Denver Health Medicare Choice (HMO D-SNP)

Formulario para 2020

(Lista de medicamentos cubiertos)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

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Este formulario se actualizó el 8/1/2020. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Denver Health Medical Plan, Inc. al 1-877-956-2111. Los usuarios de TTY deben llamar al 711, de 8 a.m. a 8 p.m., los siete días a la semana, o visite www.denverhealthmedicalplan.org.

Nota para los miembros actuales: este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona "nosotros", "nos" o "nuestro", hace referencia a Denver Health Medical Plan, Inc. Cuando dice "plan" o "nuestro plan", hace referencia a Denver Health Medicare Choice (HMO D-SNP).

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 8/1/2020. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2021 y periódicamente durante el año.

¿Qué es el Formulario de Denver Health Medicare Choice (HMO D-SNP)?

Un Formulario es una lista de medicamentos cubiertos seleccionados por Denver Health Medicare Choice (HMO D-SNP) con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, Denver Health Medicare Choice (HMO D-SNP) cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Denver Health Medicare Choice (HMO D-SNP) y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de los medicamentos ocurren el 1 de enero, pero nosotros podríamos agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones.

Cambios que pueden afectarlo este año: en los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
    - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada

"¿Cómo puedo solicitar que se haga una excepción al Formulario de Denver Health Medical Plan, Inc.?".

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.

- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentre en el Formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente. O bien, podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado en un medicamento, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 30 días.
    - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de Denver Health Medicare Choice (HMO D-SNP)?".

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2020 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2020, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos.

El Formulario adjunto es vigente a partir del 8/1/2020. Para recibir información actualizada sobre los medicamentos cubiertos por Denver Health Medicare Choice (HMO D-SNP), comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada. Los futuros cambios en el Formulario se le enviarán con su Explicación de beneficios de la Parte D mensual. Si la Administración de Medicamentos y Alimentos considera que un medicamento en nuestro Formulario no es seguro o si el fabricante del medicamento retira el medicamento del mercado, los miembros afectados recibirán una notificación aparte. En nuestro sitio web, encontrará una lista de los futuros cambios que se realizarán en el Formulario.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del Formulario:

Afección médica

El Formulario comienza en la página 1. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría "agentes cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Denver Health Medicare Choice (HMO D-SNP) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** nuestro plan exige que usted o su médico obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nuestro plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que Denver Health Medicare Choice (HMO D-SNP) no cubra el medicamento.

- **Límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, Denver Health Medicare Choice (HMO D-SNP) proporciona 90 cápsulas por 30 días por receta para LYCRA. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

- **Tratamiento escalonado:** en algunos casos, Denver Health Medicare Choice (HMO D-SNP) requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Denver Health Medicare Choice (HMO D-SNP) no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si

el medicamento A no funciona para usted, entonces Denver Health Medicare Choice (HMO D-SNP) cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explica(n) nuestra(s) restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Puede pedirle a Denver Health Medicare Choice (HMO D-SNP) que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección "¿Cómo puedo solicitar que se haga una excepción al Formulario de Denver Health Medicare Choice (HMO D-SNP)?" en la página v para obtener información acerca de cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios del Plan de Salud y preguntar si su medicamento está cubierto.

Si resulta que Denver Health Medicare Choice (HMO D-SNP) no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios del Plan de Salud una lista de medicamentos similares que estén cubiertos por Denver Health Medicare Choice (HMO D-SNP). Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Denver Health Medicare Choice (HMO D-SNP).

- Puede solicitar que Denver Health Medicare Choice (HMO D-SNP) haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de Denver Health Medicare Choice (HMO D-SNP)?

Puede solicitarle a Denver Health Medicare Choice (HMO D-SNP) que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.

- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Denver Health Medicare Choice (HMO D-SNP) limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, Denver Health Medicare Choice (HMO D-SNP) solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del plan, o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario o a la restricción de uso. **Cuando solicita una excepción al Formulario o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 30 días del medicamento. Después del primer suministro para 30 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al formulario.

Si experimenta un cambio en el nivel de atención, por ejemplo, se le interna en un centro de atención a largo plazo o se le da el alta de este, y se encuentra fuera de sus primeros 90 días de cobertura, Denver Health Medicare Choice (HMO D-SNP), proporcionará un suministro por única vez de medicamentos de la Parte D que no están en el formulario, como se describió anteriormente.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de Denver Health Medicare Choice (HMO D-SNP), consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre Denver Health Medicare Choice (HMO D-SNP), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y contraportada.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

Formulario de Denver Health Medicare Choice (HMO D-SNP)

El formulario que comienza en la siguiente página proporciona información acerca de la cobertura de los medicamentos cubiertos por nuestro plan. Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página I-1.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, ADVAIR DISKUS), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *amoxicillin (Amoxil)*).

La información incluida en la columna de Requisitos/límites indica si Denver Health Medicare Choice (HMO D-SNP) tiene algún requisito especial para la cobertura del medicamento.

Las siguientes abreviaturas pueden encontrarse en el cuerpo de este documento.

ABREVIATURAS SOBRE NOTAS DE COBERTURA

Restricciones sobre la Gestión de la Utilización de Servicios

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
PA	Restricción de autorización previa	Usted (o su médico) tiene la obligación de obtener autorización previa de Denver Health Medical Plan (DHMP), Inc. antes de obtener el medicamento indicado en su receta. Sin autorización previa, Denver Health Medical Plan, Inc. no puede cubrir este medicamento.
PA BvD	Se requiere autorización previa para determinación de Parte B frente a Parte D.	Este medicamento puede ser elegible para el pago conforme a la Parte B o la Parte D de Medicare. Usted (o su médico) tiene la obligación de obtener una autorización previa de Denver Health Medical Plan, Inc. para determinar que este medicamento esté cubierto por la Parte D de Medicare antes de obtener el medicamento indicado en su receta. Sin autorización previa, Denver Health Medical Plan, Inc. no puede cubrir este medicamento.
PA-HRM	Restricción de autorización previa para medicaciones de alto riesgo	Este medicamento ha sido considerado por CMS como potencialmente perjudicial y, por lo tanto, como medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o mayores. Los miembros de 65 años o mayores tienen la obligación de obtener una autorización previa de Denver Health Medical Plan, Inc. antes de obtener el medicamento indicado en su receta. Sin autorización previa, Denver Health Medical Plan, Inc. no puede cubrir este medicamento.
PA NSO	Restricción de autorización previa para nuevos miembros solamente	Si usted es un miembro nuevo o si usted no ha tomado este medicamento antes, usted (o su médico) tiene la obligación de obtener una autorización previa de Denver Health Medical Plan, Inc. antes de obtener el medicamento indicado en su receta. Sin aprobación previa, DHMP no cubrirá este medicamento.
QL	Restricción de límite de cantidad	Denver Health Medical Plan, Inc. establece un límite de cobertura respecto de la cantidad de este medicamento con receta o dentro de un marco de tiempo específico.

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
ST	Restricción de tratamiento escalonado	Antes de que Denver Health Medical Plan, Inc. proporcione cobertura para este medicamento, usted debe primero probar otro(s) medicamento(s) para el tratamiento de su afección médica. Este medicamento solamente estará cubierto si otro(s) medicamentos(s) no funciona(n) para usted.
LA	Medicamento de acceso limitado	Es posible que este medicamento solo esté disponible en algunas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Servicios del Plan de Salud al 1-877-956-2111, de 8 a.m. a 8 p.m., los 7 días de la semana. Los usuarios de TTY deben llamar al 711.
NDS	Suministro diario no extendido	Solo se puede obtener un suministro de este medicamento para un mes por vez, y no se puede adquirir más de un suministro diario para un mes por vez.

Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	NDS; NM; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg		1	NDS; NM; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	(Tylenol-Codeine #3)	1	NDS; NM; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	NDS; NM; QL (180 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	1	
buprenorphine hcl injection syringe 0.3 mg/ml		1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	(Fiorinal)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		1	NDS; NM; QL (180 per 30 days)
endocet oral tablet 10-325 mg		1	NDS; NM; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg		1	NDS; NM; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg		1	NDS; NM; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	1	PA; NM; NDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	(Duragesic)	1	NDS; NM; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		1	NDS; NM; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg	(Lorcet HD)	1	NDS; NM; QL (180 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
hydrocodone-acetaminophen oral tablet 2.5-325 mg		1	NDS; NM; QL (240 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	(Lorcet (hydrocodone))	1	NDS; NM; QL (240 per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	(Norco)	1	NDS; NM; QL (180 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		1	NDS; NM; QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	NDS; NM; QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	NDS; NM; QL (180 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY		1	PA; NM; NDS; QL (30 per 30 days)
lorcet (hydrocodone) oral tablet 5-325 mg		1	NDS; NM; QL (240 per 30 days)
lorcet hd oral tablet 10-325 mg		1	NDS; NM; QL (180 per 30 days)
lorcet plus oral tablet 7.5-325 mg		1	NDS; NM; QL (180 per 30 days)
methadone injection solution 10 mg/ml		1	
methadone oral solution 10 mg/5 ml		1	NDS; NM; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml		1	NDS; NM; QL (1200 per 30 days)
methadone oral tablet 10 mg	(Dolophine)	1	NDS; NM; QL (120 per 30 days)
methadone oral tablet 5 mg	(Dolophine)	1	NDS; NM; QL (180 per 30 days)
methadose oral tablet,soluble 40 mg		1	NDS; NM; QL (30 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	NDS; NM; QL (180 per 30 days)
MORPHINE INJECTION SYRINGE 10 MG/ML		1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml		1	
morphine oral solution 10 mg/5 ml		1	NDS; NM; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	NDS; NM; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		1	NDS; NM; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		1	NDS; NM; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	1	NDS; NM; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	NDS; NM; QL (90 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		1	NDS; NM; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		1	NDS; NM; QL (181 per 30 days)
oxycodone oral solution 5 mg/5 ml		1	NDS; QL (1300 per 30 days)
oxycodone oral tablet 10 mg		1	NDS; NM; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	NDS; NM; QL (120 per 30 days)
oxycodone oral tablet 20 mg		1	NDS; NM; QL (120 per 30 days)
oxycodone oral tablet 5 mg	(Roxicodone)	1	NDS; NM; QL (180 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(OxyContin)	1	NDS; NM; QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	NDS; NM; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	NDS; NM; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	NDS; NM; QL (240 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg		1	NDS; NM; QL (360 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		1	NDS; NM; QL (60 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	1	NDS; NM; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	1	NDS; NM; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		1	NDS; NM; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		1	NDS; NM; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		1	NDS; NM; QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)		1	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	(Celebrex)	1	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	1	PA
diclofenac potassium oral tablet 50 mg		1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		1	
diclofenac sodium topical drops 1.5 %		1	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Voltaren)	1	
diclofenac sodium topical gel 3 %	(Solaraze)	1	PA; QL (100 per 28 days)
etodolac oral capsule 200 mg, 300 mg		1	

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Drug Name		Drug Tier	Requirements/Limits
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
flurbiprofen oral tablet 100 mg, 50 mg		1	
ibu oral tablet 400 mg, 600 mg, 800 mg		1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg		1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
indomethacin oral capsule 50 mg		1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
ketorolac oral tablet 10 mg		1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
mefenamic acid oral capsule 250 mg		1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)		1	PA; NM; NDS; QL (224 per 28 days)
sulindac oral tablet 150 mg, 200 mg		1	
VOLTAREN TOPICAL GEL 1 %		1	
Anesthetics			
Local Anesthetics			
glydo mucous membrane jelly in applicator 2 %		1	QL (30 per 30 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	

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Drug Name		Drug Tier	Requirements/Limits
lidocaine (pf) injection solution 40 mg/ml (4 %)		1	
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	(Xylocaine (Cardiac) (PF))	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	1	
lidocaine hcl mucous membrane jelly 2 %		1	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		1	
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	1	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		1	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2 %		1	
lidocaine-prilocaine topical cream 2.5-2.5 %		1	PA; QL (30 per 30 days)
PRILOVIXIL TOPICAL KIT 2.5-2.5 %		1	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		1	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		1	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	(Suboxone)	1	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	(Suboxone)	1	QL (30 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		1	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	
disulfiram oral tablet 250 mg, 500 mg (Antabuse)	1	
LUCEMYRA ORAL TABLET 0.18 MG	1	NM; NDS; QL (228 per 14 days)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	1	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	1	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	1	NM; NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)	1	NDS; NM; QL (120 per 30 days)
alprazolam oral tablet 2 mg (Xanax)	1	NDS; NM; QL (150 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	

Drug Name		Drug Tier	Requirements/Limits
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	NDS; NM; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	NDS; NM; QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	NDS; NM; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	NDS; NM; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		1	NDS; NM; QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		1	NDS; NM; QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	1	NDS; NM; QL (180 per 30 days)
diazepam 5 mg/ml oral conc 5 mg/ml		1	NDS; NM; QL (1200 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		1	QL (10 per 28 days)
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	1	NDS; NM; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		1	NDS; NM; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	NDS; NM; QL (120 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml		1	QL (2 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	NDS; NM; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	NDS; NM; QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	NDS; NM; QL (30 per 30 days)
Antibacterials			
Aminoglycosides			
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML		1	PA BvD; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml		1	
neomycin oral tablet 500 mg		1	
streptomycin intramuscular recon soln 1 gram		1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		1	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	PA BvD; NM; NDS
tobramycin sulfate injection solution 40 mg/ml		1	
Antibacterials, Miscellaneous			
baciim intramuscular recon soln 50,000 unit		1	
chloramphenicol sod succinate intravenous recon soln 1 gram		1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml		1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		1	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	(Cleocin)	1	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	PA BvD; NM; NDS
daptomycin intravenous recon soln 500 mg	(Cubicin)	1	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML		1	

Drug Name		Drug Tier	Requirements/Limits
linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml		1	NM; NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	NM; NDS
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	1	
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		1	NM; NDS
trimethoprim oral tablet 100 mg		1	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		1	
vancomycin oral capsule 125 mg, 250 mg	(Vancocin)	1	
XIFAXAN ORAL TABLET 200 MG		1	PA; NM; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		1	PA; NM; NDS
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		1	
cefadroxil oral capsule 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		1	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		1	
cefdinir oral capsule 300 mg		1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
cefditoren pivoxil oral tablet 200 mg		1	
cefditoren pivoxil oral tablet 400 mg	(Spectracef)	1	
cefepime injection recon soln 1 gram, 2 gram	(Maxipime)	1	
cefixime oral capsule 400 mg	(Suprax)	1	
cefotaxime injection recon soln 1 gram		1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		1	
cefpodoxime oral tablet 100 mg, 200 mg		1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
cefprozil oral tablet 250 mg, 500 mg		1	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		1	
cefuroxime axetil oral tablet 250 mg, 500 mg		1	
cefuroxime sodium injection recon soln 750 mg		1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		1	
cephalexin oral capsule 250 mg, 500 mg	(Keflex)	1	

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Drug Name		Drug Tier	Requirements/Limits
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		1	NM; NDS
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	1	
azithromycin oral packet 1 gram	(Zithromax)	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	1	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
DIFICID ORAL TABLET 200 MG		1	ST; NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	
erythromycin oral tablet 250 mg, 500 mg		1	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		1	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram	(Invanz)	1	
imipenem-cilastatin intravenous recon soln 250 mg		1	

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Drug Name		Drug Tier	Requirements/Limits
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	1	
meropenem intravenous recon soln 1 gram	(Merrem)	1	
meropenem intravenous recon soln 500 mg	(Merrem)	1	
meropenem-0.9% nacl 500 mg/50 500 mg/50 ml		1	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 250 mg, 500 mg		1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		1	

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Drug Name	Drug Tier	Requirements/Limits
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml	1	
nafcillin injection recon soln 1 gram	1	
nafcillin injection recon soln 10 gram	1	NM; NDS
nafcillin injection recon soln 2 gram	1	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 20 million unit	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram (Zosyn)	1	PA BvD
Quinolones		
BAXDELA ORAL TABLET 450 MG	1	PA; NM; NDS; QL (28 per 14 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 250 mg/10 ml	1	

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Drug Name		Drug Tier	Requirements/Limits
levofloxacin oral tablet 250 mg		1	
levofloxacin oral tablet 500 mg, 750 mg	(Levaquin)	1	
moxifloxacin oral tablet 400 mg		1	
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
sulfatrim oral suspension 200-40 mg/5 ml		1	
Tetracyclines			
doxy-100 intravenous recon soln 100 mg		1	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	1	
doxycycline hyclate oral tablet 100 mg, 20 mg		1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	
doxycycline monohydrate oral tablet 50 mg		1	
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	
mondoxyne nl oral capsule 100 mg, 50 mg		1	

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Drug Name	Drug Tier	Requirements/Limits
tetracycline oral capsule 250 mg, 500 mg	1	
tigecycline intravenous recon soln 50 mg (Tygacil)	1	NM; NDS
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	NM; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	1	PA NSO; NM; NDS
adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	1	PA BvD
adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA NSO; NM; NDS
anastrozole oral tablet 1 mg (Arimidex)	1	
arsenic trioxide intravenous solution 1 mg/ml	1	NM; NDS
arsenic trioxide intravenous solution 2 mg/ml (Trisenox)	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg (Vidaza)	1	NM; NDS
BALVERSA ORAL TABLET 3 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	PA NSO; NM; NDS
bexarotene oral capsule 75 mg (Targretin)	1	PA NSO; NM; NDS; QL (420 per 30 days)
bicalutamide oral tablet 50 mg (Casodex)	1	
bleomycin injection recon soln 15 unit, 30 unit	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	1	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	1	NM; NDS; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
clofarabine intravenous solution 20 mg/20 ml (Clolar)	1	NM; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	1	PA NSO; NM; LA; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; LA; NDS
DAURISMO ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg (Dacogen)	1	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	(Adriamycin)	1	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD; NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		1	
EMCYT ORAL CAPSULE 140 MG		1	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		1	PA NSO; NM; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG		1	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	(Tarceva)	1	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	(Tarceva)	1	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		1	
etoposide intravenous solution 20 mg/ml	(Toposar)	1	
exemestane oral tablet 25 mg	(Aromasin)	1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		1	PA NSO; NM; NDS
floxuridine injection recon soln 0.5 gram		1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	1	PA BvD
flutamide oral capsule 125 mg	1	
fulvestrant intramuscular syringe 250 mg/5 ml (Faslodex)	1	NM; NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG, 5 MG	1	
GLEOSTINE ORAL CAPSULE 100 MG	1	NM; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; NM; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	1	PA NSO; NM; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	
ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg	1	
imatinib oral tablet 100 mg (Gleevec)	1	PA NSO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
imatinib oral tablet 400 mg (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NM; NDS; QL (70 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	PA NSO; NM; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NM; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
leuprolide subcutaneous kit 1 mg/0.2 ml	1	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NM; NDS
MATULANE ORAL CAPSULE 50 MG	1	NM; NDS
megestrol oral tablet 20 mg, 40 mg	1	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	1	PA BvD
methotrexate sodium (pf) injection solution 25 mg/ml	1	PA BvD
methotrexate sodium injection solution 25 mg/ml	1	PA BvD
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	1	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	1	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	NM; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	1	PA NSO; NM; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NM; NDS; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NM; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG	1	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	PA NSO; NM; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NM; NDS
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	NM; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	
TARGRETIN TOPICAL GEL 1 %	1	PA NSO; NM; NDS; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	PA NSO; NM; NDS
thiotepa injection recon soln 100 mg, 15 mg (Tepadina)	1	NM; NDS
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
toposar intravenous solution 20 mg/ml	1	
toremifene oral tablet 60 mg (Fareston)	1	NM; NDS
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	1	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	1	NM; NDS; QL (1 per 28 days)
tretinoin (antineoplastic) oral capsule 10 mg	1	NM; NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (360 per 30 days)
TURALIO ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	1	PA NSO; NM; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	PA NSO; NM; NDS
valrubicin intravesical solution 40 mg/ml (Valstar)	1	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml (Navelbine)	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	1	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	1	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	1	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	1	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	1	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	ST; NM; NDS; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	ST; NM; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	1	ST; NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	NM; NDS; QL (600 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		1	NM; NDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Epitol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg		1	
CELONTIN ORAL CAPSULE 300 MG		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	PA NSO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	PA NSO; QL (60 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG		1	
DIASTAT RECTAL KIT 2.5 MG		1	
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	1	
diazepam rectal kit 2.5 mg	(Diastat)	1	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO; NM; NDS
epitol oral tablet 200 mg		1	
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	

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Drug Name		Drug Tier	Requirements/Limits
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		1	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		1	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		1	ST; NM; NDS; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	QL (120 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		1	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		1	ST
PEGANONE ORAL TABLET 250 MG		1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	PA NSO-HRM; AGE (Max 64 Years)
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium intravenous solution 50 mg/ml		1	
phenytoin sodium intravenous syringe 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
SABRIL ORAL TABLET 500 MG		1	PA NSO; NM; NDS; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		1	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		1	ST; QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg		1	
SYMPAZAN ORAL FILM 10 MG, 20 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG		1	PA NSO; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	(Gabitril)	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		1	
valproic acid oral capsule 250 mg		1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		1	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	1	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Sabril)	1	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg		1	PA NSO; NM; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML		1	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML		1	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		1	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)		1	PA NSO; NM; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 200 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)		1	PA NSO
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		1	PA NSO; NM; NDS
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		1	QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	(Razadyne)	1	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	1	QL (30 per 30 days)
memantine oral solution 2 mg/ml		1	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	1	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		1	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		1	QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	1	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	

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Drug Name		Drug Tier	Requirements/Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml		1	QL (600 per 30 days)
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	1	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin oral concentrate 10 mg/ml		1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		1	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		1	NM; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG	1	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	1	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine oral tablet 15 mg (Nardil)	1	

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Drug Name	Drug Tier	Requirements/Limits
protriptyline oral tablet 10 mg, 5 mg	1	
sertraline oral concentrate 20 mg/ml (Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg (Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg (Effexor XR)	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg (Effexor XR)	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	1	NM; NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	1	QL (90 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	1	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	1	ST; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	1	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	1	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; NM; NDS; QL (112 per 28 days)
metformin oral tablet 1,000 mg (Glucophage)	1	QL (75 per 30 days)
metformin oral tablet 500 mg (Glucophage)	1	QL (150 per 30 days)
metformin oral tablet 850 mg (Glucophage)	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg (Glucophage XR)	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg (Glucophage XR)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	1	QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	QL (120 per 30 days)
repaglinide oral tablet 1 mg (Prandin)	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg (Prandin)	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	ST; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	QL (13.5 per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	QL (18 per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	ST; QL (15 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg	(Amaryl)	1	QL (30 per 30 days)
glimepiride oral tablet 4 mg	(Amaryl)	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	(Glucotrol)	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	(Glucotrol)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	1	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	PA-HRM; AGE (Max 64 Years)
tolazamide oral tablet 250 mg		1	QL (120 per 30 days)
tolazamide oral tablet 500 mg		1	QL (60 per 30 days)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		1	PA BvD; NM; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG		1	PA BvD; NM; NDS
amphotericin b injection recon soln 50 mg		1	PA BvD
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	1	NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	1	
ciclopirox topical solution 8 %	(Ciclodan)	1	
clotrimazole mucous membrane troche 10 mg		1	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	
clotrimazole-betamethasone topical cream 1-0.05 %		1	

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Drug Name		Drug Tier	Requirements/Limits
econazole topical cream 1 %		1	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		1	PA BvD
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		1	
griseofulvin microsize oral tablet 500 mg		1	
itraconazole oral capsule 100 mg	(Sporanox)	1	
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		1	
ketoconazole topical shampoo 2 %	(Nizoral)	1	
miconazole-3 vaginal suppository 200 mg		1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		1	NM; NDS
nyamyc topical powder 100,000 unit/gram		1	
nystatin oral suspension 100,000 unit/ml		1	
nystatin oral tablet 500,000 unit		1	
nystatin topical cream 100,000 unit/gram		1	
nystatin topical ointment 100,000 unit/gram		1	
nystatin topical powder 100,000 unit/gram	(Nyamyc)	1	
nystop topical powder 100,000 unit/gram		1	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	1	NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	1	PA BvD; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	NM; NDS
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	NM; NDS
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	1	
colchicine oral tablet 0.6 mg	(Colcrys)	1	PA; QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG		1	QL (60 per 30 days)
probenecid oral tablet 500 mg		1	
probenecid-colchicine oral tablet 500-0.5 mg		1	
Antihistamines			
Antihistamines			
cyproheptadine oral syrup 2 mg/5 ml		1	PA-HRM; AGE (Max 64 Years)
diphenhydramine hcl injection solution 50 mg/ml		1	
diphenhydramine hcl injection syringe 50 mg/ml		1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	1	PA-HRM; AGE (Max 64 Years)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	
hydroxyzine hcl oral solution 10 mg/5 ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		1	PA-HRM; AGE (Max 64 Years)

Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
clindamycin phosphate vaginal cream 2 % (Cleocin)	1	
metronidazole vaginal gel 0.75 % (Metrogel Vaginal)	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	1	PA; QL (2 per 30 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
dihydroergotamine injection solution 1 mg/ml (D.H.E.45)	1	NM; NDS; QL (24 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	1	NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	1	QL (20 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
rizatriptan oral tablet 10 mg	(Maxalt)	1	QL (12 per 30 days)
rizatriptan oral tablet 5 mg		1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	(Imitrex)	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		1	QL (4 per 28 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML		1	PA; QL (3 per 90 days)
Antimycobacterials			
Antimycobacterials			
CAPASTAT INJECTION RECON SOLN 1 GRAM		1	
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol oral tablet 100 mg		1	
ethambutol oral tablet 400 mg	(Myambutol)	1	
isoniazid oral solution 50 mg/5 ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		1	
PRETOMANID ORAL TABLET 200 MG		1	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG		1	

Drug Name		Drug Tier	Requirements/Limits
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg	(Mycobutin)	1	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	1	
SIRTURO ORAL TABLET 100 MG		1	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		1	
Antinausea Agents			
Antinausea Agents			
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG		1	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		1	PA BvD
aprepitant oral capsule 125 mg		1	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg	(Emend)	1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	1	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML		1	QL (36 per 28 days)
compro rectal suppository 25 mg		1	
dimenhydrinate injection solution 50 mg/ml		1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	PA; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		1	PA BvD; QL (6 per 28 days)
fosaprepitant intravenous recon soln 150 mg	(Emend (fosaprepitant))	1	QL (2 per 28 days)
granisetron (pf) intravenous solution 100 mcg/ml		1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)		1	

Drug Name		Drug Tier	Requirements/Limits
granisetron hcl oral tablet 1 mg		1	PA BvD
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	1	
ondansetron hcl (pf) injection solution 4 mg/2 ml		1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	
ondansetron hcl intravenous solution 2 mg/ml		1	
ondansetron hcl oral tablet 24 mg		1	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg	(Zofran)	1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	PA BvD
phenadoz rectal suppository 12.5 mg, 25 mg		1	PA-HRM; AGE (Max 64 Years)
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	1	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	1	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	1	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS		1	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg	(Albenza)	1	NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		1	NM; NDS
ALINIA ORAL TABLET 500 MG		1	NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	NM; NDS
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	
chloroquine phosphate oral tablet 250 mg, 500 mg		1	
COARTEM ORAL TABLET 20-120 MG		1	
DARAPRIM ORAL TABLET 25 MG		1	PA; NM; NDS
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	
KRINTAFEL ORAL TABLET 150 MG		1	
mefloquine oral tablet 250 mg		1	
paromomycin oral capsule 250 mg		1	
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	1	
PRIMAQUINE ORAL TABLET 26.3 MG		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA; NM; NDS
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5 ml		1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		1	PA; NM; NDS; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
benztropine injection solution 1 mg/ml	(Cogentin)	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine oral capsule 5 mg	(Parlodel)	1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg		1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	1	
entacapone oral tablet 200 mg	(Comtan)	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG		1	PA; NM; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG		1	PA; NM; NDS; QL (30 per 30 days)
INBRIJA 42 MG INHALATION CAP 42 MG		1	PA; NM; NDS; QL (300 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		1	PA; NM; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		1	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG		1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	1	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	1	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	1	ST; QL (60 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	1	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	1	
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg (Requip)	1	
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG	1	PA; NM; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	NM; NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	NM; NDS; QL (1 per 28 days)
aripiprazole oral solution 1 mg/ml	1	NM; NDS; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	1	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	ST; NM; NDS; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	ST; NM; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	NM; NDS; QL (3.2 per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	1	ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg (Clozaril)	1	QL (270 per 30 days)
clozapine oral tablet 200 mg (Clozaril)	1	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg (Clozaril)	1	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	1	ST; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet,disintegrating 200 mg	1	ST; NM; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	1	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	1	QL (6 per 28 days)
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 50 mg/ml (Haldol Decanoate)	1	
haloperidol lactate injection solution 5 mg/ml (Haldol)	1	
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NM; NDS; QL (0.75 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	1	NM; NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	NM; NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	1	NM; NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	QL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone oral tablet 10 mg	1	QL (240 per 30 days)
molindone oral tablet 25 mg	1	QL (270 per 30 days)
molindone oral tablet 5 mg	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg	(Invega)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	1	QL (60 per 30 days)
paliperidone oral tablet extended release 24hr 9 mg	(Invega)	1	NM; NDS; QL (30 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG		1	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG		1	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG		1	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG		1	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML		1	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML		1	NM; NDS; QL (4 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	1	QL (480 per 30 days)
risperidone oral tablet 0.25 mg		1	QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 3 mg, 4 mg		1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	1	ST; NM; NDS; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml (Ziagen)	1	
abacavir oral tablet 300 mg (Ziagen)	1	
abacavir-lamivudine oral tablet 600-300 mg (Epzicom)	1	

Drug Name	Drug Tier	Requirements/Limits
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg (Trizivir)	1	NM; NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	1	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	1	NM; NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg (Reyataz)	1	NM; NDS
ATRIPLA ORAL TABLET 600-200-300 MG	1	NM; NDS
BIKTARVY ORAL TABLET 50-200-25 MG	1	NM; NDS
CIMDUO ORAL TABLET 300-300 MG	1	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	1	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	NM; NDS
DESCOVY ORAL TABLET 200-25 MG	1	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg	1	
DOVATO ORAL TABLET 50-300 MG	1	NM; NDS
EDURANT ORAL TABLET 25 MG	1	NM; NDS
efavirenz oral capsule 200 mg (Sustiva)	1	NM; NDS
efavirenz oral capsule 50 mg (Sustiva)	1	
efavirenz oral tablet 600 mg (Sustiva)	1	NM; NDS
EMTRIVA ORAL CAPSULE 200 MG	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	NM; NDS
fosamprenavir oral tablet 700 mg (Lexiva)	1	NM; NDS

Drug Name		Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		1	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		1	NM; NDS
INTELENCE ORAL TABLET 100 MG, 200 MG		1	NM; NDS
INTELENCE ORAL TABLET 25 MG		1	
INVIRASE ORAL TABLET 500 MG		1	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG		1	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		1	
ISENTRESS ORAL TABLET 400 MG		1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		1	
JULUCA ORAL TABLET 50-25 MG		1	NM; NDS
KALETRA ORAL TABLET 100-25 MG		1	
KALETRA ORAL TABLET 200-50 MG		1	NM; NDS
lamivudine oral solution 10 mg/ml	(Epivir)	1	
lamivudine oral tablet 100 mg	(Epivir HBV)	1	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML		1	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	1	
nevirapine oral suspension 50 mg/5 ml	(Viramune)	1	
nevirapine oral tablet 200 mg	(Viramune)	1	
nevirapine oral tablet extended release 24 hr 100 mg		1	

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Drug Name	Drug Tier	Requirements/Limits
nevirapine oral tablet extended release 24 hr 400 mg (Viramune XR)	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	NM; NDS
PIFELTRO ORAL TABLET 100 MG	1	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	1	NM; NDS
PREZISTA ORAL TABLET 75 MG	1	
RESCRIPTOR ORAL TABLET 200 MG	1	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	1	NM; NDS
SELZENTRY ORAL TABLET 25 MG	1	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS
SYMFI LO ORAL TABLET 400-300-300 MG	1	NM; NDS
SYMFI ORAL TABLET 600-300-300 MG	1	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	1	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	NM; NDS
VEMLIDY ORAL TABLET 25 MG	1	NM; NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NM; NDS
zidovudine oral capsule 100 mg (Retrovir)	1	
zidovudine oral syrup 10 mg/ml (Retrovir)	1	
zidovudine oral tablet 300 mg	1	
Antivirals, Miscellaneous		
foscarnet intravenous solution 24 mg/ml (Foscavir)	1	PA BvD
oseltamivir oral capsule 30 mg (Tamiflu)	1	QL (84 per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
oseltamivir oral capsule 45 mg	(Tamiflu)	1	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	1	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	1	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML		1	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML		1	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		1	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		1	QL (60 per 180 days)
rimantadine oral tablet 100 mg	(Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		1	PA; NM; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG		1	QL (4 per 180 days)
Hcv Antivirals			
EPCLUSA ORAL TABLET 400-100 MG		1	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		1	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		1	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG		1	PA; NM; NDS; QL (28 per 28 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg	(Harvoni)	1	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG		1	PA; NM; NDS; QL (84 per 28 days)
sofosbuvir-velpatasvir oral tablet 400-100 mg	(Epclusa)	1	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG		1	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG		1	PA; NM; NDS; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG		1	PA; NM; NDS; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TECHNIVIE ORAL TABLET 12.5-75-50 MG	1	PA; NM; NDS; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	1	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	1	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	1	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	1	PA NSO; NM; NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	1	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA NSO; NM; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	1	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
adefovir oral tablet 10 mg	(Hepsera)	1	NM; NDS
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	1	PA BvD
ganciclovir sodium intravenous solution 50 mg/ml		1	PA BvD
ribasphere oral capsule 200 mg		1	
ribasphere oral tablet 600 mg		1	NM; NDS
ribavirin inhalation recon soln 6 gram	(Virazole)	1	PA BvD; NM; NDS
ribavirin oral capsule 200 mg		1	
ribavirin oral tablet 200 mg		1	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
valganciclovir oral tablet 450 mg	(Valcyte)	1	NM; NDS
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
BEVYXXA ORAL CAPSULE 40 MG, 80 MG		1	QL (43 per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		1	QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	1	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	1	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	(Arixtra)	1	NM; NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	1	

Drug Name	Drug Tier	Requirements/Limits
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
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	1	ST; QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; NDS; QL (15 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; NDS; QL (15 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; NDS; QL (15 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NM; NDS
MULPLETA ORAL TABLET 3 MG	1	PA; NM; NDS; QL (7 per 7 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	1	PA; NM; NDS; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; NM; NDS; QL (6 per 28 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; NM; NDS; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; NM; NDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 12.5 MG, 50 MG	1	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; NM; NDS; QL (120 per 30 days)
PROMACTA ORAL TABLET 75 MG	1	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (6 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NM; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NM; NDS
anagrelide oral capsule 0.5 mg (Agrylin)	1	
anagrelide oral capsule 1 mg	1	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	1	PA; NM; NDS
protamine intravenous solution 10 mg/ml	1	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	1	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	1	
tranexamic acid oral tablet 650 mg (Lysteda)	1	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg (Aggrenox)	1	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
cilostazol oral tablet 100 mg, 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
clopidogrel oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	1	
prasugrel oral tablet 10 mg, 5 mg (Effient)	1	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	PA BvD
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	1	PA BvD
dextrose 25 % in water (d25w) intravenous syringe	1	PA BvD
dextrose 30 % in water (d30w) intravenous parenteral solution	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	1	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	1	PA BvD
dextrose 50 % in water (d50w) intravenous syringe	1	PA BvD
dextrose 70 % in water (d70w) intravenous parenteral solution	1	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	1	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	1	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	1	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
smoflipid intravenous emulsion 20 %	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	1	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	
guanfacine oral tablet 1 mg, 2 mg	1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA; NM; NDS; QL (180 per 30 days)
phenylephrine hcl injection solution 10 mg/ml (Vazculep)	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg (Minipress)	1	
Angiotensin Ii Receptor Antagonists		
EDARBI ORAL TABLET 40 MG, 80 MG	1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	1	

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Drug Name		Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalaprilat intravenous solution 1.25 mg/ml		1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
lisinopril oral tablet 10 mg, 20 mg	(Prinivil)	1	
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	

Drug Name		Drug Tier	Requirements/Limits
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
Antiarrhythmic Agents			
amiodarone oral tablet 200 mg, 400 mg	(Pacerone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	PA-HRM; AGE (Max 64 Years)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)		1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		1	
MULTAQ ORAL TABLET 400 MG		1	
pacerone oral tablet 200 mg, 400 mg		1	
procainamide injection solution 100 mg/ml, 500 mg/ml		1	
procainamide intravenous syringe 100 mg/ml		1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	

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Drug Name		Drug Tier	Requirements/Limits
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
betaxolol 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	(Ziac)	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		1	
BYVALSON ORAL TABLET 5-80 MG		1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol intravenous solution 5 mg/ml		1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)		1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg		1	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	(Lopressor HCT)	1	
metoprolol tartrate intravenous solution 5 mg/5 ml	(Lopressor)	1	
metoprolol tartrate intravenous syringe 5 mg/5 ml		1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
propranolol intravenous solution 1 mg/ml		1	

Drug Name		Drug Tier	Requirements/Limits
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg		1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg		1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg		1	
diltiazem hcl intravenous solution 5 mg/ml		1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg		1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg		1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		1	

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Drug Name		Drug Tier	Requirements/Limits
verapamil intravenous syringe 2.5 mg/ml		1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL SOLUTION 5 MG/5 ML		1	QL (560 per 28 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		1	QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG		1	NM; NDS
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)		1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)		1	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		1	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)		1	
digoxin oral tablet 125 mcg (0.125 mg)	(Digitek)	1	
digoxin oral tablet 250 mcg (0.25 mg)	(Digitek)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	1	QL (4 per 30 days)
hydralazine injection solution 20 mg/ml		1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	1	PA; NM; NDS; QL (18 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	(Ranexa)	1	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML		1	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		1	PA; NM; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG		1	PA; NM; NDS; QL (120 per 30 days)
Dihydropyridines			
afeditab cr oral tablet extended release 30 mg		1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg		1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
nicardipine oral capsule 20 mg, 30 mg		1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	1	
Diuretics			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide injection solution 0.25 mg/ml		1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		1	
chlorothiazide oral tablet 250 mg, 500 mg		1	
chlorothiazide sodium intravenous recon soln 500 mg	(Diuril IV)	1	

Drug Name	Drug Tier	Requirements/Limits
chlorthalidone oral tablet 25 mg, 50 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide injection syringe 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	
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	
JYNARQUE ORAL TABLET 15 MG, 30 MG	1	PA; NM; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	1	PA; NM; NDS; QL (56 per 28 days)
methyclothiazide oral tablet 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg (Dyazide)	1	
triamterene-hydrochlorothiazid oral capsule 50-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)	1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)	1	
Dyslipidemics		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	1	

Drug Name		Drug Tier	Requirements/Limits
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	
cholestyramine light oral powder 4 gram		1	
cholestyramine light packet 4 gram		1	
colesevelam oral tablet 625 mg	(WelChol)	1	
colestipol oral packet 5 gram	(Colestid)	1	
colestipol oral tablet 1 gram	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral tablet 160 mg, 54 mg		1	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG		1	PA; NM; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		1	PA; NM; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG		1	PA; NM; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		1	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	PA; QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	1	
niacor oral tablet 500 mg		1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		1	PA; QL (2 per 28 days)
pravastatin oral tablet 10 mg, 80 mg		1	
pravastatin oral tablet 20 mg, 40 mg	(Pravachol)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
prevalite oral powder in packet 4 gram		1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		1	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		1	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		1	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg		1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM		1	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM		1	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM		1	
WELCHOL ORAL TABLET 625 MG		1	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		1	ST
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG		1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	
isosorbide dinitrate oral tablet extended release 40 mg	(ISOCHRON)	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Minitran)	1	
Central Nervous System Agents		
Central Nervous System Agents		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg (Strattera)	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg (Strattera)	1	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	1	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; NM; NDS; QL (60 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	1	PA; NM; NDS; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; NM; NDS; QL (15 per 30 days)
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml) (Cafcit)	1	PA BvD

Drug Name		Drug Tier	Requirements/Limits
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		1	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML		1	PA; NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML		1	PA; NM; NDS; QL (12 per 28 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	1	PA; NM; NDS; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	QL (60 per 30 days)
dextroamphetamine oral tablet 10 mg, 5 mg	(Zenzedi)	1	QL (180 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	1	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		1	PA; NM; NDS; QL (15 per 30 days)
flumazenil intravenous solution 0.1 mg/ml		1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		1	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Copaxone)	1	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	1	PA; NM; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml		1	PA; NM; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml		1	PA; NM; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		1	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE 40 MG, 80 MG	1	PA; NM; NDS; QL (30 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	1	PA; NM; NDS; QL (6 per 365 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	1	
lithium carbonate oral tablet extended release 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	1	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 2 MG	1	PA; NM; NDS; QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	1	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	1	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg (Ritalin LA)	1	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg (Ritalin LA)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	1	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	1	QL (90 per 30 days)
methylphenidate la 30 mg cap 30 mg (Ritalin LA)	1	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM; NDS
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	1	PA; NM; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; NM; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; NM; NDS
riluzole oral tablet 50 mg (Rilutek)	1	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	1	PA; NM; NDS; QL (14 per 7 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46)	1	PA; NM; NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	1	PA; NM; NDS; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	1	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; NM; NDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; NM; NDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	1	PA; NM; NDS
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; NM; NDS
Contraceptives		
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg	1	
altavera (28) oral tablet 0.15-0.03 mg	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)

Drug Name	Drug Tier	Requirements/Limits
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
aubra oral tablet 0.1-20 mg-mcg	1	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
aviane oral tablet 0.1-20 mg-mcg	1	
ayuna oral tablet 0.15-0.03 mg	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
balziva (28) oral tablet 0.4-35 mg-mcg	1	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
briellyn oral tablet 0.4-35 mg-mcg	1	
camila oral tablet 0.35 mg	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	

Drug Name	Drug Tier	Requirements/Limits
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	1	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
cyred oral tablet 0.15-0.03 mg	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	1	
delyla (28) oral tablet 0.1-20 mg-mcg	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Jasmiel (28))	1	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Syeda)	1	
elinest oral tablet 0.3-30 mg-mcg	1	
ELLA ORAL TABLET 30 MG	1	QL (6 per 365 days)
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
enskyce oral tablet 0.15-0.03 mg	1	
errin oral tablet 0.35 mg	1	
estarylla oral tablet 0.25-35 mg-mcg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr (EluRyng)	1	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	1	

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Drug Name	Drug Tier	Requirements/Limits
femynor oral tablet 0.25-35 mg-mcg	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
hailey oral tablet 1.5-30 mg-mcg	1	
heather oral tablet 0.35 mg	1	
incassia oral tablet 0.35 mg	1	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	1	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	1	
jencycla oral tablet 0.35 mg	1	
jolivette oral tablet 0.35 mg	1	
juleber oral tablet 0.15-0.03 mg	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
kalliga oral tablet 0.15-0.03 mg	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	
kelnor 1-50 oral tablet 1-50 mg-mcg	1	
kurvelo (28) oral tablet 0.15-0.03 mg	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7) (Amethia Lo)	1	QL (91 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Fayosim)	1	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg		1	
larin 1/20 (21) oral tablet 1-20 mg-mcg		1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)		1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)		1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)		1	
larissia oral tablet 0.1-20 mg-mcg		1	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg		1	
lessina oral tablet 0.1-20 mg-mcg		1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)		1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Introvale)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	
levora-28 oral tablet 0.15-0.03 mg		1	
lillow (28) oral tablet 0.15-0.03 mg		1	
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)		1	QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg		1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg		1	

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Drug Name		Drug Tier	Requirements/Limits
lo-zumandimine (28) oral tablet 3-0.02 mg		1	
lutera (28) oral tablet 0.1-20 mg-mcg		1	
lyza oral tablet 0.35 mg		1	
marlissa (28) oral tablet 0.15-0.03 mg		1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)		1	
mili oral tablet 0.25-35 mg-mcg		1	
mono-linyah oral tablet 0.25-35 mg-mcg		1	
mononessa (28) oral tablet 0.25-35 mg-mcg		1	
myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)		1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	
nikki (28) oral tablet 3-0.02 mg		1	
nora-be oral tablet 0.35 mg		1	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Aurovela 24 Fe)	1	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri Femynor)	1	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
norlyda oral tablet 0.35 mg		1	

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Drug Name	Drug Tier	Requirements/Limits
norlyroc oral tablet 0.35 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
ogestrel (28) oral tablet 0.5-50 mg-mcg	1	
orsythia oral tablet 0.1-20 mg-mcg	1	
philith oral tablet 0.4-35 mg-mcg	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg	1	
portia 28 oral tablet 0.15-0.03 mg	1	
previfem oral tablet 0.25-35 mg-mcg	1	
reclipsen (28) oral tablet 0.15-0.03 mg	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
sprintec (28) oral tablet 0.25-35 mg-mcg	1	
sronyx oral tablet 0.1-20 mg-mcg	1	
syeda oral tablet 3-0.03 mg	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	

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Drug Name	Drug Tier	Requirements/Limits
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tulana oral tablet 0.35 mg	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
vienva oral tablet 0.1-20 mg-mcg	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	
vylibra oral tablet 0.25-35 mg-mcg	1	
wera (28) oral tablet 0.5-35 mg-mcg	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
zarah oral tablet 3-0.03 mg		1	
zenchent (28) oral tablet 0.4-35 mg-mcg		1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg		1	
zumandimine (28) oral tablet 3-0.03 mg		1	
Dental And Oral Agents			
Dental And Oral Agents			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
oralone dental paste 0.1 %		1	
paroex oral rinse mucous membrane mouthwash 0.12 %		1	
periogard mucous membrane mouthwash 0.12 %		1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	1	
Dermatological Agents			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 25 mg	(Soriatane)	1	
acitretin oral capsule 17.5 mg		1	
acyclovir topical ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED		1	
ammonium lactate topical cream 12 %	(Geri-Hydrolac)	1	
ammonium lactate topical lotion 12 %	(Geri-Hydrolac)	1	
calcipotriene scalp solution 0.005 %		1	
calcipotriene topical cream 0.005 %	(Dovonex)	1	
fluorouracil topical cream 0.5 %	(Carac)	1	NM; NDS
fluorouracil topical cream 5 %	(Efudex)	1	
fluorouracil topical solution 2 %, 5 %		1	
imiquimod topical cream in packet 5 %	(Aldara)	1	QL (24 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	(Oxsoralen Ultra)	1	NM; NDS
PANRETIN TOPICAL GEL 0.1 %		1	NM; NDS
PICATO TOPICAL GEL 0.015 %		1	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %		1	QL (2 per 56 days)
podofilox topical solution 0.5 %		1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		1	
TOLAK TOPICAL CREAM 4 %		1	
VALCHLOR TOPICAL GEL 0.016 %		1	NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	
Dermatological Antibacterials			
clindamycin phosphate topical solution 1 %	(Cleocin T)	1	
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	
ery pads topical swab 2 %		1	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	
erythromycin with ethanol topical solution 2 %		1	
erythromycin with ethanol topical swab 2 %	(Ery Pads)	1	
gentamicin topical cream 0.1 %		1	
gentamicin topical ointment 0.1 %		1	
metronidazole topical cream 0.75 %	(Rosadan)	1	
metronidazole topical gel 0.75 %	(Rosadan)	1	
metronidazole topical gel 1 %	(Metrogel)	1	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	
mupirocin topical ointment 2 %	(Centany)	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		1	
rosadan topical cream 0.75 %		1	
selenium sulfide topical lotion 2.5 %		1	
silver sulfadiazine topical cream 1 %	(SSD)	1	
ssd topical cream 1 %		1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	1	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %	1	
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 % (Diprolene)	1	
clobetasol scalp solution 0.05 %	1	
clobetasol topical cream 0.05 % (Temovate)	1	
clobetasol-emollient topical cream 0.05 %	1	
clocortolone pivalate topical cream 0.1 % (Cloderm)	1	
cormax scalp solution 0.05 %	1	
desoximetasone topical cream 0.25 % (Topicort)	1	
EUCRISA TOPICAL OINTMENT 2 %	1	
fluocinolone topical cream 0.01 %	1	
fluocinolone topical cream 0.025 % (Synalar)	1	

Drug Name	Drug Tier	Requirements/Limits
fluocinolone topical ointment 0.025 % (Synalar)	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical solution 0.05 %	1	
fluocinonide-e topical cream 0.05 %	1	
fluticasone propionate topical cream 0.05 % (Cutivate)	1	
fluticasone propionate topical ointment 0.005 %	1	
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical ointment 0.05 %	1	
hydrocortisone topical cream 1 % (Ala-Cort)	1	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 % (Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %	1	
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
pimecrolimus topical cream 1 % (Elidel)	1	
prednicarbate topical cream 0.1 %	1	
prednicarbate topical ointment 0.1 %	1	
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)	1	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %	1	
triamcinolone acetonide topical cream 0.1 %, 0.5 % (Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	

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Drug Name		Drug Tier	Requirements/Limits
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	1	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	1	
adapalene topical gel 0.1 %	(Differin)	1	
ALTRENO TOPICAL LOTION 0.05 %		1	PA
tazarotene topical cream 0.1 %	(Tazorac)	1	
TAZORAC TOPICAL CREAM 0.05 %		1	
tretinoin topical cream 0.025 %	(Avita)	1	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin topical gel 0.01 %	(Retin-A)	1	PA
tretinoin topical gel 0.025 %	(Avita)	1	PA
tretinoin topical gel 0.05 %	(Atralin)	1	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	1	
permethrin topical cream 5 %	(Elimite)	1	
Devices			
Devices			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"		1	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"		1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	

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Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	1	
V-GO 40 DISPOSABLE DEVICE		1	
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML		1	NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		1	NM; NDS
CERDELGA ORAL CAPSULE 84 MG		1	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		1	NM; NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		1	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG		1	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG		1	PA; NM; NDS
GALAFOLD ORAL CAPSULE 123 MG		1	PA; NM; NDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML		1	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML		1	PA BvD; NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG		1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA; NM; NDS
miglustat oral capsule 100 mg (Zavesca)	1	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 5 mg (Orfadin)	1	PA; NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	1	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	1	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NM; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	1	NM; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	1	

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Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
apraclonidine ophthalmic (eye) drops 0.5 %	1	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	1	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	1	
cromolyn ophthalmic (eye) drops 4 %	1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 % (Cyclogyl)	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	NM; NDS
epinastine ophthalmic (eye) drops 0.05 %	1	
ipratropium bromide nasal spray,non-aerosol 0.03 %	1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (15 per 10 days)
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 % (Pataday)	1	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	1	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	1	PA; NM; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic (ear) solution 2 %	1	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	1	
bleph-10 ophthalmic (eye) drops 10 %	1	

Drug Name		Drug Tier	Requirements/Limits
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %		1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		1	
gentamicin ophthalmic (eye) drops 0.3 %		1	
levofloxacin ophthalmic (eye) drops 0.5 %		1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %		1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	

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Drug Name		Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g		1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram		1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml	(Polytrim)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	1	
trifluridine ophthalmic (eye) drops 1 %		1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		1	

Drug Name		Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		1	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		1	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %		1	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	QL (50 per 25 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %		1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		1	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	1	QL (34 per 28 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %		1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %		1	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		1	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		1	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
cimetidine hcl oral solution 300 mg/5 ml		1	
esomeprazole sodium intravenous recon soln 20 mg		1	
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	1	
famotidine (pf) intravenous solution 20 mg/2 ml		1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		1	
famotidine intravenous solution 10 mg/ml		1	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Heartburn Treatment 24 Hour)	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg		1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	1	ST; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg	(Protonix)	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
pantoprazole oral tablet,delayed release (dr/ec) 40 mg (Protonix)	1	QL (60 per 30 days)
ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)	1	
ranitidine hcl oral syrup 15 mg/ml	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet 1 gram (Carafate)	1	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	1	NM; NDS
constulose oral solution 10 gram/15 ml	1	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	PA-HRM; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	1	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; NM; NDS
generlac oral solution 10 gram/15 ml	1	
glycopyrrolate injection solution 0.2 mg/ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml	1	
lactulose oral solution 10 gram/15 ml (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	QL (90 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	
methscopolamine oral tablet 2.5 mg, 5 mg		1	
metoclopramide hcl injection solution 5 mg/ml		1	
metoclopramide hcl injection syringe 5 mg/ml		1	
metoclopramide hcl oral solution 5 mg/5 ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG		1	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML		1	PA; NM; NDS
RELISTOR ORAL TABLET 150 MG		1	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		1	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		1	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		1	PA; NM; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	1	NM; NDS
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		1	
sodium polystyrene sulfonate oral powder		1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	
ursodiol oral capsule 300 mg	(Actigall)	1	
ursodiol oral tablet 250 mg	(URSO 250)	1	
ursodiol oral tablet 500 mg	(URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	1	ST; NM; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	1	PA; NM; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	1	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	
gavilyte-n oral recon soln 420 gram	1	
peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram (Gavilyte-C)	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	
trilyte with flavor packets oral recon soln 420 gram	1	
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	1	NM; NDS
sevelamer carbonate oral tablet 800 mg (Renvela)	1	
sevelamer hcl oral tablet 400 mg	1	
sevelamer hcl oral tablet 800 mg (Renagel)	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 5 mg	1	

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Drug Name		Drug Tier	Requirements/Limits
bethanechol chloride oral tablet 25 mg, 50 mg	(Urecholine)	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		1	
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	1	
oxybutynin chloride oral tablet extended release 24hr 15 mg		1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		1	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		1	NM; NDS
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		1	PA; NM; NDS
THIOLA ORAL TABLET 100 MG		1	NM; NDS
Heavy Metal Antagonists			
Heavy Metal Antagonists			
clovique oral capsule 250 mg		1	PA; NM; NDS; QL (240 per 30 days)
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA; NM; NDS

Drug Name		Drug Tier	Requirements/Limits
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	1	PA; NM; NDS
deferoxamine injection recon soln 2 gram, 500 mg	(Desferal)	1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML		1	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG, 500 MG		1	PA; NM; NDS
JADENU ORAL TABLET 180 MG		1	PA; NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG		1	PA; NM; NDS
penicillamine oral capsule 250 mg	(Cuprimine)	1	PA; NM; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA; NM; NDS
trientine oral capsule 250 mg	(Clovique)	1	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANADROL-50 ORAL TABLET 50 MG		1	PA; NM; NDS
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	PA
testosterone enanthate intramuscular oil 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	1	PA; QL (300 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		1	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg		1	PA-HRM; AGE (Max 64 Years)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr		1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		1	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	PA-HRM; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Amabelz)	1	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		1	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg		1	PA-HRM; AGE (Max 64 Years)
jinteli oral tablet 1-5 mg-mcg		1	PA-HRM; AGE (Max 64 Years)
mimvey lo oral tablet 0.5-0.1 mg		1	PA-HRM; AGE (Max 64 Years)

Drug Name	Drug Tier	Requirements/Limits
mimvey oral tablet 1-0.5 mg	1	PA-HRM; AGE (Max 64 Years)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg (Fyavolv)	1	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg (Evista)	1	
yuvafem vaginal tablet 10 mcg	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
a-hydrocort injection recon soln 100 mg	1	
betamethasone acet,sod phos injection suspension 6 mg/ml (Celestone Soluspan)	1	
cortisone oral tablet 25 mg	1	
decadron oral elixir 0.5 mg/5 ml	1	PA BvD
dexamethasone oral elixir 0.5 mg/5 ml	1	PA BvD
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg (Decadron)	1	PA BvD
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg	1	PA BvD
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	1	PA; NM; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	1	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	1	PA; NM; NDS; QL (60 per 30 days)
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml (Depo-Medrol)	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Medrol)	1	
methylprednisolone oral tablets,dose pack 4 mg (Medrol (Pak))	1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg (Solu-Medrol)	1	
prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)	1	PA BvD
prednisolone oral solution 15 mg/5 ml	1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	1	PA BvD
prednisone oral solution 5 mg/5 ml	1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	1	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	1	

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Drug Name	Drug Tier	Requirements/Limits
Pituitary		
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml) (DDAVP)	1	
desmopressin injection solution 4 mcg/ml (DDAVP)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	1	PA; NM; NDS; QL (60 per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; NM; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA; NM; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	1	PA; NM; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	1	PA; NM; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	1	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	1	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	1	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	1	PA; NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	1	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	1	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1	
octreotide acetate injection solution (Sandostatin) *100 mcg/ml, 50 mcg/ml, 500 mcg/ml*	1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; NM; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NM; NDS; QL (56 per 28 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	1	PA; NM; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	1	PA; NM; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	1	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	1	PA NSO; NM; NDS; QL (1 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; NM; NDS; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	1	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	1	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	NM; NDS; QL (1 per 168 days)

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Drug Name		Drug Tier	Requirements/Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG		1	PA; NM; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG		1	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG		1	PA; NM; NDS
Progestins			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML		1	QL (10 per 28 days)
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	(Makena)	1	NM; NDS
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		1	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Aygestin)	1	
progesterone intramuscular oil 50 mg/ml		1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	1	
propylthiouracil oral tablet 50 mg		1	
Immunological Agents			
Immunological Agents			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	NM; NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
azathioprine oral tablet 50 mg (Imuran)	1	PA BvD
azathioprine sodium injection recon soln 100 mg	1	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	1	PA BvD
cyclosporine modified oral capsule 50 mg	1	PA BvD
cyclosporine modified oral solution 100 mg/ml (Gengraf)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	1	PA BvD
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NM; NDS
everolimus (immunosuppressive) (Zortress) *oral tablet 0.25 mg*	1	PA BvD
everolimus (immunosuppressive) (Zortress) *oral tablet 0.5 mg, 0.75 mg*	1	PA BvD; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD; NM; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg	1	PA BvD
gengraf oral solution 100 mg/ml	1	PA BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	1	PA; NM; NDS
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	1	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	1	PA; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; NM; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	1	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg (CellCept)	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	1	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg (CellCept)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA BvD; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG	1	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	1	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG	1	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	1	NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	1	PA; NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML		1	PA; NM; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML		1	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML		1	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML		1	PA; NM; NDS
sirolimus oral solution 1 mg/ml	(Rapamune)	1	PA BvD; NM; NDS
sirolimus oral tablet 0.5 mg, 1 mg	(Rapamune)	1	PA BvD
sirolimus oral tablet 2 mg	(Rapamune)	1	PA BvD; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)		1	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML		1	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		1	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		1	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	1	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		1	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML		1	PA; NM; NDS
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		1	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		1	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML		1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; NM; LA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; NM; NDS
ZORTRESS ORAL TABLET 1 MG	1	PA BvD; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 62 DU/0.5 ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	

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Drug Name		Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML		1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML		1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		1	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML		1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML		1	QL (1 per 365 days)
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	1	NM; NDS
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	1	
colocort rectal enema 100 mg/60 ml		1	
DIPENTUM ORAL CAPSULE 250 MG		1	ST; NM; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Colocort)	1	

Drug Name		Drug Tier	Requirements/Limits
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM		1	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	1	
mesalamine rectal suppository 1,000 mg	(Canasa)	1	NM; NDS
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION		1	
Irrigating Solutions			
Irrigating Solutions			
acetic acid irrigation solution 0.25 %		1	
LACTATED RINGERS IRRIGATION SOLUTION		1	
sodium chloride irrigation solution 0.9 %	(Aqua Care Sodium Chloride)	1	
water for irrigation, sterile irrigation solution	(Aqua Care Sterile Water)	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral tablet 10 mg, 5 mg		1	
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	

Drug Name		Drug Tier	Requirements/Limits
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	1	NM; NDS; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	1	NM; NDS; QL (120 per 30 days)
doxercalciferol intravenous solution 4 mcg/2 ml	(Hectorol)	1	
EVENITY 105 MG/1.17 ML SYRINGE 105 MG/1.17 ML		1	PA; NM; NDS; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)		1	PA; NM; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		1	PA; QL (2.4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml		1	QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml	(Boniva)	1	QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	1	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		1	NM; NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		1	PA; NM; NDS; QL (2 per 28 days)
paricalcitol hemodialysis port injection solution 2 mcg/ml		1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML		1	
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		1	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml	1	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; QL (1.56 per 30 days)
zoledronic acid intravenous recon soln 4 mg	1	
zoledronic acid intravenous solution 4 mg/5 ml	1	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml (Reclast)	1	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	NM; NDS
amifostine crystalline intravenous recon soln 500 mg (Ethyol)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
CABLIVI INJECTION KIT 11 MG	1	PA; NM; NDS; QL (30 per 30 days)
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	1	NM; NDS
diazoxide oral suspension 50 mg/ml (Proglycem)	1	
droperidol injection solution 2.5 mg/ml	1	
ELMIRON ORAL CAPSULE 100 MG	1	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	1	PA; NM; NDS; QL (180 per 30 days)
ergoloid oral tablet 1 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	1	PA; NM; LA; NDS
fomepizole intravenous solution 1 gram/ml	1	NM; NDS
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
guanidine oral tablet 125 mg	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	1	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	1	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
hydroxyzine pamoate oral capsule 100 mg	1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	1	
KEVEYIS ORAL TABLET 50 MG	1	PA; NM; NDS; QL (120 per 30 days)
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	
leucovorin calcium injection solution 10 mg/ml	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	1	
levocarnitine oral tablet 330 mg (Carnitor)	1	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	1	
levoleucovorin calcium intravenous recon soln 50 mg (Fusilev)	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
mesna intravenous solution 100 mg/ml (Mesnex)	1	
MESNEX ORAL TABLET 400 MG	1	NM; NDS
MESTINON ORAL SYRUP 60 MG/5 ML	1	NM; NDS
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	1	NM; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	1	
pyridostigmine bromide oral tablet 30 mg	1	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	1	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	1	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	1	NM; NDS
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	1	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	1	PA; NM; NDS; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	

Drug Name		Drug Tier	Requirements/Limits
acetazolamide sodium injection recon soln 500 mg		1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %		1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		1	
brimonidine ophthalmic (eye) drops 0.2 %		1	
carteolol ophthalmic (eye) drops 1 %		1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %		1	
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		1	QL (2.5 per 25 days)
metipranolol ophthalmic (eye) drops 0.3 %		1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	(Isopto Carpine)	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Replacement Preparations		
Replacement Preparations		
calcium chloride intravenous syringe 100 mg/ml (10 %)	1	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
klor-con sprinkle oral capsule, extended release 8 meq	1	
K-SOL ORAL LIQUID 20 MEQ/15 ML	1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	1	PA BvD
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	PA BvD
magnesium sulfate injection solution 4 meq/ml (50 %)	1	PA BvD
magnesium sulfate injection syringe 4 meq/ml	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
potassium chloride intravenous solution 2 meq/ml	1	PA BvD
potassium chloride intravenous solution 2 meq/ml (20 ml)	1	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq (K-Tab)	1	
potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)	1	
potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	1	
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	1	
potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)	1	
sodium chloride 0.9 % intravenous parenteral solution	1	

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	1	PA BvD
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	QL (12 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION		1	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION		1	QL (21.2 per 28 days)
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION		1	QL (12 per 30 days)
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION		1	QL (13.8 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION		1	QL (10.2 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	
Bronchodilators			
albuterol 5 mg/ml solution 5 mg/ml		1	PA BvD
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(ProAir HFA)	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		1	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		1	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		1	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml		1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		1	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	
ipratropium bromide inhalation solution 0.02 %	1	PA BvD
LONHALA MAGNAIR 25 MCG STARTER 25 MCG/ML	1	QL (60 per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	1	QL (60 per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1	
metaproterenol oral tablet 10 mg, 20 mg	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	1	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	NM; NDS
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	1	QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	1	QL (2 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine intravenous solution 200 mg/ml (20 %) (Acetadote)	1	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
DALIRESP ORAL TABLET 250 MCG	1	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	1	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	1	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; NM; NDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	1	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	1	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; NM; NDS; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	1	PA; NM; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	1	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	1	
chlorzoxazone oral tablet 500 mg	1	PA-HRM; AGE (Max 64 Years)
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg	1	
dantrolene oral capsule 25 mg, 50 mg (Dantrium)	1	
methocarbamol oral tablet 500 mg	1	PA-HRM; AGE (Max 64 Years)
methocarbamol oral tablet 750 mg (Robaxin-750)	1	PA-HRM; AGE (Max 64 Years)
revonto intravenous recon soln 20 mg	1	
tizanidine oral tablet 2 mg	1	
tizanidine oral tablet 4 mg (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	1	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; NM; NDS; QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XYREM ORAL SOLUTION 500 MG/ML	1	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	1	PA; NM; NDS; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg (Letairis)	1	PA; NM; NDS; QL (30 per 30 days)
epoprostenol (glycine) intravenous recon soln 0.5 mg (Flolan)	1	PA
epoprostenol (glycine) intravenous recon soln 1.5 mg (Flolan)	1	PA; NM; NDS
OPSUMIT ORAL TABLET 10 MG	1	PA; NM; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; NM; NDS
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml (Revatio)	1	PA; NM; NDS; QL (37.5 per 1 day)
sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)	1	PA; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg (Alyq)	1	PA; NM; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	1	PA; NM; NDS; QL (112 per 28 days)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)	1	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; NDS
Vitamins And Minerals		
Vitamins And Minerals		
pnv prenatal plus multivit tab s/f, gluten-free (rx) 27 mg iron- 1 mg	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	1	

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