

CDPHP® Medicare Advantage Drug Plans

CDPHP \$0 Medicare Rx (HMO)

CDPHP Basic Rx (HMO)

CDPHP Choice Rx (HMO)

CDPHP Value Rx (HMO)

CDPHP Flex Rx (PPO)

CDPHP Vital Rx (PPO)

CDPHP Care Advantage (HMO C-SNP)



**A plan for life.**

# 2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00024471, Version Number 8.

This formulary was updated on 9/20/2023. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. Or, visit <http://www.cdphp.com>.

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Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means CDPHP. When it refers to “plan” or “our plan,” it means CDPHP Medicare Advantage Drug Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 9/20/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

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# What is the CDPHP Medicare Advantage Drug Plans Formulary?

A formulary is a list of covered drugs selected by CDPHP Medicare Advantage Drug Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CDPHP Medicare Advantage Drug Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CDPHP Medicare Advantage Drug Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

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

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

- ▶ **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CDPHP Medicare Advantage Drug Plan Formulary?”

- ▶ **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- ▶ **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CDPHP Medicare Advantage Drug Plan Formulary?”

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**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes.

The enclosed formulary is current as of 9/20/2023. To get updated information about the drugs covered by CDPHP Medicare Advantage Drug Plans, please contact us. Our contact information appears on the front and back cover pages.

If we make changes to the formulary during the coverage year, you can download the updated document from our website at <http://www.cdphp.com> or call the Pharmacy Customer Care Center to request a copy. Throughout the year, we also post a cumulative Notice of Formulary Updates on our website. You can download a copy online, or call member services and we'll mail you one.

## How do I use the Formulary?

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

### ***Medical Condition***

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

### ***Alphabetical Listing***

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 114. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

CDPHP Medicare Advantage Drug Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- ▶ **Prior Authorization:** CDPHP Medicare Advantage Drug Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CDPHP Medicare Advantage Drug Plans before you fill your prescriptions. If you don't get approval, CDPHP Medicare Advantage Drug Plans may not cover the drug.

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- ▶ **Quantity Limits:** For certain drugs, CDPHP Medicare Advantage Drug Plans limit the amount of the drug that CDPHP Medicare Advantage Drug Plans will cover. For example, CDPHP Medicare Advantage Drug Plans provides 30 tabs in 30 days per prescription for FARXIGA. This may be in addition to a standard one-month or three-month supply.
  - ▶ **Step Therapy:** In some cases, CDPHP Medicare Advantage Drug Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CDPHP Medicare Advantage Drug Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CDPHP Medicare Advantage Drug Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CDPHP Medicare Advantage Drug Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CDPHP Medicare Advantage Drug Plans formulary?” on page 5 for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact the Pharmacy Customer Care Center and ask if your drug is covered.

If you learn that CDPHP Medicare Advantage Drug Plans does not cover your drug, you have two options:

- ▶ You can ask the Pharmacy Customer Care Center for a list of similar drugs that are covered by CDPHP Medicare Advantage Drug Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CDPHP Medicare Advantage Drug Plans.
- ▶ You can ask CDPHP Medicare Advantage Drug Plans to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the CDPHP Medicare Advantage Drug Plans’ Formulary?

You can ask CDPHP Medicare Advantage Drug Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- ▶ You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- ▶ You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

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- ▶ You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CDPHP Medicare Advantage Drug Plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CDPHP Medicare Advantage Drug Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Members residing in a long-term care facility and members who experience an unplanned change in level of care will be granted a one-time override so they can continue to receive their medication while a formulary exception request is processed. The pharmacy filling the prescription is responsible for obtaining the override from our plan.

## For more information

For more detailed information about your CDPHP Medicare Advantage Drug Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about CDPHP Medicare Advantage Drug Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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## CDPHP Medicare Advantage Drug Plans' Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by CDPHP Medicare Advantage Drug Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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

The information in the Requirements/Limits column tells you if CDPHP Medicare Advantage Drug Plans has any special requirements for coverage of your drug.

PA = Prior Authorization

QL = Quantity Limits (Specific quantity limits are listed in the Requirements/Limits column of the drug chart.)

Part B vs D Determination = This prescription drug may be covered under our medical benefit. For more information, please contact the Pharmacy Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week.

ST = Step Therapy

LA = This prescription may be available only at certain pharmacies. For more information consult our *Pharmacy Directory* or call the Pharmacy Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week.

\* = Additional information for that prescription

## Initial Coverage Period Copayments

This chart lists various copayments by tier for both 30-day retail supplies and 90-day mail order supplies. If you qualify for Low Income Subsidy, the amounts may be reduced. Please refer to your *Evidence of Coverage* for your plan's specific copayments and payment information.

Tier	Standard retail cost sharing (in-network) Up to a 30-day supply	Preferred retail cost sharing (in-network) Up to a 30-day supply	Preferred mail-order cost sharing (Up to a 90-day supply)	Long Term Care (LTC) cost sharing (Up to a 30-day supply)	Out-of-network cost sharing (Up to a 30-day supply)*
<b>Tier 1 Preferred Generic</b>	\$3 to \$6 copayment depending on your plan.	\$0 for all plans.	\$0 for all plans.	\$3 to \$6 copayment depending on your plan.	\$3 to \$6 copayment depending on your plan.
<b>Tier 2 Generic</b>	\$16 to \$20 copayment depending on your plan.	\$0 for all plans.	\$0 for all plans.	\$16 to \$20 copayment depending on your plan.	\$16 to \$20 copayment depending on your plan.
<b>Tier 3 Preferred Brand</b>	\$45 to \$47 copayment depending on your plan.	\$40 to \$47 copayment depending on your plan.	\$80 to \$94 copayment depending on your plan.	\$45 to \$47 copayment depending on your plan.	\$45 to \$47 copayment depending on your plan.
<b>Tier 4 Non-Preferred Drugs</b>	\$90 to \$100 copayment depending on your plan.	\$90 to \$100 copayment depending on your plan.	\$225 to \$250 copayment depending on your plan.	\$90 to \$100 copayment depending on your plan.	\$90 to \$100 copayment depending on your plan.
<b>Tier 5 Specialty Tier</b>	26% to 33% coinsurance depending on your plan.	26% to 33% coinsurance depending on your plan.	Not covered.	26% to 33% coinsurance depending on your plan.	26% to 33% coinsurance depending on your plan.

\*You may have to pay more at some out-of-network pharmacies. Please refer to your *Evidence of Coverage* for more information.

This formulary was updated on 9/20/2023. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. Or, visit <http://www.cdphp.com>.



## 2024 CDPHP MEDICARE ADVANTAGE 5T (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>cataflam 50 mg tab</i>	2	QL (120 EA PER 30 DAYS)
<i>celecoxib 100 mg cap</i>	2	QL (120 EA PER 30 DAYS)
<i>celecoxib 200 mg cap</i>	2	QL (60 EA PER 30 DAYS)
<i>celecoxib 400 mg cap</i>	3	QL (30 EA PER 30 DAYS)
<i>celecoxib 50 mg cap</i>	3	QL (60 EA PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	2	QL (120 EA PER 30 DAYS)
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium 1 % gel</i>	3	QL (1000 GM PER 30 DAYS)
<i>diclofenac sodium 1.5 % solution</i>	4	QL (300 ML PER 28 DAYS)
<i>diclofenac sodium er 100 mg tab er 24h</i>	2	
<i>diflunisal 500 mg tab</i>	3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	1	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	2	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	2	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen 100 mg/5ml suspension</i>	2	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	2	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>naproxen sodium er 750 mg tab er 24h</i>	2	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	3	
<i>relafen (500 mg tab, 750 mg tab)</i>	2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	1	

### **OPIOID ANALGESICS, LONG-ACTING**

<i>fentanyl (12 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	4	QL (10 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>fentanyl 25 mcg/hr patch 72hr</i>	3	QL (10 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>methadone hcl (5 mg tab, 10 mg tab)</i>	2	QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>methadone hcl (5 mg/5ml solution, 10 mg/5ml solution)</i>	2	QL (450 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>methadone hcl 10 mg/ml conc</i>	2	QL (90 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>methadone hcl intensol 10 mg/ml conc</i>	2	QL (90 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>morphine sulfate er (15 mg tab er, 30 mg tab er)</i>	2	QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>morphine sulfate er (60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	3	QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY

### **OPIOID ANALGESICS, SHORT-ACTING**

<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	2	QL (2700 ML PER 30 DAYS)
<i>acetaminophen-codeine 300-15 mg tab</i>	2	QL (400 EA PER 30 DAYS)
<i>acetaminophen-codeine 300-30 mg tab</i>	2	QL (360 EA PER 30 DAYS)
<i>acetaminophen-codeine 300-60 mg tab</i>	2	QL (180 EA PER 30 DAYS)
<i>butorphanol tartrate (1 mg/ml solution, 2 mg/ml solution)</i>	4	
<i>endocet 10-325 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>endocet 2.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)
<i>endocet 5-325 mg tab</i>	2	QL (360 EA PER 30 DAYS)
<i>endocet 7.5-325 mg tab</i>	3	QL (240 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG LOZ HANDLE, 400 MCG TAB, 600 MCG LOZ HANDLE, 600 MCG TAB, 800 MCG LOZ HANDLE, 800 MCG TAB, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	5	PA, QL (120 EA PER 30 DAYS)
<i>fentanyl citrate 200 mcg loz handle</i>	4	PA, QL (120 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	4	QL (2700 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	2	QL (180 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	2	QL (240 EA PER 30 DAYS)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	3	QL (150 EA PER 30 DAYS)
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	2	QL (180 EA PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (600 ML PER 30 DAYS)
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	2	QL (900 ML PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	2	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE (4 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	4	PA - PART B VS D DETERMINATION
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	2	QL (180 EA ML PER 30 DAYS)
MORPHINE SULFATE (PF) (2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	4	PA - PART B VS D DETERMINATION
<i>nalbuphine hcl (10 mg/ml solution, 20 mg/ml solution)</i>	4	
<i>oxycodone hcl (5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	4	QL (180 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	3	QL (900 ML PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>oxycodone-acetaminophen 2.5-325 mg tab</i>	3	QL (360 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone-acetaminophen 5-325 mg tab</i>	2	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	3	QL (240 EA PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	2	QL (240 EA PER 30 DAYS)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	2	QL (240 EA PER 30 DAYS)

## ANESTHETICS

### LOCAL ANESTHETICS

<i>glydo 2 % prsyr</i>	2	QL (60 ML PER 30 DAYS)
<i>lidocaine 5 % ointment</i>	4	QL (200 GM PER 30 DAYS)
<i>lidocaine 5 % patch</i>	4	PA, QL (3 EA PER 1 DAYS)
<i>lidocaine hcl (0.5 % solution, 1 % solution, 2 % solution)</i>	2	PA - PART B VS D DETERMINATION
<i>lidocaine hcl (pf) (0.5 % solution, 1 % solution, 1.5 % solution)</i>	2	PA - PART B VS D DETERMINATION
<i>lidocaine hcl 4 % solution</i>	3	QL (50 ML PER 30 DAYS)
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	3	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	2	QL (60 ML PER 30 DAYS)
<i>lidocaine viscous hcl 2 % solution</i>	2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	QL (30 GM PER 30 DAYS), PA - PART B VS D DETERMINATION
NAYZILAM 5 MG/0.1ML SOLUTION	4	

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium 333 mg tab dr</i>	2	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	2	
VIVITROL 380 MG RECON SUSP	5	

### OPIOID DEPENDENCE

<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	3	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>	2	QL (120 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL (60 EA PER 30 DAYS)
<b>OPIOID REVERSAL AGENTS</b>		
KLOXXADO 8 MG/0.1ML LIQUID	3	
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 4 mg/10ml solution)</i>	1	
<i>naloxone hcl (2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	2	
<i>naltrexone hcl 50 mg tab</i>	2	
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	2	
NICOTROL 10 MG INHALER	4	
NICOTROL NS 10 MG/ML SOLUTION	4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	2	
<i>varenicline tartrate (starter) 0.5 mg x 11 &amp; 1 mg x 42 tab thpk</i>	2	
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	4	
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION)	2	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	2	
<i>neomycin sulfate 500 mg tab</i>	2	
<i>paramomycin sulfate 250 mg cap</i>	4	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	5	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 80 mg/2ml solution)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOBRAMYCIN SULFATE (2 GM/50ML SOLUTION, 10 MG/ML SOLUTION)	3	
<b>ANTIBACTERIALS, OTHER</b>		
<i>acetic acid (0.25 % solution, 2 % solution)</i>	2	
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	4	
<i>clindacin etz 1 % swab</i>	2	
<i>clindacin-p 1 % swab</i>	2	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	2	
<i>clindamycin phosphate (1 % swab, 2 % cream)</i>	2	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	3	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	5	
<i>fosfomycin tromethamine 3 gm packet</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	5	QL (1800 ML PER 30 DAYS)
<i>linezolid 600 mg tab</i>	4	QL (60 EA PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	4	
<i>methenamine hippurate 1 gm tab</i>	3	
<i>metronidazole (0.75 % cream, 0.75 % gel)</i>	2	QL (45 GM PER 30 DAYS)
<i>metronidazole (250 mg tab, 500 mg tab)</i>	1	
<i>metronidazole 0.75 % lotion</i>	2	QL (59 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole 500 mg/100ml solution</i>	2	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	3	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	
SIVEXTRO (200 MG RECON SOLN, 200 MG TAB)	5	
SYNERCID 150-350 MG RECON SOLN	5	
<i>tigecycline 50 mg recon soln</i>	5	
<i>trimethoprim 100 mg tab</i>	1	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	2	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	2	QL (160 EA PER 180 OVER TIME)
VANCOMYCIN HCL IN NAACL (1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	4	
VANDAZOLE 0.75 % GEL	2	
XIFAXAN 550 MG TAB	5	

### BETA-LACTAM, CEPHALOSPORINS

CEFACLOR (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP)	4	
CEFACLOR (250 MG CAP, 500 MG CAP)	2	
CEFACLOR ER 500 MG TAB ER 12H	4	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	2	
CEFADROXIL 1 GM TAB	4	
<i>cefadroxil 500 mg cap</i>	1	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 500 mg recon soln)</i>	3	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM/50ML-% SOLUTION, 2-4 GM/100ML-% SOLUTION)	4	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefdinir 300 mg cap</i>	2	
<i>cefepime hcl 1 gm recon soln</i>	4	
<i>cefepime hcl 2 gm recon soln</i>	2	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	3	
<i>cefixime 400 mg cap</i>	2	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	3	
<i>cefprozil (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	3	
<i>cefprozil (250 mg tab, 500 mg tab)</i>	2	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	3	
<b>CEFTAZIDIME AND DEXTROSE (1-5 GM-%(50ML) RECON SOLN, 2-5 GM-%(50ML) RECON SOLN)</b>	4	
<i>ceftriaxone sodium (2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	3	
<i>ceftriaxone sodium 1 gm recon soln</i>	2	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	2	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	3	
<i>cephalexin (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	2	
<i>cephalexin (250 mg cap, 500 mg cap)</i>	1	
<b>TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)</b>	3	
<b>TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)</b>	5	
<b>BETA-LACTAM, PENICILLINS</b>		
<b>AMOXICILLIN (125 MG CHEW TAB, 250 MG CHEW TAB)</b>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	2	
AMPICILLIN 500 MG CAP	1	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	2	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	4	
<i>nafcillin sodium 10 gm recon soln</i>	5	
<i>oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4	
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	4	
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN)	2	
<i>penicillin v potassium (250 mg tab, 500 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	4	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium 1 gm recon soln</i>	4	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	3	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	4	
<b>MACROLIDES</b>		
<i>azithromycin (1 gm packet, 500 mg recon soln)</i>	3	
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	3	
<i>clarithromycin er 500 mg tab er 24h</i>	3	
DIFICID (40 MG/ML RECON SUSP, 200 MG TAB)	5	
E.E.S. 400 400 MG TAB	3	
<i>ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3	
<i>erythrocin lactobionate 500 mg recon soln</i>	4	
ERYTHROCIN STEARATE 250 MG TAB	3	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3	
<i>erythromycin base (250 mg cp dr part, 250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	3	
<i>erythromycin base (250 mg tab, 500 mg tab)</i>	4	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	3	
<i>erythromycin lactobionate 500 mg recon soln</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>QUINOLONES</b>		
BESIVANCE 0.6 % SUSPENSION	3	
CILOXAN 0.3 % OINTMENT	3	
CIPRO 500 MG/5ML (10%) RECON SUSP	4	
<i>ciprofloxacin 500 mg/5ml (10%) recon susp</i>	4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	2	
<i>ciprofloxacin in d5w (200 mg/100ml solution, 400 mg/200ml solution)</i>	3	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)</i>	3	
<i>moxifloxacin hcl 400 mg tab</i>	2	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	4	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne) 10 % lotion</i>	3	QL (118 ML PER 30 DAYS)
<i>sulfadiazine 500 mg tab</i>	4	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100 100 mg recon soln</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline hyclate 100 mg recon soln</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	
<i>monodoxyne nl 100 mg cap</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4	

## ANTICONVULSANTS

### ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRIVIACT 50 MG/5ML SOLUTION	4	PA - FOR NEW STARTS ONLY
DIACOMIT (250 MG CAP, 250 MG PACKET)	5	LA, QL (360 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	5	LA, QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	3	
EPIDIOLEX 100 MG/ML SOLUTION	5	LA, QL (600 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
EPRONTIA 25 MG/ML SOLUTION	4	
<i>felbamate (400 mg tab, 600 mg tab)</i>	4	
<i>felbamate 600 mg/5ml suspension</i>	5	
FINTEPLA 2.2 MG/ML SOLUTION	5	LA, QL (360 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
FYCOMPA (4 MG TAB, 6 MG TAB)	5	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
FYCOMPA (8 MG TAB, 10 MG TAB, 12 MG TAB)	5	QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
FYCOMPA 0.5 MG/ML SUSPENSION	5	QL (720 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
FYCOMPA 2 MG TAB	4	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	2	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	4	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	2	
<i>levetiracetam 500 mg/5ml solution</i>	4	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	3	
<i>levetiracetam in nacl (500 mg/100ml solution, 1000 mg/100ml solution, 1500 mg/100ml solution)</i>	4	
<i>roweepra 500 mg tab</i>	2	
SPRITAM 1000 MG TAB	4	QL (90 EA PER 30 DAYS)
SPRITAM 250 MG TAB	4	QL (360 EA PER 30 DAYS)
SPRITAM 500 MG TAB	4	QL (180 EA PER 30 DAYS)
SPRITAM 750 MG TAB	4	QL (120 EA PER 30 DAYS)
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink)</i>	2	
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	3	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	2	
XCOPRI (100 MG TAB, 150 MG TAB, 200 MG TAB)	5	QL (60 EA PER 30 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5	QL (28 EA PER 28 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	5	QL (56 EA PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	5	QL (56 EA PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	4	QL (28 EA PER 28 DAYS)
XCOPRI 50 MG TAB	5	QL (90 EA PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	5	LA, QL (1100 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY

### CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<i>methsuximide 300 mg cap</i>	4	

### GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam (10 mg tab, 20 mg tab)</i>	3	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	3	QL (480 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL)	4	
DIASTAT PEDIATRIC 2.5 MG GEL	4	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	4	
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	2	QL (2160 ML PER 30 DAYS)
<i>gabapentin 100 mg cap</i>	1	QL (1080 EA PER 30 DAYS)
<i>gabapentin 300 mg cap</i>	1	QL (360 EA PER 30 DAYS)
<i>gabapentin 400 mg cap</i>	1	QL (270 EA PER 30 DAYS)
<i>gabapentin 600 mg tab</i>	1	QL (180 EA PER 30 DAYS)
<i>gabapentin 800 mg tab</i>	1	QL (135 EA PER 30 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	3	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>phenobarbital (20 mg/5ml elixir, 20 mg/5ml solution)</i>	4	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>phenobarbital sodium (65 mg/ml solution, 130 mg/ml solution)</i>	4	
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	1	
SYMPAZAN (10 MG FILM, 20 MG FILM)	5	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMPAZAN 5 MG FILM	4	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	4	
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	4	
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	4	
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	4	
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	5	LA, QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	5	LA, QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY

### SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB, 600 MG TAB, 800 MG TAB)	5	QL (60 EA PER 30 DAYS)
<i>carbamazepine (100 mg chew tab, 200 mg tab)</i>	1	
<i>carbamazepine 100 mg/5ml suspension</i>	2	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	3	
DILANTIN (30 MG CAP, 100 MG CAP)	3	
<i>epitol 200 mg tab</i>	1	
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	2	QL (60 EA PER 30 DAYS)
<i>lacosamide 10 mg/ml solution</i>	4	QL (1200 ML PER 30 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	5	
<i>lacosamide 50 mg tab</i>	2	QL (120 EA PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	4	
PHENYTEK (200 MG CAP, 300 MG CAP)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs 50 mg chew tab</i>	2	
<i>phenytoin sodium 50 mg/ml solution</i>	3	
<i>phenytoin sodium extended (200 mg cap, 300 mg cap)</i>	3	
<i>phenytoin sodium extended 100 mg cap</i>	2	
<i>rufinamide 200 mg tab</i>	4	QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>rufinamide 40 mg/ml suspension</i>	5	QL (2300 ML PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>rufinamide 400 mg tab</i>	4	QL (240 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	4	
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	3	
VIMPAT 10 MG/ML SOLUTION	5	QL (1200 ML PER 30 DAYS)
VIMPAT 200 MG/20ML SOLUTION	5	
ZONISADE 100 MG/5ML SUSPENSION	4	QL (900 ML PER 30 DAYS)
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	

## ANTIDEPRESSANTS

### ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	4	
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	2	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	2	
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	2	
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	5	QL (30 EA PER 30 DAYS)
MARPLAN 10 MG TAB	4	QL (180 EA PER 30 DAYS)
<i>phenelzine sulfate 15 mg tab</i>	2	
<i>tranylcypromine sulfate 10 mg tab</i>	3	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>citalopram hydrobromide 10 mg/5ml solution</i>	2	
<i>desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)</i>	3	QL (30 EA PER 30 DAYS)
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>escitalopram oxalate 5 mg/5ml solution</i>	2	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	ST, QL (30 EA PER 30 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	ST
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap)</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl 10 mg/5ml suspension</i>	2	QL (900 ML PER 30 DAYS)
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	2	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRINTELLIX (10 MG TAB, 20 MG TAB)	4	QL (30 EA PER 30 DAYS)
TRINTELLIX 5 MG TAB	4	QL (120 EA PER 30 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	1	
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	4	QL (30 EA PER 30 DAYS)

## TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>amitriptyline hcl (100 mg tab, 150 mg tab)</i>	2	
AMOXAPINE (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB)	3	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	4	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>desipramine hcl (10 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	4	
<i>desipramine hcl 25 mg tab</i>	3	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>doxepin hcl (10 mg/ml conc, 100 mg cap, 150 mg cap)</i>	3	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	4	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	3	
<i>trimipramine maleate (50 mg cap, 100 mg cap)</i>	4	QL (60 EA PER 30 DAYS)
<i>trimipramine maleate 25 mg cap</i>	4	QL (180 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
<i>compro 25 mg suppos</i>	3	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2	
<i>metoclopramide hcl (5 mg tab, 10 mg tab)</i>	1	
<i>metoclopramide hcl (5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution)</i>	2	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	3	
<i>prochlorperazine 25 mg suppos</i>	3	
<i>prochlorperazine edisylate 10 mg/2ml solution</i>	4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	1	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppos)</i>	4	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	2	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>promethegan (12.5 mg suppos, 25 mg suppos)</i>	4	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>scopolamine 1 mg/3days patch 72hr</i>	3	QL (10 EA PER 30 DAYS)
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
AKYNZEO 300-0.5 MG CAP	4	PA - PART B VS D DETERMINATION
<i>aprepitant (40 mg cap, 80 &amp; 125 mg cap, 80 &amp; 125 mg misc, 80 mg cap)</i>	3	PA - PART B VS D DETERMINATION
<i>aprepitant 125 mg cap</i>	4	PA - PART B VS D DETERMINATION
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	4	QL (60 EA PER 30 DAYS), PA - PART B VS D DETERMINATION
EMEND 125 MG/5ML RECON SUSP	4	PA - PART B VS D DETERMINATION
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	3	
<i>granisetron hcl 1 mg tab</i>	3	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution)</i>	2	
SANCUSO 3.1 MG/24HR PATCH	5	
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	4	PA - PART B VS D DETERMINATION

## ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	4	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	5	PA - PART B VS D DETERMINATION
<i>casprofungin acetate 50 mg recon soln</i>	5	
<i>casprofungin acetate 70 mg recon soln</i>	4	
<i>ciclopirox olamine 0.77 % cream</i>	2	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	3	QL (60 ML PER 30 DAYS)
<i>clotrimazole 1 % cream</i>	2	QL (45 GM PER 30 DAYS)
<i>clotrimazole 1 % solution</i>	2	QL (30 ML PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	3	QL (150 EA PER 30 DAYS)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp)</i>	3	
<i>fluconazole (50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	3	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>itraconazole 100 mg cap</i>	4	
<i>ketoconazole 2 % cream</i>	2	QL (60 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	1	QL (120 ML PER 30 DAYS)
<i>ketoconazole 200 mg tab</i>	2	
<i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i>	5	
<i>nyamyc 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment)</i>	2	QL (30 GM PER 30 DAYS)
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2	
<i>nystatin 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>nystop 100000 unit/gm powder</i>	2	QL (60 GM PER 30 DAYS)
<i>posaconazole 100 mg tab dr</i>	5	QL (93 EA PER 30 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	5	
<i>terbinafine hcl 250 mg tab</i>	1	QL (90 EA PER 365 OVER TIME)
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2	
<i>voriconazole 200 mg recon soln</i>	5	PA
<i>voriconazole 200 mg tab</i>	4	QL (120 EA PER 30 DAYS)
<i>voriconazole 40 mg/ml recon susp</i>	5	
<i>voriconazole 50 mg tab</i>	4	QL (180 EA PER 30 DAYS)

## **ANTIGOUT AGENTS**

<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
ALLOPURINOL 200 MG TAB	2	
<i>colchicine 0.6 mg tab</i>	2	QL (120 EA PER 30 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	3	ST
MITIGARE 0.6 MG CAP	3	QL (60 EA PER 30 DAYS)
<i>probenecid 500 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	3	
<i>rifabutin 150 mg cap</i>	4	
<b>ANTITUBERCULARS</b>		
<i>cycloserine 250 mg cap</i>	5	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	3	
<i>isoniazid (100 mg tab, 300 mg tab)</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	4	
PRIFTIN 150 MG TAB	4	
<i>pyrazinamide 500 mg tab</i>	4	
<i>rifampin (150 mg cap, 300 mg cap)</i>	2	
<i>rifampin 600 mg recon soln</i>	4	
SIRTURO (20 MG TAB, 100 MG TAB)	5	PA, LA
TRECTOR 250 MG TAB	4	
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA 100 MG/4ML SOLUTION	5	PA - PART B VS D DETERMINATION
CYCLOPHOSPHAMIDE (1 GM RECON SOLN, 1 GM/5ML SOLUTION, 2 GM RECON SOLN, 2 GM/10ML SOLUTION, 500 MG RECON SOLN, 500 MG/2.5ML SOLUTION, 500 MG/ML SOLUTION)	5	PA - PART B VS D DETERMINATION
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	3	PA - PART B VS D DETERMINATION
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	4	PA - PART B VS D DETERMINATION
GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP)	4	PA - FOR NEW STARTS ONLY
LEUKERAN 2 MG TAB	4	
MATULANE 50 MG CAP	5	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALCHLOR 0.016 % GEL	5	LA, QL (60 GM PER 30 DAYS), PA - FOR NEW STARTS ONLY

## ANTIANDROGENS

<i>abiraterone acetate (250 mg tab, 500 mg tab)</i>	5	PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	2	
ERLEADA (60 MG TAB, 240 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	5	
<i>nilutamide 150 mg tab</i>	5	
NUBEQA 300 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	5	LA, QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
XTANDI (40 MG CAP, 40 MG TAB, 80 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY

## ANTIANGIOGENIC AGENTS

<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap)</i>	5	LA, QL (28 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>lenalidomide (20 mg cap, 25 mg cap)</i>	5	LA, QL (21 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5	LA, QL (21 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	5	LA, QL (28 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	5	QL (56 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (50 MG CAP, 100 MG CAP)	5	QL (28 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY

## ANTIESTROGENS/MODIFIERS

EMCYT 140 MG CAP	5	
<i>fulvestrant 250 mg/5ml soln prsyr</i>	5	PA - PART B VS D DETERMINATION
SOLTAMOX 10 MG/5ML SOLUTION	5	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>toremifene citrate 60 mg tab</i>	5	
<b>ANTIMETABOLITES</b>		
ALIMTA (100 MG RECON SOLN, 500 MG RECON SOLN)	5	PA - PART B VS D DETERMINATION
CYTARABINE 20 MG/ML SOLUTION	3	PA - PART B VS D DETERMINATION
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	3	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	3	PA - PART B VS D DETERMINATION
<i>gemcitabine hcl (1 gm recon soln, 1 gm/26.3ml solution, 2 gm recon soln, 2 gm/52.6ml solution, 200 mg recon soln, 200 mg/5.26ml solution)</i>	4	PA - PART B VS D DETERMINATION
<i>hydroxyurea 500 mg cap</i>	2	
INQOVI 35-100 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	2	
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln)</i>	5	PA - PART B VS D DETERMINATION
PURIXAN 2000 MG/100ML SUSPENSION	5	
TABLOID 40 MG TAB	4	
<b>ANTINEOPLASTICS, OTHER</b>		
ABRAXANE 100 MG RECON SUSP	5	PA - PART B VS D DETERMINATION
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>azacitidine 100 mg recon susp</i>	5	PA - PART B VS D DETERMINATION
BESREMI 500 MCG/ML SOLN PRSYR	5	LA, PA - FOR NEW STARTS ONLY
<i>bortezomib (1 mg recon soln, 2.5 mg recon soln, 3.5 mg recon soln)</i>	5	PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	5	LA, PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carboplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	3	PA - PART B VS D DETERMINATION
<i>cisplatin (50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	3	PA - PART B VS D DETERMINATION
<i>docetaxel (20 mg/2ml solution, 20 mg/ml conc, 80 mg/4ml conc, 80 mg/8ml solution, 160 mg/16ml solution, 160 mg/8ml conc)</i>	5	PA - PART B VS D DETERMINATION
<i>doxorubicin hcl 2 mg/ml solution</i>	4	PA - PART B VS D DETERMINATION
<i>doxorubicin hcl liposomal 2 mg/ml injectable</i>	5	PA - PART B VS D DETERMINATION
EXKIVITY 40 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	5	LA, QL (21 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
IRINOTECAN HCL (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	4	PA - PART B VS D DETERMINATION
<i>irinotecan hcl (40 mg/2ml solution, 300 mg/15ml solution)</i>	2	PA - PART B VS D DETERMINATION
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (70 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (91 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (49 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	5	LA, QL (240 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln, 500 mg/50ml solution)</i>	4	PA - PART B VS D DETERMINATION
LONSURF (15-6.14 MG TAB, 20-8.19 MG TAB)	5	PA - FOR NEW STARTS ONLY
LUMAKRAS (120 MG TAB, 320 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	5	
MESNEX 400 MG TAB	5	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5	QL (3 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
ONUREG (200 MG TAB, 300 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
<i>oxaliplatin (50 mg recon soln, 100 mg recon soln)</i>	5	PA - PART B VS D DETERMINATION
<i>oxaliplatin (50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution)</i>	4	PA - PART B VS D DETERMINATION
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	4	PA - PART B VS D DETERMINATION
PACLITAXEL PROTEIN-BOUND PART 100 MG RECON SUSP	4	PA - PART B VS D DETERMINATION
<i>paraplatin (450 mg/45ml solution, 600 mg/60ml solution)</i>	3	PA - PART B VS D DETERMINATION
PARAPLATIN 1000 MG/100ML SOLUTION	4	PA - PART B VS D DETERMINATION
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	5	LA, PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
RETEVMO (40 MG CAP, 80 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
ROZLYTREK (100 MG CAP, 200 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	5	PA - FOR NEW STARTS ONLY
TABRECTA (150 MG TAB, 200 MG TAB)	5	PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	5	LA, PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VELCADE 3.5 MG RECON SOLN	5	PA - FOR NEW STARTS ONLY
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK)	5	QL (28 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
VIJOICE 200 & 50 MG TAB THPK	5	QL (56 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>vincasar pfs 1 mg/ml solution</i>	2	PA - PART B VS D DETERMINATION
<i>vincristine sulfate 1 mg/ml solution</i>	2	PA - PART B VS D DETERMINATION
<i>vinorelbine tartrate (10 mg/ml solution, 50 mg/5ml solution)</i>	3	PA - PART B VS D DETERMINATION
VONJO 100 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) (20 MG TAB THPK, 50 MG TAB THPK)	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) (20 MG TAB THPK, 40 MG TAB THPK)	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) (20 MG TAB THPK, 40 MG TAB THPK)	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) (20 MG TAB THPK, 60 MG TAB THPK)	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) (20 MG TAB THPK, 40 MG TAB THPK)	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	5	PA - FOR NEW STARTS ONLY
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole 1 mg tab</i>	1	
<i>exemestane 25 mg tab</i>	4	
<i>letrozole 2.5 mg tab</i>	1	
<b>ENZYME INHIBITORS</b>		
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	3	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>toposar (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	3	PA - PART B VS D DETERMINATION
<b>MOLECULAR TARGET INHIBITORS</b>		
ALECENSA 150 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
ALUNBRIG (30 MG TAB, 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
BALVERSA (3 MG TAB, 4 MG TAB, 5 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
BOSULIF (100 MG TAB, 400 MG TAB, 500 MG TAB)	5	PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA (100 MG TAB, 300 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	5	LA, PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	5	LA, PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	5	LA, PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
DAURISMO (25 MG TAB, 100 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5	QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	5	QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus 2 mg tab sol</i>	5	QL (150 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus 3 mg tab sol</i>	5	QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus 5 mg tab sol</i>	5	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	5	PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5	LA, QL (21 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	5	QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 140 MG CAP	5	LA, QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	5	LA, QL (216 ML PER 27 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	5	LA, QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA (50 MG TAB, 100 MG TAB)	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	5	QL (21 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	5	QL (42 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	5	QL (63 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lapatinib ditosylate 250 mg tab</i>	5	PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	5	LA, QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	5	LA, QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	5	LA, QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA (25 MG TAB, 100 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	5	LA, QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	5	PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	5	PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	5	PA - FOR NEW STARTS ONLY
MEKINIST (0.5 MG TAB, 2 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	5	PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	5	PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	5	PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	5	PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5	LA, QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	5	PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	5	QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	5	QL (300 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL (20 MG TAB, 50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	5	PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	5	QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	5	PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	5	QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	5	PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	5	LA, PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TUKYSA (50 MG TAB, 150 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	4	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	5	LA, QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	LA, QL (42 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	LA, QL (56 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
VOTRIENT 200 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
XALKORI (200 MG CAP, 250 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA 100 MG CAP	5	LA, QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
<b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b>		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	LA, PA - FOR NEW STARTS ONLY
HERCEPTIN 150 MG RECON SOLN	5	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	5	PA - FOR NEW STARTS ONLY
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA - FOR NEW STARTS ONLY
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	5	PA - PART B VS D DETERMINATION
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA - FOR NEW STARTS ONLY
KEYTRUDA 100 MG/4ML SOLUTION	5	PA - FOR NEW STARTS ONLY
MONJUVI 200 MG RECON SOLN	5	LA, PA - FOR NEW STARTS ONLY
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	LA, PA - FOR NEW STARTS ONLY
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA - FOR NEW STARTS ONLY
ONTRUZANT (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA - FOR NEW STARTS ONLY
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	LA, PA - FOR NEW STARTS ONLY
RITUXAN (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	LA, PA - FOR NEW STARTS ONLY
RITUXAN HYCELA (1400-23400 MG - UT/11.7ML SOLUTION, 1600-26800 MG - UT/13.4ML SOLUTION)	5	LA, PA - FOR NEW STARTS ONLY
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA - FOR NEW STARTS ONLY
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	5	LA, PA - FOR NEW STARTS ONLY
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	5	PA - FOR NEW STARTS ONLY
TRUXIMA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	5	PA - FOR NEW STARTS ONLY
ZIRABEV (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	5	PA - FOR NEW STARTS ONLY

## **RETINOIDS**

<i>bexarotene 1 % gel</i>	5	QL (60 GM PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	5	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANRETIN 0.1 % GEL	5	QL (60 GM PER 30 DAYS)
<i>tretinoin 10 mg cap</i>	5	

## ANTIPARASITICS

### ANTHELMINTHICS

<i>albendazole 200 mg tab</i>	5	
EMVERM 100 MG CHEW TAB	5	QL (12 EA PER 365 OVER TIME)
<i>ivermectin 3 mg tab</i>	2	
<i>praziquantel 600 mg tab</i>	3	

### ANTIPROTOZOALS

<i>atovaquone 750 mg/5ml suspension</i>	5	
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	4	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	3	
COARTEM 20-120 MG TAB	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl 250 mg tab</i>	3	
<i>nitazoxanide 500 mg tab</i>	5	QL (6 EA PER 30 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	4	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	3	
<i>quinine sulfate 324 mg cap</i>	4	PA

## ANTIPARKINSON AGENTS

### ANTICHOLINERGICS

<i>benztropine mesylate (1 mg tab, 2 mg tab)</i>	2	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>benztropine mesylate 0.5 mg tab</i>	1	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>benztropine mesylate 1 mg/ml solution</i>	4	
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	2	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	3	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)

### ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl 100 mg cap</i>	3	QL (120 EA PER 30 DAYS)
<i>amantadine hcl 100 mg tab</i>	3	
<i>amantadine hcl 50 mg/5ml solution</i>	2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	3	
<i>entacapone 200 mg tab</i>	4	
GOCOVRI (68.5 MG CAP ER 24H, 137 MG CAP ER 24H)	5	LA

### DOPAMINE AGONISTS

<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	4	
NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	3	

### DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

CARBIDOPA-LEVODOPA (10-100 MG TAB DISP, 25-100 MG TAB DISP, 25-250 MG TAB DISP)	2	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	1	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	2	
INBRIJA 42 MG CAP	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYTARY (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER, 61.25-245 MG CAP ER)	4	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate 0.5 mg tab</i>	3	QL (60 EA PER 30 DAYS)
<i>rasagiline mesylate 1 mg tab</i>	3	QL (30 EA PER 30 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	3	
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>dantrolene sodium (25 mg cap, 100 mg cap)</i>	4	
<i>dantrolene sodium 50 mg cap</i>	3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<i>ganciclovir sodium 500 mg recon soln</i>	4	PA - PART B VS D DETERMINATION
PREVYMIS (240 MG TAB, 480 MG TAB)	5	PA, QL (28 EA PER 28 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	
ZIRGAN 0.15 % GEL	4	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil 10 mg tab</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	4	
<i>lamivudine 100 mg tab</i>	4	
VEMLIDY 25 MG TAB	5	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG PACKET, 200-50 MG TAB, 400-100 MG TAB)	5	PA
HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	5	PA
MAVYRET (50-20 MG PACKET, 100-40 MG TAB)	5	PA
<i>ribavirin 200 mg cap</i>	3	
<i>ribavirin 200 mg tab</i>	4	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	5	PA
VOSEVI 400-100-100 MG TAB	5	PA

### ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	5	
DOVATO 50-300 MG TAB	5	
GENVOYA 150-150-200-10 MG TAB	5	
ISENTRESS (100 MG CHEW TAB, 400 MG TAB)	5	
ISENTRESS (25 MG CHEW TAB, 100 MG PACKET)	3	
ISENTRESS HD 600 MG TAB	5	
JULUCA 50-25 MG TAB	5	
STRIBILD 150-150-200-300 MG TAB	5	
TIVICAY (25 MG TAB, 50 MG TAB)	5	
TIVICAY 10 MG TAB	3	
TIVICAY PD 5 MG TAB SOL	3	

### ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA 200-25-300 MG TAB	5	
DELSTRIGO 100-300-300 MG TAB	5	
EDURANT 25 MG TAB	5	
<i>efavirenz (50 mg cap, 200 mg cap, 600 mg tab)</i>	4	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	5	
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>etravirine (100 mg tab, 200 mg tab)</i>	5	
INTELENCE 25 MG TAB	4	
<i>nevirapine 200 mg tab</i>	2	
NEVIRAPINE 50 MG/5ML SUSPENSION	4	
<i>nevirapine er (100 mg tab er 24h, 400 mg tab er 24h)</i>	4	
ODEFSEY 200-25-25 MG TAB	5	
PIFELTRO 100 MG TAB	5	

### ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate (20 mg/ml solution, 300 mg tab)</i>	3	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	3	
CIMDUO 300-300 MG TAB	5	
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	5	
<i>emtricitabine 200 mg cap</i>	2	
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	5	QL (30 EA PER 30 DAYS)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	4	QL (30 EA PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	3	
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab)</i>	3	
<i>lamivudine-zidovudine 150-300 mg tab</i>	4	
<i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	3	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	3	
TRIUMEQ 600-50-300 MG TAB	5	
TRIUMEQ PD 60-5-30 MG TAB SOL	5	
TRIZIVIR 300-150-300 MG TAB	5	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	5	
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON 90 MG RECON SOLN	5	
<i>maraviroc (150 mg tab, 300 mg tab)</i>	5	
RUKOBIA 600 MG TAB ER 12H	5	
SELZENTRY (20 MG/ML SOLUTION, 75 MG TAB)	5	
SELZENTRY 25 MG TAB	3	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK)	5	
TROGARZO 200 MG/1.33ML SOLUTION	5	LA
TYBOST 150 MG TAB	3	
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS 250 MG CAP	5	
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	4	
<i>darunavir 600 mg tab</i>	5	QL (60 EA PER 30 DAYS)
<i>darunavir 800 mg tab</i>	5	QL (30 EA PER 30 DAYS)
EVOTAZ 300-150 MG TAB	5	
<i>fosamprenavir calcium 700 mg tab</i>	5	
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir (200-50 mg tab, 400-100 mg/5ml solution)</i>	4	
<i>lopinavir-ritonavir 100-25 mg tab</i>	2	
NORVIR 100 MG PACKET	4	
PREZCOBIX 800-150 MG TAB	5	
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 ML PER 30 DAYS)
PREZISTA 150 MG TAB	5	QL (240 EA PER 30 DAYS)
PREZISTA 75 MG TAB	3	QL (300 EA PER 30 DAYS)
REYATAZ 50 MG PACKET	5	
<i>ritonavir 100 mg tab</i>	3	
SYMTUZA 800-150-200-10 MG TAB	5	
VIRACEPT (250 MG TAB, 625 MG TAB)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	2	QL (168 EA PER 365 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	2	QL (84 EA PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	3	QL (1080 ML PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	3	QL (84 EA PER 365 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	3	QL (120 EA PER 365 OVER TIME)
RIMANTADINE HCL 100 MG TAB	3	
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	2	
<i>acyclovir sodium 50 mg/ml solution</i>	4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	2	
TRIFLURIDINE 1 % SOLUTION	3	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2	
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
BYDUREON BCISE 2 MG/0.85ML A-INJ	3	PA, QL (3.4 ML PER 28 DAYS)
BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN	4	PA, QL (2.4 ML PER 30 DAYS)
BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN	4	PA, QL (1.2 ML PER 30 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	3	QL (30 EA PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1	QL (90 EA PER 30 DAYS)
<i>glimepiride 4 mg tab</i>	1	QL (60 EA PER 30 DAYS)
<i>glipizide 10 mg tab</i>	1	QL (120 EA PER 30 DAYS)
<i>glipizide 5 mg tab</i>	1	QL (240 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h)</i>	1	QL (90 EA PER 30 DAYS)
<i>glipizide er 10 mg tab er 24h</i>	1	QL (60 EA PER 30 DAYS)
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h)</i>	1	QL (90 EA PER 30 DAYS)
<i>glipizide xl 10 mg tab er 24h</i>	1	QL (60 EA PER 30 DAYS)
<i>glipizide-metformin hcl (2.5-500 mg tab, 5-500 mg tab)</i>	1	QL (120 EA PER 30 DAYS)
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL (240 EA PER 30 DAYS)
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	3	QL (30 EA PER 30 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	3	QL (60 EA PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)	3	QL (30 EA PER 30 DAYS)
JARDIANCE 10 MG TAB	3	QL (60 EA PER 30 DAYS)
JARDIANCE 25 MG TAB	3	QL (30 EA PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB)	3	QL (30 EA PER 30 DAYS)
<i>metformin hcl 1000 mg tab</i>	1	QL (75 EA PER 30 DAYS)
<i>metformin hcl 500 mg tab</i>	1	QL (150 EA PER 30 DAYS)
<i>metformin hcl 850 mg tab</i>	1	QL (90 EA PER 30 DAYS)
<i>metformin hcl er 500 mg tab er 24h</i>	1	QL (120 EA PER 30 DAYS), * (generic of GLUCOPHAGE XR)
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL (60 EA PER 30 DAYS), * (generic of GLUCOPHAGE XR)
MOUNJARO (2.5 MG/0.5ML SOLN PEN, 5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	3	PA, QL (2 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nateglinide (60 mg tab, 120 mg tab)</i>	1	QL (90 EA PER 30 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	3	PA, QL (3 ML PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1	QL (30 EA PER 30 DAYS)
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1	QL (120 EA PER 30 DAYS)
<i>repaglinide 2 mg tab</i>	1	QL (240 EA PER 30 DAYS)
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	3	PA, QL (30 EA PER 30 DAYS)
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	3	QL (30 ML PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3	QL (60 EA PER 30 DAYS)
SYNJARDY 5-500 MG TAB	3	QL (120 EA PER 30 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
TRADJENTA 5 MG TAB	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	QL (30 EA PER 30 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	3	PA, QL (2 ML PER 28 DAYS)
VICTOZA 18 MG/3ML SOLN PEN	3	PA, QL (9 ML PER 30 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (30 EA PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3	QL (60 EA PER 30 DAYS)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	3	QL (15 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>GLYCEMIC AGENTS</b>		
<i>diazoxide 50 mg/ml suspension</i>	5	
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3	
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	3	
GVOKE KIT 1 MG/0.2ML SOLUTION	3	
GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	3	
<b>INSULINS</b>		
FIASP 100 UNIT/ML SOLUTION	3	
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	3	
FIASP PENFILL 100 UNIT/ML SOLN CART	3	
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	3	
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	
INSULIN ASPART 100 UNIT/ML SOLUTION	3	
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	3	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	3	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	3	
INSULIN GLARGINE 100 UNIT/ML SOLUTION	3	
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	3	
LANTUS 100 UNIT/ML SOLUTION	3	
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	* (brand RELION not covered)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	* (brand RELION not covered)
NOVOLIN N 100 UNIT/ML SUSPENSION	3	* (brand RELION not covered)
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	3	* (brand RELION not covered)
NOVOLIN R 100 UNIT/ML SOLUTION	3	* (brand RELION not covered)
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	3	* (brand RELION not covered)
NOVOLOG 100 UNIT/ML SOLUTION	3	* (brand RELION not covered)
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	3	* (brand RELION not covered)
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	* (brand RELION not covered)
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	* (brand RELION not covered)
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	* (brand RELION not covered)
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	2
ELIQUIS (2.5 MG TAB, 5 MG TAB)	3
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3
<i>enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	3
<i>fondaparinux sodium (5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	5
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	4

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEPARIN (PORCINE) IN NAACL (25000-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION)	3	
HEPARIN SOD (PORCINE) IN D5W (40-5 UNIT/ML-% SOLUTION, 100 UNIT/ML SOLUTION, 25000-5 UT/500ML-% SOLUTION)	3	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	3	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	3	
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	

### BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	4	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	3	PA
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR)	5	PA
PROMACTA (12.5 MG TAB, 25 MG TAB)	5	PA, LA, QL (30 EA PER 30 DAYS)
PROMACTA (50 MG TAB, 75 MG TAB)	5	PA, LA, QL (60 EA PER 30 DAYS)
PROMACTA 12.5 MG PACKET	5	PA, LA, QL (360 EA PER 30 DAYS)
PROMACTA 25 MG PACKET	5	PA, LA, QL (180 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	3	PA
RETACRIT 20000 UNIT/ML SOLUTION	4	PA
RETACRIT 40000 UNIT/ML SOLUTION	5	PA
<i>tranexamic acid 1000 mg/10ml solution</i>	4	
<i>tranexamic acid 650 mg tab</i>	3	
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	PA

### PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	4	
BRILINTA (60 MG TAB, 90 MG TAB)	3	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	3	
DOPTELET 20 MG TAB	5	PA, LA
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	3	

### CARDIOVASCULAR AGENTS

#### ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	4	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>droxidopa (200 mg cap, 300 mg cap)</i>	5	PA, QL (180 EA PER 30 DAYS)
<i>droxidopa 100 mg cap</i>	5	PA, QL (90 EA PER 30 DAYS)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	

#### ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	1	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	3	
<i>amiodarone hcl (150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution)</i>	2	
<i>amiodarone hcl 200 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	4	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	3	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	3	
MULTAQ 400 MG TAB	3	
NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H)	4	
<i>pacerone (100 mg tab, 400 mg tab)</i>	3	
<i>pacerone 200 mg tab</i>	1	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	2	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	3	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	2	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	2	

## **BETA-ADRENERGIC BLOCKING AGENTS**

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metoprolol tartrate 5 mg/5ml solution</i>	3	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
<i>pindolol (5 mg tab, 10 mg tab)</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	2	
<i>propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)</i>	2	

### **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES**

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	3	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2	
<i>nimodipine 30 mg cap</i>	3	
NYMALIZE 6 MG/ML SOLUTION	5	

### **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES**

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	2	
<i>diltiazem hcl (25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution)</i>	2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl 2.5 mg/ml solution</i>	4	
<i>VERAPAMIL HCL ER (100 MG CAP ER 24H, 120 MG CAP ER 24H, 180 MG CAP ER 24H, 200 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)</i>	2	
<i>verapamil hcl er (120 mg tab er, 180 mg tab er, 240 mg tab er)</i>	1	

## **CARDIOVASCULAR AGENTS, OTHER**

<i>acetazolamide (125 mg tab, 250 mg tab)</i>	2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	4	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	2	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	2	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	2	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	2	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	5	PA, LA, QL (30 EA PER 30 DAYS)
CORLANOR (5 MG TAB, 5 MG/5ML SOLUTION, 7.5 MG TAB)	4	
<i>digoxin (0.05 mg/ml solution, 0.25 mg/ml solution, 250 mcg tab)</i>	2	
<i>digoxin 125 mcg tab</i>	2	QL (30 EA PER 30 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	3	
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	2	
<i>metyrosine 250 mg cap</i>	5	
NEXLETOL 180 MG TAB	3	PA
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	2	
<i>pentoxifylline er 400 mg tab er</i>	2	
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	3	
<i>spironolactone-hctz 25-25 mg tab</i>	2	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	3	
<b>DIURETICS, LOOP</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>bumetanide 0.25 mg/ml solution</i>	2	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl 5 mg tab</i>	2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2	
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	2	
<i>gemfibrozil 600 mg tab</i>	1	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
LIVALO (1 MG TAB, 2 MG TAB, 4 MG TAB)	4	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>simvastatin 80 mg tab</i>	1	QL (30 EA PER 30 DAYS)

## DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	3	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	3	
<i>ezetimibe 10 mg tab</i>	1	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	4	
NEXLIZET 180-10 MG TAB	3	PA
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	3	
<i>niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	3	QL (60 EA PER 30 DAYS)
NIACOR 500 MG TAB	3	
<i>omega-3-acid ethyl esters 1 gm cap</i>	3	
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	3	PA
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	
REPATHA 140 MG/ML SOLN PRSYR	3	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	3	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	PA

## VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>hydralazine hcl 100 mg tab</i>	2	
<i>hydralazine hcl 20 mg/ml solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2	
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	1	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
NITRO-BID 2 % OINTMENT	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin 0.4 mg/spray solution</i>	3	
RECTIV 0.4 % OINTMENT	4	QL (30 GM PER 30 DAYS)

## CENTRAL NERVOUS SYSTEM

### ANTIDEMENTIA

<i>donepezil hcl (10 mg tab, 10 mg tab disp)</i>	1	
<i>donepezil hcl (5 mg tab, 5 mg tab disp)</i>	1	QL (60 EA PER 30 DAYS)
<i>donepezil hcl 23 mg tab</i>	4	
<i>galantamine hydrobromide 12 mg tab</i>	3	QL (60 EA PER 30 DAYS)
<i>galantamine hydrobromide 4 mg tab</i>	2	QL (60 EA PER 30 DAYS)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide 8 mg tab</i>	2	QL (90 EA PER 30 DAYS)
<i>galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)</i>	3	QL (30 EA PER 30 DAYS)
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2	PA, * (PA if < 30 yrs)
<i>memantine hcl 2 mg/ml solution</i>	2	PA, * (PA if < 30 yrs)
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	3	PA, * (PA if < 30 yrs)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NAMZARIC (7 & 14 & 21 & 28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	4	
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	3	QL (30 EA PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap)</i>	4	QL (90 EA PER 30 DAYS)
<i>rivastigmine tartrate (4.5 mg cap, 6 mg cap)</i>	4	QL (60 EA PER 30 DAYS)

## ANTIPSYCHOTICS

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	5	QL (2.4 ML PER 56 DAYS)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	5	QL (3.2 ML PER 56 DAYS)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5	QL (1 EA PER 28 DAYS)
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	5	QL (60 EA PER 30 DAYS)
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	QL (30 EA PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4	QL (750 ML PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	5	QL (3.9 ML PER 56 DAYS)
ARISTADA 441 MG/1.6ML PRSYR	5	QL (1.6 ML PER 28 DAYS)
ARISTADA 662 MG/2.4ML PRSYR	5	QL (2.4 ML PER 28 DAYS)
ARISTADA 882 MG/3.2ML PRSYR	5	QL (3.2 ML PER 28 DAYS)
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	3	QL (60 EA PER 30 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	4	QL (30 EA PER 30 DAYS)
<i>chlorpromazine hcl (25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4	
<i>chlorpromazine hcl (25 mg/ml solution, 50 mg/2ml solution)</i>	2	
<i>chlorpromazine hcl 10 mg tab</i>	3	
<i>clozapine (12.5 mg tab disp, 25 mg tab disp)</i>	4	
<i>clozapine (25 mg tab, 50 mg tab)</i>	2	
<i>clozapine 100 mg tab</i>	2	QL (270 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clozapine 100 mg tab disp</i>	4	QL (270 EA PER 30 DAYS)
<i>clozapine 150 mg tab disp</i>	4	QL (180 EA PER 30 DAYS)
<i>clozapine 200 mg tab</i>	2	QL (135 EA PER 30 DAYS)
<i>clozapine 200 mg tab disp</i>	5	QL (135 EA PER 30 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	QL (60 EA PER 30 DAYS)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>haloperidol decanoate 100 mg/ml solution</i>	3	
<i>haloperidol decanoate 50 mg/ml solution</i>	2	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>haloperidol lactate 5 mg/ml solution</i>	3	
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	5	QL (0.75 ML PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	5	QL (1 ML PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	5	QL (1.5 ML PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	5	QL (0.5 ML PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	5	QL (0.88 ML PER 90 DAYS)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	5	QL (1.32 ML PER 90 DAYS)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	5	QL (1.75 ML PER 90 DAYS)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	5	QL (2.63 ML PER 90 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	2	
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	2	QL (30 EA PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	2	QL (60 EA PER 30 DAYS)
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	4	
NUPLAZID (10 MG TAB, 34 MG CAP)	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (15 mg tab disp, 20 mg tab disp)</i>	4	QL (30 EA PER 30 DAYS)
<i>olanzapine (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL (60 EA PER 30 DAYS)
<i>olanzapine (5 mg tab disp, 7.5 mg tab, 10 mg tab disp, 15 mg tab, 20 mg tab)</i>	2	QL (30 EA PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	4	QL (3 EA PER 1 DAYS)
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)</i>	4	QL (30 EA PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4	QL (60 EA PER 30 DAYS)
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	5	QL (1 EA PER 30 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	3	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er (150 mg tab er 24h, 200 mg tab er 24h)</i>	4	QL (30 EA PER 30 DAYS)
<i>quetiapine fumarate er (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	4	QL (60 EA PER 30 DAYS)
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	4	ST, QL (30 EA PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG, 25 MG)	4	QL (2 EA PER 28 DAYS)
RISPERDAL CONSTA (37.5 MG, 50 MG)	5	QL (2 EA PER 28 DAYS)
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp)</i>	4	QL (90 EA PER 30 DAYS)
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone (1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4	QL (60 EA PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	QL (240 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	4	QL (30 EA PER 30 DAYS)
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	3	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab)</i>	2	
<i>trifluoperazine hcl 10 mg tab</i>	3	
UZEDY 100 MG/0.28ML SUSP PRSYR	4	QL (0.28 ML PER 30 DAYS)
UZEDY 125 MG/0.35ML SUSP PRSYR	4	QL (0.35 ML PER 30 DAYS)
UZEDY 150 MG/0.42ML SUSP PRSYR	4	QL (0.42 ML PER 60 DAYS)
UZEDY 200 MG/0.56ML SUSP PRSYR	4	QL (0.56 ML PER 60 DAYS)
UZEDY 250 MG/0.7ML SUSP PRSYR	4	QL (0.7 ML PER 60 DAYS)
UZEDY 50 MG/0.14ML SUSP PRSYR	4	QL (0.14 ML PER 30 DAYS)
UZEDY 75 MG/0.21ML SUSP PRSYR	4	QL (0.21 ML PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	5	QL (600 ML PER 30 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	ST, QL (30 EA PER 30 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	4	ST
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	4	QL (60 EA PER 30 DAYS)
<i>ziprasidone mesylate 20 mg recon soln</i>	4	QL (6 EA PER 3 DAYS)
ZYPREXA RELPREVV 210 MG RECON SUSP	4	QL (2 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV 300 MG RECON SUSP	5	QL (2 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV 405 MG RECON SUSP	5	QL (1 EA PER 28 DAYS), PA - FOR NEW STARTS ONLY

## ANXIOLYTICS

<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	QL (150 EA PER 30 DAYS)
<i>bupirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	2	QL (90 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clonazepam (0.5 mg tab, 1 mg tab)</i>	2	QL (120 EA PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2	QL (300 EA PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</i>	3	QL (180 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>diazepam (5 mg/ml solution, 10 mg/2ml solution)</i>	2	
<i>diazepam 5 mg/5ml solution</i>	2	QL (1200 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>diazepam 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>diazepam intensol 5 mg/ml conc</i>	2	QL (240 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	QL (150 EA PER 30 DAYS)
<i>lorazepam (2 mg/ml solution, 4 mg/ml solution)</i>	2	
<i>lorazepam 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	2	QL (150 ML PER 30 DAYS)

## **MIGRAINE**

<i>AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)</i>	3	PA, QL (1 ML PER 30 DAYS)
<i>candesartan cilexetil 16 mg tab</i>	3	
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	5	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	5	PA, QL (8 ML PER 30 DAYS)
<i>eletriptan hydrobromide (20 mg tab, 40 mg tab)</i>	3	QL (12 EA PER 30 DAYS)
<i>ergotamine-caffeine 1-100 mg tab</i>	3	QL (40 EA PER 28 DAYS)
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	3	QL (12 EA PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	2	QL (18 EA PER 30 DAYS)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	2	QL (12 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (12 EA PER 30 DAYS)
<i>sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4	QL (6 ML PER 30 DAYS)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	4	QL (9 ML PER 30 DAYS)
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i>	4	QL (6 ML PER 30 DAYS)
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	3	
UBRELVY (50 MG TAB, 100 MG TAB)	5	PA, QL (16 EA PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg solution, 5 mg tab, 5 mg tab disp)</i>	3	QL (12 EA PER 30 DAYS)
ZOLMITRIPTAN 2.5 MG SOLUTION	3	QL (6 EA PER 30 DAYS)

## MISCELLANEOUS

<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2	
<i>pyridostigmine bromide 60 mg tab</i>	3	

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er (5 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)</i>	4	QL (30 EA PER 30 DAYS)
<i>amphetamine-dextroamphet er 10 mg cap er 24h</i>	4	QL (90 EA PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 12.5 mg tab, 15 mg tab, 30 mg tab)</i>	3	QL (60 EA PER 30 DAYS)
<i>amphetamine-dextroamphetamine 10 mg tab</i>	3	QL (120 EA PER 30 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	3	QL (90 EA PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	4	QL (30 EA PER 30 DAYS)
VYVANSE (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP)	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap)</i>	4	QL (60 EA PER 30 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	4	QL (30 EA PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tab er 12h</i>	3	QL (120 EA PER 30 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL (60 EA PER 30 DAYS)
<i>dexmethylphenidate hcl er (10 mg cap er 24h, 20 mg cap er 24h)</i>	3	QL (60 EA PER 30 DAYS)
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	3	QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl (5 mg tab, 20 mg tab)</i>	3	QL (90 EA PER 30 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	3	QL (180 EA PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5ml solution</i>	3	QL (900 ML PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5ml solution</i>	3	QL (1800 ML PER 30 DAYS)
<i>methylphenidate hcl er (18 mg tab er, 18 mg tab er 24h, 36 mg tab er, 36 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h)</i>	3	QL (60 EA PER 30 DAYS)
METHYLPHENIDATE HCL ER (OSM) (18 MG TAB ER, 36 MG TAB ER, 45 MG TAB ER, 54 MG TAB ER, 63 MG TAB ER)	3	QL (60 EA PER 30 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	3	QL (90 EA PER 30 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	2	QL (90 EA PER 30 DAYS)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO (6 MG TAB, 9 MG TAB, 12 MG TAB)	5	PA, QL (120 EA PER 30 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H)	5	PA, QL (30 EA PER 30 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	5	PA, QL (60 EA PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	PA, QL (42 EA PER 28 DAYS)
<i>bac 50-325-40 mg tab</i>	2	QL (180 EA PER 30 DAYS)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2	QL (180 EA PER 30 DAYS)
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	5	PA, LA, QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INGREZZA 40 & 80 MG CAP THPK	5	PA, LA, QL (28 EA PER 28 DAYS)
NUEDEXTA 20-10 MG CAP	4	PA, QL (60 EA PER 30 DAYS)
RELYVRIO 3-1 GM PACKET	5	PA
<i>riluzole 50 mg tab</i>	3	
<i>tetrabenazine 12.5 mg tab</i>	5	PA, QL (90 EA PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5	PA, QL (120 EA PER 30 DAYS)

### FIBROMYALGIA AGENTS

<i>duloxetine hcl 20 mg cp dr part</i>	2	QL (180 EA PER 30 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	2	QL (120 EA PER 30 DAYS)
<i>duloxetine hcl 40 mg cp dr part</i>	4	QL (90 EA PER 30 DAYS)
<i>duloxetine hcl 60 mg cp dr part</i>	2	QL (60 EA PER 30 DAYS)
<i>pregabalin (225 mg cap, 300 mg cap)</i>	3	QL (60 EA PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	QL (120 EA PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	3	QL (900 ML PER 30 DAYS)
<i>pregabalin 200 mg cap</i>	2	QL (90 EA PER 30 DAYS)

### MULTIPLE SCLEROSIS AGENTS

AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	5	QL (1 EA PER 28 DAYS)
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	5	QL (1 EA PER 28 DAYS)
BETASERON 0.3 MG KIT	5	QL (15 EA PER 30 DAYS)
COPAXONE 20 MG/ML SOLN PRSYR	5	QL (30 ML PER 30 DAYS)
COPAXONE 40 MG/ML SOLN PRSYR	5	QL (12 ML PER 28 DAYS)
<i>dalfampridine er 10 mg tab er 12h</i>	3	
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	5	QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate starter pack 120 &amp; 240 mg misc</i>	5	
<i>fingolimod hcl 0.5 mg cap</i>	5	
MAVENCLAD 10 MG TAB THPK	5	LA
MAYZENT 0.25 MG TAB	5	LA, QL (120 EA PER 30 DAYS)
MAYZENT 1 MG TAB	5	QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAYZENT 2 MG TAB	5	LA, QL (30 EA PER 30 DAYS)
MAYZENT STARTER PACK 0.25 MG TAB THPK	4	QL (7 EA PER 28 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	5	LA, QL (12 EA PER 28 DAYS)
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	5	QL (1 ML PER 28 DAYS)
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN PEN, 63 & 94 MCG/0.5ML SOLN PRSYR)	5	QL (1 ML PER 28 DAYS)
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	5	QL (6 ML PER 28 DAYS)
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	5	QL (6 ML PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	5	QL (4.2 ML PER 28 DAYS)
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	5	QL (4.2 ML PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	5	QL (30 EA PER 30 DAYS)
TYSABRI 300 MG/15ML CONC	5	LA, PA - FOR NEW STARTS ONLY
VUMERITY 231 MG CAP DR	5	QL (120 EA PER 30 DAYS)

## DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	4	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % PASTE	2	
FLUORIMAX 5000 SENSITIVE 1.1-5 % PASTE	2	
<i>oralone 0.1 % paste</i>	2	
<i>periogard 0.12 % solution</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	3	
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL, 1.1% PASTE)	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
<i>accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	4	
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	3	QL (46.6 GM PER 30 DAYS)
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	3	QL (60 GM PER 30 DAYS)
TAZORAC 0.05 % CREAM	4	QL (60 GM PER 30 DAYS)
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	3	PA, QL (45 GM PER 30 DAYS)
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	
<b>DERMATITIS AND PRURITUS AGENTS</b>		
<i>ala-cort (1 % cream, 2.5 % cream)</i>	1	
<i>alclometasone dipropionate 0.05 % ointment</i>	3	QL (60 GM PER 30 DAYS)
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion)</i>	2	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>	2	QL (120 GM PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2	QL (120 GM PER 30 DAYS)
<i>clobetasol prop emollient base 0.05 % cream</i>	3	QL (60 GM PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	4	QL (60 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	3	QL (50 ML PER 30 DAYS)
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	3	QL (60 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>desoximetasone (0.05 % cream, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	4	QL (100 GM PER 30 DAYS)
<i>desoximetasone 0.05 % gel</i>	2	QL (60 GM PER 30 DAYS)
<i>doxepin hcl 5 % cream</i>	4	QL (45 GM PER 30 DAYS)
<i>fluocinolone acetonide (0.025 % cream, 0.025 % ointment)</i>	2	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % cream</i>	2	QL (60 GM PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	3	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide body 0.01 % oil</i>	3	QL (118.28 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp 0.01 % oil</i>	3	QL (118.28 ML PER 30 DAYS)
<i>fluocinonide (0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	2	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.05 % cream</i>	2	QL (120 GM PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	3	QL (120 GM PER 30 DAYS)
<i>fluocinonide emulsified base 0.05 % cream</i>	2	QL (120 GM PER 30 DAYS)
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2	QL (60 GM PER 30 DAYS)
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	3	QL (50 GM PER 30 DAYS)
<i>hydrocortisone (1 % cream, 2.5 % cream, 2.5 % ointment)</i>	1	
<i>hydrocortisone (perianal) 1 % cream</i>	2	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone 2.5 % lotion</i>	2	
<i>hydrocortisone butyrate 0.1 % cream</i>	3	QL (45 GM PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % cream</i>	4	QL (60 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	2	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	4	QL (100 GM PER 30 DAYS)
TEXACORT 2.5 % SOLUTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone acetonide (0.025 % lotion, 0.1 % lotion)</i>	2	
<i>triamcinolone acetonide 0.1 % cream</i>	1	QL (454 GM PER 30 DAYS)
<i>triderm 0.1 % cream</i>	1	QL (454 GM PER 30 DAYS)
<i>triderm 0.5 % cream</i>	1	

## DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	4	QL (120 ML PER 30 DAYS)
<i>calcitrene 0.005 % ointment</i>	4	QL (120 GM PER 30 DAYS)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2	QL (45 GM PER 30 DAYS)
ENSTILAR 0.005-0.064 % FOAM	4	QL (120 GM PER 30 DAYS)
FLUOROURACIL 2 % SOLUTION	3	QL (10 ML PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	2	QL (40 GM PER 30 DAYS)
FLUOROURACIL 5 % SOLUTION	2	QL (10 ML PER 30 DAYS)
<i>imiquimod 5 % cream</i>	3	QL (24 EA PER 30 DAYS)
OTEZLA 30 MG TAB	5	PA, LA
<i>podofilox 0.5 % solution</i>	3	
REGRANEX 0.01 % GEL	5	QL (30 GM PER 30 DAYS)
SANTYL 250 UNIT/GM OINTMENT	4	QL (180 GM PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd 1 % cream</i>	2	

## PEDICULICIDES/SCABICIDES

<i>malathion 0.5 % lotion</i>	4	QL (59 ML PER 30 DAYS)
<i>permethrin 5 % cream</i>	3	QL (60 GM PER 30 DAYS)

## TOPICAL ANTI-INFECTIVES

<i>ciclodan 8 % solution</i>	2	
<i>ciclopirox 0.77 % gel</i>	4	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	3	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clindamycin phosphate 1 % gel</i>	2	QL (75 PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion</i>	2	QL (60 ML PER 30 DAYS)
<i>clindamycin phosphate 1 % solution</i>	1	QL (60 ML PER 30 DAYS)
ERY 2 % PAD	2	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % gel</i>	4	
<i>erythromycin 2 % solution</i>	1	QL (60 ML PER 30 DAYS)
<i>mupirocin 2 % ointment</i>	1	QL (220 GM PER 30 DAYS)
SULFAMYLON 85 MG/GM CREAM	4	QL (453.6 GM PER 30 DAYS)

## **ELECTROLYTES/MINERALS/METALS/VITAMINS**

### **ELECTROLYTE/MINERAL REPLACEMENT**

AMINOSYN II 10 % SOLUTION	4	PA - PART B VS D DETERMINATION
AMINOSYN-PF 10 % SOLUTION	4	PA - PART B VS D DETERMINATION
<i>carglumic acid 200 mg tab sol</i>	5	PA, LA
CLINIMIX/DEXTROSE (4.25/10) 4.25 % SOLUTION	4	PA - PART B VS D DETERMINATION
CLINIMIX/DEXTROSE (4.25/5) 4.25 % SOLUTION	4	PA - PART B VS D DETERMINATION
CLINIMIX/DEXTROSE (5/15) 5 % SOLUTION	4	PA - PART B VS D DETERMINATION
CLINIMIX/DEXTROSE (5/20) 5 % SOLUTION	4	PA - PART B VS D DETERMINATION
CLINIMIX/DEXTROSE (6/5) 6 % SOLUTION	4	PA - PART B VS D DETERMINATION
CLINIMIX/DEXTROSE (8/10) 8 % SOLUTION	4	PA - PART B VS D DETERMINATION
CLINIMIX/DEXTROSE (8/14) 8 % SOLUTION	4	PA - PART B VS D DETERMINATION
<i>clinisol sf 15 % solution</i>	4	PA - PART B VS D DETERMINATION
CLINOLIPID 20 % EMULSION	4	PA - PART B VS D DETERMINATION
FREAMINE III 10 % SOLUTION	4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTRALIPID (20 % EMULSION, 30 % EMULSION)	4	PA - PART B VS D DETERMINATION
ISOLYTE-P IN D5W SOLUTION	4	
ISOLYTE-S SOLUTION	4	
ISOLYTE-S PH 7.4 SOLUTION	4	
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution)</i>	3	
<i>kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	4	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con 20 meq packet</i>	4	
<i>klor-con 8 meq tab er</i>	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	2	
<i>klor-con m20 20 meq tab er</i>	1	
<i>magnesium sulfate (2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution)</i>	3	
<i>magnesium sulfate in d5w 1-5 gm/100ml-% solution</i>	3	
<i>multiple electro type 1 ph 5.5 solution</i>	4	
<i>multiple electro type 1 ph 7.4 solution</i>	4	
NUTRILIPID 20 % EMULSION	4	PA - PART B VS D DETERMINATION
PLASMA-LYTE 148 SOLUTION	4	
PLASMA-LYTE A SOLUTION	4	
<i>plenamine 15 % solution</i>	4	PA - PART B VS D DETERMINATION
<i>potassium chloride (10 meq/50ml solution, 20 meq packet, 20 meq/50ml solution)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/100ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i>	2	
<i>potassium chloride crys er (10 tab er, 20 tab er)</i>	1	
<i>potassium chloride crys er 15 meq tab er</i>	2	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
<i>potassium chloride in nacl (20-0.45 meq/l-% solution, 20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	2	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	3	
PREMASOL 10 % SOLUTION	4	PA - PART B VS D DETERMINATION
PROSOL 20 % SOLUTION	4	PA - PART B VS D DETERMINATION
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	3	
<i>sodium chloride (pf) 0.9 % solution</i>	3	
TRAVASOL 10 % SOLUTION	4	PA - PART B VS D DETERMINATION
TROPHAMINE 10 % SOLUTION	4	PA - PART B VS D DETERMINATION
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
CHEMET 100 MG CAP	4	
<i>deferasirox (90 mg packet, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab)</i>	5	PA
<i>deferasirox 90 mg tab</i>	4	PA
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	5	PA
<i>trientine hcl 250 mg cap</i>	5	
<b>PHOSPHATE BINDERS</b>		
AURYXIA 1 GM 210 MG(Fe) TAB	5	PA, QL (360 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>	2	QL (360 EA PER 30 DAYS)
<i>calcium acetate 667 mg tab</i>	2	QL (360 EA PER 30 DAYS)
<i>sevelamer carbonate 0.8 gm packet</i>	4	QL (270 EA PER 30 DAYS)
<i>sevelamer carbonate 2.4 gm packet</i>	4	QL (90 EA PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	3	QL (540 EA PER 30 DAYS)

## POTASSIUM BINDERS

LOKELMA (5 GM PACKET, 10 GM PACKET)	3	
<i>sodium polystyrene sulfonate powder</i>	2	
SPS 15 GM/60ML SUSPENSION	2	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	4	

## VITAMINS

<i>dextrose (5 % solution, 10 % solution)</i>	2	
<i>dextrose (50 % solution, 70 % solution)</i>	2	PA - PART B VS D DETERMINATION
DEXTROSE 5%/ELECTROLYTE #48 SOLUTION	4	
<i>dextrose in lactated ringers 5 % solution</i>	2	
<i>dextrose-nacl (2.5-0.45 % solution, 5-0.2 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution)</i>	2	
DEXTROSE-NACL 10-0.2 % SOLUTION	3	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution)</i>	2	
<i>lactated ringers solution</i>	2	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	3	PA - PART B VS D DETERMINATION
<i>levocarnitine sf 1 gm/10ml solution</i>	3	PA - PART B VS D DETERMINATION
M-NATAL PLUS 27-1 MG TAB	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL PLUS 27-1 MG TAB	3	
NIVA-PLUS 27-1 MG TAB	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
O-CAL FA 27-1 MG TAB	3	
ONE VITE WOMENS PLUS 27-1 MG TAB	3	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	2	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	3	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	3	
PRENATRIX 27-1 MG TAB	3	
PRENATRYL 27-1 MG TAB	3	
PREPLUS 27-1 MG TAB	3	
TPN ELECTROLYTES CONC	4	PA - PART B VS D DETERMINATION
TRICARE TAB	3	
VITATHELY WITH GINGER 27-1 MG TAB	3	
VOL-PLUS 27-1 MG TAB	3	
WESTAB PLUS 27-1 MG TAB	3	

## GASTROINTESTINAL AGENTS

### ANTI-CONSTIPATION AGENTS

<i>constulose 10 gm/15ml solution</i>	2	
<i>enulose 10 gm/15ml solution</i>	2	
<i>generlac 10 gm/15ml solution</i>	2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL (30 EA PER 30 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	3	
MOVANTIK 12.5 MG TAB	3	QL (60 EA PER 30 DAYS)
MOVANTIK 25 MG TAB	3	QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	2	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	
PLENVU 140 GM RECON SOLN	4	
RELISTOR 12 MG/0.6ML SOLUTION	5	QL (18 ML PER 30 DAYS)
RELISTOR 8 MG/0.4ML SOLUTION	5	QL (12 ML PER 30 DAYS)
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	5	QL (60 EA PER 30 DAYS)
DIPHENOXYLATE-ATROPINE (2.5-0.025 MG TAB, 2.5-0.025 MG/5ML LIQUID)	2	
<i>loperamide hcl 2 mg cap</i>	2	
XERMELO 250 MG TAB	5	PA, LA, QL (90 EA PER 30 DAYS)
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	1	
<i>dicyclomine hcl 10 mg/5ml solution</i>	2	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
GATTEX 5 MG KIT	5	PA, LA
GAVILYTE-C 240 GM RECON SOLN	1	
<i>gavilyte-g 236 gm recon soln</i>	1	
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	1	
<i>famotidine (40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution)</i>	2	
<i>famotidine (pf) 20 mg/2ml solution</i>	2	
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% SOLUTION	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nizatidine (150 mg cap, 300 mg cap)</i>	2	
<b>PROTECTANTS</b>		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	3	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	3	
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
<i>pantoprazole sodium 40 mg recon soln</i>	4	

**GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT**

ALDURAZYME 2.9 MG/5ML SOLUTION	5	PA, LA
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	5	PA, LA
<i>betaine powder</i>	5	LA
CERDELGA 84 MG CAP	5	PA
CEREZYME 400 UNIT RECON SOLN	5	PA, LA
CREON (3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART)	3	
<i>cromolyn sodium 100 mg/5ml conc</i>	4	
CYSTADROPS 0.37 % SOLUTION	5	PA, LA
CYSTAGON (50 MG CAP, 150 MG CAP)	4	PA, LA
CYSTARAN 0.44 % SOLUTION	5	PA, LA
DAYBUE 200 MG/ML SOLUTION	5	PA, LA
ENDARI 5 GM PACKET	5	PA, LA
FABRAZYME (5 MG RECON SOLN, 35 MG RECON SOLN)	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	5	PA, LA
JOENJA 70 MG TAB	5	PA, LA, QL (60 EA PER 30 DAYS)
LUMIZYME 50 MG RECON SOLN	5	PA, LA
<i>miglustat 100 mg cap</i>	5	PA, QL (90 EA PER 30 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	5	PA, LA
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)</i>	5	PA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	5	PA, LA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	5	PA
SKYCLARYS 50 MG CAP	5	PA, QL (90 EA PER 30 DAYS)
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5	PA
ZEMAIRA 1000 MG RECON SOLN	5	PA, LA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART)	4	

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

<i>fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)</i>	3	QL (30 EA PER 30 DAYS)
MYRBETRIQ 25 MG TAB ER 24H	3	QL (60 EA PER 30 DAYS)
MYRBETRIQ 50 MG TAB ER 24H	3	QL (30 EA PER 30 DAYS)
MYRBETRIQ 8 MG/ML SRER	3	QL (300 ML PER 28 DAYS)
<i>oxybutynin chloride (2.5 mg tab, 5 mg tab)</i>	2	
<i>oxybutynin chloride 5 mg/5ml syrup</i>	1	
<i>oxybutynin chloride er (10 mg tab er 24h, 15 mg tab er 24h)</i>	2	QL (60 EA PER 30 DAYS)
<i>oxybutynin chloride er 5 mg tab er 24h</i>	2	QL (30 EA PER 30 DAYS)
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	2	QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	2	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	4	QL (30 EA PER 30 DAYS)
<i>tropium chloride 20 mg tab</i>	3	QL (60 EA PER 30 DAYS)
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	QL (30 EA PER 30 DAYS)
<i>dutasteride 0.5 mg cap</i>	2	QL (30 EA PER 30 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	3	QL (30 EA PER 30 DAYS)
<i>finasteride 5 mg tab</i>	1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	3	
<i>tamsulosin hcl 0.4 mg cap</i>	1	
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
ELMIRON 100 MG CAP	4	
<i>penicillamine 250 mg tab</i>	5	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
<i>alclometasone dipropionate 0.05 % cream</i>	3	QL (60 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % ointment</i>	2	QL (120 GM PER 30 DAYS)
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion)</i>	2	QL (120 ML PER 30 DAYS)
<i>clobetasol prop emollient base 0.05 % cream</i>	3	QL (60 GM PER 30 DAYS)
<i>clobetasol propionate e 0.05 % cream</i>	3	QL (60 GM PER 30 DAYS)
CORTISONE ACETATE 25 MG TAB	4	
<i>desonide 0.05 % lotion</i>	4	QL (118 ML PER 30 DAYS)
<i>dexamethasone (0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
DEXAMETHASONE (0.5 MG/5ML ELIXIR, 0.5 MG/5ML SOLUTION)	2	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	2	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
<i>hydrocortisone butyrate 0.1 % ointment</i>	3	QL (45 GM PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % ointment</i>	4	QL (60 GM PER 30 DAYS)
KORLYM 300 MG TAB	5	PA, LA
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	2	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 1000 mg recon soln)</i>	3	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL 5 MG/ML CONC	4	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig 0.01 % solution</i>	4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	
<i>desmopressin acetate 4 mcg/ml solution</i>	5	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	5	
<i>desmopressin acetate spray 0.01 % solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRELEX 40 MG/4ML SOLUTION	5	PA, LA
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	5	PA

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

### ANDROGENS

<i>danazol (100 mg cap, 200 mg cap)</i>	4	
<i>danazol 50 mg cap</i>	3	
<i>testosterone (1.62 % gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	2	QL (150 GM PER 30 DAYS)
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	2	QL (300 GM PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	2	
<i>testosterone enanthate 200 mg/ml solution</i>	2	

### ESTROGENS

<i>afirmelle 0.1-20 mg-mcg tab</i>	2	
<i>altavera 0.15-30 mg-mcg tab</i>	2	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	2	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	3	
<i>apri 0.15-30 mg-mcg tab</i>	2	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	2	
<i>aubra eq 0.1-20 mg-mcg tab</i>	2	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	2	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	2	
<i>aviane 0.1-20 mg-mcg tab</i>	2	
<i>ayuna 0.15-30 mg-mcg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>balziva 0.4-35 mg-mcg tab</i>	2	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	2	
<i>briellyn 0.4-35 mg-mcg tab</i>	2	
<i>chateal eq 0.15-30 mg-mcg tab</i>	2	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	4	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	2	
<i>cyred 0.15-30 mg-mcg tab</i>	2	
<i>cyred eq 0.15-30 mg-mcg tab</i>	2	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	2	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	2	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	2	
<i>elinest 0.3-30 mg-mcg tab</i>	2	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	4	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	4	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>enskyce 0.15-30 mg-mcg tab</i>	2	
<i>estarylla 0.25-35 mg-mcg tab</i>	2	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk)</i>	3	
<i>estradiol (0.1 mg/gm cream, 2 mg tab, 10 mcg tab)</i>	2	
<i>estradiol (0.5 mg tab, 1 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	2	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	3	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	4	
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	2	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	4	
<i>falmina 0.1-20 mg-mcg tab</i>	2	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	3	
<i>gianvi 3-0.02 mg tab</i>	2	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	2	
<i>haloette 0.12-0.015 mg/24hr ring</i>	4	
<i>iclevia 0.15-0.03 mg tab</i>	2	
IMVEXXY MAINTENANCE PACK (4 MCG INSERT, 10 MCG INSERT)	3	
IMVEXXY STARTER PACK (4 MCG INSERT, 10 MCG INSERT)	3	
<i>introvale 0.15-0.03 mg tab</i>	2	
<i>isibloom 0.15-30 mg-mcg tab</i>	2	
<i>jasmiel 3-0.02 mg tab</i>	2	
<i>jinteli 1-5 mg-mcg tab</i>	3	
<i>jolessa 0.15-0.03 mg tab</i>	2	
<i>juleber 0.15-30 mg-mcg tab</i>	2	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>junel 1/20 1-20 mg-mcg tab</i>	2	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	2	
<i>kalliga 0.15-30 mg-mcg tab</i>	2	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>kelnor 1/35 1-35 mg-mcg tab</i>	2	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	2	
<i>kurvelo 0.15-30 mg-mcg tab</i>	2	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>larin 1/20 1-20 mg-mcg tab</i>	2	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	2	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	2	
<i>lessina 0.1-20 mg-mcg tab</i>	2	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	2	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	2	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	2	
<i>lillow 0.15-30 mg-mcg tab</i>	2	
<b>LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB</b>	2	
<i>lo-zumandimine 3-0.02 mg tab</i>	2	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	2	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	2	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	2	
<i>lopreeza 1-0.5 mg tab</i>	3	
<i>loryna 3-0.02 mg tab</i>	2	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	2	
<i>lutra 0.1-20 mg-mcg tab</i>	2	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	3	
<i>marlissa 0.15-30 mg-mcg tab</i>	2	

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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	2	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	2	
<i>mili 0.25-35 mg-mcg tab</i>	2	
<i>mimvey 1-0.5 mg tab</i>	3	
<i>mono-linyah 0.25-35 mg-mcg tab</i>	2	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	2	
<i>nikki 3-0.02 mg tab</i>	2	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	2	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	2	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	3	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	2	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	2	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	2	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	2	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	2	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>nylia 1/35 1-35 mg-mcg tab</i>	2	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>nymyo 0.25-35 mg-mcg tab</i>	2	
<i>ocella 3-0.03 mg tab</i>	2	
<i>philith 0.4-35 mg-mcg tab</i>	2	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>portia-28 0.15-30 mg-mcg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	3	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	3	
<i>raloxifene hcl 60 mg tab</i>	3	
<i>reclipsen 0.15-30 mg-mcg tab</i>	2	
<i>setlakin 0.15-0.03 mg tab</i>	2	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	2	
<i>sronyx 0.1-20 mg-mcg tab</i>	2	
<i>syeda 3-0.03 mg tab</i>	2	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	2	
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	2	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	2	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	2	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	2	
<i>vestura 3-0.02 mg tab</i>	2	
<i>vienva 0.1-20 mg-mcg tab</i>	2	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>vyfemla 0.4-35 mg-mcg tab</i>	2	
<i>vylibra 0.25-35 mg-mcg tab</i>	2	
<i>wera 0.5-35 mg-mcg tab</i>	2	
<i>xulane 150-35 mcg/24hr patch wk</i>	2	
<i>yuvaferm 10 mcg tab</i>	3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	2	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	2	
<i>zumandimine 3-0.03 mg tab</i>	2	

## PROGESTINS

<i>camila 0.35 mg tab</i>	2	
<i>deblitane 0.35 mg tab</i>	2	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	4	
ELLA 30 MG TAB	3	
<i>errin 0.35 mg tab</i>	2	
<i>heather 0.35 mg tab</i>	2	
<i>incassia 0.35 mg tab</i>	2	
<i>jencycla 0.35 mg tab</i>	2	
<i>lyleq 0.35 mg tab</i>	2	
<i>lyza 0.35 mg tab</i>	2	
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	2	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	3	
<i>megestrol acetate 625 mg/5ml suspension</i>	4	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>nora-be 0.35 mg tab</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norlyda 0.35 mg tab</i>	2	
<i>norlyroc 0.35 mg tab</i>	2	
<i>sharobel 0.35 mg tab</i>	2	

### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
ERMEZA 150 MCG/5ML SOLUTION	2	
<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
LEVOTHYROXINE SODIUM 100 MCG/ML SOLUTION	3	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	

### HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline 0.5 mg tab</i>	3	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	5	
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	5	
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	5	
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	5	
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	5	
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution)</i>	4	
<i>octreotide acetate (500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	5	
ORGOVYX 120 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	5	
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5	PA, LA
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION, 120 MG/0.5ML SOLUTION)	5	
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	5	LA
SYNAREL 2 MG/ML SOLUTION	5	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP)	4	

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	

### IMMUNOLOGICAL AGENTS

### ANGIOEDEMA AGENTS

BERINERT 500 UNIT KIT	5	PA, LA, QL (24 EA PER 30 OVER TIME)
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HAEGARDA 2000 UNIT RECON SOLN	5	PA, LA, QL (30 EA PER 30 DAYS)
HAEGARDA 3000 UNIT RECON SOLN	5	PA, LA, QL (20 EA PER 30 DAYS)
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	5	PA, QL (27 ML PER 30 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyr</i>	5	PA, QL (27 ML PER 30 OVER TIME)

## **IMMUNOGLOBULINS**

BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA - PART B VS D DETERMINATION
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5	PA - PART B VS D DETERMINATION
GAMASTAN INJECTABLE	4	PA - PART B VS D DETERMINATION
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA - PART B VS D DETERMINATION
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	5	PA - PART B VS D DETERMINATION
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	5	PA - PART B VS D DETERMINATION
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	5	PA - PART B VS D DETERMINATION
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA - PART B VS D DETERMINATION
PANZYGA (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA - PART B VS D DETERMINATION
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA - PART B VS D DETERMINATION

### **IMMUNOLOGICAL AGENTS, OTHER**

ARCALYST 220 MG RECON SOLN	5	PA
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	5	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	5	PA, LA, QL (8 ML PER 28 DAYS)
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, LA, QL (8 ML PER 28 DAYS)
COSENTYX 300 MG/2ML SOLN A-INJ	5	PA, QL (8 ML PER 28 DAYS)
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS)
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	5	PA, LA, QL (8 ML PER 28 DAYS)
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	5	PA, LA, QL (8 ML PER 28 DAYS)
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	5	PA
KINERET 100 MG/0.67ML SOLN PRSYR	5	PA, QL (37.52 ML PER 28 DAYS)
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, LA
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (7 ML PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (8.4 ML PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (16.8 ML PER 365 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	5	PA, QL (60 ML PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	5	PA, QL (7 ML PER 365 OVER TIME)
STELARA 45 MG/0.5ML SOLN PRSYR	5	PA, QL (0.5 ML PER 28 DAYS)
STELARA 45 MG/0.5ML SOLUTION	5	PA, LA, QL (0.5 ML PER 28 DAYS)
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 EA PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (240 ML PER 24 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	5	PA, LA

### **IMMUNOSTIMULANTS**

ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	5	LA, PA - FOR NEW STARTS ONLY
INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION)	5	PA - PART B VS D DETERMINATION
PEGASYS (180 MCG/0.5ML SOLN PRSYR, 180 MCG/ML SOLUTION)	5	PA

### **IMMUNOSUPPRESSANTS**

<i>azathioprine 50 mg tab</i>	2	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	3	PA - PART B VS D DETERMINATION
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	5	PA, QL (8 ML PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	5	PA, QL (8 ML PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4	PA - PART B VS D DETERMINATION
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	3	PA - PART B VS D DETERMINATION
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	5	PA, QL (2 EA PER 28 DAYS)
HUMIRA (40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	5	PA, QL (6 EA PER 28 DAYS)
HUMIRA PEDIATRIC CROHNS START (80 MG/0.8ML & 40MG/0.4ML PREF SY KT, 80 MG/0.8ML PREF SY KT)	5	PA
HUMIRA PEN (40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	5	PA, QL (4 EA PER 28 DAYS)
HUMIRA PEN 40 MG/0.4ML PEN KIT	5	PA, QL (6 EA PER 28 DAYS)
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	5	PA
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	5	PA, QL (4 EA PER 28 DAYS)
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	5	PA, QL (4 EA PER 28 DAYS)
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	5	PA
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	5	PA
HYFTOR 0.2 % GEL	5	PA
INFLIXIMAB 100 MG RECON SOLN	5	PA, LA
<i>leflunomide (10 mg tab, 20 mg tab)</i>	3	QL (30 EA PER 30 DAYS)
METHOTREXATE SODIUM (1 GM RECON SOLN, 2.5 MG TAB, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	2	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 250 mg/10ml solution)</i>	2	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
<i>methotrexate sodium 50 mg/2ml solution</i>	1	
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	3	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	5	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	PA - PART B VS D DETERMINATION
NULOJIX 250 MG RECON SOLN	5	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET, 5 MG CAP)	4	PA - PART B VS D DETERMINATION
PROGRAF (0.5 MG CAP, 1 MG CAP)	3	PA - PART B VS D DETERMINATION
RAPAMUNE 1 MG/ML SOLUTION	5	PA - PART B VS D DETERMINATION
REMICADE 100 MG RECON SOLN	5	PA, LA
RENFLEXIS 100 MG RECON SOLN	5	PA, LA
REZUROCK 200 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	5	PA, QL (30 EA PER 30 DAYS)
RINVOQ 45 MG TAB ER 24H	5	PA, QL (168 EA PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	3	PA - PART B VS D DETERMINATION
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	4	PA - PART B VS D DETERMINATION
<i>sirolimus 1 mg/ml solution</i>	5	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap)</i>	3	PA - PART B VS D DETERMINATION
<i>tacrolimus 5 mg cap</i>	4	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	4	
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	5	PA, QL (30 EA PER 30 DAYS)
ZORTRESS 1 MG TAB	5	PA - PART B VS D DETERMINATION

## VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	1	* (\$0 Vaccine)
ACTHIB RECON SOLN	3	* (\$0 Vaccine)
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	1	* (\$0 Vaccine)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AREXVY 120 MCG/0.5ML RECON SUSP	1	* (\$0 Vaccine)
BCG VACCINE 50 MG RECON SOLN	1	* (\$0 Vaccine)
BEXSERO SUSP PRSYR	1	* (\$0 Vaccine)
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	1	* (\$0 Vaccine)
DAPTACEL 23-15-5 SUSPENSION	3	* (\$0 Vaccine)
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	3	* (\$0 Vaccine)
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	1	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	1	* (\$0 Vaccine)
HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	1	* (\$0 Vaccine)
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	1	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
HIBERIX 10 MCG RECON SOLN	3	* (\$0 Vaccine)
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	1	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
INFANRIX 25-58-10 SUSPENSION	3	* (\$0 Vaccine)
IPOL INJECTABLE	1	* (\$0 Vaccine)
IXIARO SUSPENSION	1	* (\$0 Vaccine)
JYNNEOS 0.5 ML SUSPENSION	1	* (\$0 Vaccine)
KINRIX 0.5 ML SUSP PRSYR	3	* (\$0 Vaccine)
M-M-R II RECON SOLN	1	* (\$0 Vaccine)
MENACTRA SOLUTION	1	* (\$0 Vaccine)
MENQUADFI SOLUTION	1	* (\$0 Vaccine)
MENVEO (RECON SOLN, SOLUTION)	1	* (\$0 Vaccine)
PEDIARIX SUSP PRSYR	3	* (\$0 Vaccine)
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	3	* (\$0 Vaccine)
PENTACEL RECON SUSP	3	* (\$0 Vaccine)
PREHEVBRIO 10 MCG/ML SUSPENSION	1	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
PRIORIX RECON SUSP	1	* (\$0 Vaccine)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROQUAD RECON SUSP	3	* (\$0 Vaccine)
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	3	* (\$0 Vaccine)
RABAVERT RECON SUSP	1	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	1	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
ROTARIX (RECON SUSP, SUSPENSION)	3	* (\$0 Vaccine)
ROTATEQ SOLUTION	3	* (\$0 Vaccine)
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	QL (2 EA PER 999 OVER TIME), * (\$0 Vaccine)
TDVAX 2-2 LF/0.5ML SUSPENSION	1	* (\$0 Vaccine)
TENIVAC 5-2 LFU INJECTABLE	1	* (\$0 Vaccine)
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	3	* (\$0 Vaccine)
TRUMENBA SUSP PRSYR	1	* (\$0 Vaccine)
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	1	* (\$0 Vaccine)
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	1	* (\$0 Vaccine)
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	1	* (\$0 Vaccine)
VARIVAX 1350 PFU/0.5ML INJECTABLE	1	* (\$0 Vaccine)
YF-VAX INJECTABLE	1	* (\$0 Vaccine)

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	2	
<i>mesalamine (4 gm enema, 800 mg tab dr)</i>	3	
<i>mesalamine 1.2 gm tab dr</i>	4	QL (120 EA PER 30 DAYS)
<i>mesalamine 1000 mg suppos</i>	4	
<i>mesalamine 400 mg cap dr</i>	4	QL (180 EA PER 30 DAYS)
<i>mesalamine er 0.375 gm cap er 24h</i>	2	QL (120 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine er 500 mg cap er</i>	4	QL (240 EA PER 30 DAYS)
<i>mesalamine-cleanser 4 gm kit</i>	3	
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	2	

## GLUCOCORTICOIDS

<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er 9 mg tab er 24h</i>	5	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	2	

## METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	PA - PART B VS D DETERMINATION
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	PA - PART B VS D DETERMINATION
CALCITRIOL 1 MCG/ML SOLUTION	4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl 30 mg tab</i>	4	QL (120 EA PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>cinacalcet hcl 60 mg tab</i>	4	QL (60 EA PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>cinacalcet hcl 90 mg tab</i>	5	QL (120 EA PER 30 DAYS), PA - PART B VS D DETERMINATION
FORTEO 600 MCG/2.4ML SOLN PEN	5	QL (62.4 ML PER 999 OVER TIME)
<i>ibandronate sodium 150 mg tab</i>	2	PA - PART B VS D DETERMINATION
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	5	PA
<i>pamidronate disodium (6 mg/ml solution, 30 mg recon soln, 30 mg/10ml solution, 90 mg recon soln, 90 mg/10ml solution)</i>	3	PA - PART B VS D DETERMINATION
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	4	PA - PART B VS D DETERMINATION
PROLIA 60 MG/ML SOLN PRSYR	4	PA, QL (1 ML PER 180 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RAYALDEE 30 MCG CAP ER	5	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	5	QL (62.4 ML PER 999 OVER TIME)
TYMLOS 3120 MCG/1.56ML SOLN PEN	5	QL (39 ML PER 999 OVER TIME)
XGEVA 120 MG/1.7ML SOLUTION	5	PA
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	3	PA - PART B VS D DETERMINATION

## MISCELLANEOUS THERAPEUTIC AGENTS

ALCOHOL SWABS	3	
BD ALCOHOL SWAB	3	
BD AUTOSHIELD, BD AUTOSHIELD DUO, BD PEN NEEDLE U/F (MINI, SHORT, NANO, MICRO)	3	
BD INSULIN SYRINGE, BD INSULIN SYRINGE U/F, BD VEO INSULIN SYRINGE	3	
DROPLET INSULIN SYRINGE, DROPLET PEN NEEDLE	3	
DROPSAFE INSULIN SYRINGE, DROPSAFE PEN NEEDLE	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE (DISP) U-100 (0.3 ML, 1/2 ML, 1 ML)	3	
INTRAROSA 6.5 MG INSERT	3	
NOVOFINE PEN NEEDLE, NOVOFINE PLUS PEN NEEDLE, NOVOFINE AUTOCOVER PEN NEEDLE, NOVOTWIST PEN NEEDLE	3	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	QL (1 PER 365 OVER TIME)
OMNIPOD 5 G6 POD (GEN 5) MISC	3	QL (30 EA PER 30 DAYS)
OMNIPOD 5 PACK MISC	3	QL (30 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3) KIT	3	QL (1 PER 365 OVER TIME)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 PER 365 OVER TIME)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OMNIPOD DASH PODS (GEN 4) MISC	3	QL (30 EA PER 30 DAYS)
OMNIPOD GO (10 UNIT/24HR KIT, 15 UNIT/24HR KIT, 20 UNIT/24HR KIT, 25 UNIT/24HR KIT, 30 UNIT/24HR KIT, 35 UNIT/24HR KIT, 40 UNIT/24HR KIT)	3	QL (10 EA PER 30 DAYS)
<i>sterile water for irrigation solution</i>	2	
TECHLITE INSULIN SYRINGE, TECHLITE PEN NEEDLE	3	
V-GO (20 UNIT/24HR KIT, 30 UNIT/24HR KIT, 40 UNIT/24HR KIT)	3	QL (30 EA PER 30 DAYS)
VOWST CAP	5	PA

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	1	
<i>atropine sulfate 1 % solution</i>	2	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	2	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	3	
<i>cyclosporine 0.05 % emulsion</i>	2	QL (60 EA PER 30 DAYS)
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	1	
<i>dorzolamide hcl-timolol mal pf (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	3	
ISOPTO ATROPINE 1 % SOLUTION	3	
<i>neo-polycin 3.5-400-10000 ointment</i>	2	
<i>neo-polycin hc 1 % ointment</i>	2	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	2	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
OXERVATE 0.002 % SOLUTION	5	PA
<i>polycin 500-10000 unit/gm ointment</i>	1	
<i>proparacaine hcl 0.5 % solution</i>	2	
ROCKLATAN 0.02-0.005 % SOLUTION	4	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
TOBRADEX ST 0.3-0.05 % SUSPENSION	3	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	2	
XIIDRA 5 % SOLUTION	3	QL (60 EA PER 30 DAYS)
ZYLET 0.5-0.3 % SUSPENSION	3	

### OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl 0.05 % solution</i>	2	
<i>bepotastine besilate 1.5 % solution</i>	3	
<i>cromolyn sodium 4 % solution</i>	1	
<i>olopatadine hcl 0.1 % solution</i>	2	

### OPHTHALMIC ANTI-INFECTIVES

AZASITE 1 % SOLUTION	4	
BACITRACIN 500 UNIT/GM OINTMENT	2	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 0.5 % solution</i>	2	
<i>gentamicin sulfate 0.3 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	3	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
NATACYN 5 % SUSPENSION	4	
<i>ofloxacin 0.3 % solution</i>	2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin 0.3 % solution</i>	1	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
ALREX 0.2 % SUSPENSION	3	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	4	
BROMSITE 0.075 % SOLUTION	4	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>diclofenac sodium 0.1 % solution</i>	2	
<i>difluprednate 0.05 % emulsion</i>	2	
FLAREX 0.1 % SUSPENSION	4	
<i>fluorometholone 0.1 % suspension</i>	3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	2	
ILEVRO 0.3 % SUSPENSION	3	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
LOTEMAX 0.5 % OINTMENT	3	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	3	
PREDNISOLONE ACETATE 1 % SUSPENSION	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
PROLENSA 0.07 % SOLUTION	3	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl 0.5 % solution</i>	2	
BETOPTIC-S 0.25 % SUSPENSION	3	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate (0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln)</i>	2	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate pf 0.25 % solution</i>	2	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide er 500 mg cap er 12h</i>	2	
ALPHAGAN P (0.1 % SOLUTION, 0.15 % SOLUTION)	3	
<i>brimonidine tartrate (0.15 % solution, 0.2 % solution)</i>	1	
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brinzolamide 1 % suspension</i>	2	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	3	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	
RHOPRESSA 0.02 % SOLUTION	3	
SIMBRINZA 1-0.2 % SUSPENSION	3	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>latanoprost 0.005 % solution</i>	1	
LUMIGAN 0.01 % SOLUTION	3	
<i>travoprost (bak free) 0.004 % solution</i>	3	
VYZULTA 0.024 % SOLUTION	4	
<b>OTIC AGENTS</b>		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	2	
<i>flac 0.01 % oil</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	4	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	2	
<i>ofloxacin 0.3 % solution</i>	3	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	PA - PART B VS D DETERMINATION
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL (75 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL (16 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	3	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	3	QL (21.2 GM PER 30 DAYS)
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA	3	QL (2 EA PER 30 DAYS)
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA	3	QL (3 EA PER 30 DAYS)

## ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	2	
<i>cetirizine hcl 1 mg/ml solution</i>	1	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	3	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>diphenhydramine hcl 50 mg/ml solution</i>	3	
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
HYDROXYZINE HCL (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	4	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	3	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	2	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
HYDROXYZINE PAMOATE 100 MG CAP	3	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	
<i>promethazine hcl (25 mg/ml solution, 50 mg/ml solution)</i>	3	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>promethazine hcl (6.25 mg/5ml solution, 6.25 mg/5ml syrup)</i>	2	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZERVIATE 0.24 % SOLUTION	4	
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	1	
<i>montelukast sodium 4 mg packet</i>	3	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	3	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA 17 MCG/ACT AERO SOLN	4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	3	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	
<i>ipratropium bromide 0.02 % solution</i>	2	PA - PART B VS D DETERMINATION
SPIRIVA HANDHALER 18 MCG CAP	3	QL (30 EA PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	3	QL (4 GM PER 30 DAYS)
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
ADRENALIN 1 MG/ML SOLUTION	4	
ALBUTEROL SULFATE (0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN, (2.5 MG/3ML) 0.083% NEBU SOLN, 2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN)	2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	3	
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	2	QL (17 GM PER 30 DAYS), * (generic of PROAIR HFA)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	2	QL (13.4 GM PER 30 DAYS), * (generic of PROVENTIL HFA)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of ventolin hfa)</i>	2	QL (36 GM PER 30 DAYS), * (generic of VENTOLIN HFA)
EPINEPHRINE (0.15 MG/0.3ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	2	* (generic of EPIPEN)
<i>epinephrine (anaphylaxis) 1 mg/ml solution</i>	4	
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	2	* (generic of ADRENAClick)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	2	* (generic of EPIPEN)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	2	PA - PART B VS D DETERMINATION
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	QL (30 GM PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	QL (60 EA PER 30 DAYS)
SYMJEPI (0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR)	4	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	3	QL (36 GM PER 30 DAYS)

### CYSTIC FIBROSIS AGENTS

BRONCHITOL 40 MG CAP	5	PA, LA, QL (560 EA PER 28 DAYS)
CAYSTON 75 MG RECON SOLN	5	LA
KALYDECO (13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	5	PA, QL (56 EA PER 28 DAYS)
KALYDECO 150 MG TAB	5	PA, QL (60 EA PER 30 DAYS)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, QL (112 EA PER 28 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (56 EA PER 28 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA - PART B VS D DETERMINATION
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	5	PA, LA, QL (56 EA PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	5	PA - PART B VS D DETERMINATION
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5	PA, LA, QL (84 EA PER 28 DAYS)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5	PA, LA, QL (56 EA PER 28 DAYS)

### PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	2	
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	2	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	

## PULMONARY ANTIHYPERTENSIVES

ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	5	LA, QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bosentan 125 mg tab</i>	5	LA, QL (60 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bosentan 62.5 mg tab</i>	5	LA, QL (120 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
LIQREV 10 MG/ML SUSPENSION	5	PA, QL (180 ML PER 30 DAYS)
OPSUMIT 10 MG TAB	5	LA, QL (30 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sildenafil citrate 10 mg/ml recon susp</i>	5	QL (180 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sildenafil citrate 20 mg tab</i>	2	QL (90 EA PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)</i>	5	LA, PA - PART B VS D DETERMINATION
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	5	PA - FOR NEW STARTS ONLY

## PULMONARY FIBROSIS AGENTS

OFEV (100 MG CAP, 150 MG CAP)	5	PA, QL (60 EA PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	5	PA, QL (270 EA PER 30 DAYS)
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	5	PA, QL (90 EA PER 30 DAYS)

## RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3	QL (12 GM PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	3	QL (10.7 GM PER 30 DAYS)
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (60 EA PER 30 DAYS)
<i>brey-na (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	2	QL (10.3 GM PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)</i>	2	QL (10.2 GM PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	4	QL (8 GM PER 30 DAYS)
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	PA - PART B VS D DETERMINATION
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	3	QL (13 GM PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL (60 EA PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	3	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	2	PA - PART B VS D DETERMINATION
NUCALA (40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	5	PA, LA
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	3	QL (60 EA PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL (60 EA PER 30 DAYS)

## SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 350 mg tab</i>	2	QL (252 EA PER 365 OVER TIME), PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>cyclobenzaprine hcl 7.5 mg tab</i>	3	PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)
<i>methocarbamol (500 mg tab, 750 mg tab, 1000 mg tab)</i>	2	
<i>vanadom 350 mg tab</i>	2	QL (252 EA PER 365 OVER TIME), PA - FOR NEW STARTS ONLY, * (PA if 65 years and older)

## SLEEP DISORDER AGENTS

## SLEEP PROMOTING AGENTS

<i>doxepin hcl 3 mg tab</i>	3	QL (60 EA PER 30 DAYS)
<i>doxepin hcl 6 mg tab</i>	3	QL (30 EA PER 30 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	4	PA, QL (30 EA PER 30 DAYS), * (PA if 65 and older after a 90 day supply per calendar year)
HETLIOZ LQ 4 MG/ML SUSPENSION	5	PA, LA
<i>ramelteon 8 mg tab</i>	4	QL (30 EA PER 30 DAYS)
<i>tasimelteon 20 mg cap</i>	5	PA, QL (30 EA PER 30 DAYS)
<i>temazepam (7.5 mg cap, 30 mg cap)</i>	2	QL (30 EA PER 30 DAYS)
<i>temazepam 15 mg cap</i>	2	QL (60 EA PER 30 DAYS)
<i>zaleplon (5 mg cap, 10 mg cap)</i>	2	PA, QL (30 EA PER 30 DAYS), * (PA if 65 and older after a 90 day supply per calendar year)
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	PA, QL (30 EA PER 30 DAYS), * (PA if 65 and older after a 90 day supply per calendar year)

## WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (200 mg tab, 250 mg tab)</i>	2	QL (30 EA PER 30 DAYS)
<i>armodafinil 150 mg tab</i>	2	QL (60 EA PER 30 DAYS)
<i>armodafinil 50 mg tab</i>	2	QL (90 EA PER 30 DAYS)
<i>modafinil 100 mg tab</i>	2	QL (60 EA PER 30 DAYS)
<i>modafinil 200 mg tab</i>	2	QL (30 EA PER 30 DAYS)
SODIUM OXYBATE 500 MG/ML SOLUTION	5	PA, LA, QL (540 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XYREM 500 MG/ML SOLUTION	5	PA, LA, QL (540 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

# Alphabetical Listing

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**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-248-6522 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-248-6522 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-248-6522 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-248-6522 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-248-6522 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-248-6522 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-248-6522 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-248-6522 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-248-6522 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-248-6522 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-248-6522 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-248-6522 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-248-6522 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-248-6522 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-248-6522 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-248-6522 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-248-6522 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 9/20/2023. For more recent information or other questions, please contact the Pharmacy Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. Or, visit <http://www.cdphp.com>.