formulary?"

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

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 12/1/2022. To get updated information about the drugs covered by FirstCarolinaCare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 106. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

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

- **Quantity Limits:** For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, FirstCarolinaCare 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, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

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

You can ask FirstCarolinaCare 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 FirstCarolinaCare?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that FirstCarolinaCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by FirstCarolinaCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by FirstCarolinaCare.

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

How do I request an exception to the FirstCarolinaCare formulary?

You can ask FirstCarolinaCare 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 a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FirstCarolinaCare 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, FirstCarolinaCare 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, or utilization restriction exception. **When you request a formulary 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 a 31-day emergency supply of that drug while you pursue a formulary exception.

FirstCarolinaCare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at FirstCarolinaCare.com/NHHA for further details.

For more information

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

If you have questions about FirstCarolinaCare, 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 http://www.medicare.gov.

FirstCarolinaCare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by FirstCarolinaCare. If you have trouble finding your drug in the list, turn to the index that begins on page 106.

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

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

Drug Name	Drug Tier	Requirements/Limits
Opthalmic Agents		
Opthalmic Agents		
CYSTARAN SOLN 0.44%	5	PA, QL: 60 ML per 28 days

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

CB This prescription drug has a capped benefit limit.

EA Each.

HI Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Member Services at (855) 291-9336, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 711.

LA Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at (855) 291-9336, seven days a week, 8 a.m. to 8 p.m. TTY/TDD users should call 711.

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

PA Prior Authorization. FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don't get approval, FirstCarolinaCare may not cover the drug.

QL Quantity Limit. For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

ST Step Therapy. In some cases, FirstCarolinaCare 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, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

Brand name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external gel 1 %	2	
diclofenac sodium external gel 3 %	4	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	2	
diflunisal oral tablet 500 mg	2	
DUEXIS ORAL TABLET 800-26.6 MG	4	ST
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
fenoprofen calcium oral capsule 400 mg	1	
fenoprofen calcium oral tablet 600 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	2	
ketoprofen er oral capsule extended release 24 hour 200 mg	2	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	2	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	2	
ketorolac tromethamine intramuscular solution 60 mg/2ml	2	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	2	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
salsalate oral tablet 500 mg, 750 mg	2	
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin sodium oral capsule 400 mg	1	
tolmetin sodium oral tablet 600 mg	1	

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Drug Name	Drug Tier	Requirements/ Limits
Opioid Analgesics, Long-acting		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	4	QL (60 EA per 30 days)
buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg	2	QL (60 EA per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	
fentanyl transdermal patch 72 hour 100 mcg/hr	2	QL (20 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	2	QL (10 EA per 30 days)
levorphanol tartrate oral tablet 2 mg	5	QL (180 EA per 30 days)
methadone hcl injection solution 10 mg/ml	2	
methadone hcl intensol oral concentrate 10 mg/ml	2	QL (1800 ML per 30 days)
methadone hcl oral concentrate 10 mg/ml	2	QL (1800 EA per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	2	QL (1800 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	2	QL (360 EA per 30 days)
methadose oral concentrate 10 mg/ml	2	QL (1800 ML per 30 days)
methadose sugar-free oral concentrate 10 mg/ml	2	QL (1800 ML per 30 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	2	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	QL (120 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	2	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	QL (60 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	QL (60 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg	2	QL (120 EA per 30 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	2	ST; QL (60 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	ST; QL (30 EA per 30 days)
Opioid Analgesics, Short-acting		

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Drug Name	Drug Tier	Requirements/ Limits
acetaminophen-codeine #3 oral tablet 300-30 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	2	QL (4500 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	2	QL (300 EA per 30 days)
ascomp-codeine oral capsule 50-325-40-30 mg	2	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	2	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	2	
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	2	
butorphanol tartrate nasal solution 10 mg/ml	2	QL (5 ML per 28 days)
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	2	QL (180 EA per 30 days)
codeine sulfate oral tablet 30 mg	2	QL (180 EA per 30 days)
duramorph injection solution 0.5 mg/ml, 1 mg/ml	2	B/D
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	2	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	QL (150 EA per 30 days)
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	2	
hydromorphone hcl oral liquid 1 mg/ml	2	QL (1200 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	2	QL (180 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	2	QL (120 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT	5	PA
lorcet hd oral tablet 10-325 mg	2	QL (240 EA per 30 days)
lorcet oral tablet 5-325 mg	2	QL (240 EA per 30 days)
lorcet plus oral tablet 7.5-325 mg	2	QL (240 EA per 30 days)
morphine sulfate (concentrate) oral solution 20 mg/ml	2	QL (200 ML per 30 days)

Last Updated: *November 2022*

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	2	B/D
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	2	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	2	B/D
morphine sulfate intramuscular device 10 mg/0.7ml	2	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	2	
morphine sulfate oral solution 10 mg/5ml	2	QL (700 ML per 30 days)
morphine sulfate oral solution 20 mg/5ml	2	QL (300 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	2	QL (180 EA per 30 days)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	1	
oxycodone hcl oral capsule 5 mg	2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	2	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	2	QL (1300 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (240 EA per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	2	QL (240 EA per 30 days)
oxycodone-ibuprofen oral tablet 5-400 mg	2	QL (30 EA per 30 days)
oxymorphone hcl oral tablet 10 mg, 5 mg	2	QL (180 EA per 30 days)
tramadol hcl oral tablet 100 mg	2	QL (120 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	2	QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
glydo external prefilled syringe 2 %	1	PA; QL (30 ML per 30 days)
lidocaine external ointment 5 %	2	PA; QL (150 GM per 30 days)
lidocaine external patch 5 %	2	PA
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	1	
lidocaine hcl external solution 4 %	1	PA; QL (250 ML per 30 days)
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1	
lidocaine hcl urethral/mucosal external gel 2 %	4	PA; QL (30 ML per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	PA; QL (30 ML per 30 days)
lidocaine in dextrose solution 5-7.5 %	2	
lidocaine-prilocaine external cream 2.5-2.5 %	2	PA; QL (30 GM per 30 days)
PLIAGLIS EXTERNAL CREAM 7-7 %	4	PA; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		

Drug Name	Drug Tier	Requirements/ Limits
Alcohol Deterrents/Anti-craving		
acamprosate calcium oral tablet delayed release 333 mg	2	
disulfiram oral tablet 250 mg, 500 mg	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Opioid Dependence		
buprenorphine hcl injection solution 0.3 mg/ml	4	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	2	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	2	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	4	
naltrexone hcl oral tablet 50 mg	1	
Opioid Reversal Agents		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	

Drug Name	Drug Tier	Requirements/ Limits
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	
NICOTROL INHALATION INHALER 10 MG	4	QL (480 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (720 ML per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	2	
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	2	
gentak ophthalmic ointment 0.3 %	1	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1	
gentamicin sulfate external cream 0.1 %	2	
gentamicin sulfate external ointment 0.1 %	2	

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
neomycin sulfate oral tablet 500 mg	2	
neomycin-polymyxin b gu irrigation solution 40-200000	2	
paromomycin sulfate oral capsule 250 mg	1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	2	
tobramycin sulfate injection solution reconstituted 1.2 gm	2	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	
Antibacterials, Other		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	3	QL (12 EA per 30 days)
baciim intramuscular solution reconstituted 50000 unit	1	
bacitracin intramuscular solution reconstituted 50000 unit	1	
bacitracin ophthalmic ointment 500 unit/gm	2	
chloramphenicol sod succinate intravenous solution reconstituted 1 gm	1	

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
clindacin etz external swab 1 %	2	
clindacin-p external swab 1 %	2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phosphate external foam 1 %	2	
clindamycin phosphate external gel 1 %	2	
clindamycin phosphate external lotion 1 %	2	
clindamycin phosphate external solution 1 %	2	
clindamycin phosphate external swab 1 %	2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	2	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	1	
clindamycin phosphate vaginal cream 2 %	2	
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	5	

Drug Name	Drug Tier	Requirements/ Limits
fosfomycin tromethamine oral packet 3 gm	2	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG	5	
lincomycin hcl injection solution 300 mg/ml	2	
linezolid intravenous solution 600 mg/300ml	2	
linezolid oral suspension reconstituted 100 mg/5ml	5	
linezolid oral tablet 600 mg	4	QL (56 EA per 28 days)
mafenide acetate external packet 5 %	4	
methenamine hippurate oral tablet 1 gm	2	
metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%	1	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	2	
mupirocin external ointment 2 %	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	2	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	2	
NUVESSA VAGINAL GEL 1.3 %	4	

Drug Name	Drug Tier	Requirements/ Limits
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	5	
polymyxin b sulfate injection solution reconstituted 500000 unit	2	
silver sulfadiazine external cream 1 %	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET 200 MG	5	QL (6 EA per 30 days)
SSD EXTERNAL CREAM 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5	
tigecycline intravenous solution reconstituted 50 mg	2	
trimethoprim oral tablet 100 mg	1	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	4	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	4	
vancomycin hcl intravenous solution 1000 mg/200ml	4	

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1250 MG/250ML, 1750 MG/350ML, 750 MG/150ML	4	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 5 gm, 500 mg, 750 mg	4	
vancomycin hcl oral capsule 125 mg, 250 mg	4	
VANDAZOLE VAGINAL GEL 0.75 %	2	
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM	5	
cefaclor er oral tablet extended release 12 hour 500 mg	2	
cefaclor oral capsule 250 mg, 500 mg	2	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	2	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	
cefadroxil oral tablet 1 gm	2	

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 300 gm, 500 mg	2	
cefazolin sodium intravenous solution reconstituted 1 gm	2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%	2	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	3	
CEFEPIME HCL INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
cefixime oral capsule 400 mg	2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	

Drug Name	Drug Tier	Requirements/ Limits
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)	1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	2	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	2	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous solution reconstituted 2 gm	1	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml	4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	5	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
suprax oral tablet chewable 100 mg, 200 mg	4	

Drug Name	Drug Tier	Requirements/ Limits
tazicef injection solution reconstituted 1 gm	1	
tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	5	
Beta-lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	2	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	3	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML	5	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	2	
nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	2	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	2	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	2	
oxacillin sodium intravenous solution reconstituted 10 gm	2	
penicillin g pot in dextrose intravenous solution 20000 unit/ml	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	1	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	1	
penicillin g procaine intramuscular suspension 600000 unit/ml	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	2	
Carbapenems		
aztreonam injection solution reconstituted 1 gm, 2 gm	2	
ertapenem sodium injection solution reconstituted 1 gm	4	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	1	
meropenem intravenous solution reconstituted 1 gm, 500 mg	2	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML	5	
meropenem-sodium chloride intravenous solution reconstituted 500 mg/50ml	2	
Macrolides		
azithromycin intravenous solution reconstituted 500 mg	2	
AZITHROMYCIN ORAL PACKET 1 GM	2	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	
DIFICID ORAL TABLET 200 MG	5	
e.e.s. 400 oral tablet 400 mg	2	
ery external pad 2 %	2	
erythrocin lactobionate intravenous solution reconstituted 500 mg	3	
erythrocin stearate oral tablet 250 mg	2	
erythromycin base oral capsule delayed release particles 250 mg	2	
erythromycin base oral tablet 250 mg, 500 mg	2	
erythromycin base oral tablet delayed release 500 mg	2	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	2	
erythromycin ethylsuccinate oral tablet 400 mg	2	
erythromycin external gel 2 %	2	
erythromycin external solution 2 %	2	

Drug Name	Drug Tier	Requirements/ Limits
ERYTHROMYCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythromycin ophthalmic ointment 5 mg/gm	1	
erythromycin oral tablet delayed release 250 mg, 333 mg	2	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	5	
BAXDELA ORAL TABLET 450 MG	5	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	1	
gatifloxacin ophthalmic solution 0.5 %	2	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	2	
levofloxacin intravenous solution 25 mg/ml	2	
levofloxacin ophthalmic solution 0.5 %	2	
levofloxacin oral solution 25 mg/ml	2	

Drug Name	Drug Tier	Requirements/ Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	2	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	2	
moxifloxacin hcl intravenous solution 400 mg/250ml	2	
moxifloxacin hcl ophthalmic solution 0.5 %	2	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic solution 0.3 %	1	
Sulfonamides		
AVC VAGINAL VAGINAL CREAM 15 %	4	
sulfacetamide sodium (acne) external lotion 10 %	2	
sulfacetamide sodium ophthalmic ointment 10 %	2	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
Tetracyclines		
demeclocycline hcl oral tablet 150 mg, 300 mg	2	
doxy 100 intravenous solution reconstituted 100 mg	2	
doxycycline hyclate intravenous solution reconstituted 100 mg	2	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	2	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg, 75 mg	2	
morgidox oral capsule 100 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
NUZYRA ORAL TABLET 150 MG	5	QL (30 EA per 30 days)
okebo oral capsule 75 mg	2	
tetracycline hcl oral capsule 250 mg, 500 mg	2	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	4	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	5	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	ST
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	5	ST
BRIVIACT ORAL SOLUTION 10 MG/ML	5	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	ST
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG	5	ST
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	4	
felbamate oral suspension 600 mg/5ml	5	
felbamate oral tablet 400 mg, 600 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	5	
FYCOMPA ORAL TABLET 2 MG, 8 MG	4	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	2	
lamotrigine oral kit 25 & 50 & 100 mg	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml	2	
levetiracetam intravenous solution 500 mg/5ml	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	5	
roweepra oral tablet 1000 mg, 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	2	
topiramate oral capsule sprinkle 15 mg, 25 mg	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	
XCOPRI ORAL TABLET 200 MG	5	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	5	

Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	3	
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5ml	2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	
pregabalin oral solution 20 mg/ml	2	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	4	
clobazam oral tablet 10 mg, 20 mg	4	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	2	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	2	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	2	
primidone oral tablet 250 mg, 50 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	
SYMPAZAN ORAL FILM 5 MG	4	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	2	
valproate sodium intravenous solution 100 mg/ml	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	5	
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML	5	

Drug Name	Drug Tier	Requirements/ Limits
vigabatrin oral packet 500 mg	5	
vigabatrin oral tablet 500 mg	5	
vigadrone oral packet 500 mg	5	
Sodium Channel Agents		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	2	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
dilantin infatabs oral tablet chewable 50 mg	4	
dilantin oral capsule 100 mg, 30 mg	4	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	
epitol oral tablet 200 mg	1	
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	1	
lacosamide intravenous solution 200 mg/20ml	2	
lacosamide oral solution 10 mg/ml	2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
oxcarbazepine oral suspension 300 mg/5ml	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	4	
PEGANONE ORAL TABLET 250 MG	4	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	
phenytoin sodium injection solution 50 mg/ml	1	
rufinamide oral suspension 40 mg/ml	5	
rufinamide oral tablet 200 mg	3	
rufinamide oral tablet 400 mg	5	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	3	
VIMPAT ORAL SOLUTION 10 MG/ML	5	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	
VIMPAT ORAL TABLET 50 MG	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	
galantamine hydrobromide oral solution 4 mg/ml	2	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	2	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl oral tablet 10 mg, 5 mg	1	
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG	4	
Antidepressants		
Antidepressants, Other		

Drug Name	Drug Tier	Requirements/ Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	5	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	ST; QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	4	ST
bupropion hcl oral tablet 100 mg, 75 mg	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	ST
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	2	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	2	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA

Drug Name	Drug Tier	Requirements/ Limits
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
phenelzine sulfate oral tablet 15 mg	2	
tranylcypromine sulfate oral tablet 10 mg	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	4	ST
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	2	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
escitalopram oxalate oral solution 5 mg/5ml	4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 60 mg	4	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	4	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	2	
paroxetine hcl oral suspension 10 mg/5ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine mesylate oral capsule 7.5 mg	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	ST
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	ST
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	4	ST
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	4	ST
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 75 mg	1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	ST; QL (60 EA per 365 days)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	2	QL (30 EA per 30 days)
Tricyclics		

Drug Name	Drug Tier	Requirements/ Limits
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	PA
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	4	PA
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	PA
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	PA
doxepin hcl oral concentrate 10 mg/ml	4	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	4	PA
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	PA
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline hcl oral solution 10 mg/5ml	2	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	4	PA
protriptyline hcl oral tablet 10 mg, 5 mg	2	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	2	
Antiemetics		
Antiemetics, Other		
compro rectal suppository 25 mg	2	
dimenhydrinate injection solution 50 mg/ml	1	
droperidol injection solution 2.5 mg/ml	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
phenadoz rectal suppository 12.5 mg, 25 mg	2	
prochlorperazine edisylate injection solution 10 mg/2ml	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	4	PA
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	2	
scopolamine transdermal patch 72 hour 1 mg/3days	2	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	4	PA
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	4	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	PA
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	PA
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	2	PA
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	2	
granisetron hcl oral tablet 1 mg	2	B/D
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	2	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	2	
ondansetron hcl oral solution 4 mg/5ml	2	B/D
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	2	B/D
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	B/D
palonosetron hcl intravenous solution 0.25 mg/2ml	4	
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	4	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	5	
Antifungals		
Antifungals		

Drug Name	Drug Tier	Requirements/ Limits
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	PA
amphotericin b intravenous solution reconstituted 50 mg	2	B/D
amphotericin b liposome intravenous suspension reconstituted 50 mg	5	PA
caspofungin acetate intravenous solution reconstituted 50 mg	5	
caspofungin acetate intravenous solution reconstituted 70 mg	4	
ciclodan external solution 8 %	2	
ciclopirox external gel 0.77 %	2	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	2	
ciclopirox olamine external cream 0.77 %	2	
ciclopirox olamine external suspension 0.77 %	2	
clotrimazole external cream 1 %	2	
clotrimazole external solution 1 %	2	
clotrimazole mouth/throat troche 10 mg	2	
clotrimazole-betamethasone external cream 1-0.05 %	2	

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole-betamethasone external lotion 1-0.05 %	2	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	5	PA
CRESEMBA ORAL CAPSULE 186 MG	5	PA
econazole nitrate external cream 1 %	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5	
griseofulvin microsize oral suspension 125 mg/5ml	2	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
itraconazole oral capsule 100 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
itraconazole oral solution 10 mg/ml	5	
ketoconazole external cream 2 %	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet 200 mg	2	
MENTAX EXTERNAL CREAM 1 %	4	ST
micafungin sodium intravenous solution reconstituted 100 mg	2	
micafungin sodium intravenous solution reconstituted 50 mg	5	
miconazole 3 vaginal suppository 200 mg	1	
naftifine hcl external cream 1 %, 2 %	3	ST
NAFTIFINE HCL EXTERNAL GEL 1 %	3	ST
NAFTIN EXTERNAL GEL 2 %	4	ST
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	5	
nyamyc external powder 100000 unit/gm	2	
nystatin external cream 100000 unit/gm	2	
nystatin external ointment 100000 unit/gm	2	
nystatin external powder 100000 unit/gm	2	
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral tablet 500000 unit	2	

Drug Name	Drug Tier	Requirements/ Limits
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
nystop external powder 100000 unit/gm	2	
ORAVIG BUCCAL TABLET 50 MG	4	
posaconazole oral tablet delayed release 100 mg	5	
terbinafine hcl oral tablet 250 mg	2	
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
voriconazole intravenous solution reconstituted 200 mg	5	PA
voriconazole oral suspension reconstituted 40 mg/ml	5	
voriconazole oral tablet 200 mg, 50 mg	4	
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	2	
colchicine-probenecid oral tablet 0.5-500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	2	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA
probenecid oral tablet 500 mg	1	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution 4 mg/ml	5	QL (8 ML per 23 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	4	
ergotamine-caffeine oral tablet 1-100 mg	3	
migergot rectal suppository 2-100 mg	5	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA; QL (2 ML per 28 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	5	PA; QL (18 EA per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	5	PA
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG	4	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	4	PA; QL (4 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	QL (18 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	QL (18 EA per 30 days)
sumatriptan nasal solution 20 mg/act	2	QL (12 EA per 30 days)
sumatriptan nasal solution 5 mg/act	2	QL (18 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	2	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	2	QL (4 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	QL (9 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	QL (9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl oral tablet 125 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	4	
pyridostigmine bromide oral solution 60 mg/5ml	5	
pyridostigmine bromide oral tablet 60 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	2	
PRETOMANID ORAL TABLET 200 MG	4	PA; QL (30 EA per 30 days)
rifabutin oral capsule 150 mg	2	
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	4	
cycloserine oral capsule 250 mg	2	
ethambutol hcl oral tablet 100 mg, 400 mg	2	
isoniazid injection solution 100 mg/ml	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
paser oral packet 4 gm	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	1	
rifampin intravenous solution reconstituted 600 mg	2	
rifampin oral capsule 150 mg, 300 mg	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
TRECATOR ORAL TABLET 250 MG	4	

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastics		
Alkylating Agents		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
busulfan intravenous solution 6 mg/ml	5	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML	5	
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	1	
carmustine intravenous solution reconstituted 100 mg	5	
CARMUSTINE INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 50 MG	5	
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	1	
cyclophosphamide injection solution reconstituted 1 gm, 2 gm	5	
cyclophosphamide injection solution reconstituted 500 mg	2	
cyclophosphamide intravenous solution 1 gm/5ml	2	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML, 500 MG/2.5ML	5	
cyclophosphamide oral capsule 25 mg, 50 mg	3	B/D
cyclophosphamide oral tablet 25 mg	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	1	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
LEUKERAN ORAL TABLET 2 MG	5	
MATULANE ORAL CAPSULE 50 MG	5	PA
melphalan hcl intravenous solution reconstituted 50 mg	2	PA
oxaliplatin intravenous solution 100 mg/20ml	5	
oxaliplatin intravenous solution 50 mg/10ml	2	
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	5	
paraplatin intravenous solution 1000 mg/100ml, 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	1	

Drug Name	Drug Tier	Requirements/ Limits
PEPAXTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	5	PA
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
thiotepa injection solution reconstituted 100 mg, 15 mg	5	PA
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	5	PA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	5	PA
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	5	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	5	PA
Antiandrogens		
abiraterone acetate oral tablet 250 mg, 500 mg	5	PA
bicalutamide oral tablet 50 mg	1	
ERLEADA ORAL TABLET 60 MG	5	PA
flutamide oral capsule 125 mg	2	
nilutamide oral tablet 150 mg	5	

Drug Name	Drug Tier	Requirements/ Limits
NUBEQA ORAL TABLET 300 MG	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA
YONSA ORAL TABLET 125 MG	5	PA
Antiangiogenic Agents		
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (21 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	5	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	5	
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	5	

Drug Name	Drug Tier	Requirements/ Limits
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
toremifene citrate oral tablet 60 mg	5	PA
Antimetabolites		
adrucil intravenous solution 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	2	B/D
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	5	
cladribine intravenous solution 10 mg/10ml	5	B/D
clofarabine intravenous solution 1 mg/ml	5	
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	1	B/D
cytarabine injection solution 20 mg/ml	1	B/D
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
floxuridine injection solution reconstituted 0.5 gm	2	B/D
FLUOROPLEX EXTERNAL CREAM 1 %	5	
fluorouracil external cream 0.5 %	5	
fluorouracil external cream 5 %	2	
fluorouracil external solution 2 %, 5 %	2	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	2	B/D
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	5	
gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 200 mg/2ml	5	
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	2	
hydroxyurea oral capsule 500 mg	1	
INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500-0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000-0.9 MG/200ML-%, 2200-0.9 MG/220ML-%	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
mercaptopurine oral tablet 50 mg	2	
nelarabine intravenous solution 5 mg/ml	5	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 850 MG/34ML	4	PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 100 MG/4ML, 500 MG/20ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	5	
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	PA
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	5	PA
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	5	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
SIKLOS ORAL TABLET 100 MG, 1000 MG	4	
TABLOID ORAL TABLET 40 MG	4	PA
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	5	PA
Antineoplastics		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	5	PA
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	
adriamycin intravenous solution 2 mg/ml	1	B/D
adriamycin intravenous solution reconstituted 10 mg, 50 mg	1	B/D
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 10 MG/10ML	3	
arsenic trioxide intravenous solution 12 mg/6ml	5	
azacitidine injection suspension reconstituted 100 mg	5	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	1	B/D
BORTEZOMIB INJECTION SOLUTION 3.5 MG/1.4ML	4	PA
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG	4	PA
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 3.5 MG	5	PA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA
COTELLIC ORAL TABLET 20 MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
dactinomycin intravenous solution reconstituted 0.5 mg	5	PA
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	1	
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
decitabine intravenous solution reconstituted 50 mg	5	
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	5	
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 200 mg/10ml, 80 mg/4ml	2	
docetaxel intravenous solution 160 mg/16ml, 80 mg/8ml	2	
docetaxel intravenous solution 20 mg/2ml	5	
doxorubicin hcl intravenous solution 2 mg/ml	1	B/D
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	1	B/D
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	5	
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML	5	PA
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	2	
ERWINASE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	5	
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	5	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA
fludarabine phosphate intravenous solution 50 mg/2ml	1	
fludarabine phosphate intravenous solution reconstituted 50 mg	1	
GAVRETO ORAL CAPSULE 100 MG	5	PA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	5	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	2	
INREBIC ORAL CAPSULE 100 MG	5	PA
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	5	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	5	

Drug Name	Drug Tier	Requirements/ Limits
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	5	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	5	PA
leucovorin calcium injection solution 100 mg/10ml	1	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levoleucovorin calcium intravenous solution reconstituted 50 mg	5	
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG	5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML	5	PA
MEKTOVI ORAL TABLET 15 MG	5	PA
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	5	
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	2	
mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	5	
NERLYNX ORAL TABLET 40 MG	5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	
ONUREG ORAL TABLET 200 MG, 300 MG	5	
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1	
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	5	PA
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG	5	PA
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	5	
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA
ROMIDEPSIN INTRAVENOUS SOLUTION 27.5 MG/5.5ML	5	

Drug Name	Drug Tier	Requirements/ Limits
ROMIDEPSIN INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	5	
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA
TAZVERIK ORAL TABLET 200 MG	5	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	4	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	5	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA
valrubicin intravesical solution 40 mg/ml	5	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA
vinblastine sulfate intravenous solution 1 mg/ml	1	B/D
vincasar pfs intravenous solution 1 mg/ml	1	B/D
vincristine sulfate intravenous solution 1 mg/ml	1	B/D
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	1	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VONJO ORAL CAPSULE 100 MG	5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	5	
ZOLINZA ORAL CAPSULE 100 MG	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet 1 mg	1	
exemestane oral tablet 25 mg	2	
letrozole oral tablet 2.5 mg	2	
Enzyme Inhibitors		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	
irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml	1	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG	5	
toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	
topotecan hcl intravenous solution 4 mg/4ml	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	5	PA
AFINITOR ORAL TABLET 10 MG	5	PA
ALECENSA ORAL CAPSULE 150 MG	5	PA
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA
BRUKINSA ORAL CAPSULE 80 MG	5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA
CALQUENCE ORAL CAPSULE 100 MG	5	PA
CALQUENCE ORAL TABLET 100 MG	5	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG	5	PA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	5	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	5	PA
EXKIVITY ORAL CAPSULE 40 MG	5	PA
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA
imatinib mesylate oral tablet 100 mg, 400 mg	5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA
INQOVI ORAL TABLET 35-100 MG	5	PA
IRESSA ORAL TABLET 250 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
lapatinib ditosylate oral tablet 250 mg	5	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA
NEXAVAR ORAL TABLET 200 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
sorafenib tosylate oral tablet 200 mg	5	PA

Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
STIVARGA ORAL TABLET 40 MG	5	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA
temsirolimus intravenous solution 25 mg/ml	5	
TEPMETKO ORAL TABLET 225 MG	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	5	
TURALIO ORAL CAPSULE 200 MG	5	PA
UKONIQ ORAL TABLET 200 MG	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VOTRIENT ORAL TABLET 200 MG	5	PA
WELIREG ORAL TABLET 40 MG	5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA
XOSPATA ORAL TABLET 40 MG	5	PA
ZEJULA ORAL CAPSULE 100 MG	5	PA
ZELBORAF ORAL TABLET 240 MG	5	PA
ZYKADIA ORAL TABLET 150 MG	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML	5	
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	

Drug Name	Drug Tier	Requirements/ Limits
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	5	PA
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	5	PA
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	5	PA
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	5	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	5	PA
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	5	PA
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	5	PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	5	PA
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	5	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	PA
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	5	PA
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	5	PA
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	5	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5	
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML	5	PA
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	5	PA
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	5	PA
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	5	PA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	PA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	5	PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	5	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	5	PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	5	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	5	PA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5	PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	5	PA
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	5	PA
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG	5	PA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	5	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	5	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	PA
Retinoids		
bexarotene external gel 1 %	5	PA
bexarotene oral capsule 75 mg	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	
TARGRETIN EXTERNAL GEL 1 %	5	PA
tretinoin oral capsule 10 mg	5	PA
Treatment Adjuncts		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	5	PA
mesna intravenous solution 100 mg/ml	1	
MESNEX ORAL TABLET 400 MG	5	
Antiparasitics		
Anthelmintics		
albendazole oral tablet 200 mg	5	
ivermectin oral tablet 3 mg	2	PA
praziquantel oral tablet 600 mg	2	
Antiprotozoals		
atovaquone oral suspension 750 mg/5ml	2	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	4	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG	3	
mefloquine hcl oral tablet 250 mg	1	
nitazoxanide oral tablet 500 mg	5	
pentamidine isethionate inhalation solution reconstituted 300 mg	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
pentamidine isethionate injection solution reconstituted 300 mg	2	
primaquine phosphate oral tablet 26.3 (15 base) mg	3	
pyrimethamine oral tablet 25 mg	5	
quinine sulfate oral capsule 324 mg	2	PA
tinidazole oral tablet 250 mg, 500 mg	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	
Antiparkinson Agents, Other		
entacapone oral tablet 200 mg	2	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	ST
tolcapone oral tablet 100 mg	5	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	5	PA
bromocriptine mesylate oral capsule 5 mg	2	
bromocriptine mesylate oral tablet 2.5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	2	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	

Drug Name	Drug Tier	Requirements/ Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	2	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	5	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	2	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	2	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	2	
fluphenazine hcl oral elixir 2.5 mg/5ml	2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	3	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	
pimozide oral tablet 1 mg, 2 mg	2	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	ST
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	ST
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	ST; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	ST; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	ST; QL (30 EA per 30 days)
aripiprazole oral solution 1 mg/ml	2	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	
aripiprazole oral tablet dispersible 10 mg, 15 mg	5	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	ST
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	ST
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	4	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	ST
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	5	ST
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (90 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	3	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	4	ST
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	ST
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 150 mg	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	ST
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	4	ST
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST; QL (14 EA per 365 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	2	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	ST
Treatment-Resistant		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	
Antispasticity Agents		
Antispasticity Agents		
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml	5	B/D
baclofen intrathecal solution 40 mg/20ml	2	B/D
baclofen intrathecal solution prefilled syringe 50 mcg/ml	4	B/D
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	4	PA
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	4	PA
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML	4	B/D
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	4	B/D
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML	3	B/D
LIORESAL INTRATHECAL SOLUTION 10 MG/5ML	5	B/D
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	5	PA
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	4	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	5	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous solution 75 mg/ml	5	
ganciclovir sodium intravenous solution 500 mg/10ml	1	B/D
ganciclovir sodium intravenous solution reconstituted 500 mg	1	B/D
LIVTENCITY ORAL TABLET 200 MG	5	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	5	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	
valganciclovir hcl oral solution reconstituted 50 mg/ml	5	
valganciclovir hcl oral tablet 450 mg	2	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet 10 mg	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	
entecavir oral tablet 0.5 mg, 1 mg	4	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	

Drug Name	Drug Tier	Requirements/ Limits
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	
lamivudine oral tablet 100 mg	2	
VEMLIDY ORAL TABLET 25 MG	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	5	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	5	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA
ledipasvir-sofosbuvir oral tablet 90-400 mg	5	PA
MAVYRET ORAL PACKET 50-20 MG	5	PA
MAVYRET ORAL TABLET 100-40 MG	5	PA
sofosbuvir-velpatasvir oral tablet 400-100 mg	5	PA
SOVALDI ORAL PACKET 150 MG, 200 MG	5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA
ZEPATIER ORAL TABLET 50-100 MG	5	PA
Antiherpetic Agents		
acyclovir external cream 5 %	4	
acyclovir external ointment 5 %	4	
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	2	B/D
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
trifluridine ophthalmic solution 1 %	2	
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	5	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	5	B/D
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
VOCABRIA ORAL TABLET 30 MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	
efavirenz oral capsule 200 mg, 50 mg	4	
efavirenz oral tablet 600 mg	4	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	5	

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	5	
etravirine oral tablet 100 mg	4	
etravirine oral tablet 200 mg	5	
INTELENCE ORAL TABLET 100 MG, 25 MG	4	
INTELENCE ORAL TABLET 200 MG	5	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	2	
nevirapine oral suspension 50 mg/5ml	2	
nevirapine oral tablet 200 mg	2	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
PIFELTRO ORAL TABLET 100 MG	5	
RESCRIPTOR ORAL TABLET 200 MG	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution 20 mg/ml	2	
abacavir sulfate oral tablet 300 mg	2	
abacavir sulfate-lamivudine oral tablet 600-300 mg	4	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	5	
CIMDUO ORAL TABLET 300-300 MG	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	

Drug Name	Drug Tier	Requirements/ Limits
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	2	
emtricitabine oral capsule 200 mg	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	5	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 150 mg, 300 mg	2	
lamivudine-zidovudine oral tablet 150-300 mg	4	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	4	QL (20 EA per 5 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
TEMIXYS ORAL TABLET 300-300 MG	5	
tenofovir disoproxil fumarate oral tablet 300 mg	4	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	QL (60 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	4	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
maraviroc oral tablet 150 mg, 300 mg	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5	
TYBOST ORAL TABLET 150 MG	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	
APTIVUS ORAL SOLUTION 100 MG/ML	5	

Drug Name	Drug Tier	Requirements/ Limits
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
EVOTAZ ORAL TABLET 300-150 MG	5	
fosamprenavir calcium oral tablet 700 mg	5	
INVIRASE ORAL TABLET 500 MG	5	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	4	
NORVIR ORAL PACKET 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
PREZCOBIX ORAL TABLET 800-150 MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
REYATAZ ORAL PACKET 50 MG	5	
ritonavir oral tablet 100 mg	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
Anti-influenza Agents		
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5ml	2	
amantadine hcl oral tablet 100 mg	2	
oseltamivir phosphate oral capsule 30 mg	2	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	2	QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	2	QL (110 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	
rimantadine hcl oral tablet 100 mg	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG	4	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	4	QL (4 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
meprobamate oral tablet 200 mg, 400 mg	4	PA
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	2	QL (120 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	2	QL (90 EA per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	2	QL (150 EA per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	2	QL (120 EA per 30 days)
alprazolam oral tablet dispersible 2 mg	2	QL (150 EA per 30 days)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	2	QL (120 EA per 30 days)
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	2	QL (90 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	2	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	2	QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	2	QL (360 EA per 30 days)
diazepam injection solution 5 mg/ml	2	
diazepam intensol oral concentrate 5 mg/ml	2	
diazepam oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	QL (120 EA per 30 days)
estazolam oral tablet 1 mg, 2 mg	2	QL (30 EA per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	2	
lorazepam oral tablet 0.5 mg	2	QL (120 EA per 30 days)
lorazepam oral tablet 1 mg	2	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	2	QL (150 EA per 30 days)
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	2	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	2	
midazolam hcl oral syrup 2 mg/ml	2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	2	QL (120 EA per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	2	QL (30 EA per 30 days)
triazolam oral tablet 0.125 mg, 0.25 mg	2	QL (30 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
Blood Glucose Regulators		

Drug Name	Drug Tier	Requirements/ Limits
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	4	ST; QL (30 EA per 30 days)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	4	ST; QL (60 EA per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG	4	ST; QL (30 EA per 30 days)
alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	4	ST; QL (30 EA per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	4	
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	4	
CYCLOSET ORAL TABLET 0.8 MG	3	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	ST; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	ST; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	ST; QL (30 EA per 30 days)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG	4	ST; QL (60 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	1	

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	
nateglinide oral tablet 120 mg, 60 mg	2	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	4	ST; QL (30 EA per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	2	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	2	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	2	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML	3	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
tolbutamide oral tablet 500 mg	1	
TRADJENTA ORAL TABLET 5 MG	3	ST; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	
Glycemic Agents		
diazoxide oral suspension 50 mg/ml	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	
glucagon emergency kit	3	
GLUCAGON EMERGENCY KIT	3	
Insulins		
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG U-100 AND U-200 KWIKPEN	3	Select Insulin; QL (60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	Select Insulin; QL (60 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	Select Insulin; QL (60 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML	2	Select Insulin; QL (60 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	Select Insulin; QL (90 ML per 30 days)
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	Select Insulin; QL (60 ML per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	ST; QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML	4	ST; QL (60 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	Select Insulin; QL (27 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	Select Insulin; QL (27 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	Select Insulin; QL (54 ML per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	Select Insulin; QL (54 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	4	ST
Blood Products and Modifiers		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	4	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	4	QL (30 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 80 mg/0.8ml	4	QL (30 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 60 mg/0.6ml	4	QL (35 ML per 90 days)

Drug Name	Drug Tier	Requirements/ Limits
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	
FRAGMIN INJECTION INJECTABLE 2500 UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	2	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
Blood Products and Modifiers, Other		
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	5	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	5	PA
MULPLETA ORAL TABLET 3 MG	5	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	5	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	

Drug Name	Drug Tier	Requirements/ Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	5	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	
Hemostasis Agents		
aminocaproic acid intravenous solution 250 mg/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	2	
tranexamic acid intravenous solution 1000 mg/10ml	2	
tranexamic acid oral tablet 650 mg	2	
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	5	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	ST
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hcl oral capsule 10 mg	5	
phentolamine mesylate injection solution reconstituted 5 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	
eprosartan mesylate oral tablet 600 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	2	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral solution 1 mg/ml	4	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous injectable 1.25 mg/ml	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML	4	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	2	
Antiarrhythmics		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	1	
amiodarone hcl oral tablet 100 mg, 400 mg	2	
amiodarone hcl oral tablet 200 mg	1	
digitek oral tablet 125 mcg	1	
digitek oral tablet 250 mcg	2	
digox oral tablet 125 mcg	1	
digox oral tablet 250 mcg	2	
digoxin oral solution 0.05 mg/ml	3	
digoxin oral tablet 125 mcg	1	
digoxin oral tablet 250 mcg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	4	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	4	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1	
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	1	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	2	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	4	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%	3	
NEXTERONE INTRAVENOUS SOLUTION 360-4.14 MG/200ML-%	5	
pacerone oral tablet 200 mg	2	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	2	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine gluconate er oral tablet extended release 324 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	4	

Drug Name	Drug Tier	Requirements/ Limits
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	2	
esmolol hcl intravenous solution 100 mg/10ml	1	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	4	
labetalol hcl intravenous solution 5 mg/ml	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	
pindolol oral tablet 10 mg, 5 mg	2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl intravenous solution 1 mg/ml	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-%	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	2	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	3	
nicardipine hcl intravenous solution 2.5 mg/ml	2	
nicardipine hcl oral capsule 20 mg, 30 mg	2	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	4	
NYMALIZE ORAL SOLUTION 6 MG/ML, 60 MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	1	
diltiazem hcl intravenous solution reconstituted 100 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
Cardiovascular Agents, Other		
acetazolamide sodium injection solution reconstituted 500 mg	5	
aliskiren fumarate oral tablet 150 mg, 300 mg	4	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
dobutamine hcl intravenous solution 250 mg/20ml	1	B/D
dobutamine in d5w intravenous solution 1-5 mg/ml-%, 2 mg/ml, 4-5 mg/ml-%	1	B/D
dopamine hcl intravenous solution 40 mg/ml	1	B/D
dopamine in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	1	B/D
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
metyrosine oral capsule 250 mg	5	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	1	B/D
norepinephrine bitartrate intravenous solution 1 mg/ml	2	
pentoxifylline er oral tablet extended release 400 mg	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 ML per 28 days)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA
VYNDAMAX ORAL CAPSULE 61 MG	5	PA
VYNDAQEL ORAL CAPSULE 20 MG	5	PA
Diuretics, Loop		
bumetanide injection solution 0.25 mg/ml	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
ethacrynate sodium intravenous solution reconstituted 50 mg	5	
ethacrynic acid oral tablet 25 mg	4	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
Diuretics, Potassium-sparing		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene oral capsule 100 mg, 50 mg	2	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
Diuretics, Thiazide		
chlorothiazide sodium intravenous solution reconstituted 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML	4	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 200 mg, 50 mg, 67 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	
fenofibric acid oral tablet 105 mg, 35 mg	2	
gemfibrozil oral tablet 600 mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	2	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	2	
cholestyramine light oral powder 4 gm/dose	2	
cholestyramine oral packet 4 gm	2	
cholestyramine oral powder 4 gm/dose	2	
colesevelam hcl oral packet 3.75 gm	2	
colestipol hcl oral granules 5 gm	2	
colestipol hcl oral packet 5 gm	2	
colestipol hcl oral tablet 1 gm	2	
ezetimibe oral tablet 10 mg	2	
icosapent ethyl oral capsule 0.5 gm, 1 gm	2	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (30 EA per 30 days)
niacin (antihyperlipidemic) oral tablet 500 mg	2	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	2	
niacor oral tablet 500 mg	2	
omega-3-acid ethyl esters oral capsule 1 gm	2	
prevalite oral packet 4 gm	2	
prevalite oral powder 4 gm/dose	2	
VASCEPA ORAL CAPSULE 0.5 GM	4	PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl injection solution 20 mg/ml	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL ORAL TABLET 20-37.5 MG	4	

Drug Name	Drug Tier	Requirements/ Limits
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	5	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
nitro-bid transdermal ointment 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	2	
nitroglycerin intravenous solution 5 mg/ml	2	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	QL (120 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	2	QL (180 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	3	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	2	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	2	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg	2	QL (90 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg, 54 mg, 72 mg	2	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	2	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	2	QL (30 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	2	QL (900 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	2	QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	2	QL (90 EA per 30 days)
relexxii oral tablet extended release 72 mg	2	QL (30 EA per 30 days)
Central Nervous System, Other		
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	2	
caffeine citrate intravenous solution 60 mg/3ml	2	
caffeine citrate oral solution 20 mg/ml	2	
EXSERVAN ORAL FILM 50 MG	5	
GRALISE ORAL 300 (9) & 600(24) MG	4	ST
GRALISE ORAL TABLET 300 MG, 600 MG	4	ST
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	4	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
riluzole oral tablet 50 mg	4	
tetrabenazine oral tablet 12.5 mg, 25 mg	5	PA
Fibromyalgia Agents		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	

Drug Name	Drug Tier	Requirements/ Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	5	QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	
dalfampridine er oral tablet extended release 12 hour 10 mg	5	PA
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	5	QL (60 EA per 30 days)
dimethyl fumarate starter pack oral 120 & 240 mg	5	QL (120 EA per 365 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	
fingolimod hcl oral capsule 0.5 mg	5	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	5	
glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	5	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG	5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	

Drug Name	Drug Tier	Requirements/ Limits
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	5	PA
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	5	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	
ZEPOSIA ORAL CAPSULE 0.92 MG	5	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	5	
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hcl oral capsule 30 mg	2	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 6.25 MG	5	PA
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
oralone mouth/throat paste 0.1 %	2	
paroex mouth/throat solution 0.12 %	1	
periogard mouth/throat solution 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	
triamcinolone acetonide mouth/throat paste 0.1 %	2	
Dermatological Agents		
Acne and Rosacea Agents		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
adapalene external cream 0.1 %	2	
adapalene external gel 0.1 %, 0.3 %	2	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	4	PA
AVITA EXTERNAL CREAM 0.025 %	2	PA
AVITA EXTERNAL GEL 0.025 %	2	PA
azelaic acid external gel 15 %	2	
AZELEX EXTERNAL CREAM 20 %	4	PA
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
FINACEA EXTERNAL FOAM 15 %	4	

Drug Name	Drug Tier	Requirements/ Limits
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	PA
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %, 1 %	2	
metronidazole external lotion 0.75 %	2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
rosadan external cream 0.75 %	2	
rosadan external gel 0.75 %	2	
tazarotene external cream 0.1 %	4	PA
tazarotene external gel 0.05 %, 0.1 %	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	2	PA
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	2	PA
tretinoin microsphere external gel 0.04 %, 0.1 %	4	PA
tretinoin microsphere pump external gel 0.04 %, 0.1 %	4	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
Dermatitis and Pruitus Agents		
ammonium lactate external lotion 12 %	1	
clobetasol prop emollient base external cream 0.05 %	2	
clobetasol propionate e external cream 0.05 %	2	
desoximetasone external cream 0.05 %	4	
desoximetasone external cream 0.25 %	2	
doxepin hcl external cream 5 %	3	QL (90 GM per 30 days)
fluocinonide external cream 0.05 %, 0.1 %	4	
fluocinonide external gel 0.05 %	4	
fluocinonide external ointment 0.05 %	4	
fluocinonide external solution 0.05 %	2	
hydrocortisone external cream 2.5 %	1	
pimecrolimus external cream 1 %	2	
selenium sulfide external lotion 2.5 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	2	
Dermatological Agents, Other		
calcipotriene external cream 0.005 %	4	
calcipotriene external ointment 0.005 %	4	
calcipotriene external solution 0.005 %	2	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM	2	
imiquimod external cream 3.75 %	5	
imiquimod external cream 5 %	2	
IMIQUIMOD PUMP EXTERNAL CREAM 3.75 %	5	
methoxsalen rapid oral capsule 10 mg	5	

Drug Name	Drug Tier	Requirements/ Limits
podofilox external solution 0.5 %	1	
REGRANEX EXTERNAL GEL 0.01 %	5	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
VEREGEN EXTERNAL OINTMENT 15 %	5	
Pediculicides/Scabicides		
crotan external lotion 10 %	2	
ivermectin external cream 1 %	4	
ivermectin external lotion 0.5 %	2	
lindane external shampoo 1 %	2	
malathion external lotion 0.5 %	1	
permethrin external cream 5 %	2	
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	B/D
CARBAGLU ORAL TABLET SOLUBLE 200 MG	5	PA
carglumic acid oral tablet soluble 200 mg	5	PA
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	3	B/D
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	3	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	3	B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	3	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	3	B/D

Drug Name	Drug Tier	Requirements/ Limits
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA
dextrose 5%/electrolyte #48 intravenous solution	1	
dextrose in lactated ringers intravenous solution 5 %	1	
dextrose intravenous solution 10 %, 20 %, 250 mg/ml, 5 %, 50 %	1	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 5-0.2 %	1	
dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1	
dextrose-sodium chloride intravenous solution 5-0.225 %, 5-0.3 %	1	
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	B/D
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements/ Limits
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	1	
kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%	1	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	2	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	1	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	1	

Drug Name	Drug Tier	Requirements/ Limits
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
normosol-r in d5w intravenous solution	1	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%	1	
potassium chloride in dextrose intravenous solution 40-5 meq/l-%	1	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%	1	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML	1	
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml	1	
potassium chloride oral packet 20 meq	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
PROCALAMINE INTRAVENOUS SOLUTION 3 %	3	B/D
ringers intravenous solution	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %	2	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 %	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	5	
clovique oral capsule 250 mg	5	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	5	PA
deferiprone oral tablet 1000 mg, 500 mg	5	

Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX ORAL SOLUTION 100 MG/ML	5	
FERRIPROX ORAL TABLET 1000 MG, 500 MG	5	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG	5	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; QL (120 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	5	PA; QL (56 EA per 28 days)
kionex oral suspension 15 gm/60ml	1	
penicillamine oral capsule 250 mg	5	
penicillamine oral tablet 250 mg	5	
SAMSCA ORAL TABLET 15 MG	5	PA
sodium polystyrene sulfonate oral powder	1	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1	
sps oral suspension 15 gm/60ml	1	
TOLVAPTAN ORAL TABLET 15 MG	5	PA
tolvaptan oral tablet 30 mg	5	PA
trientine hcl oral capsule 250 mg	5	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	
Phosphate Binders		
calcium acetate (phos binder) oral capsule 667 mg	2	
calcium acetate oral tablet 667 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
FOSRENOL ORAL PACKET 1000 MG, 750 MG	5	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	5	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	4	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	5	
sevelamer carbonate oral tablet 800 mg	4	
sevelamer hcl oral tablet 400 mg, 800 mg	4	
Vitamins		
prenatal 19 oral tablet 29-1 mg	2	
prenatal oral tablet 27-1 mg	2	
virt-c dha oral capsule 53.5-38-1 mg	2	
vp-pnv-dha oral capsule 28-1-215.8 mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 EA per 30 days)
constulose oral solution 10 gm/15ml	2	
enulose oral solution 10 gm/15ml	2	
gavilyte-c oral solution reconstituted 240 gm	2	
gavilyte-g oral solution reconstituted 236 gm	2	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	2	

Drug Name	Drug Tier	Requirements/ Limits
generlac oral solution 10 gm/15ml	2	
kristalose oral packet 10 gm, 20 gm	3	
lactulose encephalopathy oral solution 10 gm/15ml	2	
lactulose oral solution 10 gm/15ml	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
lubiprostone oral capsule 24 mcg, 8 mcg	3	QL (60 EA per 30 days)
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	
peg-3350/electrolytes oral solution reconstituted 236 gm	2	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
trilyte oral solution reconstituted 420 gm	2	
Anti-Diarrheal Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg	5	
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA
XERMELO ORAL TABLET 250 MG	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
CUVPOSA ORAL SOLUTION 1 MG/5ML	4	
dicyclomine hcl oral capsule 10 mg	2	
dicyclomine hcl oral solution 10 mg/5ml	2	
dicyclomine hcl oral tablet 20 mg	2	
glycate oral tablet 1.5 mg	4	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	2	
glycopyrrolate oral solution 1 mg/5ml	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
glycopyrrolate oral tablet 1.5 mg	4	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	2	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	2	
propantheline bromide oral tablet 15 mg	2	
Gastrointestinal Agents, Other		
chenodal oral tablet 250 mg	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
cromolyn sodium oral concentrate 100 mg/5ml	4	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
loperamide hcl oral capsule 2 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
metoclopramide hcl injection solution 5 mg/ml	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	2	
metoclopramide hcl oral tablet dispersible 10 mg, 5 mg	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	QL (30 EA per 30 days)
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
paregoric oral tincture 2 mg/5ml	2	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	2	
RECTIV RECTAL OINTMENT 0.4 %	4	
RELISTOR ORAL TABLET 150 MG	5	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	5	PA
SYMPROIC ORAL TABLET 0.2 MG	4	QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution 300 mg/5ml	2	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	2	
famotidine (pf) intravenous solution 20 mg/2ml	2	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	2	
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 20 mg, 40 mg	2	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	2	
nizatidine oral capsule 150 mg, 300 mg	2	
nizatidine oral solution 15 mg/ml	2	
ranitidine hcl injection solution 1000 mg/40ml, 150 mg/6ml, 50 mg/2ml	2	
ranitidine hcl oral capsule 150 mg, 300 mg	2	
ranitidine hcl oral syrup 75 mg/5ml	2	
ranitidine hcl oral tablet 150 mg, 300 mg	2	
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	1	
sucralfate oral suspension 1 gm/10ml	2	
sucralfate oral tablet 1 gm	2	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	ST

Drug Name	Drug Tier	Requirements/ Limits
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	4	ST
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	2	
pantoprazole sodium intravenous solution reconstituted 40 mg	2	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	
rabeprazole sodium oral tablet delayed release 20 mg	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5	PA
betaine oral powder	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTADANE ORAL POWDER	5	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	5	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	5	PA
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	5	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	5	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	PA
miglustat oral capsule 100 mg	5	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5	PA
nitisinone oral capsule 10 mg, 2 mg, 5 mg	5	PA

Drug Name	Drug Tier	Requirements/ Limits
ORFADIN ORAL CAPSULE 20 MG	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	5	PA
PROCYSBI ORAL PACKET 300 MG, 75 MG	5	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5	PA
sapropterin dihydrochloride oral tablet 100 mg	5	PA
sodium phenylbutyrate oral tablet 500 mg	5	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	5	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	5	PA
XURIDEN ORAL PACKET 2 GM	5	PA; QL (120 EA per 30 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	3	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	2	
flavoxate hcl oral tablet 100 mg	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral syrup 5 mg/5ml	2	
oxybutynin chloride oral tablet 5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
solifenacin succinate oral tablet 10 mg, 5 mg	2	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	
trospium chloride er oral capsule extended release 24 hour 60 mg	2	
trospium chloride oral tablet 20 mg	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	2	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
dutasteride oral capsule 0.5 mg	2	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	2	
tadalafil oral tablet 5 mg	2	PA
tamsulosin hcl oral capsule 0.4 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Genitourinary Agents, Other		
acetic acid irrigation solution 0.25 %	2	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
ELMIRON ORAL CAPSULE 100 MG	4	
LITHOSTAT ORAL TABLET 250 MG	4	
RENACIDIN IRRIGATION SOLUTION	4	
RIMSO-50 INTRAVESICAL SOLUTION 50 %	4	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	5	
tiopronin oral tablet 100 mg	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort external cream 1 %, 2.5 %	1	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external ointment 0.1 %	1	
betamethasone dipropionate aug external cream 0.05 %	2	
betamethasone dipropionate aug external gel 0.05 %	2	
betamethasone dipropionate aug external lotion 0.05 %	2	
betamethasone dipropionate aug external ointment 0.05 %	2	
betamethasone dipropionate external cream 0.05 %	2	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate external lotion 0.05 %	2	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
betamethasone valerate external cream 0.1 %	2	
betamethasone valerate external lotion 0.1 %	2	
betamethasone valerate external ointment 0.1 %	2	
clobetasol propionate emulsion external foam 0.05 %	4	
clobetasol propionate external cream 0.05 %	2	
clobetasol propionate external foam 0.05 %	2	
clobetasol propionate external gel 0.05 %	2	
clobetasol propionate external ointment 0.05 %	2	
clobetasol propionate external solution 0.05 %	2	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	4	
cortisone acetate oral tablet 25 mg	1	
desonide external cream 0.05 %	2	
desonide external lotion 0.05 %	2	
desonide external ointment 0.05 %	2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
dexamethasone oral elixir 0.5 mg/5ml	2	
dexamethasone oral solution 0.5 mg/5ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
dexamethasone sod phosphate pf injection solution 10 mg/ml	2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	2	
fludrocortisone acetate oral tablet 0.1 mg	1	
fluocinolone acetonide body external oil 0.01 %	2	
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	
fluocinolone acetonide external ointment 0.025 %	2	
fluocinolone acetonide external solution 0.01 %	2	
fluocinolone acetonide scalp external oil 0.01 %	2	
flurandrenolide external cream 0.05 %	4	
flurandrenolide external lotion 0.05 %	4	
flurandrenolide external ointment 0.05 %	4	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halobetasol propionate external cream 0.05 %	2	
halobetasol propionate external ointment 0.05 %	2	

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Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base external cream 0.1 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external lotion 0.1 %	2	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablet therapy pack 4 mg	2	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	2	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
nolix external cream 0.05 %	4	
nolix external lotion 0.05 %	4	
prednicarbate external cream 0.1 %	2	
prednicarbate external ointment 0.1 %	2	
prednisolone oral solution 15 mg/5ml	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	2	
prednisone intensol oral concentrate 5 mg/ml	3	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
procto-med hc external cream 2.5 %	1	
procto-pak external cream 1 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
tovet external foam 0.05 %	4	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.1 %, 0.5 %	1	
UCERIS RECTAL FOAM 2 MG/ACT	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	4	PA
desmopressin ace spray refrig nasal solution 0.01 %	2	
desmopressin acetate injection solution 4 mcg/ml	2	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	5	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	
desmopressin acetate pf injection solution 4 mcg/ml	2	
desmopressin acetate spray nasal solution 0.01 %	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
novarel intramuscular solution reconstituted 10000 unit	4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	4	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA
pregnyl intramuscular solution reconstituted 10000 unit	4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
STIMATE NASAL SOLUTION 1.5 MG/ML	5	
vasopressin intravenous solution 20 unit/ml	2	
vasostrict intravenous solution 0.2 unit/ml, 0.4 unit/ml, 20 unit/ml	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET 300 MG	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	4	PA
oxandrolone oral tablet 10 mg	2	PA; QL (60 EA per 30 days)
oxandrolone oral tablet 2.5 mg	3	PA; QL (240 EA per 30 days)
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	2	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	
testosterone enanthate intramuscular solution 200 mg/ml	2	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	PA
Estrogens		
amabelz oral tablet 1-0.5 mg	2	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	2	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	2	
depo-estradiol intramuscular oil 5 mg/ml	4	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
estarylla oral tablet 0.25-35 mg-mcg	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
estradiol vaginal cream 0.1 mg/gm	2	
estradiol vaginal tablet 10 mcg	3	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	2	
ESTRING VAGINAL RING 2 MG	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	
femynor oral tablet 0.25-35 mg-mcg	2	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	2	

Drug Name	Drug Tier	Requirements/ Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	PA
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	PA
jinteli oral tablet 1-5 mg-mcg	2	
junel fe 24 oral tablet 1-20 mg-mcg(24)	2	
larin 24 fe oral tablet 1-20 mg-mcg(24)	2	
lopreeza oral tablet 1-0.5 mg	2	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
microgestin 24 fe oral tablet 1-20 mg-mcg	2	
mili oral tablet 0.25-35 mg-mcg	2	
mimvey oral tablet 1-0.5 mg	2	
mono-linyah oral tablet 0.25-35 mg-mcg	2	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	2	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	
nymyo oral tablet 0.25-35 mg-mcg	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
previfem oral tablet 0.25-35 mg-mcg	2	
sprintec 28 oral tablet 0.25-35 mg-mcg	2	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	2	
vylibra oral tablet 0.25-35 mg-mcg	2	
xulane transdermal patch weekly 150-35 mcg/24hr	2	
yuvafem vaginal tablet 10 mcg	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	2	
Progestins		
camila oral tablet 0.35 mg	2	
CRINONE VAGINAL GEL 4 %, 8 %	4	PA
deblitane oral tablet 0.35 mg	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
errin oral tablet 0.35 mg	2	
heather oral tablet 0.35 mg	2	
hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml	5	

Drug Name	Drug Tier	Requirements/ Limits
incassia oral tablet 0.35 mg	2	
jencycla oral tablet 0.35 mg	2	
lyleq oral tablet 0.35 mg	2	
lyza oral tablet 0.35 mg	2	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	2	PA
megestrol acetate oral tablet 20 mg, 40 mg	2	PA
nora-be oral tablet 0.35 mg	2	
norethindrone acetate oral tablet 5 mg	1	
norethindrone oral tablet 0.35 mg	2	
norlyda oral tablet 0.35 mg	2	
norlyroc oral tablet 0.35 mg	2	
progesterone intramuscular oil 50 mg/ml	1	
progesterone oral capsule 100 mg, 200 mg	1	
sharobel oral tablet 0.35 mg	2	
tulana oral tablet 0.35 mg	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	4	PA; QL (30 EA per 30 days)
raloxifene hcl oral tablet 60 mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	4	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
levothyroxine sodium intravenous solution 100 mcg/5ml, 200 mcg/5ml, 500 mcg/5ml	5	
levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg	5	
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	4	

Drug Name	Drug Tier	Requirements/ Limits
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
liothyronine sodium intravenous solution 10 mcg/ml	2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA
LYSODREN ORAL TABLET 500 MG	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML)	4	PA
cabergoline oral tablet 0.5 mg	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	

Drug Name	Drug Tier	Requirements/ Limits
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA
leuprolide acetate injection kit 1 mg/0.2ml	5	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	5	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate injection solution 500 mcg/ml	5	PA
ORGOVYX ORAL TABLET 120 MG	5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG, 3.75 MG	5	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	5	PA
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/ Limits
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	5	PA
icatibant acetate subcutaneous solution 30 mg/3ml	5	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	5	PA
sajazir subcutaneous solution 30 mg/3ml	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA
Immunoglobulins		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML	5	B/D
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	5	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	5	B/D
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	5	PA
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	5	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	B/D
GAMASTAN INTRAMUSCULAR INJECTABLE	4	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	5	B/D
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	5	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	5	PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	4	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML	4	B/D
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML	3	B/D
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	3	B/D
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	4	

Drug Name	Drug Tier	Requirements/ Limits
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	B/D
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	3	B/D
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	4	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	5	B/D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5	B/D
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	4	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	5	PA
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	5	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML	4	
WINRHO SDF INJECTION SOLUTION 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	5	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	5	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	5	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA
leflunomide oral tablet 10 mg, 20 mg	2	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
RIDAURA ORAL CAPSULE 3 MG	5	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	5	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG	5	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/30ML, 300 MG/3ML	5	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA
Immunostimulants		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	5	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	
ribavirin oral tablet 200 mg	2	
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
azasan oral tablet 100 mg, 75 mg	3	B/D
azathioprine oral tablet 100 mg, 75 mg	2	B/D
azathioprine oral tablet 50 mg	1	B/D
azathioprine sodium injection solution reconstituted 100 mg	4	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	
CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	5	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	5	PA
CIMZIA VIAL KIT	5	PA
cyclosporine intravenous solution 50 mg/ml	2	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	B/D
cyclosporine modified oral solution 100 mg/ml	2	B/D
cyclosporine oral capsule 100 mg, 25 mg	2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA
everolimus oral tablet 0.25 mg	2	B/D
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B/D
gengraf oral capsule 100 mg, 25 mg	2	B/D
gengraf oral solution 100 mg/ml	2	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
infliximab intravenous solution reconstituted 100 mg	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; QL (180 EA per 30 days)
methotrexate oral tablet 2.5 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	

Drug Name	Drug Tier	Requirements/ Limits
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	B/D
mycophenolate mofetil oral capsule 250 mg	2	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	2	B/D
mycophenolate mofetil oral tablet 500 mg	2	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA
PROGRAF ORAL PACKET 0.2 MG	4	B/D
PROGRAF ORAL PACKET 1 MG	5	B/D
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
REZUROCK ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
sirolimus oral solution 1 mg/ml	5	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
ZORTRESS ORAL TABLET 1 MG	5	B/D
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	

Drug Name	Drug Tier	Requirements/ Limits
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	4	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	4	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	4	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	4	
IXIARO INTRAMUSCULAR SUSPENSION	4	
KINRIX INTRAMUSCULAR SUSPENSION	4	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	4	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	4	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	

Drug Name	Drug Tier	Requirements/ Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	4	
ROTATEQ ORAL SOLUTION	4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	4	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	4	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	4	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	4	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	5	
VAXELIS INTRAMUSCULAR SUSPENSION	4	

Drug Name	Drug Tier	Requirements/ Limits
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	4	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	4	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium oral capsule 750 mg	2	
DIPENTUM ORAL CAPSULE 250 MG	5	
mesalamine er oral capsule extended release 24 hour 0.375 gm	2	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	2	
mesalamine rectal enema 4 gm	4	
mesalamine-cleanser rectal kit 4 gm	4	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour 9 mg	5	
budesonide oral capsule delayed release particles 3 mg	4	
colocort rectal enema 100 mg/60ml	1	
CORTIFOAM EXTERNAL FOAM 10 %	3	
hydrocortisone (perianal) external cream 1 %	1	
hydrocortisone rectal enema 100 mg/60ml	4	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	5	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
calcitonin (salmon) injection solution 200 unit/ml	5	
calcitonin (salmon) nasal solution 200 unit/act	2	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cinacalcet hcl oral tablet 30 mg, 60 mg	4	
cinacalcet hcl oral tablet 90 mg	5	
doxercalciferol intravenous solution 4 mcg/2ml	2	PA
doxercalciferol oral capsule 0.5 mcg	2	PA
doxercalciferol oral capsule 1 mcg, 2.5 mcg	4	PA

Drug Name	Drug Tier	Requirements/ Limits
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	4	PA
ibandronate sodium oral tablet 150 mg	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	1	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	4	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	2	
risedronate sodium oral tablet delayed release 35 mg	2	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA
zoledronic acid intravenous concentrate 4 mg/5ml	4	
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	4	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
acetylcysteine intravenous solution 200 mg/ml	2	
alcohol prep pads pad 70 %	3	
AMINOSYN II INTRAVENOUS SOLUTION 15 %	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	B/D
clinisol sf intravenous solution 15 %	3	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	3	B/D
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	5	PA
CURITY ALL PURPOSE SPONGES PAD 2"X2"	3	
cvs gauze sterile pad 2"x2"	3	
deferoxamine mesylate injection solution reconstituted 2 gm	2	PA
deferoxamine mesylate injection solution reconstituted 500 mg	5	PA

Drug Name	Drug Tier	Requirements/ Limits
ELLA ORAL TABLET 30 MG	3	
fomepizole intravenous solution 1.5 gm/1.5ml	5	
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	3	B/D
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	4	
HEPATAMINE INTRAVENOUS SOLUTION 8 %	3	B/D
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12MM	3	
insulin pen needles 29g x 12mm	3	
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	3	
INSULIN SYRINGES 29G X 1/2" 0.5 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	B/D
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA
KEVEYIS ORAL TABLET 50 MG	5	PA
LACTATED RINGERS IRRIGATION SOLUTION	3	
LAGEVRIO ORAL CAPSULE 200 MG	4	QL (40 EA per 5 days)
levocarnitine oral solution 1 gm/10ml	1	
LEVOCARNITINE ORAL TABLET 330 MG	1	
methergine oral tablet 0.2 mg	5	
methylergonovine maleate injection solution 0.2 mg/ml	1	
methylergonovine maleate oral tablet 0.2 mg	5	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	5	PA
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	3	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	B/D
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	4	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	4	QL (30 EA per 5 days)
plenamine intravenous solution 15 %	3	B/D
premasol intravenous solution 10 %	3	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	3	B/D
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	4	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	4	

Drug Name	Drug Tier	Requirements/ Limits
REMDESIVIR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 150 MG	5	
ringers irrigation irrigation solution	1	
sod benz-sod phenylacet intravenous solution 10-10 %	5	
SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	2	
sterile water for irrigation irrigation solution	1	
SYNTHAMIN 17 INTRAVENOUS SOLUTION 10 %	3	B/D
tis-u-sol irrigation solution	1	
TRAVASOL INTRAVENOUS SOLUTION 10 %	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %, 6 %	3	B/D
VEKLURY INTRAVENOUS SOLUTION 100 MG/20ML	5	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
VISTOGARD ORAL PACKET 10 GM	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	2	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	1	

Drug Name	Drug Tier	Requirements/ Limits
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	2	
cyclopentolate hcl ophthalmic solution 1 %, 2 %	1	
cyclosporine ophthalmic emulsion 0.05 %	4	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; QL (60 ML per 28 days)
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000, 5-400-10000	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neo-polycin hc ophthalmic ointment 1 %	2	
neo-polycin ophthalmic ointment 3.5-400-10000	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
polycin ophthalmic ointment 500-10000 unit/gm	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	

Drug Name	Drug Tier	Requirements/ Limits
proparacaine hcl ophthalmic solution 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	4	
RESTASIS OPHTHALMIC EMULSION 0.05 %	4	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML	5	
XIIDRA OPHTHALMIC SOLUTION 5 %	3	
Ophthalmic Anti-allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION 2 %	4	
azelastine hcl ophthalmic solution 0.05 %	2	
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	2	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	2	
PAZEO OPHTHALMIC SOLUTION 0.7 %	4	
phenylephrine hcl ophthalmic solution 10 %	1	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Anti-inflammatories		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	2	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
diclofenac sodium ophthalmic solution 0.1 %	2	
fluorometholone ophthalmic suspension 0.1 %	2	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	4	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.5 %	2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
prednisolone acetate ophthalmic suspension 1 %	1	

Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate ophthalmic solution 1 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution 0.5 %	1	
carteolol hcl ophthalmic solution 1 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	2	Once Daily
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	2	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AZOPT OPHTHALMIC SUSPENSION 1 %	4	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	2	
brinzolamide ophthalmic suspension 1 %	2	
dorzolamide hcl ophthalmic solution 2 %	1	
methazolamide oral tablet 25 mg, 50 mg	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
travoprost (bak free) ophthalmic solution 0.004 %	2	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
XELPROS OPHTHALMIC EMULSION 0.005 %	4	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	
Otic Agents		
Otic Agents		

Drug Name	Drug Tier	Requirements/ Limits
acetic acid otic solution 2 %	2	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	2	
flac otic oil 0.01 %	2	
fluocinolone acetonide otic oil 0.01 %	2	
hydrocortisone-acetic acid otic solution 1-2 %	2	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	2	
cetirizine hcl oral solution 1 mg/ml	2	
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet 4 mg	2	
desloratadine oral tablet 5 mg	2	
diphenhydramine hcl injection solution 50 mg/ml	2	
diphenhydramine hcl oral elixir 12.5 mg/5ml	2	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	4	PA
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	4	PA
levocetirizine dihydrochloride oral tablet 5 mg	2	

Drug Name	Drug Tier	Requirements/ Limits
Anti-inflammatories, Inhaled Corticosteroids		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	3	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	
Antileukotrienes		
montelukast sodium oral packet 4 mg	1	
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
zafirlukast oral tablet 10 mg, 20 mg	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	
ipratropium bromide inhalation solution 0.02 %	1	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	B/D
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML	4	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML	4	
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG	4	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT, 400 MCG/ACT (30 ACTUATE)	3	
Bronchodilators, Sympathomimetic		

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	2	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	B/D
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	4	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	4	B/D
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	4	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	4	B/D
epinephrine injection solution 0.3 mg/0.3ml	2	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	
isoproterenol hcl injection solution 0.2 mg/ml	2	

Drug Name	Drug Tier	Requirements/ Limits
ISUPREL INJECTION SOLUTION 0.2 MG/ML	3	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	4	B/D
levalbuterol hfa inhalation aerosol 45 mcg/act	2	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	
proair hfa inhalation aerosol solution 108 (90 base) mcg/act	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	
terbutaline sulfate injection solution 1 mg/ml	5	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	

Drug Name	Drug Tier	Requirements/ Limits
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML	5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA
tobramycin inhalation nebulization solution 300 mg/5ml	5	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	4	B/D

Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline intravenous solution 25 mg/ml	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	ST
elixophyllin oral elixir 80 mg/15ml	1	
roflumilast oral tablet 250 mcg, 500 mcg	2	ST
theo-24 oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 400 mg	3	
theophylline er oral tablet extended release 12 hour 300 mg	2	
theophylline er oral tablet extended release 12 hour 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	
theophylline in d5w intravenous solution 0.8-5 mg/ml-%	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA
alyq oral tablet 20 mg	5	PA
ambrisentan oral tablet 10 mg, 5 mg	5	PA
epoprostenol sodium intravenous solution reconstituted 0.5 mg	2	PA

Drug Name	Drug Tier	Requirements/ Limits
epoprostenol sodium intravenous solution reconstituted 1.5 mg	5	PA
OPSUMIT ORAL TABLET 10 MG	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	5	PA
sildenafil citrate intravenous solution 10 mg/12.5ml	5	PA
sildenafil citrate oral suspension reconstituted 10 mg/ml	5	PA
sildenafil citrate oral tablet 20 mg	3	PA
tadalafil (pah) oral tablet 20 mg	5	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	5	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG	5	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	5	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	5	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	5	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; QL (400 EA per 365 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	5	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	5	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	2	B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	

Drug Name	Drug Tier	Requirements/ Limits
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	3	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA
ribavirin inhalation solution reconstituted 6 gm	5	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	5	PA; QL (1.91 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	2	PA
methocarbamol oral tablet 500 mg, 750 mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		

Drug Name	Drug Tier	Requirements/ Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	
doxepin hcl oral tablet 3 mg, 6 mg	2	
flurazepam hcl oral capsule 15 mg, 30 mg	2	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA
HETLIOZ ORAL CAPSULE 20 MG	5	PA
NEMBUTAL INJECTION SOLUTION 50 MG/ML	4	
pentobarbital sodium injection solution 50 mg/ml	4	
ramelteon oral tablet 8 mg	4	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	2	
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	2	PA
modafinil oral tablet 100 mg, 200 mg	3	PA
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA

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This formulary was updated on 12/1/2022. For more recent information or other questions, please contact FirstCarolinaCare Member Services, at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit FirstCarolinaCare.com/NHHA.

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