Comprehensive Formulary 2025

(List of Covered Drugs)

This document contains information about the drugs we cover in this plan.
IU Health Plans Medicare $0 Preferred (HMO)
IU Health Plans Medicare Flex Network (HMO-POS)
IU Health Plans Medicare Select Plus (HMO) 001
IU Health Plans Medicare Select Plus (HMO) 002
IU Health Plans Medicare Select Plus (HMO) 003
IU Health Plans Medicare Choice (HMO-POS)
IU Health Plans Medicare Kidney Care (HMO)

Health Plans

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Indianapolis, IN 46204-1202

This comprehensive formulary was updated on 09.01.2025. For more recent information or other questions, please contact us: IU Health Plans Pharmacy Member Services, 844.432.0695 (TTY/TDD 711). Hours are Oct. 1 to March 31 – 8 am to 8 pm, seven days a week; April 1 to Sept. 30 – 8 am to 8 pm, Monday – Friday. You may also visit **iuhealthplans.org**.

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Indiana University Health Plans

2025 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File Submission ID 25368, Version Number 20.0

This formulary was updated on 01/01/2025. For more recent information or other questions, please contact Indiana University Health Plans (IU Health Plans) Member Services at 844.432.0695 or, for TTY/TDD 711 users, 800.743.3333, 24 hours a day, 7 days a week, or visit iuhealthplans.org.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 Indiana University Health Plans NFP, Inc. When it refers to "plan" or "our plan," it means IU Health Plans.

This document includes an updated Drug List (formulary) for our plan which is current as of 01.01.2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the IU Health Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by IU Health 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. IU Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an IU Health 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 IU Health Plans may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: iuhealthplans.org.

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

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

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make 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. For more information, see the section below titled “How do I request an exception to the IU Health Plans Formulary?”

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug to the brand name drug or move it to a different cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we

remove drugs from our formulary, add prior authorization , quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01.01.2025. To get updated information about the drugs covered by IU Health Plans please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 105. 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?

IU Health 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, IU Health Plans limits the amount of the drug that IU Health Plans will cover. For example, IU Health Plans provides 2 inhalers per prescription for albuterol sulfate AERS 108mcg/act (generic for ProAir HFA). This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, IU Health 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, IU Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, IU Health 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization restriction 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 IU Health 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 IU Health Plans formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that IU Health Plans does not cover your drug, you have two options:

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

You can ask IU Health 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, IU Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover the greater amount.

Generally, IU Health 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If your level of care changes (e.g., entering a long term-care facility or going home after a stay in a long-term care facility), Indiana University Health Plans provides transitional supplies of non-formulary or otherwise restricted medications. For the first month after being discharged from a long-term care facility, you can get at least a 31-day supply of your current medications to allow time for you and your physician to switch to a formulary alternative or request an exception.

For more information

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

If you have questions about IU Health 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 day a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

IU Health Plans Formulary

The formulary below provides coverage information about the drugs covered by IU Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

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

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

IU Health Plans drug tiers and cost-sharing amounts for 2025:

IU Health Plans - $0 Preferred (HMO), Flex Network (HMO-POS), Select Plus (HMO), Kidney Care (HMO)			
	Standard Retail Pharmacy		CVS Caremark Mail Order Service
Drug Tier	30-Day Copay	90-Day Copay	90- to 100-day supply
1 – Preferred Generic	$0	$0	$0
2 – Generic	$3	$9	$0
3 – Preferred Brand	$47	$141	$141
3 – Insulins	$35	$105	$105
4 – Non-Preferred Drug	50%	50%	50%
5 – Specialty Drugs	33%	N/A	N/A
6 – Select Care Drugs	$0	$0	$0

$0 copay for Tier 1 & Tier 2 drugs at mail for Select Plus (Plan 009), $0 Preferred (Plan 010), Flex Network (Plan 011), and Kidney Care (Plan 012)

NOTE: Drugs are provided in a Long-term Care Facility for up to a 31-day supply.

IU Health Plans - Choice (HMO-POS)			
	Standard Retail Pharmacy		CVS Caremark Mail Order Service
Drug Tier	30-Day Copay	90-Day Copay	90- to 100-day supply
1 – Preferred Generic	$3	$9	$9
2 – Generic	$15	$45	$45
3 – Preferred Brand	$47	$141	$141
3 – Insulins	$35	$105	$105
4 – Non-Preferred Drug	50%	50%	50%
5 – Specialty Drugs	33%	N/A	N/A
6 – Select Care Drugs	$0	$0	$0

NOTE: Drugs are provided in a Long-term Care Facility for up to a 31-day supply

List of Abbreviations

B/D: This prescription may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

NM: Not Available at Mail-Order. This prescription drug is not available through our mail-order service. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

DL: Day Supply Limit. For certain drugs, we will only cover up to a 30-day supply at a time.

Indiana University Health Plans 2025 effective 09/01/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tab 100 mg	2	
allopurinol tab 300 mg	2	
colchicine tab 0.6 mg	3	
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat tab 40 mg	3	QL (30 tabs / 30 days), ST
febuxostat tab 80 mg	3	QL (30 tabs / 30 days), ST
probenecid tab 500 mg	2	
NSAIDS		
celecoxib cap 50 mg	3	
celecoxib cap 100 mg	3	
celecoxib cap 200 mg	3	
celecoxib cap 400 mg	3	
diclofenac potassium tab 50 mg	2	
diclofenac sodium tab delayed release 25 mg	2	
diclofenac sodium tab delayed release 50 mg	2	
diclofenac sodium tab delayed release 75 mg	2	
diclofenac sodium tab er 24hr 100 mg	2	
diflunisal tab 500 mg	2	
ec-naproxen	2	
flurbiprofen tab 100 mg	2	
ibu	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
meclofenamate sodium cap 50 mg	2	
meclofenamate sodium cap 100 mg	2	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	2	
nabumetone tab 750 mg	2	
naproxen dr	2	
naproxen sodium tab 275 mg	2	
naproxen sodium tab 550 mg	2	
naproxen susp 125 mg/5ml	1	
naproxen tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
sulindac tab 150 mg	2	
sulindac tab 200 mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl td patch 72hr 12 mcg/hr	3	QL (10 patches / 30 days), PA; DL
fentanyl td patch 72hr 25 mcg/hr	3	QL (10 patches / 30 days), PA; DL
fentanyl td patch 72hr 50 mcg/hr	3	QL (10 patches / 30 days), PA; DL
fentanyl td patch 72hr 75 mcg/hr	3	QL (10 patches / 30 days), PA; DL
fentanyl td patch 72hr 100 mcg/hr	3	QL (10 patches / 30 days), PA; DL
methadone hcl soln 5 mg/5ml	3	QL (2000 mL / 30 days); DL
methadone hcl tab 5 mg	3	QL (90 tabs / 30 days); DL
methadone hcl tab 10 mg	3	QL (200 tabs / 30 days); DL
morphine sulfate tab er 15 mg	4	QL (90 tabs / 30 days), PA; DL
morphine sulfate tab er 30 mg	4	QL (90 tabs / 30 days), PA; DL
morphine sulfate tab er 60 mg	4	QL (90 tabs / 30 days), PA; DL
morphine sulfate tab er 100 mg	4	QL (60 tabs / 30 days), PA; DL
morphine sulfate tab er 200 mg	4	QL (30 tabs / 30 days), PA; DL
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (4500 mL / 30 days); DL
acetaminophen w/ codeine tab 300-15 mg	3	QL (390 tabs / 30 days); DL
acetaminophen w/ codeine tab 300-30 mg	3	QL (390 tabs / 30 days); DL
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tabs / 30 days); DL
ascomp/codeine	4	QL (180 caps / 30 days); DL
but/apap/caf cap codeine	3	QL (180 caps / 30 days); DL
but/asa/caf/ cap cod 30mg	3	QL (180 caps / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
butorphanol tartrate nasal soln 10 mg/ml	3	QL (40mL / 30 days); DL
endocet	3	QL (360 tabs / 30 days); DL
hydroco/apap sol 7.5-325	3	QL (3600 mL / 30 days); DL
hydroco/apap tab 5-325mg	3	QL (360 tabs / 30 days); DL
hydroco/apap tab 7.5-325	3	QL (360 tabs / 30 days); DL
hydroco/apap tab 10-325mg	3	QL (360 tabs / 30 days); DL
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days); DL
hydromorphone hcl tab 2 mg	3	QL (180 tabs / 30 days); DL
hydromorphone hcl tab 4 mg	3	QL (180 tabs / 30 days); DL
hydromorphone hcl tab 8 mg	3	QL (180 tabs / 30 days); DL
morphine sulfate oral soln 10 mg/5ml	3	QL (900 mL / 30 days); DL
morphine sulfate oral soln 20 mg/5ml	3	QL (900 mL / 30 days); DL
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL (300 mL / 30 days); DL
morphine sulfate tab 15 mg	3	QL (180 tabs / 30 days); DL
morphine sulfate tab 30 mg	3	QL (180 tabs / 30 days); DL
oxycodone hcl cap 5 mg	3	QL (180 caps / 30 days); DL
oxycodone hcl soln 5 mg/5ml	3	QL (900 mL / 30 days); DL
oxycodone hcl tab 5 mg	3	QL (180 tabs / 30 days); DL
oxycodone hcl tab 10 mg	3	QL (180 tabs / 30 days); DL
oxycodone hcl tab 15 mg	3	QL (180 tabs / 30 days); DL
oxycodone hcl tab 20 mg	3	QL (180 tabs / 30 days); DL
oxycodone hcl tab 30 mg	3	QL (134 tabs / 30 days); DL
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days); DL
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (360 tabs / 30 days); DL
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (360 tabs / 30 days); DL
oxymorphone hcl tab 5 mg	4	QL (180 tabs / 30 days); DL
oxymorphone hcl tab 10 mg	4	QL (180 tabs / 30 days); DL
tramadol hcl tab 50mg	3	QL (240 tabs / 30 days); DL
tramadol-acetaminophen tab 37.5-325 mg	3	QL (40 tabs / 5 days); DL

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

albendazole tab 200 mg	2	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	3	
ARIKAYCE SUS	5	QL (235.2 mL / 28 days), NM, PA; DL
atovaquone susp 750 mg/5ml	4	
aztreonam for inj 1 gm	2	PA
CAYSTON INH 75MG	5	QL (84 vials / 56 days), NM; DL
clindamycin hcl cap 75 mg	2	
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	PA
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	PA
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	PA
clindamycin sol 75mg/5ml	2	
colistimethate sod for inj 150 mg (colistin base activity)	5	PA; DL
dapsone tab 25 mg	2	
dapsone tab 100 mg	2	
daptomycin for iv soln 350 mg	5	DL
daptomycin for iv soln 500 mg	5	DL
ertapenem sodium for inj 1 gm (base equivalent)	3	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	3	

Drug Name	Drug Tier	Requirements/Limits
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin sulfate inj 40 mg/ml	2	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	
IMPAVIDO CAP 50MG	5	QL (84 caps / 28 days), PA; DL
ivermectin tab 3 mg	2	PA
linezolid for susp 100 mg/5ml	5	DL
linezolid iv soln 600 mg/300ml (2 mg/ml)	3	PA
linezolid tab 600 mg	3	
meropenem iv for soln 1 gm	2	
meropenem iv for soln 500 mg	2	
methenamine hippurate tab 1 gm	2	
metronidazole cap 375 mg	3	
metronidazole iv soln 500 mg/100ml	2	PA
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
neomycin sulfate tab 500 mg	2	
nitazoxanide tab 500 mg	5	QL (40 tabs / 30 days); DL
nitrofurantoin macrocrystalline cap 50 mg	2	
nitrofurantoin macrocrystalline cap 100 mg	2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	2	
paromomycin sulfate cap 250 mg	2	
pentamidine isethionate for inj soln 300 mg	4	PA
pentamidine isethionate for nebulization soln 300 mg	3	B/D
polymyxin b sulfate for inj 500000 unit	2	PA
praziquantel tab 600 mg	2	
pyrimethamine tab 25 mg	5	DL
streptomycin sulfate for inj 1 gm	4	
sulfadiazine tab 500 mg	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tinidazole tab 250 mg	2	
tinidazole tab 500 mg	2	
tobramycin nebu soln 300 mg/4ml	5	B/D, NM; DL
tobramycin nebu soln 300 mg/5ml	5	B/D, NM; DL
tobramycin sulfate inj 10 mg/ml (base equivalent)	2	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	2	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	
vancomycin hcl cap 250 mg (base equivalent)	4	
vancomycin hcl for iv soln 1 gm (base equivalent)	3	PA
vancomycin hcl for iv soln 10 gm (base equivalent)	3	PA
vancomycin hcl for iv soln 500 mg (base equivalent)	3	PA
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	4	
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	4	
XIFAXAN TAB 200MG	4	QL (9 tabs / 3 days)
ANTIFUNGALS		
ABELCET INJ 5MG/ML	4	B/D
amphotericin b for iv soln 50 mg	2	B/D
amphotericin b liposome iv for susp 50 mg	4	B/D
caspofungin acetate for iv soln 50 mg	4	B/D
caspofungin acetate for iv soln 70 mg	3	B/D
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	4	
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	
fluconazole in nacl 0.9% inj 400 mg/200ml	2	
fluconazole tab 50 mg	2	
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
flucytosine cap 250 mg	5	DL
flucytosine cap 500 mg	5	DL
griseofulvin microsize susp 125 mg/5ml	4	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg	4	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin ultramicrosize tab 165 mg	4	
griseofulvin ultramicrosize tab 250 mg	4	
itraconazole cap 100 mg	3	QL (120 caps / 30 days), PA
ketoconazole tab 200 mg	2	
micafungin sodium for iv soln 50 mg	4	
micafungin sodium for iv soln 100 mg	4	
nystatin tab 500000 unit	2	
posaconazole susp 40 mg/ml	5	PA; DL
posaconazole tab delayed release 100 mg	5	QL (93 tabs / 30 days), PA; DL
terbinafine hcl tab 250 mg	1	
voriconazole for inj 200 mg	4	PA
voriconazole for susp 40 mg/ml	5	DL
voriconazole tab 50 mg	3	
voriconazole tab 200 mg	3	
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
chloroquine phosphate tab 250 mg	2	
chloroquine phosphate tab 500 mg	2	
COARTEM TAB 20-120MG	3	
mefloquine hcl tab 250 mg	2	
PRIMAQUINE TAB 26.3MG	4	
quinine sulfate cap 324 mg	2	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20 mg/ml (base equiv)	3	
abacavir sulfate tab 300 mg (base equiv)	3	
APTIVUS CAP 250MG	5	DL
atazanavir sulfate cap 150 mg (base equiv)	3	
atazanavir sulfate cap 200 mg (base equiv)	3	
atazanavir sulfate cap 300 mg (base equiv)	3	
darunavir tab 600 mg	4	
darunavir tab 800 mg	4	
EDURANT TAB 25MG	5	DL
efavirenz tab 600 mg	4	
emtricitabine caps 200 mg	3	
EMTRIVA SOL 10MG/ML	3	
etravirine tab 100 mg	5	DL
etravirine tab 200 mg	5	DL
fosamprenavir calcium tab 700 mg (base equiv)	5	DL
INTELENCE TAB 25MG	4	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	3	
ISENTRESS HD TAB 600MG	5	DL
ISENTRESS POW 100MG	3	
ISENTRESS TAB 400MG	5	DL
lamivudine oral soln 10 mg/ml	2	
lamivudine tab 150 mg	3	
lamivudine tab 300 mg	3	
maraviroc tab 150 mg	5	DL
maraviroc tab 300 mg	5	DL
nevirapine susp 50 mg/5ml	4	
nevirapine tab 200 mg	2	
nevirapine tab er 24hr 100 mg	2	
nevirapine tab er 24hr 400 mg	2	
NORVIR POW 100MG	4	
PIFELTRO TAB 100MG	5	QL (30 tabs / 30 days); DL
PREZISTA SUS 100MG/ML	4	
PREZISTA TAB 75MG	4	
PREZISTA TAB 150MG	5	DL
REYATAZ POW 50MG	5	DL
ritonavir tab 100 mg	3	
RUKOBIA TAB 600MG ER	5	QL (60 tabs / 30 days); DL
SELZENTRY SOL 20MG/ML	5	DL
SUNLENCA TAB 300MG	5	DL
tenofovir disoproxil fumarate tab 300 mg	3	
TIVICAY PD TAB 5MG	4	
TIVICAY TAB 50MG	5	DL
TYBOST TAB 150MG	3	
VIRACEPT TAB 250MG	5	DL
VIRACEPT TAB 625MG	5	DL
VIREAD POW 40MG/GM	5	DL
VIREAD TAB 150MG	5	DL
VIREAD TAB 200MG	5	DL
VIREAD TAB 250MG	5	DL
zidovudine cap 100 mg	2	
zidovudine syrup 10 mg/ml	2	
zidovudine tab 300 mg	2	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	3	
BIKTARVY TAB	5	DL
CIMDUO TAB 300-300	5	DL

Drug Name	Drug Tier	Requirements/Limits
COMPLERA TAB	5	DL
DELSTRIGO TAB	5	QL (30 tabs / 30 days); DL
DESCOVY TAB 120-15MG	5	DL
DESCOVY TAB 200/25MG	5	DL
DOVATO TAB 50-300MG	5	QL (30 tabs / 30 days); DL
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	DL
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	DL
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	DL
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	DL
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	DL
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	DL
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	DL
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	3	
EVOTAZ TAB 300-150	5	DL
GENVOYA TAB	5	DL
JULUCA TAB 50-25MG	5	QL (30 tabs / 30 days); DL
KALETRA SOL	4	
lamivudine-zidovudine tab 150-300 mg	3	
lopinavir-ritonavir tab 100-25 mg	4	
lopinavir-ritonavir tab 200-50 mg	4	
ODEFSEY TAB	5	DL
PREZCOBIX TAB 800-150	5	DL
STRIBILD TAB	5	DL
SYMTUZA TAB	5	QL (30 tabs / 30 days); DL
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	DL
ANTITUBERCULAR AGENTS		
ethambutol hcl tab 100 mg	2	
ethambutol hcl tab 400 mg	2	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRIFTIN TAB 150MG	4	

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide tab 500 mg	2	
rifabutin cap 150 mg	2	
rifampin cap 150 mg	2	
rifampin cap 300 mg	2	
rifampin for inj 600 mg	2	
SIRTURO TAB 20MG	5	NM, PA; DL
SIRTURO TAB 100MG	5	NM, PA; DL
TRECATOR TAB 250MG	4	
ANTIVIRALS		
acyclovir cap 200 mg	1	
acyclovir sodium iv soln 50 mg/ml	2	B/D
acyclovir susp 200 mg/5ml	2	
acyclovir tab 400 mg	2	
acyclovir tab 800 mg	2	
adefovir dipivoxil tab 10 mg	3	PA
BARACLUDE SOL	4	PA
entecavir tab 0.5 mg	4	PA
entecavir tab 1 mg	4	PA
EPCLUSA PAK 150-37.5	5	QL (30 packets / 30 days), NM, PA; DL
EPCLUSA PAK 200-50MG	5	QL (60 packets / 30 days), NM, PA; DL
EPCLUSA TAB 200-50MG	5	QL (28 tabs / 28 days), NM, PA; DL
EPCLUSA TAB 400-100	5	QL (28 tabs / 28 days), NM, PA; DL
famciclovir tab 125 mg	4	
famciclovir tab 250 mg	4	
famciclovir tab 500 mg	4	
HARVONI PAK	5	QL (28 packets / 28 days), NM, PA; DL
HARVONI PAK 45-200MG	5	QL (56 packets / 28 days), NM, PA; DL
HARVONI TAB 45-200MG	5	QL (56 tabs / 28 days), NM, PA; DL
HARVONI TAB 90-400MG	5	QL (28 tabs / 28 days), NM, PA; DL
lamivudine tab 100 mg (hbv)	3	
LIVTENCITY TAB 200MG	5	QL (360 tabs / 30 days), NM, ST; DL
MAVYRET TAB 100-40MG	5	QL (84 tabs / 28 days), NM, PA; DL
oseltamivir phosphate cap 30 mg (base equiv)	2	QL (84 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate cap 45 mg (base equiv)	2	QL (42 caps / 180 days)
oseltamivir phosphate cap 75 mg (base equiv)	2	QL (42 caps / 180 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (375 mL / 30 days)
PAXLOVID PAK	2	
PAXLOVID TAB 150-100	2	
PAXLOVID TAB 300-100	2	
PEGASYS INJ	5	QL (4 injections / 28 days), NM; DL
PEGASYS INJ 180MCG/M	5	QL (4 injections / 28 days), NM; DL
PREVYMIS TAB 240MG	5	PA; DL
PREVYMIS TAB 480MG	5	PA; DL
RELENZA MIS DISKHALE	3	QL (120 blisters / 365 days)
ribavirin cap 200 mg	2	NM
ribavirin tab 200 mg	2	NM
rimantadine hydrochloride tab 100 mg	2	
valacyclovir hcl tab 1 gm	2	
valacyclovir hcl tab 500 mg	2	
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	DL
valganciclovir hcl tab 450 mg (base equivalent)	3	
VOSEVI TAB	5	QL (28 tabs / 28 days), NM, PA; DL
XOFLUZA TAB 40MG	4	QL (1 tab / 30 days)
XOFLUZA TAB 80MG	4	QL (1 tab / 30 days)
CEPHALOSPORINS		
cefaclor cap 250 mg	4	
cefaclor cap 500 mg	4	
CEFACLOR ER TAB 500MG	4	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	2	
cefadroxil tab 1 gm	2	
cefazolin sodium for inj 1 gm	2	
cefazolin sodium for inj 10 gm	2	
cefazolin sodium for inj 500 mg	2	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	4	
cefdinir for susp 250 mg/5ml	4	
cefepime hcl for inj 1 gm	2	

Drug Name	Drug Tier	Requirements/Limits
cefepime hcl for iv soln 2 gm	3	
cefixime cap 400 mg	3	
cefotetan disodium for inj 1 gm	2	PA
cefotetan disodium for inj 2 gm	2	PA
cefoxitin sodium for iv soln 1 gm	2	PA
cefoxitin sodium for iv soln 2 gm	2	PA
cefoxitin sodium for iv soln 10 gm	2	PA
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil for susp 100 mg/5ml	4	
cefpodoxime proxetil tab 100 mg	2	
cefpodoxime proxetil tab 200 mg	2	
cefprozil for susp 125 mg/5ml	2	
cefprozil for susp 250 mg/5ml	2	
cefprozil tab 250 mg	2	
cefprozil tab 500 mg	2	
ceftazidime for inj 1 gm	2	
ceftazidime for inj 6 gm	2	
ceftazidime for iv soln 2 gm	2	
ceftriaxone sodium for inj 1 gm	2	
ceftriaxone sodium for inj 2 gm	2	
ceftriaxone sodium for inj 10 gm	2	
ceftriaxone sodium for inj 250 mg	2	
ceftriaxone sodium for inj 500 mg	2	
cefuroxime sodium for inj 750 mg	2	PA
cefuroxime sodium for iv soln 1.5 gm	2	PA
cefuroxime tab 250mg	2	
cefuroxime tab 500mg	2	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	1	
TEFLARO INJ 400MG	4	PA
TEFLARO INJ 600MG	5	PA; DL
ZERBAXA INJ 1.5GM	5	PA; DL
ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin iv for soln 500 mg	2	PA
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	
azithromycin tab 600 mg	2	
clarithromycin for susp 125 mg/5ml	2	
clarithromycin for susp 250 mg/5ml	2	
clarithromycin tab 250 mg	2	

Drug Name	Drug Tier	Requirements/Limits
clarithromycin tab 500 mg	2	
clarithromycin tab er 24hr 500 mg	2	
DIFICID SUS	5	QL (300 mL / 10 days), ST; DL
DIFICID TAB 200MG	5	QL (20 tabs / 10 days), ST; DL
e.e.s. 400	3	
ERYTHROCIN INJ 500MG	4	PA
erythromycin ethylsuccinate for susp 200 mg/5ml	2	
erythromycin ethylsuccinate tab 400 mg	3	
erythromycin tab 250 mg	3	
erythromycin tab 500 mg	3	
erythromycin tab delayed release 250 mg	3	
erythromycin tab delayed release 333 mg	3	
erythromycin tab delayed release 500 mg	3	
erythromycin w/ delayed release particles cap 250 mg	3	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	2	PA
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin in d5w iv soln 500 mg/100ml	2	
levofloxacin in d5w iv soln 750 mg/150ml	2	
levofloxacin sol 25mg/ml	2	
levofloxacin tab 250 mg	2	
levofloxacin tab 500 mg	2	
levofloxacin tab 750 mg	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	PA
moxifloxacin hcl tab 400 mg (base equiv)	2	
ofloxacin tab 300mg	2	
ofloxacin tab 400mg	2	
PENICILLINS		
amox-pot cla tab er	2	
amox/k clav sus 200/5ml	2	
amox/k clav sus 250/5ml	2	
amox/k clav sus 400/5ml	2	
amox/k clav sus 600/5ml	2	
amox/k clav tab 250-125	2	
amox/k clav tab 500-125	2	
amox/k clav tab 875mg	2	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	2	
ampicillin cap 500 mg	2	
ampicillin sodium for inj 1 gm	2	PA
BACTOCILL INJ DEX 2GM	3	PA
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
nafcillin sodium for inj 2 gm	3	PA
nafcillin sodium for iv soln 10 gm	5	PA; DL
oxacillin sodium for inj 1 gm (base equivalent)	2	PA
oxacillin sodium for inj 2 gm (base equivalent)	2	PA
oxacillin sodium for iv soln 10 gm (base equivalent)	3	PA
PEN GK/DEXTR INJ 40000/ML	3	PA
PEN GK/DEXTR INJ 60000/ML	3	PA
penicillin g potassium for inj 20000000 unit	2	PA
penicillin g sodium for inj 5000000 unit	5	PA; DL
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium tab 500 mg	1	
pfizerpen	2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	3	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	3	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	3	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	3	
TETRACYCLINES		
doxy 100	2	PA
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate for inj 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate for susp 25 mg/5ml	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 100 mg	2	
doxycycline monohydrate tab 150 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
tetracycline hcl cap 250 mg	2	
tetracycline hcl cap 500 mg	2	
tigecycline for iv soln 50 mg	5	PA; DL
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	2	B/D
CYCLOPHOSPH TAB 50MG	2	B/D
cyclophosphamide cap 25 mg	2	B/D
cyclophosphamide cap 50 mg	2	B/D
GLEOSTINE CAP 10MG	4	NM, PA
GLEOSTINE CAP 40MG	4	NM, PA
GLEOSTINE CAP 100MG	4	NM, PA
LEUKERAN TAB 2MG	5	PA; DL
ANTIMETABOLITES		
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 15-6.14	5	NM, PA; DL
LONSURF TAB 20-8.19	5	NM, PA; DL
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	NM
mercaptopurine tab 50 mg	2	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	B/D
ONUREG TAB 200MG	5	QL (14 tabs / 28 days), NM, PA; DL
ONUREG TAB 300MG	5	QL (14 tabs / 28 days), NM, PA; DL
PURIXAN SUS 20MG/ML	5	NM, PA; DL
TABLOID TAB 40MG	5	PA; DL
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	5	QL (120 tabs / 30 days), NM, PA; DL
abiraterone acetate tab 500 mg	5	QL (60 tabs / 30 days), NM, PA; DL
abirtega tab 250mg	3	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, PA; DL
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, PA; DL
anastrozole tab 1 mg	2	
bicalutamide tab 50 mg	2	
ELIGARD INJ 7.5MG	4	QL (1 kit / 28 days), NM, PA
ELIGARD INJ 22.5MG	4	QL (1 kit / 84 days), NM, PA
ELIGARD INJ 30MG	4	QL (1 kit / 112 days), NM, PA
ELIGARD INJ 45MG	4	QL (1 kit / 168 days), NM, PA
ERLEADA TAB 60MG	5	QL (120 tabs / 30 days), NM, PA; DL
ERLEADA TAB 240MG	5	QL (30 tabs / 30 days), NM, PA; DL
EULEXIN CAP 125MG	5	QL (180 caps / 30 days), PA; DL
exemestane tab 25 mg	4	
FIRMAGON INJ 80MG	4	QL (12 vials / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON INJ 120MG	5	QL (4 vials / 365 days), NM, PA; DL
letrozole tab 2.5 mg	2	
leuprolide acetate (3 month) for inj 22.5 mg	4	QL (1 kit / 84 days), NM, PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	QL (1 kit / 28 days), NM, PA; DL
LUPRON DEPOT INJ 7.5MG	5	QL (1 kit / 28 days), NM, PA; DL
LUPRON DEPOT INJ 11.25MG	5	QL (1 kit / 84 days), NM, PA; DL
LUPRON DEPOT INJ 22.5MG	5	QL (1 kit / 84 days), NM, PA; DL
LUPRON DEPOT INJ 30MG	5	QL (1 kit / 84 days), NM, PA; DL
LUPRON DEPOT INJ 45MG	5	QL (1 kit / 168 days), NM, PA; DL
LYSODREN TAB 500MG	5	NM; DL
megestrol acetate tab 20 mg	2	PA
megestrol acetate tab 40 mg	2	PA
nilutamide tab 150 mg	5	DL
NUBEQA TAB 300MG	5	QL (120 tabs / 30 days), NM, PA; DL
ORGOVYX TAB 120MG	5	QL (32 tabs / 30 days), NM, PA; DL
ORSERDU TAB 86MG	5	QL (120 tabs / 30 days), NM, PA; DL
ORSERDU TAB 345MG	5	QL (30 tabs / 30 days), NM, PA; DL
SOLTAMOX SOL 10MG/5ML	4	
tamoxifen citrate tab 10 mg (base equivalent)	2	
tamoxifen citrate tab 20 mg (base equivalent)	2	
toremifene citrate tab 60 mg (base equivalent)	5	PA; DL
TRELSTAR MIX INJ 3.75MG	4	QL (1 injection / 28 days), NM, PA
TRELSTAR MIX INJ 11.25MG	4	QL (1 injection / 84 days), NM, PA
TRELSTAR MIX INJ 22.5MG	4	QL (1 injection / 168 days), NM, PA
XTANDI CAP 40MG	5	QL (120 caps / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 40MG	5	QL (120 tabs / 30 days), NM, PA; DL
XTANDI TAB 80MG	5	QL (60 tabs / 30 days), NM, PA; DL
IMMUNOMODULATORS		
lenalidomide cap 5 mg	5	QL (105 caps / 28 days), NM, PA; DL
lenalidomide cap 10 mg	5	QL (63 caps / 28 days), NM, PA; DL
lenalidomide cap 15 mg	5	QL (42 caps / 28 days), NM, PA; DL
lenalidomide cap 20 mg	5	QL (42 caps / 28 days), NM, PA; DL
lenalidomide cap 25 mg	5	QL (21 caps / 28 days), NM, PA; DL
lenalidomide caps 2.5 mg	5	QL (210 caps / 28 days), NM, PA; DL
POMALYST CAP 1MG	5	QL (84 caps / 28 days), NM, PA; DL
POMALYST CAP 2MG	5	QL (42 caps / 28 days), NM, PA; DL
POMALYST CAP 3MG	5	QL (42 caps / 28 days), NM, PA; DL
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, PA; DL
THALOMID CAP 50MG	5	NM, PA; DL
THALOMID CAP 100MG	5	NM, PA; DL
MISCELLANEOUS		
BESREMI SOL 500MCG	5	NM, PA; DL
bexarotene cap 75 mg	5	NM, PA; DL
hydroxyurea cap 500 mg	2	
IWILFIN TAB 192MG	5	QL (240 tabs / 30 days), NM, PA; DL
MATULANE CAP 50MG	5	NM; DL
tretinoin cap 10 mg	5	DL
WELIREG TAB 40MG	5	QL (90 tabs / 30 days), NM, PA; DL
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	5	QL (240 caps / 30 days), NM, PA; DL
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA; DL
ALUNBRIG TAB 30MG	5	QL (180 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TAB 90MG	5	QL (60 tabs / 30 days), NM, PA; DL
ALUNBRIG TAB 180MG	5	QL (30 tabs / 30 days), NM, PA; DL
AUGTYRO CAP 40MG	5	QL (240 caps / 30 days), NM, PA; DL
AUGTYRO CAP 160MG	5	QL (60 caps / 30 days), NM, PA; DL
AVMAPKI PAK FAKZYNJA	5	QL (1 packet / 28 days), NM, PA; DL
AYVAKIT TAB 25MG	5	QL (360 tabs / 30 days), NM, PA; DL
AYVAKIT TAB 50MG	5	QL (180 tabs / 30 days), NM, PA; DL
AYVAKIT TAB 100MG	5	QL (90 tabs / 30 days), NM, PA; DL
AYVAKIT TAB 200MG	5	QL (45 tabs / 30 days), NM, PA; DL
AYVAKIT TAB 300MG	5	QL (30 tabs / 30 days), NM, PA; DL
BALVERSA TAB 3MG	5	QL (90 tabs / 30 days), NM, PA; DL
BALVERSA TAB 4MG	5	QL (60 tabs / 30 days), NM, PA; DL
BALVERSA TAB 5MG	5	QL (30 tabs / 30 days), NM, PA; DL
BOSULIF CAP 50MG	5	QL (360 caps / 30 days), NM, PA; DL
BOSULIF CAP 100MG	5	QL (180 caps / 30 days), NM, PA; DL
BOSULIF TAB 100MG	5	QL (180 tabs / 30 days), NM, PA; DL
BOSULIF TAB 400MG	5	QL (30 tabs / 30 days), NM, PA; DL
BOSULIF TAB 500MG	5	QL (60 tabs / 30 days), NM, PA; DL
BRAFTOVI CAP 75MG	5	QL (180 caps / 30 days), NM, PA; DL
BRUKINSA CAP 80MG	5	QL (120 caps / 30 days), NM, PA; DL
CABOMETYX TAB 20MG	5	QL (90 tabs / 30 days), NM, PA; DL
CABOMETYX TAB 40MG	5	QL (60 tabs / 30 days), NM, PA; DL
CABOMETYX TAB 60MG	5	QL (30 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE CAP 100MG	5	QL (60 caps / 30 days), NM, PA; DL
CALQUENCE TAB 100MG	5	QL (60 tabs / 30 days), NM, PA; DL
CAPRELSA TAB 100MG	5	QL (90 tabs / 30 days), NM, PA; DL
CAPRELSA TAB 300MG	5	QL (30 tabs / 30 days), NM, PA; DL
COMETRIQ KIT 60MG	5	QL (3 kits / 28 days), NM, PA; DL
COMETRIQ KIT 100MG	5	QL (2 kits / 28 days), NM, PA; DL
COMETRIQ KIT 140MG	5	QL (1 kit / 28 days), NM, PA; DL
COPIKTRA CAP 15MG	5	QL (56 caps / 28 days), NM, PA; DL
COPIKTRA CAP 25MG	5	QL (56 caps / 28 days), NM, PA; DL
COTELLIC TAB 20MG	5	QL (63 tabs / 28 days), NM, PA; DL
DANZITEN TAB 71MG	5	QL (112 tabs / 28 days), NM, PA; DL
DANZITEN TAB 95MG	5	QL (112 tabs / 28 days), NM, PA; DL
dasatinib tab 20 mg	5	QL (270 tabs / 30 days), NM, PA; DL
dasatinib tab 50 mg	5	QL (120 tabs / 30 days), NM, PA; DL
dasatinib tab 70 mg	5	QL (90 tabs / 30 days), NM, PA; DL
dasatinib tab 80 mg	5	QL (90 tabs / 30 days), NM, PA; DL
dasatinib tab 100 mg	5	QL (60 tabs / 30 days), NM, PA; DL
dasatinib tab 140 mg	5	QL (60 tabs / 30 days), NM, PA; DL
DAURISMO TAB 25MG	5	QL (120 tabs / 30 days), NM, PA; DL
DAURISMO TAB 100MG	5	QL (30 tabs / 30 days), NM, PA; DL
ERIVEDGE CAP 150MG	5	QL (30 caps / 30 days), NM, PA; DL
erlotinib hcl tab 25 mg (base equivalent)	5	NM, PA; DL
erlotinib hcl tab 100 mg (base equivalent)	5	QL (150 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl tab 150 mg (base equivalent)	5	QL (90 tabs / 30 days), NM, PA; DL
everolimus tab 2.5 mg	5	QL (120 tabs / 30 days), NM, PA; DL
everolimus tab 5 mg	5	QL (60 tabs / 30 days), NM, PA; DL
everolimus tab 7.5 mg	5	QL (60 tabs / 30 days), NM, PA; DL
everolimus tab 10 mg	5	QL (30 tabs / 30 days), NM, PA; DL
everolimus tab for oral susp 2 mg	5	NM, PA; DL
everolimus tab for oral susp 3 mg	5	NM, PA; DL
everolimus tab for oral susp 5 mg	5	NM, PA; DL
FOTIVDA CAP 0.89MG	5	QL (21 caps / 28 days), NM, PA; DL
FOTIVDA CAP 1.34MG	5	QL (21 caps / 28 days), NM, PA; DL
FRUZAQLA CAP 1MG	5	QL (84 caps / 28 days), NM, PA; DL
FRUZAQLA CAP 5MG	5	QL (21 caps / 28 days), NM, PA; DL
GAVRETO CAP 100MG	5	QL (120 caps / 30 days), NM, PA; DL
gefitinib tab 250 mg	5	QL (60 tabs / 30 days), NM, PA; DL
GILOTRIF TAB 20MG	5	QL (60 tabs / 30 days), NM, PA; DL
GILOTRIF TAB 30MG	5	QL (60 tabs / 30 days), NM, PA; DL
GILOTRIF TAB 40MG	5	QL (30 tabs / 30 days), NM, PA; DL
GOMEKLI CAP 1MG	5	QL (168 caps / 28 days), NM, PA; DL
GOMEKLI CAP 2MG	5	QL (84 caps / 28 days), NM, PA; DL
GOMEKLI TAB 1MG	5	QL (168 tabs / 28 days), NM, PA; DL
IBRANCE CAP 75MG	5	QL (42 caps / 28 days), NM, PA; DL
IBRANCE CAP 100MG	5	QL (42 caps / 28 days), NM, PA; DL
IBRANCE CAP 125MG	5	QL (21 caps / 28 days), NM, PA; DL
IBRANCE TAB 75MG	5	QL (42 tabs / 28 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 100MG	5	QL (42 tabs / 28 days), NM, PA; DL
IBRANCE TAB 125MG	5	QL (21 tabs / 28 days), NM, PA; DL
ICLUSIG TAB 10MG	5	QL (120 tabs / 30 days), NM, PA; DL
ICLUSIG TAB 15MG	5	QL (90 tabs / 30 days), NM, PA; DL
ICLUSIG TAB 30MG	5	QL (30 tabs / 30 days), NM, PA; DL
ICLUSIG TAB 45MG	5	QL (30 tabs / 30 days), NM, PA; DL
IDHIFA TAB 50MG	5	QL (30 tabs / 30 days), NM, PA; DL
IDHIFA TAB 100MG	5	QL (30 tabs / 30 days), NM, PA; DL
imatinib mesylate tab 100 mg (base equivalent)	5	QL (240 tabs / 30 days), NM, PA; DL
imatinib mesylate tab 400 mg (base equivalent)	5	QL (60 tabs / 30 days), NM, PA; DL
IMBRUVICA CAP 70MG	5	QL (224 caps / 28 days), NM, PA; DL
IMBRUVICA CAP 140MG	5	QL (120 caps / 30 days), NM, PA; DL
IMBRUVICA SUS 70MG/ML	5	QL (224 mL / 28 days), NM, PA; DL
IMBRUVICA TAB 140MG	5	QL (112 tabs / 28 days), NM, PA; DL
IMBRUVICA TAB 280MG	5	QL (56 tabs / 28 days), NM, PA; DL
IMBRUVICA TAB 420MG	5	QL (28 tabs / 28 days), NM, PA; DL
IMKELDI SOL 80MG/ML	5	QL (280 mL / 28 days), NM, PA; DL
INLYTA TAB 1MG	5	QL (600 tabs / 30 days), NM, PA; DL
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, PA; DL
INREBIC CAP 100MG	5	QL (120 caps / 30 days), NM, PA; DL
ITOVEBI TAB 3MG	5	QL (90 tabs / 30 days), NM, PA; DL
ITOVEBI TAB 9MG	5	QL (30 tabs / 30 days), NM, PA; DL
JAKAFI TAB 5MG	5	QL (300 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 10MG	5	QL (180 tabs / 30 days), NM, PA; DL
JAKAFI TAB 15MG	5	QL (120 tabs / 30 days), NM, PA; DL
JAKAFI TAB 20MG	5	QL (120 tabs / 30 days), NM, PA; DL
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, PA; DL
JAYPIRCA TAB 50MG	5	QL (180 tabs / 30 days), NM, PA; DL
JAYPIRCA TAB 100MG	5	QL (90 tabs / 30 days), NM, PA; DL
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA; DL
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA; DL
KISQALI TAB 200DOSE	5	QL (63 tabs / 28 days), NM, PA; DL
KISQALI TAB 400DOSE	5	QL (63 tabs / 28 days), NM, PA; DL
KISQALI TAB 600DOSE	5	QL (63 tabs / 28 days), NM, PA; DL
KOSELUGO CAP 10MG	5	QL (300 caps / 30 days), NM, PA; DL
KOSELUGO CAP 25MG	5	QL (120 caps / 30 days), NM, PA; DL
KRAZATI TAB 200MG	5	QL (180 tabs / 30 days), NM, PA; DL
lapatinib ditosylate tab 250 mg (base equiv)	5	QL (180 tabs / 30 days), NM, PA; DL
LAZCLUZE TAB 80MG	5	QL (90 tabs / 30 days), NM, PA; DL
LAZCLUZE TAB 240MG	5	QL (30 tabs / 30 days), NM, PA; DL
LENVIMA CAP 4MG	5	QL (180 caps / 30 days), NM, PA; DL
LENVIMA CAP 8 MG	5	QL (180 caps / 30 days), NM, PA; DL
LENVIMA CAP 10 MG	5	QL (90 caps / 30 days), NM, PA; DL
LENVIMA CAP 12MG	5	QL (180 caps / 30 days), NM, PA; DL
LENVIMA CAP 14 MG	5	QL (120 caps / 30 days), NM, PA; DL
LENVIMA CAP 18 MG	5	QL (180 caps / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 20 MG	5	QL (120 caps / 30 days), NM, PA; DL
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA; DL
LORBRENA TAB 25MG	5	QL (120 tabs / 30 days), NM, PA; DL
LORBRENA TAB 100MG	5	QL (30 tabs / 30 days), NM, PA; DL
LUMAKRAS TAB 120MG	5	QL (240 tabs / 30 days), NM, PA; DL
LUMAKRAS TAB 240MG	5	QL (120 tabs / 30 days), NM, PA; DL
LUMAKRAS TAB 320MG	5	QL (90 tabs / 30 days), NM, PA; DL
LYNPARZA TAB 100MG	5	QL (180 tabs / 30 days), NM, PA; DL
LYNPARZA TAB 150MG	5	QL (120 tabs / 30 days), NM, PA; DL
LYTGOBI TAB 4MG	5	QL (150 tabs / 30 days), NM, PA; DL
MEKINIST SOL 0.05/ML	5	QL (1200 mL / 30 days), NM, PA; DL
MEKINIST TAB 0.5MG	5	QL (120 tabs / 30 days), NM, PA; DL
MEKINIST TAB 2MG	5	QL (30 tabs / 30 days), NM, PA; DL
MEKTOVI TAB 15MG	5	QL (180 tabs / 30 days), NM, PA; DL
NERLYNX TAB 40MG	5	QL (180 tabs / 30 days), NM, PA; DL
nilotinib hcl cap 50 mg (base equivalent)	5	QL (480 caps / 30 days), NM, PA; DL
nilotinib hcl cap 150 mg (base equivalent)	5	QL (180 caps / 30 days), NM, PA; DL
nilotinib hcl cap 200 mg (base equivalent)	5	QL (120 caps / 30 days), NM, PA; DL
NINLARO CAP 2.3MG	5	QL (6 caps / 28 days), NM, PA; DL
NINLARO CAP 3MG	5	QL (6 caps / 28 days), NM, PA; DL
NINLARO CAP 4MG	5	QL (3 caps / 28 days), NM, PA; DL
ODOMZO CAP 200MG	5	QL (30 caps / 30 days), NM, PA; DL
OGSIVEO TAB 50MG	5	QL (180 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO TAB 100MG	5	QL (56 tabs / 28 days), NM, PA; DL
OGSIVEO TAB 150MG	5	QL (56 tabs / 28 days), NM, PA; DL
OJEMDA SUS 25MG/ML	5	QL (96 mL / 28 days), NM, PA; DL
OJEMDA TAB 100MG	5	QL (16 tabs / 28 days), NM, PA; DL
OJEMDA TAB 100MG	5	QL (24 tabs / 28 days), NM, PA; DL
OJJAARA TAB 100MG	5	QL (30 tabs / 30 days), NM, PA; DL
OJJAARA TAB 150MG	5	QL (30 tabs / 30 days), NM, PA; DL
OJJAARA TAB 200MG	5	QL (30 tabs / 30 days), NM, PA; DL
pazopanib hcl tab 200 mg (base equiv)	5	QL (120 tabs / 30 days), NM, PA; DL
PEMAZYRE TAB 4.5MG	5	QL (42 tabs / 21 days), NM, PA; DL
PEMAZYRE TAB 9MG	5	QL (14 tabs / 21 days), NM, PA; DL
PEMAZYRE TAB 13.5MG	5	QL (14 tabs / 21 days), NM, PA; DL
PIQRAY 200MG TAB DOSE	5	QL (28 tabs / 28 days), NM, PA; DL
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA; DL
PIQRAY 300MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA; DL
QINLOCK TAB 50MG	5	QL (90 tabs / 30 days), NM, PA; DL
RETEVMO TAB 40MG	5	QL (240 tabs / 30 days), NM, PA; DL
RETEVMO TAB 80MG	5	QL (120 tabs / 30 days), NM, PA; DL
RETEVMO TAB 120MG	5	QL (60 tabs / 30 days), NM, PA; DL
RETEVMO TAB 160MG	5	QL (60 tabs / 30 days), NM, PA; DL
REVUFORJ TAB 25MG	5	NM, PA; DL
REVUFORJ TAB 110MG	5	QL (60 tabs / 30 days), NM, PA; DL
REVUFORJ TAB 160MG	5	QL (60 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA CAP 150MG	5	QL (60 caps / 30 days), NM, PA; DL
ROMVIMZA CAP 14MG	5	QL (8 caps / 28 days), NM, PA; DL
ROMVIMZA CAP 20MG	5	QL (8 caps / 28 days), NM, PA; DL
ROMVIMZA CAP 30MG	5	QL (8 caps / 28 days), NM, PA; DL
ROZLYTREK CAP 100MG	5	QL (180 caps / 30 days), NM, PA; DL
ROZLYTREK CAP 200MG	5	QL (90 caps / 30 days), NM, PA; DL
ROZLYTREK PAK 50MG	5	QL (360 packets / 30 days), NM, PA; DL
RUBRACA TAB 200MG	5	QL (120 tabs / 30 days), NM, PA; DL
RUBRACA TAB 250MG	5	QL (120 tabs / 30 days), NM, PA; DL
RUBRACA TAB 300MG	5	QL (120 tabs / 30 days), NM, PA; DL
RYDAPT CAP 25MG	5	QL (224 caps / 28 days), NM, PA; DL
SCEMBLIX TAB 20MG	5	QL (600 tabs / 30 days), NM, PA; DL
SCEMBLIX TAB 40MG	5	QL (300 tabs / 30 days), NM, PA; DL
SCEMBLIX TAB 100MG	5	QL (120 tabs / 30 days), NM, PA; DL
sorafenib tosylate tab 200 mg (base equivalent)	5	QL (120 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 20MG	5	QL (270 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 50MG	5	QL (120 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 70MG	5	QL (90 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 80MG	5	QL (90 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 100MG	5	QL (60 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 140MG	5	QL (60 tabs / 30 days), NM, PA; DL
STIVARGA TAB 40MG	5	QL (84 tabs / 28 days), NM, PA; DL
sunitinib malate cap 12.5 mg (base equivalent)	5	QL (210 caps / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate cap 25 mg (base equivalent)	5	QL (120 caps / 30 days), NM, PA; DL
sunitinib malate cap 37.5 mg (base equivalent)	5	QL (90 caps / 30 days), NM, PA; DL
sunitinib malate cap 50 mg (base equivalent)	5	QL (60 caps / 30 days), NM, PA; DL
TABRECTA TAB 150MG	5	QL (120 tabs / 30 days), NM, PA; DL
TABRECTA TAB 200MG	5	QL (120 tabs / 30 days), NM, PA; DL
TAFINLAR CAP 50MG	5	QL (180 caps / 30 days), NM, PA; DL
TAFINLAR CAP 75MG	5	QL (120 caps / 30 days), NM, PA; DL
TAFINLAR TAB 10MG	5	QL (900 tabs / 30 days), NM, PA; DL
TAGRISSO TAB 40MG	5	QL (60 tabs / 30 days), NM, PA; DL
TAGRISSO TAB 80MG	5	QL (30 tabs / 30 days), NM, PA; DL
TALZENNA CAP 0.1MG	5	QL (30 caps / 30 days), NM, PA; DL
TALZENNA CAP 0.5MG	5	QL (60 caps / 30 days), NM, PA; DL
TALZENNA CAP 0.25MG	5	QL (120 caps / 30 days), NM, PA; DL
TALZENNA CAP 0.35MG	5	QL (30 caps / 30 days), NM, PA; DL
TALZENNA CAP 0.75MG	5	QL (30 caps / 30 days), NM, PA; DL
TALZENNA CAP 1MG	5	QL (30 caps / 30 days), NM, PA; DL
TASIGNA CAP 50MG	5	QL (480 caps / 30 days), NM, PA; DL
TASIGNA CAP 150MG	5	QL (180 caps / 30 days), NM, PA; DL
TASIGNA CAP 200MG	5	QL (120 caps / 30 days), NM, PA; DL
TAZVERIK TAB 200MG	5	QL (240 tabs / 30 days), NM, PA; DL
TEPMETKO TAB 225MG	5	QL (60 tabs / 30 days), NM, PA; DL
TIBSOVO TAB 250MG	5	QL (60 tabs / 30 days), NM, PA; DL
TRUQAP TAB 160MG	5	QL (64 tabs / 28 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
TRUQAP TAB 200MG	5	QL (64 tabs / 28 days), NM, PA; DL
TUKYSA TAB 50MG	5	QL (360 tabs / 30 days), NM, PA; DL
TUKYSA TAB 150MG	5	QL (120 tabs / 30 days), NM, PA; DL
TURALIO CAP 125MG	5	QL (120 caps / 30 days), NM, PA; DL
VANFLYTA TAB 17.7MG	5	QL (60 tabs / 30 days), NM, PA; DL
VANFLYTA TAB 26.5MG	5	QL (60 tabs / 30 days), NM, PA; DL
VENCLEXTA TAB 10MG	3	QL (1200 tabs / 30 days), NM, PA
VENCLEXTA TAB 50MG	3	QL (240 tabs / 30 days), NM, PA
VENCLEXTA TAB 100MG	5	QL (120 tabs / 30 days), NM, PA; DL
VENCLEXTA TAB START PK	5	QL (84 tabs / year), NM, PA; DL
VERZENIO TAB 50MG	5	QL (56 tabs / 28 days), NM, PA; DL
VERZENIO TAB 100MG	5	QL (56 tabs / 28 days), NM, PA; DL
VERZENIO TAB 150MG	5	QL (56 tabs / 28 days), NM, PA; DL
VERZENIO TAB 200MG	5	QL (56 tabs / 28 days), NM, PA; DL
VITRAKVI CAP 25MG	5	QL (240 caps / 30 days), NM, PA; DL
VITRAKVI CAP 100MG	5	QL (60 caps / 30 days), NM, PA; DL
VITRAKVI SOL 20MG/ML	5	QL (300 mL / 30 days), NM, PA; DL
VIZIMPRO TAB 15MG	5	QL (90 tabs / 30 days), NM, PA; DL
VIZIMPRO TAB 30MG	5	QL (30 tabs / 30 days), NM, PA; DL
VIZIMPRO TAB 45MG	5	QL (30 tabs / 30 days), NM, PA; DL
VONJO CAP 100MG	5	QL (120 caps / 30 days), NM, PA; DL
VORANIGO TAB 10MG	5	QL (120 tabs / 30 days), NM, PA; DL
VORANIGO TAB 40MG	5	QL (30 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 20MG	5	QL (120 caps / 30 days), NM, PA; DL
XALKORI CAP 50MG	5	QL (120 caps / 30 days), NM, PA; DL
XALKORI CAP 150MG	5	QL (180 caps / 30 days), NM, PA; DL
XALKORI CAP 200MG	5	QL (90 caps / 30 days), NM, PA; DL
XALKORI CAP 250MG	5	QL (60 caps / 30 days), NM, PA; DL
XOSPATA TAB 40MG	5	QL (90 tabs / 30 days), NM, PA; DL
XPOVIO 40 MG ONCE WEEKLY	5	QL (16 tabs / 28 days), NM, PA; DL
XPOVIO 40 MG TWICE WEEKLY	5	QL (16 tabs / 28 days), NM, PA; DL
XPOVIO 60 MG ONCE WEEKLY	5	QL (8 tabs / 28 days), NM, PA; DL
XPOVIO 80 MG ONCE WEEKLY	5	QL (16 tabs / 28 days), NM, PA; DL
XPOVIO 100 MG ONCE WEEKLY	5	QL (12 tabs / 28 days), NM, PA; DL
XPOVIO PAK 40MG	5	QL (16 tabs / 28 days), NM, PA; DL
XPOVIO PAK 60MG	5	QL (32 tabs / 28 days), NM, PA; DL
XPOVIO PAK 80MG	5	QL (32 tabs / 28 days), NM, PA; DL
ZEJULA TAB 100MG	5	QL (90 tabs / 30 days), NM, PA; DL
ZEJULA TAB 200MG	5	QL (30 tabs / 30 days), NM, PA; DL
ZEJULA TAB 300MG	5	QL (30 tabs / 30 days), NM, PA; DL
ZELBORAF TAB 240MG	5	QL (240 tabs / 30 days), NM, PA; DL
ZOLINZA CAP 100MG	5	QL (120 caps / 30 days), NM, PA; DL
ZYDELIG TAB 100MG	5	QL (90 tabs / 30 days), NM, PA; DL
ZYDELIG TAB 150MG	5	QL (60 tabs / 30 days), NM, PA; DL
ZYKADIA TAB 150MG	5	QL (150 tabs / 30 days), NM, PA; DL
PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium tab 10 mg	2	
leucovorin calcium tab 15 mg	2	
leucovorin calcium tab 25 mg	2	
MESNEX TAB 400MG	4	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-10 mg	2	
amlodipine besylate-benazepril hcl cap 5-20 mg	2	
amlodipine besylate-benazepril hcl cap 5-40 mg	2	
amlodipine besylate-benazepril hcl cap 10-20 mg	2	
amlodipine besylate-benazepril hcl cap 10-40 mg	2	
benazepril & hydrochlorothiazide tab 5-6.25 mg	2	
benazepril & hydrochlorothiazide tab 10-12.5 mg	2	
benazepril & hydrochlorothiazide tab 20-12.5 mg	2	
benazepril & hydrochlorothiazide tab 20-25 mg	2	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	6	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	6	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	6	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	6	
lisinopril & hydrochlorothiazide tab 20-25 mg	6	
ACE INHIBITORS		
benazepril hcl tab 5 mg	6	
benazepril hcl tab 10 mg	6	
benazepril hcl tab 20 mg	6	
benazepril hcl tab 40 mg	6	

Drug Name	Drug Tier	Requirements/Limits
captopril tab 12.5 mg	2	
captopril tab 25 mg	2	
captopril tab 50 mg	2	
captopril tab 100 mg	2	
enalapril maleate tab 2.5 mg	2	
enalapril maleate tab 5 mg	2	
enalapril maleate tab 10 mg	2	
enalapril maleate tab 20 mg	2	
fosinopril sodium tab 10 mg	6	
fosinopril sodium tab 20 mg	6	
fosinopril sodium tab 40 mg	6	
lisinopril tab 2.5 mg	6	
lisinopril tab 5 mg	6	
lisinopril tab 10 mg	6	
lisinopril tab 20 mg	6	
lisinopril tab 30 mg	6	
lisinopril tab 40 mg	6	
moexipril hcl tab 7.5 mg	2	
moexipril hcl tab 15 mg	2	
perindopril erbumine tab 2 mg	2	
perindopril erbumine tab 4 mg	2	
perindopril erbumine tab 8 mg	2	
quinapril hcl tab 5 mg	6	
quinapril hcl tab 10 mg	6	
quinapril hcl tab 20 mg	6	
quinapril hcl tab 40 mg	6	
ramipril cap 1.25 mg	6	
ramipril cap 2.5 mg	6	
ramipril cap 5 mg	6	
ramipril cap 10 mg	6	
trandolapril tab 1 mg	2	
trandolapril tab 2 mg	2	
trandolapril tab 4 mg	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tab 25 mg	4	
eplerenone tab 50 mg	4	
KERENDIA TAB 10MG	3	QL (30 tabs / 30 days), PA
KERENDIA TAB 20MG	3	QL (30 tabs / 30 days), PA
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
doxazosin mesylate tab 1 mg	2	
doxazosin mesylate tab 2 mg	2	
doxazosin mesylate tab 4 mg	2	
doxazosin mesylate tab 8 mg	2	
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	2	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	2	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	2	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	2	
amlodipine besylate-valsartan tab 5-160 mg	2	
amlodipine besylate-valsartan tab 5-320 mg	2	
amlodipine besylate-valsartan tab 10-160 mg	2	
amlodipine besylate-valsartan tab 10-320 mg	2	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	2	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	2	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	2	
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	6	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	6	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	6	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	6	
losartan potassium & hydrochlorothiazide tab 100-25 mg	6	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	2	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	2	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	2	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	2	ST
telmisartan-hydrochlorothiazide tab 80-12.5 mg	2	ST
telmisartan-hydrochlorothiazide tab 80-25 mg	2	ST
valsartan-hydrochlorothiazide tab 80-12.5 mg	2	
valsartan-hydrochlorothiazide tab 160-12.5 mg	2	
valsartan-hydrochlorothiazide tab 160-25 mg	2	
valsartan-hydrochlorothiazide tab 320-12.5 mg	2	
valsartan-hydrochlorothiazide tab 320-25 mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	2	
candesartan cilexetil tab 8 mg	2	
candesartan cilexetil tab 16 mg	2	
candesartan cilexetil tab 32 mg	2	
irbesartan tab 75 mg	6	
irbesartan tab 150 mg	6	
irbesartan tab 300 mg	6	
losartan potassium tab 25 mg	6	
losartan potassium tab 50 mg	6	
losartan potassium tab 100 mg	6	
olmesartan medoxomil tab 5 mg	2	
olmesartan medoxomil tab 20 mg	2	
olmesartan medoxomil tab 40 mg	2	
telmisartan tab 20 mg	2	
telmisartan tab 40 mg	2	
telmisartan tab 80 mg	2	

Drug Name	Drug Tier	Requirements/Limits
valsartan tab 40 mg	2	
valsartan tab 80 mg	2	
valsartan tab 160 mg	2	
valsartan tab 320 mg	2	
ANTIARRHYTHMICS		
amiodarone hcl tab 100 mg	2	
amiodarone hcl tab 200 mg	2	
amiodarone hcl tab 400 mg	2	
disopyramide phosphate cap 100 mg	3	
disopyramide phosphate cap 150 mg	3	
dofetilide cap 125 mcg (0.125 mg)	4	
dofetilide cap 250 mcg (0.25 mg)	4	
dofetilide cap 500 mcg (0.5 mg)	4	
flecainide acetate tab 50 mg	2	
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	
mexiletine hcl cap 150 mg	2	
mexiletine hcl cap 200 mg	2	
mexiletine hcl cap 250 mg	2	
MULTAQ TAB 400MG	3	
pacerone	2	
propafenone hcl cap er 12hr 225 mg	3	
propafenone hcl cap er 12hr 325 mg	3	
propafenone hcl cap er 12hr 425 mg	3	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
quinidine sulfate tab 200 mg	3	
quinidine sulfate tab 300 mg	3	
sorine	2	
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	2	QL (30 caps / 30 days)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	3	QL (30 caps / 30 days)
fenofibrate micronized cap 43 mg	2	QL (90 caps / 30 days)
fenofibrate micronized cap 67 mg	2	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized cap 134 mg	2	QL (30 caps / 30 days)
fenofibrate micronized cap 200 mg	2	QL (30 caps / 30 days)
fenofibrate tab 48 mg	2	QL (30 tabs / 30 days)
fenofibrate tab 54 mg	2	QL (30 tabs / 30 days)
fenofibrate tab 145 mg	2	QL (30 tabs / 30 days)
fenofibrate tab 160 mg	2	QL (30 tabs / 30 days)
gemfibrozil tab 600 mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	6	
atorvastatin calcium tab 20 mg (base equivalent)	6	
atorvastatin calcium tab 40 mg (base equivalent)	6	
atorvastatin calcium tab 80 mg (base equivalent)	6	
fluvastatin sodium cap 20 mg (base equivalent)	2	
fluvastatin sodium cap 40 mg (base equivalent)	2	
lovastatin tab 10 mg	6	
lovastatin tab 20 mg	6	
lovastatin tab 40 mg	6	
pravastatin sodium tab 10 mg	6	
pravastatin sodium tab 20 mg	6	
pravastatin sodium tab 40 mg	6	
pravastatin sodium tab 80 mg	6	
rosuvastatin calcium tab 5 mg	2	
rosuvastatin calcium tab 10 mg	2	
rosuvastatin calcium tab 20 mg	2	
rosuvastatin calcium tab 40 mg	2	
simvastatin tab 5 mg	6	
simvastatin tab 10 mg	6	
simvastatin tab 20 mg	6	
simvastatin tab 40 mg	6	
simvastatin tab 80 mg	6	
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine light powder packets 4 gm	2	
cholestyramine powder packets 4 gm	2	
colesevelam hcl packet for susp 3.75 gm	4	
colesevelam hcl tab 625 mg	3	
colestipol hcl granule packets 5 gm	2	
colestipol hcl tab 1 gm	2	
ezetimibe tab 10 mg	2	

Drug Name	Drug Tier	Requirements/Limits
icosapent ethyl cap 0.5 gm	4	ST
icosapent ethyl cap 1 gm	4	ST
JUXTAPID CAP 5MG	5	QL (30 caps / 30 days), NM, PA; DL
JUXTAPID CAP 10MG	5	QL (30 caps / 30 days), NM, PA; DL
JUXTAPID CAP 20MG	5	QL (60 caps / 30 days), NM, PA; DL
JUXTAPID CAP 30MG	5	QL (60 caps / 30 days), NM, PA; DL
niacin tab er 500 mg (antihyperlipidemic)	4	
niacin tab er 750 mg (antihyperlipidemic)	4	
niacin tab er 1000 mg (antihyperlipidemic)	4	
omega-3-acid ethyl esters cap 1 gm	3	
prevalite	2	
REPATHA INJ 140MG/ML	3	QL (2 syringes / 28 days), NM, PA
REPATHA PUSH INJ 420/3.5	3	QL (1 cartridge / 28 days), NM, PA
REPATHA SURE INJ 140MG/ML	3	QL (2 pens / 28 days), NM, PA
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	2	
betaxolol hcl tab 20 mg	2	
bisoprolol fumarate tab 5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol fumarate tab 10 mg	2	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
labetalol hcl tab 100 mg	2	
labetalol hcl tab 200 mg	2	
labetalol hcl tab 300 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	2	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	2	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 100 mg	1	
nadolol tab 20 mg	4	
nadolol tab 40 mg	4	
nadolol tab 80 mg	4	
pindolol tab 5 mg	2	
pindolol tab 10 mg	2	
propranolol hcl cap er 24hr 60 mg	2	
propranolol hcl cap er 24hr 80 mg	2	
propranolol hcl cap er 24hr 120 mg	2	
propranolol hcl cap er 24hr 160 mg	2	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl tab 10 mg	2	
propranolol hcl tab 20 mg	2	
propranolol hcl tab 40 mg	2	
propranolol hcl tab 60 mg	2	
propranolol hcl tab 80 mg	2	
timolol maleate tab 5 mg	2	
timolol maleate tab 10 mg	2	
timolol maleate tab 20 mg	2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
cartia xt	2	
dilt-xr	2	
diltiazem hcl cap er 12hr 60 mg	2	
diltiazem hcl cap er 12hr 90 mg	2	
diltiazem hcl cap er 12hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
isradipine cap 2.5 mg	2	
isradipine cap 5 mg	2	
nicardipine hcl cap 20 mg	2	
nicardipine hcl cap 30 mg	2	
nifedipine tab er 24hr 30 mg	2	
nifedipine tab er 24hr 60 mg	2	
nifedipine tab er 24hr 90 mg	2	
nifedipine tab er 24hr osmotic release 30 mg	2	
nifedipine tab er 24hr osmotic release 60 mg	2	
nifedipine tab er 24hr osmotic release 90 mg	2	
tiadylt er	2	
verapamil hcl cap er 24hr 100 mg	2	
verapamil hcl cap er 24hr 120 mg	2	
verapamil hcl cap er 24hr 180 mg	2	
verapamil hcl cap er 24hr 200 mg	2	
verapamil hcl cap er 24hr 240 mg	2	
verapamil hcl cap er 24hr 300 mg	2	
verapamil hcl cap er 24hr 360 mg	2	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
DIURETICS		
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	2	
acetazolamide tab 250 mg	2	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
bumetanide inj 0.25 mg/ml	2	
bumetanide tab 0.5 mg	2	
bumetanide tab 1 mg	2	
bumetanide tab 2 mg	2	
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
DIURIL SUS 250/5ML	4	
furosemide inj 10 mg/ml	2	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	2	
metolazone tab 5 mg	2	
metolazone tab 10 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate tab 150 mg (base equivalent)	3	ST
aliskiren fumarate tab 300 mg (base equivalent)	3	ST
clonidine dis 0.1/24hr	4	
clonidine dis 0.2/24hr	4	
clonidine dis 0.3/24hr	4	
clonidine hcl tab 0.1 mg	2	
clonidine hcl tab 0.2 mg	2	
CORLANOR SOL 5MG/5ML	4	QL (90 ampules / 30 days), PA
digitek	2	
digoxin oral soln 0.05 mg/ml	2	
digoxin tab 125 mcg (0.125 mg)	2	
digoxin tab 250 mcg (0.25 mg)	2	
droxidopa cap 100 mg	5	QL (540 caps / 30 days), NM, PA; DL
droxidopa cap 200 mg	5	QL (360 caps / 30 days), NM, PA; DL
droxidopa cap 300 mg	5	QL (180 caps / 30 days), NM, PA; DL
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3	QL (180 tabs / 30 days)
ivabradine hcl tab 5 mg (base equiv)	4	QL (60 tabs / 30 days), PA
ivabradine hcl tab 7.5 mg (base equiv)	4	QL (60 tabs / 30 days), PA
metyrosine cap 250 mg	5	NM, PA; DL
midodrine hcl tab 2.5 mg	4	
midodrine hcl tab 5 mg	4	
midodrine hcl tab 10 mg	4	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
phenoxybenzamine hcl cap 10 mg	5	DL
ranolazine tab er 12hr 500 mg	3	QL (60 tabs / 30 days)
ranolazine tab er 12hr 1000 mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VECAMYL TAB 2.5MG	5	PA; DL
VERQUVO TAB 2.5MG	4	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	4	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	4	QL (30 tabs / 30 days), PA
NITRATES		
ISOSORB MONO TAB 10MG	1	
ISOSORB MONO TAB 20MG	1	
isosorbide dinitrate tab 5 mg	2	
isosorbide dinitrate tab 10 mg	2	
isosorbide dinitrate tab 20 mg	2	
isosorbide dinitrate tab 30 mg	2	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	2	
isosorbide mononitrate tab er 24hr 60 mg	2	
isosorbide mononitrate tab er 24hr 120 mg	2	
NITRO-BID OIN 2%	3	
nitroglycerin sl tab 0.3 mg	2	
nitroglycerin sl tab 0.4 mg	2	
nitroglycerin sl tab 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr	2	
nitroglycerin td patch 24hr 0.2 mg/hr	2	
nitroglycerin td patch 24hr 0.4 mg/hr	2	
nitroglycerin td patch 24hr 0.6 mg/hr	2	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	2	
PULMONARY ARTERIAL HYPERTENSION		
alyq	5	QL (60 tabs / 30 days), NM, PA; DL
ambrisentan tab 5 mg	5	QL (30 tabs / 30 days), NM, PA; DL
ambrisentan tab 10 mg	5	QL (30 tabs / 30 days), NM, PA; DL
bosentan tab 62.5 mg	5	QL (60 tabs / 30 days), NM, PA; DL
bosentan tab 125 mg	5	QL (60 tabs / 30 days), NM, PA; DL
sildenafil citrate for suspension 10 mg/ml	5	QL (720 mL / 30 days), NM, PA; DL
sildenafil citrate tab 20 mg	3	QL (360 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 20 mg (pah)	5	QL (60 tabs / 30 days), NM, PA; DL
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tab 0.5 mg	2	QL (90 tabs / 30 days)
alprazolam tab 0.25 mg	2	QL (90 tabs / 30 days)
alprazolam tab 1 mg	2	QL (90 tabs / 30 days)
alprazolam tab 2 mg	2	QL (150 tabs / 30 days)
alprazolam tab er 24hr 0.5 mg	2	QL (30 tabs / 30 days), ST
alprazolam tab er 24hr 1 mg	2	QL (30 tabs / 30 days), ST
alprazolam tab er 24hr 2 mg	2	QL (150 tabs / 30 days), ST
alprazolam tab er 24hr 3 mg	2	QL (90 tabs / 30 days), ST
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 mg	2	
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	
buspirone hcl tab 30 mg	2	
fluvoxamine maleate tab 25 mg	4	
fluvoxamine maleate tab 50 mg	4	
fluvoxamine maleate tab 100 mg	4	
lorazepam intensol	2	QL (150 mL / 30 days)
lorazepam tab 0.5 mg	2	QL (600 tabs / 30 days)
lorazepam tab 1 mg	2	QL (300 tabs / 30 days)
lorazepam tab 2 mg	2	QL (150 tabs / 30 days)
oxazepam cap 10 mg	2	QL (120 caps / 30 days)
oxazepam cap 15 mg	2	QL (120 caps / 30 days)
oxazepam cap 30 mg	2	QL (120 caps / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride orally disintegrating tab 5 mg	2	
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	2	
donepezil hydrochloride tab 10 mg	2	
galantamine hydrobromide cap er 24hr 8 mg	4	
galantamine hydrobromide cap er 24hr 16 mg	4	
galantamine hydrobromide cap er 24hr 24 mg	4	

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide tab 4 mg	4	
galantamine hydrobromide tab 8 mg	4	
galantamine hydrobromide tab 12 mg	4	
memant titra pak 5-10mg	2	QL (49 tabs / 28 days), PA
memantine hcl oral solution 2 mg/ml	2	PA
memantine hcl tab 5 mg	2	QL (60 tabs / 30 days), PA
memantine hcl tab 10 mg	2	QL (60 tabs / 30 days), PA
rivastigmine tartrate cap 1.5 mg (base equivalent)	4	
rivastigmine tartrate cap 3 mg (base equivalent)	4	
rivastigmine tartrate cap 4.5 mg (base equivalent)	4	
rivastigmine tartrate cap 6 mg (base equivalent)	4	
rivastigmine td patch 24hr 4.6 mg/24hr	4	ST
rivastigmine td patch 24hr 9.5 mg/24hr	4	ST
rivastigmine td patch 24hr 13.3 mg/24hr	4	ST
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg	2	PA
amitriptyline hcl tab 25 mg	2	PA
amitriptyline hcl tab 50 mg	2	PA
amitriptyline hcl tab 75 mg	2	PA
amitriptyline hcl tab 100 mg	2	PA
amitriptyline hcl tab 150 mg	2	PA
amoxapine tab 25 mg	2	PA
amoxapine tab 50 mg	2	PA
amoxapine tab 100 mg	2	PA
amoxapine tab 150 mg	2	PA
AUVELITY TAB 45-105MG	4	PA
bupropion hcl tab 75 mg	2	
bupropion hcl tab 100 mg	2	
bupropion hcl tab er 12hr 100 mg	2	
bupropion hcl tab er 12hr 150 mg	2	
bupropion hcl tab er 12hr 200 mg	2	
bupropion hcl tab er 24hr 150 mg	2	
bupropion hcl tab er 24hr 300 mg	2	
chlordiazepoxide-amitriptyline tab 5-12.5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
chlordiazepoxide-amitriptyline tab 10-25 mg	2	
citalopram hydrobromide oral soln 10 mg/5ml	2	QL (600 mL / 30 days)
citalopram hydrobromide tab 10 mg (base equiv)	1	QL (120 tabs / 30 days)
citalopram hydrobromide tab 20 mg (base equiv)	1	QL (60 tabs / 30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tabs / 30 days)
clomipramine hcl cap 25 mg	4	PA
clomipramine hcl cap 50 mg	4	PA
clomipramine hcl cap 75 mg	4	PA
desipramine hcl tab 10 mg	3	
desipramine hcl tab 25 mg	3	
desipramine hcl tab 50 mg	3	
desipramine hcl tab 75 mg	3	
desipramine hcl tab 100 mg	3	
desipramine hcl tab 150 mg	3	
DESVENLAFAX TAB 50MG ER	4	QL (240 tabs / 30 days), ST
DESVENLAFAX TAB 100MG ER	4	QL (120 tabs / 30 days), ST
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	4	QL (480 tabs / 30 days), ST
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	4	QL (240 tabs / 30 days), ST
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	4	QL (120 tabs / 30 days), ST
doxepin hcl cap 10 mg	2	PA
doxepin hcl cap 25 mg	2	PA
doxepin hcl cap 50 mg	2	PA
doxepin hcl cap 75 mg	2	PA
doxepin hcl cap 100 mg	2	PA
doxepin hcl cap 150 mg	2	PA
doxepin hcl conc 10 mg/ml	2	PA
DRIZALMA CAP 20MG DR	4	QL (180 caps / 30 days), ST
DRIZALMA CAP 30MG DR	4	QL (120 caps / 30 days), ST
DRIZALMA CAP 40MG DR	4	QL (90 caps / 30 days), ST
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), ST
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2	QL (180 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL (120 caps / 30 days)
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	3	QL (90 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	2	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	DL
EMSAM DIS 9MG/24HR	5	DL
EMSAM DIS 12MG/24H	5	DL
escitalopram oxalate soln 5 mg/5ml (base equiv)	2	QL (600 mL / 30 days)
escitalopram oxalate tab 5 mg (base equiv)	2	QL (120 tabs / 30 days)
escitalopram oxalate tab 10 mg (base equiv)	2	QL (60 tabs / 30 days)
escitalopram oxalate tab 20 mg (base equiv)	2	QL (30 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (28 caps / 28 days), PA
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	4	ST
fluoxetine hcl tab 20 mg	4	ST
imipramine hcl tab 10 mg	3	PA
imipramine hcl tab 25 mg	3	PA
imipramine hcl tab 50 mg	3	PA
imipramine pamoate cap 75 mg	3	PA
imipramine pamoate cap 100 mg	3	PA
imipramine pamoate cap 125 mg	3	PA
imipramine pamoate cap 150 mg	3	PA
MARPLAN TAB 10MG	4	
mirtazapine orally disintegrating tab 15 mg	2	
mirtazapine orally disintegrating tab 30 mg	2	
mirtazapine orally disintegrating tab 45 mg	2	
mirtazapine tab 7.5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
mirtazapine tab 15 mg	2	
mirtazapine tab 30 mg	2	
mirtazapine tab 45 mg	2	
nefazodone hcl tab 50 mg	3	
nefazodone hcl tab 100 mg	3	
nefazodone hcl tab 150 mg	3	
nefazodone hcl tab 200 mg	3	
nefazodone hcl tab 250 mg	3	
nortriptyline hcl cap 10 mg	2	PA
nortriptyline hcl cap 25 mg	2	PA
nortriptyline hcl cap 50 mg	2	PA
nortriptyline hcl cap 75 mg	2	PA
nortriptyline hcl soln 10 mg/5ml	2	PA
paroxetine hcl oral susp 10 mg/5ml (base equiv)	4	
paroxetine hcl tab 10 mg	2	PA
paroxetine hcl tab 20 mg	2	PA
paroxetine hcl tab 30 mg	2	PA
paroxetine hcl tab 40 mg	2	PA
perphenazine-amitriptyline tab 2-10 mg	2	
perphenazine-amitriptyline tab 2-25 mg	2	
perphenazine-amitriptyline tab 4-10 mg	2	
perphenazine-amitriptyline tab 4-25 mg	2	
perphenazine-amitriptyline tab 4-50 mg	2	
phenelzine sulfate tab 15 mg	2	
protriptyline hcl tab 5 mg	3	
protriptyline hcl tab 10 mg	3	
RALDESY SOL 10MG/ML	5	QL (1200 mL / 30 days), PA; DL
sertraline hcl oral concentrate for solution 20 mg/ml	2	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
tranylcypromine sulfate tab 10 mg	3	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	2	
trimipramine maleate cap 25 mg	2	
trimipramine maleate cap 50 mg	2	
trimipramine maleate cap 100 mg	2	
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days), PA
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days), PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	2	QL (300 caps / 30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	QL (150 caps / 30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	QL (90 caps / 30 days)
venlafaxine hcl tab 25 mg (base equivalent)	2	
venlafaxine hcl tab 37.5 mg (base equivalent)	2	
venlafaxine hcl tab 50 mg (base equivalent)	2	
venlafaxine hcl tab 75 mg (base equivalent)	2	
venlafaxine hcl tab 100 mg (base equivalent)	2	
vilazodone hcl tab 10 mg	4	QL (120 tabs / 30 days), PA
vilazodone hcl tab 20 mg	4	QL (60 tabs / 30 days), PA
vilazodone hcl tab 40 mg	4	QL (30 tabs / 30 days), PA
ZURZUVAE CAP 20MG	5	QL (28 caps / 14 days), PA; DL
ZURZUVAE CAP 25MG	5	QL (28 caps / 14 days), PA; DL
ZURZUVAE CAP 30MG	5	QL (14 caps / 14 days), PA; DL
ANTIPARKINSONIAN AGENTS		
amantadine hcl cap 100 mg	2	
amantadine hcl soln 50 mg/5ml	2	
amantadine hcl tab 100 mg	2	
benztropine mesylate tab 0.5 mg	2	
benztropine mesylate tab 1 mg	2	
benztropine mesylate tab 2 mg	2	
bromocriptine mesylate cap 5 mg (base equivalent)	2	
bromocriptine mesylate tab 2.5 mg (base equivalent)	2	
carbidopa & levodopa orally disintegrating tab 10-100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa orally disintegrating tab 25-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa tab 25 mg	3	
entacapone tab 200 mg	3	
pramipexole dihydrochloride tab 0.5 mg	2	
pramipexole dihydrochloride tab 0.25 mg	2	
pramipexole dihydrochloride tab 0.75 mg	2	
pramipexole dihydrochloride tab 0.125 mg	2	
pramipexole dihydrochloride tab 1 mg	2	
pramipexole dihydrochloride tab 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv)	3	ST
rasagiline mesylate tab 1 mg (base equiv)	3	ST
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	
ropinirole hydrochloride tab 5 mg	2	
selegiline hcl cap 5 mg	2	
selegiline hcl tab 5 mg	2	
trihexyphenidyl hcl oral soln 0.4 mg/ml	2	
trihexyphenidyl hcl tab 2 mg	2	
trihexyphenidyl hcl tab 5 mg	2	
ANTIPSYCHOTICS		
ABILIFY ASIM INJ 720MG	4	QL (1 injection / 56 days)
ABILIFY ASIM INJ 960MG	4	QL (1 injection / 56 days)
ABILIFY MAIN INJ 300MG	5	QL (2 injections / 28 days); DL
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days); DL
aripiprazole oral solution 1 mg/ml	3	QL (900 mL / 30 days), PA
aripiprazole orally disintegrating tab 10 mg	3	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
aripiprazole orally disintegrating tab 15 mg	3	QL (60 tabs / 30 days), PA
aripiprazole tab 2 mg	3	QL (450 tabs / 30 days)
aripiprazole tab 5 mg	3	QL (180 tabs / 30 days)
aripiprazole tab 10 mg	3	QL (90 tabs / 30 days)
aripiprazole tab 15 mg	3	QL (60 tabs / 30 days)
aripiprazole tab 20 mg	3	QL (45 tabs / 30 days)
aripiprazole tab 30 mg	3	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (2 injections / 28 days); DL
ARISTADA INJ 662MG/2	5	QL (2 injections / 28 days); DL
ARISTADA INJ 882MG/3	5	QL (1 injection / 28 days); DL
ARISTADA INJ 1064MG	5	QL (1 injection / 56 days); DL
ARISTADA INJ INITIO	5	QL (2 injections / 365 days); DL
asenapine maleate sl tab 2.5 mg (base equiv)	4	QL (240 tabs / 30 days), PA
asenapine maleate sl tab 5 mg (base equiv)	4	QL (120 tabs / 30 days), PA
asenapine maleate sl tab 10 mg (base equiv)	4	QL (60 tabs / 30 days), PA
CAPLYTA CAP 10.5MG	5	QL (120 caps / 30 days), PA; DL
CAPLYTA CAP 21MG	5	QL (60 caps / 30 days), PA; DL
CAPLYTA CAP 42MG	5	QL (30 caps / 30 days), PA; DL
chlorpromazine hcl conc 30 mg/ml	3	
chlorpromazine hcl conc 100 mg/ml	3	
chlorpromazine hcl tab 10 mg	3	
chlorpromazine hcl tab 25 mg	3	
chlorpromazine hcl tab 50 mg	3	
chlorpromazine hcl tab 100 mg	3	
chlorpromazine hcl tab 200 mg	3	
clozapine orally disintegrating tab 12.5 mg	3	QL (2160 tabs / 30 days), ST
clozapine orally disintegrating tab 25 mg	3	QL (1080 tabs / 30 days), ST
clozapine orally disintegrating tab 100 mg	3	QL (270 tabs / 30 days), ST
clozapine orally disintegrating tab 150 mg	3	QL (180 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
clozapine orally disintegrating tab 200 mg	3	QL (150 tabs / 30 days), ST
clozapine tab 25 mg	2	
clozapine tab 50 mg	2	
clozapine tab 100 mg	2	
clozapine tab 200 mg	2	
COBENFY CAP 50-20MG	5	QL (60 caps / 30 days), PA; DL
COBENFY CAP 100-20MG	5	QL (60 caps / 30 days), PA; DL
COBENFY CAP 125-30MG	5	QL (60 caps / 30 days), PA; DL
COBENFY STRT CAP PACK	5	QL (56 caps / 28 days), PA; DL
ERZOFRI INJ 39/0.25	4	QL (1 injection / 28 days)
ERZOFRI INJ 78/0.5ML	5	QL (1 injection / 28 days); DL
ERZOFRI INJ 117/0.75	5	QL (1 injection / 28 days); DL
ERZOFRI INJ 156MG/ML	5	QL (1 injection / 28 days); DL
ERZOFRI INJ 234/1.5	5	QL (1 injection / 28 days); DL
ERZOFRI INJ 351/2.25	5	QL (1 injection / 28 days); DL
FANAPT PAK PACK A	4	QL (8 tabs / 30 days), PA
FANAPT TAB 1MG	5	QL (720 tabs / 30 days), PA; DL
FANAPT TAB 2MG	5	QL (360 tabs / 30 days), PA; DL
FANAPT TAB 4MG	5	QL (180 tabs / 30 days), PA; DL
FANAPT TAB 6MG	5	QL (120 tabs / 30 days), PA; DL
FANAPT TAB 8MG	5	QL (90 tabs / 30 days), PA; DL
FANAPT TAB 10MG	5	QL (90 tabs / 30 days), PA; DL
FANAPT TAB 12MG	5	QL (60 tabs / 30 days), PA; DL
fluphenazine decanoate inj 25 mg/ml	2	
fluphenazine hcl elixir 2.5 mg/5ml	2	
fluphenazine hcl inj 2.5 mg/ml	2	
fluphenazine hcl oral conc 5 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl tab 1 mg	2	
fluphenazine hcl tab 2.5 mg	2	
fluphenazine hcl tab 5 mg	2	
fluphenazine hcl tab 10 mg	2	
haloperidol decanoate im soln 50 mg/ml	2	
haloperidol decanoate im soln 100 mg/ml	2	
haloperidol lactate inj 5 mg/ml	2	
haloperidol lactate oral conc 2 mg/ml	2	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
INVEGA HAFYE INJ 1092MG	5	QL (1 injection / 168 days); DL
INVEGA HAFYE INJ 1560MG	5	QL (1 injection / 168 days); DL
INVEGA SUST INJ 39/0.25	4	QL (6 injections / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (3 injections / 28 days); DL
INVEGA SUST INJ 117/0.75	5	QL (2 injections / 28 days); DL
INVEGA SUST INJ 156MG/ML	5	QL (2 injections / 28 days); DL
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days); DL
INVEGA TRINZ INJ 273MG	5	QL (3 injections / 84 days); DL
INVEGA TRINZ INJ 410MG	5	QL (2 injections / 84 days); DL
INVEGA TRINZ INJ 546MG	5	QL (2 injections / 84 days); DL
INVEGA TRINZ INJ 819MG	5	QL (1 injection / 84 days); DL
loxapine succinate cap 5 mg	2	
loxapine succinate cap 10 mg	2	
loxapine succinate cap 25 mg	2	
loxapine succinate cap 50 mg	2	
lurasidone hcl tab 20 mg	4	QL (240 tabs / 30 days), PA
lurasidone hcl tab 40 mg	4	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
lurasidone hcl tab 60 mg	4	QL (90 tabs / 30 days), PA
lurasidone hcl tab 80 mg	4	QL (60 tabs / 30 days), PA
lurasidone hcl tab 120 mg	4	QL (60 tabs / 30 days), PA
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days), PA; DL
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days), PA; DL
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days), PA; DL
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days), PA; DL
molindone hcl tab 5 mg	2	PA
molindone hcl tab 10 mg	2	PA
molindone hcl tab 25 mg	2	PA
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), NM, PA; DL
NUPLAZID TAB 10MG	5	QL (90 tabs / 30 days), NM, PA; DL
olanzapine for im inj 10 mg	2	
olanzapine orally disintegrating tab 5 mg	3	QL (120 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	3	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	3	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	3	QL (30 tabs / 30 days)
olanzapine tab 2.5 mg	2	QL (240 tabs / 30 days)
olanzapine tab 5 mg	2	QL (120 tabs / 30 days)
olanzapine tab 7.5 mg	2	QL (90 tabs / 30 days)
olanzapine tab 10 mg	2	QL (60 tabs / 30 days)
olanzapine tab 15 mg	2	QL (60 tabs / 30 days)
olanzapine tab 20 mg	2	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	5	QL (30 films / 30 days), PA; DL
OPIPZA MIS 5MG	5	QL (30 films / 30 days), PA; DL
OPIPZA MIS 10MG	5	QL (90 films / 30 days), PA; DL
paliperidone tab er 24hr 1.5 mg	4	QL (240 tabs / 30 days), PA
paliperidone tab er 24hr 3 mg	4	QL (120 tabs / 30 days), PA
paliperidone tab er 24hr 6 mg	4	QL (60 tabs / 30 days), PA
paliperidone tab er 24hr 9 mg	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
perphenazine tab 2 mg	2	
perphenazine tab 4 mg	2	
perphenazine tab 8 mg	2	
perphenazine tab 16 mg	2	
pimozide tab 1 mg	2	
pimozide tab 2 mg	2	
quetiapine fumarate tab 25 mg	2	QL (960 tabs / 30 days), PA
quetiapine fumarate tab 50 mg	2	QL (480 tabs / 30 days), PA
quetiapine fumarate tab 100 mg	2	QL (240 tabs / 30 days)
quetiapine fumarate tab 150 mg	2	QL (150 tabs / 30 days)
quetiapine fumarate tab 200 mg	2	QL (120 tabs / 30 days)
quetiapine fumarate tab 300 mg	2	QL (90 tabs / 30 days)
quetiapine fumarate tab 400 mg	2	QL (90 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	3	PA
quetiapine fumarate tab er 24hr 150 mg	3	PA
quetiapine fumarate tab er 24hr 200 mg	4	PA
quetiapine fumarate tab er 24hr 300 mg	4	PA
quetiapine fumarate tab er 24hr 400 mg	4	PA
REXULTI TAB 0.5MG	5	QL (240 tabs / 30 days), PA; DL
REXULTI TAB 0.25MG	5	QL (480 tabs / 30 days), PA; DL
REXULTI TAB 1MG	5	QL (120 tabs / 30 days), PA; DL
REXULTI TAB 2MG	5	QL (60 tabs / 30 days), PA; DL
REXULTI TAB 3MG	5	QL (45 tabs / 30 days), PA; DL
REXULTI TAB 4MG	5	QL (30 tabs / 30 days), PA; DL
risperidone microspheres for im extended rel susp 12.5 mg	4	QL (8 vials / 28 days)
risperidone microspheres for im extended rel susp 25 mg	4	QL (4 vials / 28 days)
risperidone microspheres for im extended rel susp 37.5 mg	5	QL (4 vials / 28 days); DL
risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials / 28 days); DL
risperidone orally disintegrating tab 0.5 mg	3	QL (960 tabs / 30 days)
risperidone orally disintegrating tab 0.25 mg	3	QL (1920 tabs / 30 days)
risperidone orally disintegrating tab 1 mg	3	QL (480 tabs / 30 days)
risperidone orally disintegrating tab 2 mg	3	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone orally disintegrating tab 3 mg	3	QL (180 tabs / 30 days)
risperidone orally disintegrating tab 4 mg	3	QL (120 tabs / 30 days)
risperidone soln 1 mg/ml	2	
risperidone tab 0.5 mg	2	QL (960 tabs / 30 days)
risperidone tab 0.25 mg	2	QL (1920 tabs / 30 days)
risperidone tab 1 mg	2	QL (480 tabs / 30 days)
risperidone tab 2 mg	2	QL (240 tabs / 30 days)
risperidone tab 3 mg	2	QL (180 tabs / 30 days)
risperidone tab 4 mg	2	QL (120 tabs / 30 days)
SECUADO DIS 3.8MG	5	QL (30 patches / 30 days), PA; DL
SECUADO DIS 5.7MG	5	QL (30 patches / 30 days), PA; DL
SECUADO DIS 7.6MG	5	QL (30 patches / 30 days), PA; DL
thioridazine hcl tab 10 mg	2	
thioridazine hcl tab 25 mg	2	
thioridazine hcl tab 50 mg	2	
thioridazine hcl tab 100 mg	2	
thiothixene cap 1 mg	2	
thiothixene cap 2 mg	2	
thiothixene cap 5 mg	2	
thiothixene cap 10 mg	2	
trifluoperazine hcl tab 1 mg (base equivalent)	2	
trifluoperazine hcl tab 2 mg (base equivalent)	2	
trifluoperazine hcl tab 5 mg (base equivalent)	2	
trifluoperazine hcl tab 10 mg (base equivalent)	2	
UZEDY INJ 50MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 75MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 100MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 125MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 150MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 200MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 250MG	5	QL (1 injection / 28 days); DL

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUS 50MG/ML	5	QL (540 mL / 30 days), PA; DL
VRAYLAR CAP 1.5MG	5	QL (120 caps / 30 days), PA; DL
VRAYLAR CAP 3MG	5	QL (60 caps / 30 days), PA; DL
VRAYLAR CAP 4.5MG	5	QL (60 caps / 30 days), PA; DL
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days), PA; DL
ziprasidone hcl cap 20 mg	2	QL (300 caps / 30 days)
ziprasidone hcl cap 40 mg	2	QL (150 caps / 30 days)
ziprasidone hcl cap 60 mg	2	QL (120 caps / 30 days)
ziprasidone hcl cap 80 mg	2	QL (90 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	4	
ZYPREXA RELP INJ 300MG	4	QL (3 vials / 28 days), NM
ZYPREXA RELP INJ 405MG	4	QL (3 vials / 28 days), NM
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	4	PA
APTIOM TAB 400MG	5	PA; DL
APTIOM TAB 600MG	5	PA; DL
APTIOM TAB 800MG	5	PA; DL
BRIVIACT SOL 10MG/ML	5	PA; DL
BRIVIACT TAB 10MG	5	PA; DL
BRIVIACT TAB 25MG	5	PA; DL
BRIVIACT TAB 50MG	5	PA; DL
BRIVIACT TAB 75MG	5	PA; DL
BRIVIACT TAB 100MG	5	PA; DL
carbamazepine cap er 12hr 100 mg	2	
carbamazepine cap er 12hr 200 mg	2	
carbamazepine cap er 12hr 300 mg	2	
carbamazepine chew tab 100 mg	2	
carbamazepine chew tab 200 mg	2	
carbamazepine susp 100 mg/5ml	2	
carbamazepine tab 200 mg	2	
carbamazepine tab er 12hr 100 mg	3	
carbamazepine tab er 12hr 200 mg	3	
carbamazepine tab er 12hr 400 mg	3	
clobazam suspension 2.5 mg/ml	4	PA
clobazam tab 10 mg	3	PA
clobazam tab 20 mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
clonazepam orally disintegrating tab 0.5 mg	2	QL (1200 tabs / 30 days), ST
clonazepam orally disintegrating tab 0.25 mg	2	QL (2400 tabs / 30 days), ST
clonazepam orally disintegrating tab 0.125 mg	2	QL (4800 tabs / 30 days), ST
clonazepam orally disintegrating tab 1 mg	2	QL (600 tabs / 30 days), ST
clonazepam orally disintegrating tab 2 mg	2	QL (300 tabs / 30 days), ST
clonazepam tab 0.5 mg	2	QL (1200 tabs / 30 days)
clonazepam tab 1 mg	2	QL (600 tabs / 30 days)
clonazepam tab 2 mg	2	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	4	QL (720 tabs / 30 days), PA
clorazepate dipotassium tab 7.5 mg	4	QL (360 tabs / 30 days), PA
clorazepate dipotassium tab 15 mg	4	QL (180 tabs / 30 days), PA
DIACOMIT CAP 250MG	5	QL (360 caps / 30 days), NM, PA; DL
DIACOMIT CAP 500MG	5	QL (180 caps / 30 days), NM, PA; DL
DIACOMIT PAK 250MG	5	QL (360 packets / 30 days), NM, PA; DL
DIACOMIT PAK 500MG	5	QL (180 packets / 30 days), NM, PA; DL
diazepam intensol	2	QL (240 mL / 30 days), PA
diazepam oral soln 1 mg/ml	2	QL (1200 mL / 30 days), PA
diazepam rectal gel delivery system 2.5 mg	4	
diazepam rectal gel delivery system 10 mg	4	
diazepam rectal gel delivery system 20 mg	4	
diazepam tab 2 mg	2	QL (600 tabs / 30 days), PA
diazepam tab 5 mg	2	QL (240 tabs / 30 days), PA
diazepam tab 10 mg	2	QL (120 tabs / 30 days), PA
DILANTIN CAP 30MG	3	
divalproex sodium cap delayed release sprinkle 125 mg	2	

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	
EPIDIOLEX SOL 100MG/ML	5	NM, PA; DL
epitol	2	
EPRONTIA SOL 25MG/ML	4	PA
ethosuximide cap 250 mg	2	
ethosuximide soln 250 mg/5ml	2	
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg	4	
felbamate tab 600 mg	4	
FINTEPLA SOL 2.2MG/ML	5	NM, PA; DL
FYCOMPA SUS 0.5MG/ML	5	PA; DL
FYCOMPA TAB 2MG	4	PA
FYCOMPA TAB 4MG	5	PA; DL
FYCOMPA TAB 6MG	5	PA; DL
FYCOMPA TAB 8MG	5	PA; DL
FYCOMPA TAB 10MG	5	PA; DL
FYCOMPA TAB 12MG	5	PA; DL
gabapentin cap 100 mg	2	
gabapentin cap 300 mg	2	
gabapentin cap 400 mg	2	
gabapentin oral soln 250 mg/5ml	2	
gabapentin tab 600 mg	2	
gabapentin tab 800 mg	2	
lacosamide oral solution 10 mg/ml	4	
lacosamide tab 50 mg	4	
lacosamide tab 100 mg	4	
lacosamide tab 150 mg	4	
lacosamide tab 200 mg	4	
lamotrigine tab 25 mg	2	
lamotrigine tab 100 mg	2	
lamotrigine tab 150 mg	2	
lamotrigine tab 200 mg	2	
lamotrigine tab chewable dispersible 5 mg	2	
lamotrigine tab chewable dispersible 25 mg	2	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam tab 750 mg	2	
levetiracetam tab 1000 mg	2	
levetiracetam tab er 24hr 500 mg	2	
levetiracetam tab er 24hr 750 mg	2	
methsuximide cap 300 mg	4	
NAYZILAM SPR 5MG	4	QL (10 bottles / 30 days), PA
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3	
oxcarbazepine tab 150 mg	2	
oxcarbazepine tab 300 mg	2	
oxcarbazepine tab 600 mg	2	
phenobarbital elixir 20 mg/5ml	2	PA
phenobarbital tab 15 mg	2	PA
phenobarbital tab 16.2 mg	2	PA
phenobarbital tab 30 mg	2	PA
phenobarbital tab 32.4 mg	2	PA
phenobarbital tab 60 mg	2	PA
phenobarbital tab 64.8 mg	2	PA
phenobarbital tab 97.2 mg	2	PA
phenobarbital tab 100 mg	2	PA
phenytek cap 200mg	3	
phenytek cap 300mg	3	
phenytoin chew tab 50 mg	2	
phenytoin sodium extended cap 100 mg	2	
phenytoin susp 125 mg/5ml	2	
pregabalin cap 25 mg	3	QL (720 caps / 30 days)
pregabalin cap 50 mg	3	QL (360 caps / 30 days)
pregabalin cap 75 mg	3	QL (240 caps / 30 days)
pregabalin cap 100 mg	3	QL (180 caps / 30 days)
pregabalin cap 150 mg	3	QL (120 caps / 30 days)
pregabalin cap 200 mg	3	QL (90 caps / 30 days)
pregabalin cap 225 mg	3	QL (90 caps / 30 days)
pregabalin cap 300 mg	3	QL (60 caps / 30 days)
pregabalin soln 20 mg/ml	3	QL (900 mL / 30 days)
primidone tab 50 mg	2	
primidone tab 125 mg	2	
primidone tab 250 mg	2	
roweepra	2	
rufinamide susp 40 mg/ml	4	PA
rufinamide tab 200 mg	4	PA
rufinamide tab 400 mg	5	PA; DL
SPRITAM TAB 250MG	4	PA
SPRITAM TAB 500MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
subvenite	2	
SYMPAZAN MIS 5MG	5	QL (240 films / 30 days), PA; DL
SYMPAZAN MIS 10MG	5	QL (120 films / 30 days), PA; DL
SYMPAZAN MIS 20MG	5	QL (60 films / 30 days), PA; DL
tiagabine hcl tab 2 mg	3	
tiagabine hcl tab 4 mg	3	
tiagabine hcl tab 12 mg	3	
tiagabine hcl tab 16 mg	3	
topiramate sprinkle cap 15 mg	2	
topiramate sprinkle cap 25 mg	2	
topiramate sprinkle cap 50 mg	2	
topiramate tab 25 mg	2	
topiramate tab 50 mg	2	
topiramate tab 100 mg	2	
topiramate tab 200 mg	2	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
VALTOCO SPR 5MG	4	QL (10 packets / 30 days)
VALTOCO SPR 10MG	4	QL (10 packets / 30 days)
VALTOCO SPR 15MG	4	QL (10 packets / 30 days)
VALTOCO SPR 20MG	4	QL (10 packets / 30 days)
vigabatrin powd pack 500 mg	5	QL (180 packets / 30 days), NM, PA; DL
vigabatrin tab 500 mg	5	QL (180 tabs / 30 days), NM, PA; DL
vigadrone	5	QL (180 packets / 30 days), NM, PA; DL
VIGAFYDE SOL 100MG/ML	5	NM, PA; DL
XCOPRI PAK 12.5-25	4	PA
XCOPRI PAK 50-100MG	5	PA; DL
XCOPRI PAK 100-150	5	PA; DL
XCOPRI PAK 150-200	5	PA; DL
XCOPRI TAB 25MG	5	QL (30 tabs / 30 days), PA; DL
XCOPRI TAB 50MG	5	QL (30 tabs / 30 days), PA; DL

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TAB 100MG	5	QL (30 tabs / 30 days), PA; DL
XCOPRI TAB 150MG	5	QL (60 tabs / 30 days), PA; DL
XCOPRI TAB 200MG	5	QL (60 tabs / 30 days), PA; DL
ZONISADE SUS 100MG/5	4	QL (900 mL / 30 days), ST
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
ZTALMY SUS 50MG/ML	5	QL (1080 mL / 30 days), NM, PA; DL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphet/dextr tab 5mg	2	QL (90 tabs / 30 days)
amphet/dextr tab 7.5mg	2	QL (90 tabs / 30 days)
amphet/dextr tab 10mg	2	QL (90 tabs / 30 days)
amphet/dextr tab 12.5mg	2	QL (90 tabs / 30 days)
amphet/dextr tab 15mg	2	QL (60 tabs / 30 days)
amphet/dextr tab 20mg	2	QL (90 tabs / 30 days)
amphet/dextr tab 30mg	2	QL (60 tabs / 30 days)
amphetamine cap 5mg er	3	QL (30 caps / 30 days)
amphetamine cap 10mg er	3	QL (30 caps / 30 days)
amphetamine cap 15mg er	3	QL (30 caps / 30 days)
amphetamine cap 20mg er	3	QL (60 caps / 30 days)
amphetamine cap 25mg er	3	QL (60 caps / 30 days)
amphetamine cap 30mg er	3	QL (60 caps / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	2	QL (30 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	2	QL (60 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	2	QL (90 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	2	QL (30 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	2	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	2	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	2	QL (30 caps / 30 days)
clonidine hcl tab er 12hr 0.1 mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 2.5 mg	2	QL (60 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	2	QL (60 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	2	QL (60 tabs / 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	3	QL (30 caps / 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	3	QL (120 caps / 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	3	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tab 5 mg	3	QL (180 tabs / 30 days)
dextroamphetamine sulfate tab 10 mg	3	QL (180 tabs / 30 days)
methamphetamine hcl tab 5 mg	2	QL (150 tabs / 30 days), PA
methylphenid tab 20mg er	3	QL (90 tabs / 30 days)
methylphenidate hcl soln 5 mg/5ml	2	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	2	QL (900 mL / 30 days)
methylphenidate hcl tab 5 mg	2	QL (90 tabs / 30 days)
methylphenidate hcl tab 10 mg	2	QL (90 tabs / 30 days)
methylphenidate hcl tab 20 mg	2	QL (150 tabs / 30 days)
methylphenidate hcl tab er 10 mg	3	QL (90 tabs / 30 days)
methylphenidate hcl tab er 24hr 18 mg	3	QL (30 tabs / 30 days)
methylphenidate hcl tab er 24hr 27 mg	3	QL (30 tabs / 30 days)
methylphenidate hcl tab er 24hr 36 mg	3	QL (60 tabs / 30 days)
methylphenidate hcl tab er 24hr 54 mg	3	QL (30 tabs / 30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	3	QL (30 tabs / 30 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	3	QL (30 tabs / 30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	3	QL (60 tabs / 30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	3	QL (30 tabs / 30 days)
methylphenidate hcl tab er osmotic release (osm) 72 mg	3	QL (30 tabs / 30 days)
zenzedi	3	QL (180 tabs / 30 days)
HYPNOTICS		
doxepin hcl (sleep) tab 3 mg (base equiv)	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	3	QL (30 tabs / 30 days)
HETLIOZ LQ SUS 4MG/ML	5	QL (150 mL / 30 days), NM, PA; DL
ramelteon tab 8 mg	2	QL (30 tabs / 30 days)
tasimelteon capsule 20 mg	5	QL (30 caps / 30 days), NM, PA; DL
temazepam cap 7.5 mg	2	QL (30 caps / 30 days)
temazepam cap 15 mg	2	QL (60 caps / 30 days)
temazepam cap 22.5 mg	2	QL (30 caps / 30 days)
temazepam cap 30 mg	2	QL (30 caps / 30 days)
zaleplon cap 5 mg	2	QL (30 caps / 30 days), ST
zaleplon cap 10 mg	2	QL (30 caps / 30 days), ST
zolpidem tartrate tab 5 mg	2	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate tab 10 mg	2	QL (30 tabs / 30 days), PA
MIGRAINE		
AIMOVIG INJ 70MG/ML	3	QL (1 pen / 30 days), NM, PA
AIMOVIG INJ 140MG/ML	3	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate nasal spray 4 mg/ml	5	ST; DL
naratriptan hcl tab 1 mg (base equiv)	4	QL (9 tabs / 28 days)
naratriptan hcl tab 2.5 mg (base equiv)	4	QL (9 tabs / 28 days)
NURTEC TAB 75MG ODT	3	QL (18 tabs / 30 days), PA
QULIPTA TAB 10MG	3	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	3	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	3	QL (30 tabs / 30 days), PA
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	4	QL (24 tabs / 28 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	4	QL (12 tabs / 28 days)
rizatriptan benzoate tab 5 mg (base equivalent)	4	QL (24 tabs / 28 days)
rizatriptan benzoate tab 10 mg (base equivalent)	4	QL (12 tabs / 28 days)
sumatriptan nasal spray 5 mg/act	4	QL (18 inhalers / 28 days), ST
sumatriptan nasal spray 20 mg/act	4	QL (12 inhalers / 28 days), ST
sumatriptan succinate inj 6 mg/0.5ml	4	QL (4 mL / 28 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL (4 mL / 28 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (4 mL / 28 days)
sumatriptan succinate tab 25 mg	2	QL (9 tabs / 28 days)
sumatriptan succinate tab 50 mg	2	QL (9 tabs / 28 days)
sumatriptan succinate tab 100 mg	2	QL (9 tabs / 28 days)
UBRELVY TAB 50MG	3	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	3	QL (16 tabs / 30 days), PA
zolmitriptan orally disintegrating tab 2.5 mg	4	QL (6 tabs / 28 days)
zolmitriptan orally disintegrating tab 5 mg	4	QL (6 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan tab 2.5 mg	4	QL (6 tabs / 28 days)
zolmitriptan tab 5 mg	4	QL (6 tabs / 28 days)
MISCELLANEOUS		
EQUETRO CAP 100MG	4	
EQUETRO CAP 200MG	4	
EQUETRO CAP 300MG	4	
GRALISE TAB 300MG	4	QL (30 tabs / 30 days), PA
GRALISE TAB 450MG	4	QL (60 tabs / 30 days), PA
GRALISE TAB 600MG	4	QL (90 tabs / 30 days), PA
GRALISE TAB 750MG	4	QL (60 tabs / 30 days), PA
GRALISE TAB 900MG	4	QL (60 tabs / 30 days), PA
HORIZANT TAB 300MG ER	4	QL (60 tabs / 30 days), PA
HORIZANT TAB 600MG ER	4	QL (60 tabs / 30 days), PA
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	2	
lithium carbonate tab er 450 mg	2	
lithium oral solution 8 meq/5ml	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA; DL
pyridostigm tab 60mg	2	
pyridostigmine bromide oral soln 60 mg/5ml	3	
riluzole tab 50 mg	3	
SAVELLA MIS TITR PAK	4	QL (110 tabs / 365 days), PA
SAVELLA TAB 12.5MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 25MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 50MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 100MG	4	QL (60 tabs / 30 days), PA
tetrabenazine tab 12.5 mg	5	QL (240 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tab 25 mg	5	QL (120 tabs / 30 days), NM, PA; DL
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	QL (14 injections / 28 days), NM, PA; DL
COPAXONE INJ 20MG/ML	5	QL (28 injections / 28 days), NM, PA; DL
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA; DL
dalfampridine tab er 12hr 10 mg	3	QL (60 tabs / 30 days), NM, PA
fingolimod hcl cap 0.5 mg (base equiv)	5	QL (30 caps / 30 days), NM, PA; DL
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 5 mg	2	
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
carisoprodol tab 350 mg	2	PA
chlorzoxazone tab 500 mg	2	PA
cyclobenzaprine hcl tab 5 mg	2	PA
cyclobenzaprine hcl tab 10 mg	2	PA
dantrolene sodium cap 25 mg	2	
dantrolene sodium cap 50 mg	2	
dantrolene sodium cap 100 mg	2	
methocarbamol tab 500 mg	2	PA
methocarbamol tab 750 mg	2	PA
tizanidine hcl tab 2 mg (base equivalent)	2	
tizanidine hcl tab 4 mg (base equivalent)	2	
NARCOLEPSY/CATAPLEXY		
armodafinil tab 50 mg	4	QL (30 tabs / 30 days), PA
armodafinil tab 150 mg	4	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	4	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	4	QL (30 tabs / 30 days), PA
modafinil tab 100 mg	2	QL (60 tabs / 30 days), PA
modafinil tab 200 mg	2	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	5	QL (540 mL / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	2	
buprenorphine hcl sl tab 2 mg (base equiv)	2	QL (60 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	2	QL (60 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	2	
disulfiram tab 250 mg	2	
disulfiram tab 500 mg	2	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	2	
NICOTROL NS SPR 10MG/ML	4	
varenicline tartrate tab 0.5 mg (base equiv)	3	QL (336 tabs / 365 days)
varenicline tartrate tab 1 mg (base equiv)	3	QL (336 tabs / 365 days)
varenicline tartrate tab 1 mg (base equiv)	3	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	QL (106 tabs / 365 days)
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol cap 50 mg	2	
danazol cap 100 mg	2	
danazol cap 200 mg	2	
methyltestosterone cap 10 mg	3	PA
testosterone cypionate im inj in oil 100 mg/ml	2	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate im inj in oil 200 mg/ml	2	PA
testosterone enanthate im inj in oil 200 mg/ml	2	PA
testosterone td gel 12.5 mg/act (1%)	3	PA
testosterone td gel 25 mg/2.5gm (1%)	3	PA
testosterone td gel 50 mg/5gm (1%)	3	PA
ANTIDIABETICS		
acarbose tab 25 mg	2	
acarbose tab 50 mg	2	
acarbose tab 100 mg	2	
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
glimepiride tab 1 mg	6	QL (240 tabs / 30 days)
glimepiride tab 2 mg	6	QL (120 tabs / 30 days)
glimepiride tab 4 mg	6	QL (60 tabs / 30 days)
glipizide tab 5 mg	6	QL (240 tabs / 30 days)
glipizide tab 10 mg	6	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	6	QL (240 tabs / 30 days)
glipizide tab er 24hr 5 mg	6	QL (120 tabs / 30 days)
glipizide tab er 24hr 10 mg	6	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	2	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	2	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	2	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (30 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
metformin hcl oral soln 500 mg/5ml	3	QL (765 mL / 30 days), ST
metformin hcl tab 500 mg	6	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tab 850 mg	6	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	6	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	6	
metformin hcl tab er 24hr 750 mg	6	QL (60 tabs / 30 days)
MOUNJARO INJ 2.5/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	3	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	3	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	2	QL (90 tabs / 30 days)
nateglinide tab 120 mg	2	QL (90 tabs / 30 days)
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days), PA
OZEMPIC INJ 2MG/3ML	3	QL (1 pen / 28 days), PA
OZEMPIC INJ 4MG/3ML	3	QL (1 pen / 28 days), PA
OZEMPIC INJ 8MG/3ML	3	QL (2 pens / 28 days), PA
pioglitazone hcl tab 15 mg (base equiv)	6	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	6	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	6	QL (30 tabs / 30 days)
repaglinide tab 0.5 mg	2	QL (120 tabs / 30 days)
repaglinide tab 1 mg	2	QL (120 tabs / 30 days)
repaglinide tab 2 mg	2	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	3	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days), PA
SYMLINPEN 60 INJ 1000MCG	5	QL (8 pens / 28 days), ST; DL
SYMLNPEN 120 INJ 1000MCG	5	QL (4 pens / 28 days), ST; DL
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB	3	QL (30 tabs / 30 days); (10-5-1000 MG and 25-5-1000 MG)
TRIJARDY XR TAB	3	QL (60 tabs / 30 days); (12.5-2.5-1000 MG and 5-2.5-1000 MG)
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR INJ 100UNIT	3	QL (15 pens / 30 days)
BD ALCOHOL SWABS	3	PA
FIASP FLEX INJ TOUCH	3	QL (15 pens / 30 days)
FIASP INJ 100/ML	3	QL (5 vials / 30 days)
FIASP PENFIL INJ U-100	3	QL (15 injections / 30 days)
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	PA
HUMULIN R INJ U-500	3	QL (12 pens / 30 days)
HUMULIN R INJ U-500	3	QL (2 vials / 30 days)
INSULIN PEN NEEDLE	3	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	PA
INSULIN SYRINGE (DISP) U-100 1 ML	3	PA
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	PA
NEEDLES, INSULIN DISP., SAFETY	3	PA
NOVOLIN INJ 70/30	3	QL (50 mL / 30 days); (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	QL (15 pens / 30 days)
NOVOLIN N INJ 100 UNIT	3	QL (15 pens / 30 days)
NOVOLIN N INJ U-100	3	QL (50 mL / 30 days); (brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ 100 UNIT	3	QL (15 pens / 30 days)
NOVOLIN R INJ U-100	3	QL (50 mL / 30 days); (brand RELION not covered)
NOVOLOG INJ 100/ML	3	QL (50 mL / 30 days)
NOVOLOG INJ FLEXPEN	3	QL (15 pens / 30 days)
NOVOLOG INJ PENFILL	3	QL (15 pens / 30 days)
NOVOLOG MIX INJ 70/30	3	QL (50 mL / 30 days)
NOVOLOG MIX INJ FLEXPEN	3	QL (15 pens / 30 days)
OMNIPOD 5 DX KIT INT G7G6	3	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	3	QL (30 boxes / 30 days), PA
OMNIPOD DASH KIT INTRO	3	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	3	QL (30 boxes / 30 days), PA
OMNIPOD MIS CLASSIC	3	QL (30 boxes / 30 days), PA
OMNIPOD PDM KIT CLASSIC	3	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	3	QL (6 pens / 30 days)
TOUJEO SOLO INJ 300/ML	3	QL (12 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	QL (15 pens / 30 days)
TRESIBA FLEX INJ 200UNIT	3	QL (9 pens / 30 days)
TRESIBA INJ 100UNIT	3	QL (5 vials / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium oral soln 70 mg/75ml	2	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
BONSITY INJ 560/2.24	5	QL (1 pen / 24 days), NM, PA; DL
calcitonin (salmon) nasal soln 200 unit/act	2	
ibandronate sodium tab 150 mg (base equivalent)	2	QL (1 tab / 28 days)
PROLIA INJ 60MG/ML	4	QL (1 syringe / 168 days), NM
risedron sod tab 35mg dr	3	QL (4 tabs / 28 days), ST
risedronate sodium (12-pack)	3	QL (12 tabs / 84 days), ST
risedronate sodium tab 150 mg	3	QL (1 tab / 28 days), ST
risedronate tab 35mg	3	QL (12 tabs / 84 days), ST

Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE INJ 560/2.24	5	QL (1 pen / 24 days), NM, PA; DL
XGEVA INJ	5	QL (1 vial / 28 days), NM, PA; DL
CHELATING AGENTS		
CHEMET CAP 100MG	4	PA
deferasirox granules packet 90 mg	5	NM, PA; DL
deferasirox granules packet 180 mg	5	NM, PA; DL
deferasirox granules packet 360 mg	5	NM, PA; DL
deferasirox tab 90 mg	3	NM, PA
deferasirox tab 180 mg	3	NM, PA
deferasirox tab 360 mg	3	NM, PA
deferasirox tab for oral susp 125 mg	3	NM, PA
deferasirox tab for oral susp 250 mg	5	NM, PA; DL
deferasirox tab for oral susp 500 mg	5	NM, PA; DL
penicillamine tab 250 mg	5	NM, PA; DL
sodium polystyrene sulfonate powder	2	
sps	2	
trientine hcl cap 250 mg	5	NM, PA; DL
trientine hcl cap 500 mg	5	QL (120 caps / 30 days), NM, PA; DL
VELTASSA POW 1GM	5	QL (120 packets / 30 days), PA; DL
VELTASSA POW 8.4GM	5	QL (30 packets / 30 days), PA; DL
VELTASSA POW 16.8GM	5	QL (30 packets / 30 days), PA; DL
VELTASSA POW 25.2GM	5	QL (30 packets / 30 days), PA; DL
CONTRACEPTIVES		
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aviane	2	
azurette	2	
azurette tab	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
briellyn	2	

Drug Name	Drug Tier	Requirements/Limits
camila	2	
camrese	2	
camrese lo	2	
chateal	2	
cryselle-28	2	
cyclafem 1/35	2	
cyclafem 7/7/7	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
deblitane	2	
DEPO-SQ PROV INJ 104	3	QL (1 injection / 84 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
dolishale	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	2	QL (1 ring / 28 days)
enilloring	2	QL (1 ring / 28 days)
enpresse-28	2	
enskyce	2	
errin	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	QL (1 ring / 28 days)
falmina	2	
feirza tab 1.5/30	2	
feirza tab 1/20	2	
femynor	2	
galbriela chw	2	
gildess 1/20	2	
gildess fe 1.5/30	2	
gildess fe 1/20	2	
hailey 24 fe	2	
haloette	2	QL (1 ring / 28 days)
heather	2	

Drug Name	Drug Tier	Requirements/Limits
iclevia	2	
incassia	2	
introvale	2	
isibloom	2	
jaimiess tab	2	
jasmiel	2	
jencycla	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
lessina	2	
levonest	2	
levonor-ethinyl est 0.10mg-20mcg(84)-10mcg(7)	2	
levonor-ethinyl est 0.15mg-30mcg(84)-10mcg(7)	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levora 0.15/30-28	2	
LILETTA IUD 52MG	3	QL (1 IUD / year), NM
lojaimiess tab	2	
loryna	2	

Drug Name	Drug Tier	Requirements/Limits
low-ogestrel	2	
lutera	2	
lyleq	2	
lyza	2	
marlissa	2	
medroxyprogesterone acetate im susp 150 mg/ml	2	QL (1 injection / 84 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	2	QL (1 injection / 84 days)
meleya tab 0.35mg	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
myzilra	2	
necon 0.5/35-28	2	
NEXPLANON IMP 68MG	3	QL (1 box / year), NM
nikki	2	
nora-be	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	QL (3 patches / 28 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norethindrone tab 0.35 mg	2	
norgest/ethi tab 0.25/35	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
ocella	2	
philith	2	
pimtrea	2	

Drug Name	Drug Tier	Requirements/Limits
pirmella 1/35	2	
pirmella 7/7/7	2	
portia-28	2	
reclipsen	2	
setlakin	2	
sharobel	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-previfem	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
trinessa lo	2	
turqoz	2	
valtya 1/50 tab	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe tab	2	
xelria fe chw 0.4mg-35	2	
zovia 1/35	2	
ESTROGENS		
abigale lo tab 0.5-0.1	2	
amabelz	2	
DEPO-ESTRADI INJ 5MG/ML	4	
dotti	2	QL (8 patches / 28 days)
DUAVEE TAB 0.45-20	3	PA

Drug Name	Drug Tier	Requirements/Limits
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	3	
estradiol tab 0.5 mg	2	
estradiol tab 1 mg	2	
estradiol tab 2 mg	2	
estradiol td gel 0.5 mg/0.5gm (0.1%)	3	
estradiol td gel 0.25 mg/0.25gm (0.1%)	3	
estradiol td gel 0.75 mg/0.75gm (0.1%)	3	
estradiol td gel 1 mg/gm (0.1%)	3	
estradiol td gel 1.25 mg/1.25gm (0.1%)	3	
estradiol td patch twice weekly 0.1 mg/24hr	2	QL (8 patches / 28 days)
estradiol td patch twice weekly 0.05 mg/24hr	2	QL (8 patches / 28 days)
estradiol td patch twice weekly 0.025 mg/24hr	2	QL (8 patches / 28 days)
estradiol td patch twice weekly 0.075 mg/24hr	2	QL (8 patches / 28 days)
estradiol td patch twice weekly 0.0375 mg/24hr	2	QL (8 patches / 28 days)
estradiol td patch weekly 0.1 mg/24hr	2	QL (4 patches / 28 days)
estradiol td patch weekly 0.05 mg/24hr	2	QL (4 patches / 28 days)
estradiol td patch weekly 0.06 mg/24hr	2	QL (4 patches / 28 days)
estradiol td patch weekly 0.025 mg/24hr	2	QL (4 patches / 28 days)
estradiol td patch weekly 0.075 mg/24hr	2	QL (4 patches / 28 days)
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	2	QL (4 patches / 28 days)
estradiol vaginal cream 0.1 mg/gm	2	
estradiol vaginal tab 10 mcg	2	
estradiol valerate im in oil 10 mg/ml	2	
estradiol valerate im in oil 20 mg/ml	2	
estradiol valerate im in oil 40 mg/ml	2	
ESTRING MIS 7.5/24HR	4	
FEMRING MIS 0.1MG/24	4	
FEMRING MIS 0.05/24H	4	
fyavolv	2	

Drug Name	Drug Tier	Requirements/Limits
jinteli	2	
lyllana	2	QL (8 patches / 28 days)
MENOSTAR DIS 14MCG	4	QL (4 patches / 28 days)
mimvey	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
PREMARIN VAG CRE 0.625MG	3	
yuvafem	2	
GLUCOCORTICOIDS		
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 1.5 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
methylprednisolone tab 4 mg	2	
methylprednisolone tab 8 mg	2	
methylprednisolone tab 16 mg	2	
methylprednisolone tab 32 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	2	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	
prednisolone soln 15 mg/5ml	2	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE POW 3MG/DOSE	3	
diazoxide susp 50 mg/ml	3	
GVOKE HYPO 2 INJ 0.5/.1ML	4	
GVOKE HYPO 2 INJ 1/0.2ML	4	
GVOKE KIT SOL 1/0.2ML	4	
MISCELLANEOUS		
betaine powder for oral solution	5	NM; DL
cabergoline tab 0.5 mg	2	
carglumic acid soluble tab 200 mg	5	NM, PA; DL
cinacalcet hcl tab 30 mg (base equiv)	3	B/D, NM
cinacalcet hcl tab 60 mg (base equiv)	3	B/D, NM
cinacalcet hcl tab 90 mg (base equiv)	5	B/D, NM; DL
CYSTAGON CAP 50MG	3	NM, PA
CYSTAGON CAP 150MG	3	NM, PA
desmopressin acetate nasal spray soln 0.01% (refrigerated)	3	
desmopressin acetate tab 0.1 mg	2	
desmopressin acetate tab 0.2 mg	2	
GENOTROPIN INJ 0.2MG	3	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA; DL
GENOTROPIN INJ 0.6MG	5	NM, PA; DL
GENOTROPIN INJ 0.8MG	5	NM, PA; DL
GENOTROPIN INJ 1.2MG	5	NM, PA; DL
GENOTROPIN INJ 1.4MG	5	NM, PA; DL
GENOTROPIN INJ 1.6MG	5	NM, PA; DL
GENOTROPIN INJ 1.8MG	5	NM, PA; DL
GENOTROPIN INJ 1MG	5	NM, PA; DL
GENOTROPIN INJ 2MG	5	NM, PA; DL
GENOTROPIN INJ 5MG	5	NM, PA; DL
GENOTROPIN INJ 12MG	5	NM, PA; DL
INCRELEX INJ 40MG/4ML	5	NM, PA; DL
javygtor	5	NM, PA; DL
levocarnitine oral soln 1 gm/10ml (10%)	2	
levocarnitine tab 330 mg	2	
mifepristone tab 300 mg	5	QL (120 tabs / 30 days), NM, PA; DL
MYALEPT INJ 11.3MG	5	QL (60 vials / 30 days), NM, PA; DL
nitisinone cap 2 mg	5	NM, PA; DL
nitisinone cap 5 mg	5	NM, PA; DL
nitisinone cap 10 mg	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
nitisinone cap 20 mg	5	NM, PA; DL
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	NM
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	NM
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	NM
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	NM; DL
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5	NM; DL
raloxifene hcl tab 60 mg	3	
sapropterin dihydrochloride powder packet 100 mg	5	NM, PA; DL
sapropterin dihydrochloride powder packet 500 mg	5	NM, PA; DL
sapropterin dihydrochloride tab 100 mg	5	NM, PA; DL
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ampules / 30 days), NM, PA; DL
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ampules / 30 days), NM, PA; DL
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ampules / 30 days), NM, PA; DL
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	NM, PA; DL
sodium phenylbutyrate tab 500 mg	5	NM, PA; DL
SOMAVERT INJ 10MG	5	QL (30 vials / 30 days), NM, PA; DL
SOMAVERT INJ 15MG	5	QL (30 vials / 30 days), NM, PA; DL
SOMAVERT INJ 20MG	5	QL (30 vials / 30 days), NM, PA; DL
SOMAVERT INJ 25MG	5	QL (30 vials / 30 days), NM, PA; DL
SOMAVERT INJ 30MG	5	QL (30 vials / 30 days), NM, PA; DL
SYNAREL SOL 2MG/ML	5	PA; DL
VEOZAH TAB 45MG	4	QL (30 tabs / 30 days), PA
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	2	
medroxyprogesterone acetate tab 5 mg	2	
medroxyprogesterone acetate tab 10 mg	2	
megestrol acetate susp 40 mg/ml	2	PA
norethindrone acetate tab 5 mg	2	
progesterone cap 100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
progesterone cap 200 mg	2	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	2	
levothyroxine sodium tab 50 mcg	2	
levothyroxine sodium tab 75 mcg	2	
levothyroxine sodium tab 88 mcg	2	
levothyroxine sodium tab 100 mcg	2	
levothyroxine sodium tab 112 mcg	2	
levothyroxine sodium tab 125 mcg	2	
levothyroxine sodium tab 137 mcg	2	
levothyroxine sodium tab 150 mcg	2	
levothyroxine sodium tab 175 mcg	2	
levothyroxine sodium tab 200 mcg	2	
levothyroxine sodium tab 300 mcg	2	
liothyronine sodium tab 5 mcg	2	
liothyronine sodium tab 25 mcg	2	
liothyronine sodium tab 50 mcg	2	
methimazole tab 5 mg	2	
methimazole tab 10 mg	2	
propylthiouracil tab 50 mg	2	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
unithroid	2	
VITAMIN D ANALOGS		
calcitriol cap 0.5 mcg	2	
calcitriol cap 0.25 mcg	2	
calcitriol sol 1mcg/ml	2	
doxercalciferol cap 0.5 mcg	4	
doxercalciferol cap 1 mcg	3	
doxercalciferol cap 2.5 mcg	4	
paricalcitol cap 1 mcg	2	
paricalcitol cap 2 mcg	2	
paricalcitol cap 4 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant capsule 40 mg	4	B/D
aprepitant capsule 80 mg	4	B/D
aprepitant capsule 125 mg	4	B/D
aprepitant pak 80 & 125	4	B/D
compro	2	
dronabinol cap 2.5 mg	3	PA
dronabinol cap 5 mg	3	PA
dronabinol cap 10 mg	3	PA
EMEND SUS 125MG	4	B/D
meclizine hcl tab 12.5 mg	2	
meclizine hcl tab 25 mg	2	
metoclopram sol 5mg/5ml	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
ondansetron hcl oral soln 4 mg/5ml	3	B/D
ondansetron hcl tab 4 mg	2	B/D
ondansetron hcl tab 8 mg	2	B/D
ondansetron tab 4mg odt	2	B/D
ondansetron tab 8mg odt	2	B/D
prochlorperazine maleate tab 5 mg (base equivalent)	2	
prochlorperazine maleate tab 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	2	
promethazine hcl oral soln 6.25 mg/5ml	3	PA
promethazine hcl suppos 12.5 mg	3	
promethazine hcl suppos 25 mg	3	
promethazine hcl tab 12.5 mg	2	PA
promethazine hcl tab 25 mg	2	PA
promethazine hcl tab 50 mg	2	PA
promethegan	3	PA
scopolamine td patch 72hr 1 mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl cap 10 mg	2	
dicyclomine hcl oral soln 10 mg/5ml	2	
dicyclomine hcl tab 20 mg	2	
glycopyrrolate tab 1 mg	2	
glycopyrrolate tab 2 mg	2	

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS		
cimetidine tab 200 mg	4	
cimetidine tab 300 mg	4	
cimetidine tab 400 mg	4	
cimetidine tab 800 mg	4	
famotidine for susp 40 mg/5ml	3	
famotidine tab 20 mg	2	
famotidine tab 40 mg	2	
nizatidine cap 150 mg	2	
nizatidine cap 300 mg	2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	3	
budesonide delayed release particles cap 3 mg	4	PA
budesonide tab er 24hr 9 mg	4	PA
hydrocortisone enema 100 mg/60ml	2	
mesalamine cap dr 400 mg	4	
mesalamine cap er 24hr 0.375 gm	3	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 800 mg	4	
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	2	
LAXATIVES		
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
generlac	2	
lactulose solution 10 gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	4	PA
alosetron hcl tab 1 mg (base equiv)	5	PA; DL
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium oral conc 100 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (30 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	2	
lubiprostone cap 8 mcg	3	QL (60 caps / 30 days)
lubiprostone cap 24 mcg	3	QL (60 caps / 30 days)
misoprostol tab 100 mcg	2	
misoprostol tab 200 mcg	2	
MOVANTIK TAB 12.5MG	3	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
SUCRAID SOL 8500/ML	5	NM, PA; DL
sucralfate susp 1 gm/10ml	3	
sucralfate tab 1 gm	2	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg	3	
ursodiol tab 500 mg	3	
VOWST CAP	5	QL (12 caps / 30 days), NM, PA; DL
XERMELO TAB 250MG	5	QL (84 tabs / 28 days), NM, PA; DL
XIFAXAN TAB 550MG	5	QL (60 tabs / 30 days), PA; DL
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
lansoprazole cap delayed release 15 mg	2	QL (30 caps / 30 days)
lansoprazole cap delayed release 30 mg	2	QL (30 caps / 30 days)
omeprazole cap 20mg	2	QL (60 caps / 30 days)
omeprazole cap delayed release 10 mg	2	QL (60 caps / 30 days)
omeprazole cap delayed release 40 mg	2	QL (60 caps / 30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	2	QL (60 tabs / 30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tab er 24hr 10 mg	2	
dutasteride cap 0.5 mg	2	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	
finasteride tab 5 mg	1	
tadalafil tab 2.5 mg	4	QL (30 tabs / 30 days), PA
tadalafil tab 5 mg	4	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	2	
MISCELLANEOUS		
bethanechol chloride tab 5 mg	2	
bethanechol chloride tab 10 mg	2	
bethanechol chloride tab 25 mg	2	
bethanechol chloride tab 50 mg	2	
ELMIRON CAP 100MG	4	QL (90 caps / 30 days)
flavoxate hcl tab 100 mg	2	
LITHOSTAT TAB 250MG	3	
potassium citrate tab er 5 meq (540 mg)	2	
potassium citrate tab er 10 meq (1080 mg)	2	
potassium citrate tab er 15 meq (1620 mg)	2	
tiopronin tab 100 mg	5	NM, PA; DL
tiopronin tab delayed release 100 mg	5	NM, PA; DL
tiopronin tab delayed release 300 mg	5	NM, PA; DL
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG	4	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	2	
oxybutynin chloride tab er 24hr 10 mg	2	
oxybutynin chloride tab er 24hr 15 mg	2	
solifenacin succinate tab 5 mg	4	
solifenacin succinate tab 10 mg	4	
tolterodine tartrate cap er 24hr 2 mg	4	
tolterodine tartrate cap er 24hr 4 mg	4	
tolterodine tartrate tab 1 mg	4	
tolterodine tartrate tab 2 mg	4	
trospium chloride cap er 24hr 60 mg	4	
trospium chloride tab 20 mg	4	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	4	
clindamycin phosphate vaginal cream 2%	2	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75%	2	
miconazole 3	2	
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	2	
VANDAZOLE GEL 0.75%	2	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	4	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	4	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	3	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	3	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	3	QL (74 tabs / 30 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	3	QL (120 syringes / year)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	3	QL (120 syringes / year)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	3	QL (120 syringes / year)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	3	QL (120 syringes / year)
enoxaparin sodium inj soln pref syr 100 mg/ml	3	QL (120 syringes / year)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	3	QL (120 syringes / year)
enoxaparin sodium inj soln pref syr 150 mg/ml	3	QL (120 syringes / year)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	QL (30 mL / year)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5	QL (24 mL / year); DL
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5	QL (36 mL / year); DL
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5	QL (48 mL / year); DL
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	2	
jantoven	2	
warfarin sodium tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
XARELTO SUS 1MG/ML	3	QL (600 mL / 30 days)
XARELTO TAB 2.5MG	3	QL (60 tabs / 30 days)
XARELTO TAB 10MG	3	QL (30 tabs / 30 days)
XARELTO TAB 15MG	3	QL (60 tabs / 30 days)
XARELTO TAB 20MG	3	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	NM, PA
ARANESP INJ 25MCG	4	NM, PA
ARANESP INJ 40MCG	4	NM, PA
ARANESP INJ 60MCG	4	NM, PA; (syringes)
ARANESP INJ 60MCG	4	NM, PA; (vials)
ARANESP INJ 100MCG	5	NM, PA; DL
ARANESP INJ 150MCG	5	NM, PA; DL
ARANESP INJ 200MCG	5	NM, PA; DL
ARANESP INJ 300MCG	5	NM, PA; DL
ARANESP INJ 500MCG	5	NM, PA; DL
FULPHILA INJ 6/0.6ML	5	NM, PA; DL
RETACRIT INJ 2000UNIT	3	NM, PA
RETACRIT INJ 3000UNIT	3	NM, PA
RETACRIT INJ 4000UNIT	3	NM, PA
RETACRIT INJ 10000UNT	3	NM, PA
RETACRIT INJ 20000UNI	3	NM, PA
RETACRIT INJ 40000UNT	5	NM, PA; DL
ZARXIO INJ 300/0.5	5	NM, PA; DL
ZARXIO INJ 480/0.8	5	NM, PA; DL
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	3	
anagrelide hcl cap 1 mg	3	
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	5	QL (30 packets / 30 days), NM, PA; DL
eltrombopag olamine powder pack for susp 25 mg (base equiv)	5	QL (90 packets / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
eltrombopag olamine tab 12.5 mg (base equiv)	5	QL (30 tabs / 30 days), NM, PA; DL
eltrombopag olamine tab 25 mg (base equiv)	5	QL (90 tabs / 30 days), NM, PA; DL
eltrombopag olamine tab 50 mg (base equiv)	5	QL (90 tabs / 30 days), NM, PA; DL
eltrombopag olamine tab 75 mg (base equiv)	5	QL (60 tabs / 30 days), NM, PA; DL
glutamine (sickle cell) powd pack 5 gm	5	QL (180 packets / 30 days), NM, PA; DL
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	NM, PA; DL
pentoxifylline tab er 400 mg	2	
PROMACTA POW 12.5MG	5	QL (30 packets / 30 days), NM, PA; DL
PROMACTA POW 25MG	5	QL (90 packets / 30 days), NM, PA; DL
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), NM, PA; DL
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), NM, PA; DL
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), NM, PA; DL
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, PA; DL
TAKHZYRO INJ 150MG/ML	5	QL (2 syringes / 28 days), NM, PA; DL
TAKHZYRO INJ 300/2ML	5	QL (2 syringes / 28 days), NM, PA; DL
TAKHZYRO INJ 300/2ML	5	QL (2 vials / 28 days), NM, PA; DL
TAVNEOS CAP 10MG	5	QL (180 caps / 30 days), NM, PA; DL
tranexamic acid tab 650 mg	2	QL (30 tabs / 28 days)
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	ST
BRILINTA TAB 60MG	4	QL (60 tabs / 30 days)
BRILINTA TAB 90MG	4	QL (60 tabs / 30 days)
clopidogrel bisulfate tab 75 mg (base equiv)	2	
dipyridamole tab 25 mg	2	
dipyridamole tab 50 mg	2	
dipyridamole tab 75 mg	2	
prasugrel hcl tab 5 mg (base equiv)	3	QL (30 tabs / 30 days)
prasugrel hcl tab 10 mg (base equiv)	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ticagrelor tab 60 mg	3	QL (60 tabs / 30 days)
ticagrelor tab 90 mg	3	QL (60 tabs / 30 days)
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
COSENTYX INJ 75MG/0.5	5	QL (4 syringes / 28 days), NM, PA; DL
COSENTYX INJ 300DOSE	5	QL (8 syringes / 28 days), NM, PA; DL
COSENTYX PEN INJ 300DOSE	5	QL (8 pens / 28 days), NM, PA; DL
COSENTYX UNO INJ 300/2ML	5	QL (4 pens / 28 days), NM, PA; DL
DUPIXENT INJ 200/1.14	5	QL (4 syringes / 28 days), NM, PA; DL
DUPIXENT INJ 200MG	5	QL (4 pens / 28 days), NM, PA; DL
DUPIXENT INJ 300/2ML	5	QL (4 pens / 28 days), NM, PA; DL
DUPIXENT INJ 300/2ML	5	QL (4 syringes / 28 days), NM, PA; DL
ENBREL INJ 25/0.5ML	5	QL (16 injections / 28 days), NM, PA; DL
ENBREL INJ 25MG	5	QL (8 bottles / 28 days), NM, PA; DL
ENBREL INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA; DL
ENBREL MINI INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA; DL
ENBREL SRCLK INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA; DL
HADLIMA INJ 40/0.4ML	5	NM, PA; DL
HADLIMA INJ 40/0.8ML	5	NM, PA; DL
HADLIMA PUSH INJ 40/0.4ML	5	NM, PA; DL
HADLIMA PUSH INJ 40/0.8ML	5	NM, PA; DL
HUMIRA INJ 10/0.1ML	5	NM, PA; DL
HUMIRA INJ 20/0.2ML	5	NM, PA; DL
HUMIRA INJ 40/0.4ML	5	NM, PA; DL
HUMIRA KIT 40MG/0.8	5	NM, PA; DL
HUMIRA PEDIA INJ CROHNS	5	NM, PA; DL
HUMIRA PEN INJ 40/0.4ML	5	NM, PA; DL
HUMIRA PEN INJ 40MG/0.8	5	NM, PA; DL
HUMIRA PEN INJ 80/0.8ML	5	NM, PA; DL
HUMIRA PEN INJ CD/UC/HS	5	NM, PA; DL
HUMIRA PEN INJ PS/UV	5	NM, PA; DL
HUMIRA PEN KIT CD/UC/HS	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	5	NM, PA; DL
OTEZLA TAB 10/20	5	QL (55 tabs / 28 days), NM, PA; DL
OTEZLA TAB 10/20/30	5	QL (55 tabs / 28 days), NM, PA; DL
OTEZLA TAB 20MG	5	QL (60 tabs / 30 days), NM, PA; DL
OTEZLA TAB 30MG	5	QL (60 tabs / 30 days), NM, PA; DL
RINVOQ LQ SOL 1MG/ML	5	QL (360 mL / 30 days), NM, PA; DL
RINVOQ TAB 15MG ER	5	QL (90 tabs / 30 days), NM, PA; DL
RINVOQ TAB 30MG ER	5	QL (30 tabs / 30 days), NM, PA; DL
RINVOQ TAB 45MG ER	5	QL (30 tabs / 30 days), NM, PA; DL
SKYRIZI INJ 150DOSE	5	QL (1 kit / 28 days), NM, PA; DL
SKYRIZI INJ 150MG/ML	5	QL (1 syringe / 28 days), NM, PA; DL
SKYRIZI INJ 180/1.2	5	QL (1 cartridge / 56 days), NM, PA; DL
SKYRIZI INJ 360/2.4	5	QL (1 cartridge / 56 days), NM, PA; DL
SKYRIZI PEN INJ 150MG/ML	5	QL (1 pen / 28 days), NM, PA; DL
STELARA INJ 45/0.5ML	5	QL (2 syringes / 28 days), NM, PA; DL
STELARA INJ 45/0.5ML	5	QL (2 vials / 28 days), NM, PA; DL
STELARA INJ 90MG/ML	5	QL (1 syringe / 28 days), NM, PA; DL
XELJANZ SOL 1MG/ML	5	QL (600 mL / 30 days), NM, PA; DL
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA; DL
XELJANZ TAB 10MG	5	QL (60 tabs / 30 days), NM, PA; DL
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), NM, PA; DL
XELJANZ XR TAB 22MG	5	QL (30 tabs / 30 days), NM, PA; DL
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tab 200 mg	2	
JYLAMVO SOL 2MG/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
leflunomide tab 10 mg	3	
leflunomide tab 20 mg	3	
methotrexate sodium tab 2.5 mg (base equiv)	2	
OTREXUP INJ 10MG	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 12.5/0.4	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 15MG	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 17.5/0.4	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 20MG	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 22.5/0.4	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 25MG	4	QL (1.6 mL / 28 days), NM, PA
RASUVO INJ 7.5MG	3	QL (0.6 mL / 28 days), NM, PA
RASUVO INJ 10MG	3	QL (0.8 mL / 28 days), NM, PA
RASUVO INJ 12.5MG	3	QL (1 mL / 28 days), NM, PA
RASUVO INJ 15MG	3	QL (1.2 mL / 28 days), NM, PA
RASUVO INJ 17.5MG	3	QL (1.4 mL / 28 days), NM, PA
RASUVO INJ 20MG	3	QL (1.6 mL / 28 days), NM, PA
RASUVO INJ 22.5MG	3	QL (1.8 mL / 28 days), NM, PA
RASUVO INJ 25MG	3	QL (2 mL / 28 days), NM, PA
RASUVO INJ 30MG	3	QL (2.4 mL / 28 days), NM, PA
RIDAURA CAP 3MG	5	DL
XATMEP SOL 2.5MG/ML	4	PA
IMMUNOGLOBULINS		
GAMUNEX-C INJ 1GM/10ML	5	NM, PA; DL
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NM, PA; DL
ARCALYST INJ 220MG	5	NM, PA; DL
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
azathioprine tab 100 mg	2	B/D
BENLYSTA INJ 200MG/ML	5	NM, PA; DL
cyclosporine cap 25 mg	3	B/D
cyclosporine cap 100 mg	3	B/D
cyclosporine modified cap 25 mg	3	B/D
cyclosporine modified cap 50 mg	3	B/D
cyclosporine modified cap 100 mg	3	B/D
cyclosporine modified oral soln 100 mg/ml	2	B/D
ENVARSUS XR TAB 0.75MG	4	B/D
ENVARSUS XR TAB 1MG	4	B/D
ENVARSUS XR TAB 4MG	4	B/D
everolimus tab 0.5 mg	5	PA; DL
everolimus tab 0.25 mg	4	PA
everolimus tab 0.75 mg	5	PA; DL
everolimus tab 1 mg	5	PA; DL
gengraf	3	B/D
mycophenolat cap 250mg	4	B/D
mycophenolat sus 200mg/ml	5	B/D; DL
mycophenolat tab 500mg	4	B/D
mycophenolic tab 180mg dr	4	B/D
mycophenolic tab 360mg dr	4	B/D
MYHIBBIN SUS 200MG/ML	4	B/D
PROGRAF GRA 0.2MG	4	B/D
PROGRAF GRA 1MG	4	B/D
REZUROCK TAB 200MG	5	QL (30 tabs / 30 days), NM, PA; DL
sirolimus oral soln 1 mg/ml	5	PA; DL
sirolimus tab 0.5 mg	4	PA
sirolimus tab 1 mg	4	PA
sirolimus tab 2 mg	4	PA
tacrolimus cap 0.5 mg	4	B/D
tacrolimus cap 1 mg	4	B/D
tacrolimus cap 5 mg	4	B/D
VACCINES		
ABRYSVO INJ	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY INJ 120MCG	3	
BCG VACCINE INJ 50MG	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HEPLISAV-B INJ 20/0.5ML	3	B/D
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXCHIQ INJ	3	
IXIARO INJ	3	
JYNNEOS INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MRESVIA INJ 50MCG	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENBRAYA INJ	3	
PENTACEL INJ	3	
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX INJ 50/0.5ML	1	
TENIVAC INJ 5-2LF	3	
TICOVAC INJ	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
VAXCHORA SUS	3	
VIMKUNYA INJ 40/0.8ML	3	
VIVOTIF CAP EC	3	
YF-VAX INJ	3	

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
dextrose 5% w/ sodium chloride 0.2%	2	
dextrose 5% w/ sodium chloride 0.9%	2	
dextrose 5% w/ sodium chloride 0.45%	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	2	
KCL/D5W/LACT INJ 20MEQ/L	3	
magnesium sulfate inj 50%	2	
multiple electrolytes inj	2	
POT CHLORIDE INJ 10MEQ	2	
POT CHLORIDE INJ 20MEQ	2	
POT CHLORIDE INJ 40MEQ	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	2	
sodium chloride iv soln 0.9%	2	
sodium chloride iv soln 0.45%	2	
sodium chloride iv soln 3%	2	
sodium chloride iv soln 5%	2	
TPN ELECTROL INJ	2	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
ASCORBIC ACID 80 MG / BIOTIN 0.030 MG / CALCIUM CARBONATE 200 MG / CUPRIC OXIDE 3 MG / FERROUS FUMARATE 60 MG	2	
klor-con	4	
klor-con 8	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
potassium chloride cap er 8 meq	2	
potassium chloride cap er 10 meq	2	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	3	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral soln 20% (40 meq/15ml)	3	
potassium chloride powder packet 20 meq	2	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
sodium fluoride 2.2 mg	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
clinisol sf 15%	2	B/D
dextrose inj 5%	2	
INTRALIPID INJ 20%	3	B/D
INTRALIPID INJ 30%	4	B/D
plenamine	2	B/D
PREMASOL SOL 10%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	4	
neo-polycin hc	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	4	
tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
ZYLET SUS 0.5-0.3%	4	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
AZASITE SOL 1%	4	
bacitracin ophth oint 500 unit/gm	2	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUS 0.6%	4	
CILOXAN OIN 0.3% OP	4	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	2	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	2	
neo-polycin	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	2	
polycin	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	2	
sulfacetamide sodium ophth soln 10%	2	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	4	
trifluridine ophth soln 1%	2	
XDEMVY DRO 0.25%	5	QL (10 mL / 30 days), NM, PA; DL
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate ophth soln 0.1%	4	
diclofenac sodium ophth soln 0.1%	2	
difluprednate ophth emulsion 0.05%	4	
fluorometholone ophth susp 0.1%	2	
flurbiprofen sodium ophth soln 0.03%	2	
FML FORTE SUS 0.25% OP	4	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	
loteprednol etabonate ophth gel 0.5%	4	
loteprednol etabonate ophth susp 0.5%	4	
MAXIDEX SUS 0.1% OP	4	

Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUS 0.12% OP	4	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	2	
ANTIALLERGICS		
azelastine hcl ophth soln 0.05%	2	
cromolyn sodium ophth soln 4%	2	
epinastine hcl ophth soln 0.05%	2	ST
ANTIGLAUCOMA		
apraclonidine hcl ophth soln 0.5% (base equivalent)	2	
betaxolol hcl ophth soln 0.5%	2	
BETIMOL SOL 0.5% OP	4	ST
BETOPTIC-S SUS 0.25% OP	4	ST
bimatoprost ophth soln 0.03%	3	ST
brimonidine tartrate ophth soln 0.2%	2	
brimonidine tartrate ophth soln 0.15%	4	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
carteolol hcl ophth soln 1%	2	
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
IOPIDINE SOL 1% OP	4	
latanoprost ophth soln 0.005%	2	
levobunolol hcl ophth soln 0.5%	1	
LUMIGAN SOL 0.01% OP	3	
pilocarpine hcl ophth soln 1%	2	
pilocarpine hcl ophth soln 2%	2	
pilocarpine hcl ophth soln 4%	2	
RHOPRESSA SOL 0.02%	3	ST
SIMBRINZA SUS 1-0.2%	3	
timolol maleate ophth gel forming soln 0.5%	4	
timolol maleate ophth gel forming soln 0.25%	4	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.25%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	ST
VYZULTA SOL 0.024%	4	ST
MISCELLANEOUS		
atropine sulfate ophth soln 1%	2	
CYSTARAN SOL 0.44%	5	NM, PA; DL
RESTASIS EMU 0.05% OP	3	QL (60 vials / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MUL EMU 0.05% OP	3	QL (5.5 mL / 30 days)
XIIDRA DRO 5%	3	QL (60 single use vials / 30 days)

OTIC

OTIC AGENTS

acetic acid otic soln 2%	2	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	3	
fluocinolone acetonide (otic) oil 0.01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	3	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

BREZTRI AERO AER SPHERE	3	
COMBIVENT AER 20-100	4	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	B/D
STIOLTO AER 2.5-2.5	3	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	

ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	4	
ipratropium bromide inhal soln 0.02%	2	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	
SPIRIVA AER 1.25MCG	3	
SPIRIVA CAP HANDIHLR	3	
SPIRIVA SPR 2.5MCG	3	

ANTIHISTAMINES

azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	
cyproheptadine hcl syrup 2 mg/5ml	3	PA
cyproheptadine hcl tab 4 mg	3	PA
hydroxyzine hcl syrup 10 mg/5ml	3	PA
hydroxyzine hcl tab 10 mg	3	PA
hydroxyzine hcl tab 25 mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tab 50 mg	3	PA
hydroxyzine pamoate cap 25 mg	3	PA
hydroxyzine pamoate cap 50 mg	3	PA
hydroxyzine pamoate cap 100 mg	3	PA
levocetirizine dihydrochloride tab 5 mg	2	
BETA AGONISTS		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers / 30 days); (generic of ProAir HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2	B/D
albuterol sulfate tab 2 mg	2	
albuterol sulfate tab 4 mg	2	
levalbuterol aer 45/act	4	QL (2 inhalers / 30 days), ST
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	4	B/D, ST
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	4	B/D, ST
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	4	B/D, ST
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	4	B/D, ST
SEREVENT DIS AER 50MCG	3	
terbutaline sulfate tab 2.5 mg	2	
terbutaline sulfate tab 5 mg	2	
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	2	QL (30 tabs / 30 days)
montelukast sodium chew tab 5 mg (base equiv)	2	QL (30 tabs / 30 days)
montelukast sodium oral granules packet 4 mg (base equiv)	2	QL (30 packets / 30 days)
montelukast sodium tab 10 mg (base equiv)	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
zafirlukast tab 10 mg	2	
zafirlukast tab 20 mg	2	
MISCELLANEOUS		
acetylcysteine inhal soln 10%	2	B/D
acetylcysteine inhal soln 20%	2	B/D
BRONCHITOL CAP 40MG	5	QL (560 caps / 28 days), NM, PA; DL
cromolyn sodium soln nebu 20 mg/2ml	3	B/D
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	2	
KALYDECO GRA 5.8MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO GRA 13.4MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO PAK 25MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO PAK 50MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO PAK 75MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, PA; DL
NUCALA INJ 40MG/0.4	5	QL (1 syringe / 28 days), NM, PA; DL
NUCALA INJ 100MG	5	QL (1 vial / 28 days), NM, PA; DL
NUCALA INJ 100MG/ML	5	QL (1 injection / 28 days), NM, PA; DL
NUCALA INJ 100MG/ML	5	QL (1 syringe / 28 days), NM, PA; DL
OFEV CAP 100MG	5	QL (60 caps / 30 days), NM, PA; DL
OFEV CAP 150MG	5	QL (60 caps / 30 days), NM, PA; DL
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA; DL
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA; DL
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA; DL
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA; DL
ORKAMBI TAB 200-125	5	QL (120 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
pirfenidone cap 267 mg	5	QL (270 caps / 30 days), NM, PA; DL
pirfenidone tab 267 mg	5	QL (270 tabs / 30 days), NM, PA; DL
pirfenidone tab 534 mg	5	QL (90 tabs / 30 days), NM, PA; DL
pirfenidone tab 801 mg	5	QL (90 tabs / 30 days), NM, PA; DL
PULMOZYME SOL 1MG/ML	5	QL (150 mL / 30 days), NM, PA; DL
roflumilast tab 250 mcg	4	PA
roflumilast tab 500 mcg	4	PA
theophylline soln 80 mg/15ml	2	
theophylline tab er 12hr 100 mg	2	
theophylline tab er 12hr 200 mg	2	
theophylline tab er 12hr 300 mg	2	
theophylline tab er 24hr 400 mg	2	
theophylline tab er 24hr 600 mg	2	
XOLAIR INJ 75/0.5	5	QL (16 pens / 28 days), NM, PA; DL
XOLAIR INJ 75/0.5	5	QL (16 syringes / 28 days), NM, PA; DL
XOLAIR INJ 150MG/ML	5	QL (8 pens / 28 days), NM, PA; DL
XOLAIR INJ 150MG/ML	5	QL (8 syringes / 28 days), NM, PA; DL
XOLAIR INJ 300/2ML	5	QL (4 pens / 28 days), NM, PA; DL
XOLAIR INJ 300/2ML	5	QL (4 syringes / 28 days), NM, PA; DL
XOLAIR SOL 150MG	5	QL (8 vials / 28 days), NM, PA; DL
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	4	
fluticasone propionate nasal susp 50 mcg/act	2	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	3	
ARNUITY ELPT INH 100MCG	3	
ARNUITY ELPT INH 200MCG	3	
budesonide inhalation susp 0.5 mg/2ml	4	B/D
budesonide inhalation susp 0.25 mg/2ml	4	B/D
budesonide inhalation susp 1 mg/2ml	4	B/D
PULMICORT INH 90MCG	4	
PULMICORT INH 180MCG	4	

Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	
ADVAIR HFA AER 115/21	3	
ADVAIR HFA AER 230/21	3	
BREO ELLIPTA INH 50-25MCG	3	
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	
DULERA AER 50-5MCG	4	
DULERA AER 100-5MCG	4	
DULERA AER 200-5MCG	4	
fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	
fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	
wixela inhub	3	
TOPICAL		
DERMATOLOGY, ACNE		
accutane	3	
amnesteem	3	
amnesteem cap 30mg	3	
benzoyl peroxide-erythromycin gel 5-3%	3	
claravis	3	
clindamycin phosphate gel 1% (twice-daily)	2	
clindamycin phosphate lotion 1%	2	
clindamycin phosphate soln 1%	2	
clindamycin phosphate swab 1%	2	
ery	2	
erythromycin gel 2%	2	
erythromycin soln 2%	2	
isotretinoin cap 10 mg	2	
isotretinoin cap 20 mg	2	
isotretinoin cap 30 mg	2	
isotretinoin cap 40 mg	2	
sulfacetamide sodium lotion 10% (acne)	2	
TAZAROTENE AER 0.1%	3	PA
tretinoin cream 0.1%	3	PA
tretinoin cream 0.05%	2	PA

Drug Name	Drug Tier	Requirements/Limits
tretinoin cream 0.025%	2	PA
tretinoin gel 0.01%	2	PA
tretinoin gel 0.025%	2	PA
zenatane	3	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	2	
gentamicin sulfate oint 0.1%	2	
mupirocin oint 2%	2	
silver sulfadiazine cream 1%	2	
ssd	2	
SULFAMYLON CRE 85MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
ciclodan	2	
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77% (base equiv)	2	
ciclopirox olamine susp 0.77% (base equiv)	2	
ciclopirox solution 8%	2	
clotrimazole cream 1%	2	
clotrimazole soln 1%	2	
clotrimazole w/ betamethasone cream 1-0.05%	4	
clotrimazole w/ betamethasone lotion 1-0.05%	4	
ketoconazole cream 2%	2	
ketoconazole shampoo 2%	2	
nyamyc	2	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	2	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	4	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	4	
nystop	2	
selenium sulfide lotion 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	3	PA
acitretin cap 17.5 mg	3	PA
acitretin cap 25 mg	3	PA
calcipotriene oint 0.005%	3	ST
calcipotriene soln 0.005% (50 mcg/ml)	3	ST
methoxsalen rapid cap 10 mg	5	DL

Drug Name	Drug Tier	Requirements/Limits
tazarotene gel 0.1%	3	PA
tazarotene gel 0.05%	3	PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	1	
alclometasone dipropionate cream 0.05%	4	
alclometasone dipropionate oint 0.05%	4	
amcinonide lotion 0.1%	2	
amcinonide oint 0.1%	3	
betamethasone dipropionate augmented cream 0.05%	4	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented lotion 0.05%	4	
betamethasone dipropionate augmented oint 0.05%	4	
betamethasone dipropionate cream 0.05%	4	
betamethasone dipropionate lotion 0.05%	4	
betamethasone dipropionate oint 0.05%	4	
betamethasone valerate cream 0.1% (base equivalent)	2	
betamethasone valerate lotion 0.1% (base equivalent)	2	
betamethasone valerate oint 0.1% (base equivalent)	2	
clobetasol propionate cream 0.05%	4	
desonide lotion 0.05%	3	
desoximetasone cream 0.05%	4	
desoximetasone cream 0.25%	4	
desoximetasone gel 0.05%	4	
desoximetasone oint 0.25%	4	
fluocinolone acetonide cream 0.01%	2	
fluocinolone acetonide cream 0.025%	2	
fluocinolone acetonide oint 0.025%	2	
fluocinolone acetonide sc	2	
fluocinolone acetonide soln 0.01%	2	
fluocinonide cream 0.05%	4	
fluocinonide emulsified base cream 0.05%	4	
fluocinonide gel 0.05%	4	
fluocinonide oint 0.05%	4	
fluocinonide soln 0.05%	4	
fluticasone propionate cream 0.05%	4	
fluticasone propionate oint 0.005%	4	
hydrocortisone	1	
hydrocortisone cream 1%	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone lotion 2.5%	2	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	2	
hydrocortisone valerate oint 0.2%	2	
mometasone furoate cream 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate solution 0.1% (lotion)	2	
triamcinolone acetonide cream 0.1%	2	
triamcinolone acetonide cream 0.5%	2	
triamcinolone acetonide cream 0.025%	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide lotion 0.025%	2	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
triamcinolone acetonide oint 0.025%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine oint 5%	4	PA
lidocaine patch 5%	3	QL (90 patches / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	2	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir oint 5%	4	ST
bexarotene gel 1%	5	NM, PA; DL
diclofenac sodium soln 1.5%	3	QL (300 mL / 30 days)
EUCRISA OIN 2%	4	PA
fluorouracil cream 5%	3	
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2	
hydrocortisone perianal cream 2.5%	1	
imiquimod cream 5%	2	
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	2	
metronidazole cream 0.75%	2	
metronidazole gel 0.75%	2	
metronidazole lotion 0.75%	2	
nitroglycerin oint 0.4%	4	
PANRETIN GEL 0.1%	5	PA; DL
penciclovir cream 1%	3	ST
pimecrolimus cream 1%	4	PA
podofilox gel 0.5%	3	
podofilox soln 0.5%	2	
procto-med hc	1	

Drug Name	Drug Tier	Requirements/Limits
proctosol hc	1	
proctozone-hc	1	
rosadan	2	
tacrolimus oint 0.1%	4	PA
tacrolimus oint 0.03%	4	PA
VALCHLOR GEL 0.016%	5	NM, PA; DL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion lotion 0.5%	3	
permethrin cream 5%	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	5	PA; DL
SANTYL OIN 250/GM	4	
sodium chloride irrigation soln 0.9%	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	3	
chlorhexidine gluconate soln 0.12%	2	
clotrimazole troche 10 mg	2	
dentagel	2	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	2	
periogard	2	
pilocarpine hcl tab 5 mg	4	
pilocarpine hcl tab 7.5 mg	4	
sf 5000 plus	2	
triamcinolone acetonide dental paste 0.1%	2	

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact IU Health Plans Member Advocates at **800.455.9776 (TTY/TDD 711)**. Language assistance available.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:**

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
T 800.368.1019
T 800.537.7697 (TDD)

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

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Multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800.455.9776. Someone who speaks English/Language can help you. This is a free service.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800.455.9776. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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This comprehensive formulary was updated on 09.01.2025. For more recent information or other questions, please contact us: IU Health Plans Pharmacy Member Services, 844.432.0695 (TTY/TDD 711). Language assistance is available. Hours are Oct. 1 to March 31 – 8 am to 8 pm, seven days a week; April 1 to Sept. 30 – 8 am to 8 pm, Monday – Friday. You may also visit **iuhealthplans.org**.

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