



HealthPartners® Freedom Group (Cost)
HealthPartners® Journey Pace (PPO)
HealthPartners® Journey Stride (PPO)
HealthPartners® Journey Dash (PPO)
HealthPartners® Journey Steady (PPO)
HealthPartners® Journey Group (PPO)
HealthPartners® Robin Birch (PPO)
HealthPartners® Robin Maple (PPO)
HealthPartners® Robin Group (PPO)
HealthPartners® Retiree National Choice (PDP)
(Collectively known as HealthPartners)

2020 Formulary I

(List of Covered Drugs)

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

Formulary ID 00020203, Version 7

This formulary was updated on 08/27/2019. For more recent information or other questions, please contact HealthPartners Member Services.

Freedom members: 952-883-7979 or 800-233-9645
Journey and Robin members: 952-883-6655 or 866-233-8734
Retiree National Choice members: 952-883-7373 or 877-816-9539
TTY users: 711

Or visit healthpartners.com/medicarerx.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

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 HealthPartners. When it refers to “plan” or “our plan,” it means HealthPartners.

This document includes a list of the drugs (formulary) for our plan which is current as of August 27, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the HealthPartners Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the HealthPartners Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of August 27, 2019. To get updated information about the drugs covered by HealthPartners, please contact us. Our contact information appears on the front and back cover pages.

To find out what drugs might have changed, you can go to healthpartners.com/medicarerx. The formulary is updated monthly to include any changes. In the event of negative formulary changes, you'll get a Formulary Change Notice. This notice will be mailed with your monthly Explanation of Benefits and will also be posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 “Cardiac Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 89. 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?

HealthPartners covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthPartners requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners before you fill your prescriptions. If you don't get approval, HealthPartners may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPartners limits the amount of the drug that HealthPartners will cover. For example, HealthPartners provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthPartners 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, HealthPartners may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPartners 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthPartners 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 HealthPartners formulary?" on page I-4 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 HealthPartners does not cover your drug, you have two options:

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

You can ask HealthPartners to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthPartners limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

Transition process

For existing members in our plan who have changes in level of care, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate. To ask for a temporary supply, contact Member Services.

Please note that our transition policy only applies to drugs that are covered under the Part D benefit and bought at a network pharmacy, unless you qualify for out of network access.

For more information

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

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

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

HealthPartners Formulary

The formulary that begins on page 2 provides coverage information about the drugs covered by HealthPartners. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

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

The second column of the chart lists the drug tier or coverage level. HealthPartners covers Medicare Part D prescription drugs at five levels of coverage: Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-preferred drugs), and Tier 5 (Specialty). To determine the coverage level, locate your drug and look in the “Drug Tier” column. Then use the key below to determine your cost-sharing during the initial coverage phase for a 30-day supply.*

COST-SHARING LEVELS BY PLAN AND DRUG TIER KEY

	Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Tier 3 (Preferred Brand Drugs)	Tier 4 (Non-preferred Drugs)	Tier 5 (Specialty Drugs)
Journey Pace	\$8	\$14	\$47	50% of cost	27% of cost
Journey Stride	\$6	\$12	\$47	50% of cost	27% of cost
Journey Dash	\$5	\$10	\$47	50% of cost	27% of cost
Journey Steady	\$4	\$10	\$47	50% of cost	27% of cost
Robin Birch	\$2	\$9	\$47	\$100	29% of cost
Robin Maple	\$2**	\$9**	\$47	\$100	29% of cost
Freedom Group	Please refer to your Evidence of Coverage for more information about your prescription drug benefit, including drug tiers, cost sharing and drugs covered in the coverage gap.				
Journey Group					
Robin Group					
Retiree National Choice					

* Coverage level shown does not reflect deductibles, gap coverage, or catastrophic benefit coverage. Please refer to our Evidence of Coverage for details.

**We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

The key below describes the abbreviations used in the Requirements/Limits column.

Requirements/Limits Abbreviation Key

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Required
QL	Quantity Limit
BvD	This drug could be covered as a Part B or a Part D Benefit.
ST	Step Therapy Required
LA	Limited Access Drug – Some drugs may be available only at certain pharmacies. For more information consult your pharmacy directory or call Member Services.
NM	Non-Mail Order Drug – Drugs not eligible for a 90-day mail order supply through your mail order benefit are noted with “NM” under Requirements/Limits.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, MISCELLANEOUS		
<i>acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution)</i>	2	QL (120 ML PER 1 DAY)
<i>acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-60mg tablet, 300mg-30mg tablet)</i>	2	QL (8 TABS PER 1 DAY)
<i>buprenorphine (5 mcg/hr patch tdwk, 7.5 mcg/hr patch tdwk, 10 mcg/hr patch tdwk, 15 mcg/hr patch tdwk, 20 mcg/hr patch tdwk)</i>	4	PA, QL (4 EACH PER 28 DAYS)
<i>butalb/acetaminophen/cafeine 50-325-40 tablet</i>	2	QL (12 TABS PER 1 DAY)
<i>butalbitall/acetaminophen (butalbitall/acetaminophen 50mg-325mg tablet, butalbitall/acetaminophen 50mg-300mg tablet)</i>	4	QL (12 TABS PER 1 DAY)
<i>butalbitall/aspirin/cafeine 50-325-40 capsule</i>	3	QL (6 CAPS PER 1 DAY)
<i>butalbitall/aspirin/cafeine 50-325-40 tablet</i>	4	QL (6 TABS PER 1 DAY)
<i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>	3	QL (8 TABS PER 1 DAY)
ENDOCET (2.5-325 MG TABLET, 5-325 TABLET)	2	QL (8 TABS PER 1 DAY)
ENDOCET 10-325 MG TABLET	2	QL (5 TABS PER 1 DAY)
ENDOCET 7.5-325 MG TABLET	2	QL (7 TABS PER 1 DAY)
<i>fentanyl (12 mcg/hr patch td72, 25mcg/hr patch td72, 25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	4	PA
<i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd)</i>	5	PA, NM
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-325/15 solution)</i>	4	QL (120 ML PER 1 DAY)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	2	QL (8 TABS PER 1 DAY)
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	2	QL (8 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl (0.5mg/.5ml syringe, 1 mg/ml syringe, 1 mg/ml ampul, 1 mg/ml cartridge, 2 mg/ml vial, 2 mg/ml syringe, 2 mg/ml ampul, 2 mg/ml cartridge, 4 mg/ml ampul, 4 mg/ml cartridge)</i>	4	QL (8 ML PER 1 DAY)
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	QL (20 ML PER 1 DAY)
<i>hydromorphone hcl 2 mg tablet</i>	2	QL (8 TABS PER 1 DAY)
<i>hydromorphone hcl 4 mg tablet</i>	2	QL (5 TABS PER 1 DAY)
<i>hydromorphone hcl 8 mg tablet</i>	2	QL (2 TABS PER 1 DAY)
<i>hydromorphone hcl/pf (hcl/pf 1 mg/ml vial, hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial, hcl/pf 4 mg/ml vial, hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul)</i>	4	QL (8 ML PER 1 DAY)
LAZANDA (100 MCG SPRAY, 300 MCG SPRAY, 400 MCG SPRAY)	5	PA, NM
LORCET 5-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
LORCET HD 10-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
LORCET PLUS 7.5-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	2	PA
<i>methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution)</i>	3	PA
<i>methadone hcl 10 mg/ml oral conc</i>	4	PA
METHADONE INTENSOL 10 MG/ML	4	PA
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er)</i>	3	PA
<i>morphine sulfate 10 mg/5 ml solution</i>	2	QL (45 ML PER 1 DAY)
<i>morphine sulfate 100 mg/5ml solution</i>	2	QL (4 ML PER 1 DAY)
<i>morphine sulfate 15 mg tablet</i>	3	QL (5 TABS PER 1 DAY)
<i>morphine sulfate 20 mg/5 ml solution</i>	2	QL (20 ML PER 1 DAY)
<i>morphine sulfate 30 mg tablet</i>	3	QL (2 TABS PER 1 DAY)
<i>oxycodone hcl (10mg/0.5ml syringe, 20 mg/ml oral conc)</i>	4	QL (4 ML PER 1 DAY)
<i>oxycodone hcl 10 mg tablet</i>	2	QL (5 TABS PER 1 DAY)
<i>oxycodone hcl 15 mg tablet</i>	2	QL (3 TABS PER 1 DAY)
<i>oxycodone hcl 20 mg tablet</i>	2	QL (4 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl 5 mg capsule</i>	4	QL (8 CAPS PER 1 DAY)
<i>oxycodone hcl 5 mg tablet</i>	2	QL (8 TABS PER 1 DAY)
<i>oxycodone hcl 5 mg/5 ml solution</i>	4	QL (40 ML PER 1 DAY)
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet)</i>	2	QL (8 TABS PER 1 DAY)
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	2	QL (5 TABS PER 1 DAY)
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	2	QL (7 TABS PER 1 DAY)
<i>oxycodone hcl/aspirin 4.8355-325 tablet</i>	4	QL (8 TABS PER 1 DAY)
TENCON 50-325 MG TABLET	4	QL (12 TABS PER 1 DAY)
<i>tramadol hcl 50 mg tablet</i>	1	QL (8 TABS PER 1 DAY)

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2	
<i>diclofenac potassium 50 mg tablet</i>	3	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr)</i>	2	
<i>diclofenac sodium 1 % gel (gram)</i>	3	
<i>diclofenac sodium 3 % gel (gram)</i>	4	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	4	
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	3	
<i>flurbiprofen (50 mg tablet, 100 mg tablet)</i>	3	
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>ibuprofen 100 mg/5ml oral susp</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>ketorolac tromethamine 10 mg tablet</i>	3	QL (20 TABS PER 30 DAYS)
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>meloxicam 7.5 mg/5ml oral susp</i>	4	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg tablet)</i>	1	
<i>naproxen (375 mg tablet dr, 500 mg tablet dr)</i>	2	
<i>naproxen 125 mg/5ml oral susp</i>	4	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	3	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

GLYDO 2% JELLY SYRINGE	2	
<i>lidocaine 5 % adh. patch</i>	4	PA, QL (90 EACH PER 30 DAYS)
<i>lidocaine hcl (2 % jelly(ml), 2 % jell/pf app, 2 % jel (ml), 2 % solution, 4 % solution, 40 mg/ml solution)</i>	2	
<i>lidocaine hcl (5 mg/ml vial, 10 mg/ml vial)</i>	1	
<i>lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	1	
<i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 kit, lidocaine/prilocaine 2.5 cream (g))</i>	3	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

<i>acamprosate calcium 333 mg tablet dr</i>	4	
<i>buprenorphine hcl 2 mg tab subl</i>	2	QL (360 TABS PER 30 DAYS)
<i>buprenorphine hcl 8 mg tab subl</i>	2	QL (90 TABS PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl</i>	2	QL (360 TABS PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg film</i>	3	QL (90 EACH PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl</i>	2	QL (90 TABS PER 30 DAYS)
<i>bupropion hcl 150 mg tab er 12h</i>	3	
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	3	QL (2 TABS PER 1 DAY)
CHANTIX STARTING MONTH BOX	3	QL (53 TABS PER 28 DAYS)
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)</i>	2	
<i>naltrexone hcl 50 mg tablet</i>	3	
NARCAN 4 MG NASAL SPRAY	3	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	

ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)

CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin phosphate 2 % cream/appl</i>	4	
<i>metronidazole 0.75 % gel w/appl</i>	4	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl)</i>	3	
<i>terconazole 80 mg supp.vag</i>	4	

ANTI-ANXIETY AGENTS

BENZODIAZEPINES

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (180 TABS PER 30 DAYS)
<i>alprazolam 0.5 mg tab er 24h</i>	2	QL (6 TABS PER 1 DAY)
<i>alprazolam 1 mg tab er 24h</i>	3	QL (6 TABS PER 1 DAY)
<i>alprazolam 2 mg tab er 24h</i>	3	QL (5 TABS PER 1 DAY)
<i>alprazolam 2 mg tablet</i>	1	QL (150 TABS PER 30 DAYS)
<i>alprazolam 3 mg tab er 24h</i>	3	QL (3 TABS PER 1 DAY)
<i>buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>buspirone hcl 7.5 mg tablet</i>	4	
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	QL (180 CAPS PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg capsule</i>	2	QL (120 CAPS PER 30 DAYS)
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis)</i>	3	QL (180 TABS PER 30 DAYS)
<i>clonazepam 0.5 mg tablet</i>	1	QL (180 TABS PER 30 DAYS)
<i>clonazepam 1 mg tab rapdis</i>	3	QL (120 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonazepam 1 mg tablet</i>	1	QL (120 TABS PER 30 DAYS)
<i>clonazepam 2 mg tab rapdis</i>	3	QL (300 TABS PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 TABS PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	4	QL (180 TABS PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet)</i>	1	QL (180 TABS PER 30 DAYS)
<i>diazepam 10 mg tablet</i>	1	QL (120 TABS PER 30 DAYS)
<i>diazepam 5 mg/5 ml solution</i>	2	QL (1200 ML PER 30 DAYS)
<i>diazepam 5 mg/ml oral conc</i>	2	QL (240 ML PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	QL (180 TABS PER 30 DAYS)
<i>lorazepam 2 mg/ml oral conc</i>	3	QL (150 ML PER 30 DAYS)
LORAZEPAM INTENSOL 2 MG/ML	3	QL (150 ML PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	2	QL (30 CAPS PER 30 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)</i>	4	PA
BETHKIS 300 MG/4 ML AMPULE	5	PA, QL (224 ML PER 30 DAYS), BvD, NM
<i>gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)</i>	4	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (in 60 mg/50ml piggyback, in 70 mg/50ml piggyback, in 80mg/100ml piggyback, in 80 mg/50ml piggyback, in 90mg/100ml piggyback, in 100mg/0.1l piggyback, in 100mg/50ml piggyback, in 120mg/0.1l piggyback)</i>	4	
<i>gentamicin sulfate/pf (sulfate/pf 20 mg/2 ml vial, sulfate/pf 60 mg/6 ml vial port, sulfate/pf 100mg/10ml vial port)</i>	4	
<i>neomycin sulfate 500 mg tablet</i>	1	
<i>streptomycin sulfate 1 g vial</i>	4	
TOBI PODHALER 28 MG INHALE CAP	5	PA, QL (224 EACH PER 30 DAYS), NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin in 0.225% sod chlor 300 mg/5ml ampul-neb</i>	5	PA, QL (280 ML PER 30 DAYS), BvD, NM
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	4	PA
<i>tobramycin/nebulizer 300 mg/5ml ampul-neb</i>	5	PA, QL (280 ML PER 30 DAYS), NM
ANTIBACTERIALS, MISCELLANEOUS		
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	4	
<i>clindamycin phosphate (150 mg/ml vial, 300 mg/2ml vial port, 600 mg/4ml vial port, 900mg/6ml vial port)</i>	4	
<i>colistin (colistimethate na) 150 mg vial</i>	5	PA, NM
<i>daptomycin (350 mg vial, 500 mg vial)</i>	5	PA, NM
FIRVANQ (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	4	
<i>linezolid 100 mg/5ml susp recon</i>	5	PA, NM
<i>linezolid 600 mg tablet</i>	4	PA
<i>linezolid in dextrose 5% 600mg/300 piggyback</i>	5	PA, NM
<i>linezolid-0.9% sodium chloride 600mg/300 piggyback</i>	5	PA, NM
METRO IV 500 MG/100 ML	4	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	2	
<i>metronidazole/sodium chloride 500mg/0.1l piggyback</i>	4	
MONUROL 3 GM SACHET	4	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	4	
<i>nitrofurantoin 50 mg capsule</i>	2	
<i>nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
<i>nitrofurantoin monohydr/m-cryst 100 mg capsule</i>	2	
<i>polymyxin b sulfate 500k unit vial</i>	4	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trimethoprim 100 mg tablet</i>	2	
<i>vancomycin hcl (1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 5 g vial, 10 g vial, 100 g bulkbaginj, 125 mg capsule, 250 mg capsule, 250 mg vial, 500 mg vial port, 500 mg vial, 750 mg vial, 750 mg vial port)</i>	4	
XIFAXAN (200 MG TABLET, 550 MG TABLET)	5	PA, NM

CEPHALOSPORINS

<i>cefadroxil (250 mg/5ml susp recon, 500 mg/5ml susp recon)</i>	3	
<i>cefadroxil 1 g tablet</i>	1	
<i>cefadroxil 500 mg capsule</i>	2	
<i>cefazolin sodium (1 g vial port, 1 g vial, 10 g vial, 20 g vial, 100 g bulkbaginj, 300g bulkbaginj, 500 mg vial)</i>	3	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 1 g/50 ml froz.piggy)</i>	3	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	3	
<i>cefdinir 300 mg capsule</i>	2	
<i>cefepime hcl (1 g vial, 2 g vial)</i>	4	
<i>cefepime hcl in dextrose 5 % in water (in 5 % 1 g/50 ml piggyback, in 5 % 2 g/50 ml piggyback)</i>	4	
<i>cefepime hcl in iso-osmotic dextrose (in 1 g/50 ml froz.piggy, in 2 g/100 ml froz.piggy)</i>	4	
<i>cefixime 400 mg capsule</i>	4	
<i>cefoxitin sodium (1 g vial, 2 g vial)</i>	4	
<i>cefoxitin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 2 g/50 ml piggyback)</i>	4	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	4	
<i>cefprozil (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	3	
<i>cefprozil (250 mg tablet, 500 mg tablet)</i>	4	
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ceftazidime in dextrose 5% and water (in 1 g/50 ml piggyback, in 2 g/50 ml piggyback)</i>	4	
<i>ceftriaxone sodium (1 g vial, 1 g pggybk btl, 1 g vial port, 2 g vial port, 2 g pggybk btl, 2 g vial, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial)</i>	4	
<i>ceftriaxone sodium in iso-osmotic dextrose (in 1 g/50 ml froz.piggy, in 1 g/50 ml piggyback, in 2 g/50 ml piggyback, in 2 g/50 ml froz.piggy)</i>	4	
<i>cefuroxime axetil (250 mg tablet, 500 mg tablet)</i>	2	
<i>cefuroxime sodium (1.5 g vial, 750 mg vial)</i>	4	
<i>cephalexin (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	3	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	1	
SUPRAX 400 MG CAPSULE	4	
TEFLARO (400 MG VIAL, 600 MG VIAL)	5	NM

MACROLIDES

<i>azithromycin (100 mg/5ml susp recon, 200 mg/5ml susp recon)</i>	3	
<i>azithromycin (250 mg tablet, 500 mg tablet)</i>	1	
<i>azithromycin (500 mg vial port, 500 mg vial)</i>	4	
<i>azithromycin 600 mg tablet</i>	2	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	3	
DIFICID 200 MG TABLET	5	PA, NM
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	
<i>erythromycin base 250 mg capsule dr</i>	4	

MISCELLANEOUS B-LACTAM ANTIBIOTICS

<i>aztreonam (1 g vial, 2 g vial)</i>	5	NM
CAYSTON 75 MG INHAL SOLUTION	5	PA, LA, QL (84 ML PER 30 DAYS), NM
<i>ertapenem sodium 1 g vial</i>	5	NM
<i>imipenem/cilastatin sodium (imipenem/cilastatin 250 mg vial, imipenem/cilastatin 500 mg vial)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem (1 g vial, 500 mg vial)</i>	3	
<i>meropenem in 0.9 % sodium chloride (1 g/50 ml piggyback, 500mg/50ml piggyback)</i>	3	
PENICILLINS		
<i>amoxicillin (125 mg/5ml susp recon, 125 mg tab chew, 200 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg tab chew, 400 mg/5ml susp recon)</i>	2	
<i>amoxicillin (250 mg capsule, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	1	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 600-42.9/5 susp recon)</i>	3	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 400-57mg tab chew)</i>	4	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 875-125 mg tablet)</i>	2	
<i>ampicillin sodium (1 g vial port, 1 g vial, 2 g vial, 2 g vial port, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	4	
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial, sodium/sulbactam 1.5 g vial port, sodium/sulbactam 3 g vial, sodium/sulbactam 3 g vial port, sodium/sulbactam 15 g vial)</i>	4	
<i>ampicillin trihydrate (250 mg capsule, 500 mg capsule)</i>	1	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	3	
<i>nafcillin in dextrose, iso-osmotic (in 1 g/50 ml froz.piggy, in 2 g/100 ml froz.piggy)</i>	4	
<i>nafcillin sodium (1 g vial port, 1 g vial, 2 g vial, 2 g vial port)</i>	4	
<i>nafcillin sodium 10 g vial</i>	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>penicillin g potassium (g 5mm unit vial, g 20mm unit vial)</i>	4	
<i>penicillin g potassium/dextrose-water (pen g pot/dextrose-water 2mm/50ml froz.piggy, pen g pot/dextrose-water 3mm/50ml froz.piggy)</i>	4	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	2	
<i>piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 g vial port, sodium/tazobactam 2.25 g vial, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 13.5 g vial, sodium/tazobactam 40.5 g vial)</i>	4	

QUINOLONES

<i>ciprofloxacin (250 mg/5ml sus mc rec, 500 mg/5ml sus mc rec)</i>	3	
<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>ciprofloxacin lactate/dextrose 5 % in water (in 5 % dextrose 400mg/0.2l piggyback, in 5 % dextrose 200mg/0.1l piggyback, lactate/d5w 200mg/0.1l piggyback)</i>	4	
<i>levofloxacin (25 mg/ml vial, 250mg/10ml solution, 500mg/20ml solution)</i>	4	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>moxifloxacin hcl 400 mg tablet</i>	3	

SULFONAMIDES

<i>sulfadiazine 500 mg tablet</i>	4	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	3	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>	1	
SULFATRIM PEDIATRIC SUSPENSION	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tablet, 300 mg tablet)</i>	4	
DOXY 100 VIAL	4	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg tablet, 100 mg capsule)</i>	2	
<i>doxycycline monohydrate (50 mg capsule, 100 mg capsule)</i>	2	
<i>doxycycline monohydrate (50 mg tablet, 100 mg tablet)</i>	3	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	2	
NUZYRA (150 MG TABLET-7 DAY, 150 MG TABLET, 150 MG-7 DAY WITH LOAD)	5	PA, NM
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	4	
<i>tigecycline 50 mg vial</i>	5	NM
ANTICANCER AGENTS		
<i>abiraterone acetate 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
AFINITOR (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	NM
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	5	NM
ALECENSA 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ALUNBRIG (30 MG TABLET, 90 MG-180 MG TAB PACK, 90 MG TABLET, 180 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>anastrozole 1 mg tablet</i>	1	
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>bexarotene 75 mg capsule</i>	5	NM
<i>bicalutamide 50 mg tablet</i>	2	
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
CALQUENCE 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
CAPRELSA (100 MG TABLET, 300 MG TABLET)	5	LA, NM
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	5	PA - FOR NEW STARTS ONLY, LA, NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COTELLIC 20 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	4	PA - Part B vs D Determination
DAURISMO (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
EMCYT 140 MG CAPSULE	3	
ERIVEDGE 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
ERLEADA 60 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	5	NM
<i>exemestane 25 mg tablet</i>	4	
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
FIRMAGON (2 X 120 MG KIT, 2 X 120 MG VIALS, 80 MG KIT, 80 MG VIAL, 120 MG VIAL)	4	
<i>flutamide 125 mg capsule</i>	4	
<i>fulvestrant 250 mg/5ml syringe</i>	5	PA - FOR NEW STARTS ONLY, NM
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
GLEOSTINE (5 MG CAPSULE, 10 MG CAPSULE, 40 MG CAPSULE)	3	
GLEOSTINE 100 MG CAPSULE	5	NM
<i>hydroxyurea 500 mg capsule</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
ICLUSIG (15 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
IDHIFA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>imatinib mesylate (100 mg tablet, 400 mg tablet)</i>	5	NM
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 140 MG CAPSULE, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
INREBIC 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
IRESSA 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
KANJINTI 420 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
KISQALI (200 MG DAILY, 400 MG DAILY, 600 MG DAILY)	5	PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)	5	PA - FOR NEW STARTS ONLY, NM
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE)	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>letrozole 2.5 mg tablet</i>	1	
LEUKERAN 2 MG TABLET	5	NM
<i>leuprolide acetate (1 mg/0.2ml vial, 1 mg/0.2ml kit)</i>	4	
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LORBRENA (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA - FOR NEW STARTS ONLY, NM
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LYSODREN 500 MG TABLET	5	NM
MATULANE 50 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	2	
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
MEKTOVI 15 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>mercaptopurine 50 mg tablet</i>	3	
<i>methotrexate sodium 2.5 mg tablet</i>	3	PA - Part B vs D Determination
<i>methotrexate sodium 25 mg/ml vial</i>	2	PA - Part B vs D Determination
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	PA - Part B vs D Determination
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
NERLYNX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
NEXAVAR 200 MG TABLET	5	LA, NM
<i>nilutamide 150 mg tablet</i>	5	NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
NUBEQA 300 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ODOMZO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
PIQRAY (200 MG DAILY, 250 MG DAILY, 300 MG DAILY)	5	PA - FOR NEW STARTS ONLY, NM
POLIVY 140 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PURIXAN 20 MG/ML ORAL SUSP	4	
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	5	LA, NM
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RYDAPT 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN)	4	
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	NM
STIVARGA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	NM
SYNRIBO 3.5 MG/ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
TABLOID 40 MG TABLET	3	
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAGRISSE (40 MG TABLET, 80 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	3	
TARGRETIN 1% GEL	5	PA - FOR NEW STARTS ONLY, NM
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
TIBSOVO 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>toremifene citrate 60 mg tablet</i>	5	NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tretinoin 10 mg capsule</i>	5	NM
TURALIO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
TYKERB 250 MG TABLET	5	LA, NM
VENCLEXTA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VENCLEXTA 10 MG TABLET	4	PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK	5	PA - FOR NEW STARTS ONLY, NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VOTRIENT 200 MG TABLET	5	NM
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY, BvD
XOSPATA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
XPOVIO (60 MG ONCE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	5	PA - FOR NEW STARTS ONLY, NM
XTANDI 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
YONSA 125 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZEJULA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZELBORAF 240 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
ZOLINZA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZYDELIG (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYKADIA (150 MG CAPSULE, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYTIGA 500 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
ANTICONVULSANTS		
APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BANZEL 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (16 TABS PER 1 DAY), NM
BANZEL 40 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, QL (80 ML PER 1 DAY), NM
BANZEL 400 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (8 TABS PER 1 DAY), NM
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT 10 MG/ML ORAL SOLN	4	PA - FOR NEW STARTS ONLY
<i>carbamazepine (100 mg tab chew, 200 mg tablet)</i>	3	
<i>carbamazepine (100 mg tab er 12h, 100 mg/5ml oral susp, 100 mg cpm 12hr, 200 mg tab er 12h, 200 mg cpm 12hr, 300 mg cpm 12hr, 400 mg tab er 12h)</i>	4	
CELONTIN 300 MG KAPSEAL	4	
<i>clobazam 10 mg tablet</i>	4	QL (120 TABS PER 30 DAYS)
<i>clobazam 2.5 mg/ml oral susp</i>	4	QL (480 ML PER 30 DAYS)
<i>clobazam 20 mg tablet</i>	4	QL (60 TABS PER 30 DAYS)
DIASTAT 2.5 MG PEDI SYSTEM	4	QL (40 EACH PER 30 DAYS)
DIASTAT ACUDIAL 12.5-15-20 MG	4	QL (40 EACH PER 30 DAYS)
DIASTAT ACUDIAL 5-7.5-10 MG KT	4	QL (20 EACH PER 30 DAYS)
<i>diazepam (2.5 mg kit, 12.5-15-20 kit)</i>	4	QL (40 EACH PER 30 DAYS)
<i>diazepam 5-7.5-10mg kit</i>	4	QL (20 EACH PER 30 DAYS)
DILANTIN 30 MG CAPSULE	3	
<i>divalproex sodium (125 mg tablet dr, 250 mg tablet dr, 500 mg tablet dr)</i>	2	
<i>divalproex sodium (250 mg tab er 24h, 500 mg tab er 24h)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>divalproex sodium 125 mg cap dr spr</i>	4	
EPIDIOLEX 100 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
EPITOL 200 MG TABLET	3	
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	4	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	4	
<i>felbamate 600 mg/5ml oral susp</i>	5	NM
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	2	QL (12 CAPS PER 1 DAY)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	3	QL (72 ML PER 1 DAY)
<i>gabapentin 400 mg capsule</i>	2	QL (9 CAPS PER 1 DAY)
<i>gabapentin 600 mg tablet</i>	2	QL (6 TABS PER 1 DAY)
<i>gabapentin 800 mg tablet</i>	2	QL (4 TABS PER 1 DAY)
<i>lamotrigine (25 mg tab rapdis, 50 mg tab rapdis, 100 mg tab rapdis, 200 mg tab rapdis)</i>	4	
<i>lamotrigine (5 mg tb chw dsp, 25 mg tb chw dsp, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>levetiracetam (100 mg/ml solution, 500 mg tab er 24h, 500 mg/5ml solution, 750 mg tab er 24h)</i>	3	
<i>levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1000 mg tablet)</i>	2	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL (2 CAPS PER 1 DAY)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL (3 CAPS PER 1 DAY)
LYRICA 20 MG/ML ORAL SOLUTION	3	QL (30 ML PER 1 DAY)
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	3	
<i>oxcarbazepine 300 mg/5ml oral susp</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEGANONE 250 MG TABLET	4	
<i>phenobarbital (15 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i>	2	
<i>phenobarbital (16.2 mg tablet, 32.4 mg tablet, 64.8 mg tablet, 97.2mg tablet)</i>	3	
<i>phenobarbital 20 mg/5 ml elixir</i>	4	
<i>phenytoin (100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	3	
<i>phenytoin 50 mg tab chew</i>	2	
<i>phenytoin sodium extended (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	3	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	3	QL (2 CAPS PER 1 DAY)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	3	QL (3 CAPS PER 1 DAY)
<i>pregabalin 20 mg/ml solution</i>	3	QL (30 ML PER 1 DAY)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	4	PA - FOR NEW STARTS ONLY
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4	
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	4	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink)</i>	4	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i>	3	
<i>valproic acid 250 mg capsule</i>	3	
<i>vigabatrin (500 mg tablet, 500 mg powd pack)</i>	5	PA - FOR NEW STARTS ONLY, LA, NM
VIGADRONE 500 MG POWDER PACKET	5	PA - FOR NEW STARTS ONLY, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIMPAT (150 MG TABLET, 200 MG TABLET)	3	QL (2 TABS PER 1 DAY)
VIMPAT 10 MG/ML SOLUTION	3	QL (40 ML PER 1 DAY)
VIMPAT 100 MG TABLET	3	QL (4 TABS PER 1 DAY)
VIMPAT 200 MG/20 ML VIAL	3	
VIMPAT 50 MG TABLET	3	QL (8 TABS PER 1 DAY)
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	

ANTIDEMENTIA AGENTS

<i>donepezil hcl (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	2	
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	3	
<i>galantamine hbr (4 mg/ml solution, 8 mg cap24h pel, 16 mg cap24h pel, 24 mg cap24h pel)</i>	4	
<i>memantine hcl (5 mg tablet, 5 mg-10 mg tab ds pk, 10 mg tablet)</i>	3	
<i>memantine hcl 2 mg/ml solution</i>	4	
<i>rivastigmine (4.6mg/24hr patch td24, 9.5mg/24hr patch td24, 13.3mg/24h patch td24)</i>	4	
<i>rivastigmine tartrate (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	4	

ANTIDEPRESSANTS

<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	2	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
<i>bupropion hcl (100 mg tab sr 12h, 100 mg tablet er, 100 mg tab er 12h, 150 mg tab sr 12h, 150 mg tab er 24h, 150 mg tab er 12h, 150 mg tablet er, 200 mg tab sr 12h, 200 mg tab er 12h, 200 mg tablet er, 300 mg tab er 24h)</i>	2	
<i>bupropion hcl (75 mg tablet, 100 mg tablet)</i>	3	
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	4	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	4	
<i>desvenlafaxine suc er 100 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>desvenlafaxine suc er 25 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>desvenlafaxine suc er 50 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl 10 mg/ml oral conc</i>	1	PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	2	
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>escitalopram oxalate 5 mg/5 ml solution</i>	4	
FETZIMA (ER 20 MG CAPSULE, 20-40 MG TITRATION PAK, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl 20 mg/5 ml solution</i>	3	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	3	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	PA - FOR NEW STARTS ONLY
<i>maprotiline hcl (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	4	
MARPLAN 10 MG TABLET	4	
<i>mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	2	
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	
<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>nortriptyline hcl (10 mg/5 ml solution, 20 mg/10ml solution)</i>	4	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
PAXIL 10 MG/5 ML SUSPENSION	4	
<i>phenelzine sulfate 15 mg tablet</i>	3	
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	4	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>sertraline hcl 20 mg/ml oral conc</i>	4	
SPRAVATO (28 MG NASAL SPRAY, 56 MG DOSE PACK, 84 MG DOSE PACK)	5	PA - FOR NEW STARTS ONLY, NM
<i>tranylcypromine sulfate 10 mg tablet</i>	4	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	
<i>trimipramine maleate (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	4	PA - FOR NEW STARTS ONLY
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	PA - FOR NEW STARTS ONLY
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	2	
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	4	PA - FOR NEW STARTS ONLY
ZULRESSO 100 MG/20 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM

ANTIDIABETIC AGENTS

ANTIDIABETIC AGENTS, MISCELLANEOUS

<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BYDUREON 2 MG PEN INJECT	3	QL (4 EACH PER 28 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	3	QL (3.4 ML PER 28 DAYS)
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 ML PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 ML PER 30 DAYS)
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 TABS PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET, 150-1,000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
INVOKANA (100 MG TABLET, 300 MG TABLET)	3	
JARDIANCE (10 MG TABLET, 25 MG TABLET)	3	
JENTADUETO (2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB, 2.5 MG-1000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 TABS PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 TABS PER 30 DAYS)
KORLYM 300 MG TABLET	5	PA, NM
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	QL (75 TABS PER 30 DAYS)
<i>metformin hcl 500 mg tab er 24h</i>	1	QL (120 TABS PER 30 DAYS)
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	1	QL (150 TABS PER 30 DAYS)
<i>metformin hcl 750 mg tab er 24h</i>	1	QL (60 TABS PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 TABS PER 30 DAYS)
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	4	
OZEMPIC 0.25-0.5 MG DOSE PEN	3	QL (1.5 ML PER 28 DAYS)
OZEMPIC 1 MG DOSE PEN	3	QL (3 ML PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 TABS PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 TABS PER 30 DAYS)
<i>pioglitazone hcl/glimepiride (hcl/glimepiride 30 mg-4 mg tablet, hcl/glimepiride 30 mg-2 mg tablet)</i>	4	QL (30 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pioglitazone hcl/metformin hcl (/metformin 15mg-500mg tablet, /metformin 15mg-850mg tablet)</i>	4	QL (90 TABS PER 30 DAYS)
<i>repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
SYMLINPEN 120 PEN INJECTOR	5	NM
SYMLINPEN 60 PEN INJECTOR	5	NM
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	3	QL (60 TABS PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 TABS PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	3	QL (30 TABS PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
TRADJENTA 5 MG TABLET	3	
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)	3	QL (2 ML PER 28 DAYS)
VICTOZA 2-PAK 18 MG/3 ML PEN	3	QL (9 ML PER 30 DAYS)
VICTOZA 3-PAK 18 MG/3 ML PEN	3	QL (9 ML PER 30 DAYS)

INSULINS

HUMALOG (100 UNIT/ML VIAL, 100 UNITS/ML CARTRIDGE)	3	
HUMALOG 100 UNITS/ML KWIKPEN	3	
HUMALOG 200 UNITS/ML KWIKPEN	3	
HUMALOG JR 100 UNIT/ML KWIKPEN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 50-50 VIAL	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25 VIAL	3	
HUMULIN R 500 UNITS/ML KWIKPEN	5	NM
HUMULIN R 500 UNITS/ML VIAL	5	NM
<i>insulin lispro (100/ml insulin pen, 100/ml vial)</i>	3	
LANTUS 100 UNIT/ML VIAL	3	
LANTUS SOLOSTAR 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR 300UNIT/ML	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO SOLOSTAR 300 UNIT/ML	3	
SULFONYLUREAS		
<i>glimepiride 1 mg tablet</i>	1	QL (240 TABS PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 TABS PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 TABS PER 30 DAYS)
<i>glipizide 10 mg tab er 24</i>	2	QL (60 TABS PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 TABS PER 30 DAYS)
<i>glipizide 2.5 mg tab er 24</i>	2	QL (240 TABS PER 30 DAYS)
<i>glipizide 5 mg tab er 24</i>	2	QL (120 TABS PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 TABS PER 30 DAYS)
<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	3	QL (120 TABS PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	3	QL (240 TABS PER 30 DAYS)
ANTIFUNGALS		
ABELCET 100 MG/20 ML VIAL	5	PA, BvD, NM
AMBISOME 50 MG VIAL	5	PA, BvD, NM
<i>amphotericin b 50 mg vial</i>	4	PA, BvD
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	5	PA, NM
<i>ciclopirox 0.77 % gel (gram)</i>	4	
<i>ciclopirox 8 % solution</i>	2	
<i>ciclopirox olamine 0.77 % cream (g)</i>	3	
<i>ciclopirox olamine 0.77 % suspension</i>	4	
<i>clotrimazole 10 mg troche</i>	3	
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	2	
CRESEMBA 186 MG CAPSULE	5	PA, NM
ERAXIS(WATER DIL) 100 MG VIAL	5	PA, NM
ERAXIS(WATER DIL) 50 MG VIAL	4	PA
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon)</i>	3	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole in dextrose, iso-osmotic (in 200mg/0.1l piggyback, in 400mg/0.2l piggyback)</i>	4	
<i>fluconazole in sodium chloride, iso-osmotic (in 100mg/50ml pggybk btl, in 100mg/50ml piggyback, in 200mg/0.1l piggyback, in 200mg/0.1l pggybk btl, in 400mg/0.2l pggybk btl, in 400mg/0.2l piggyback)</i>	4	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	NM
<i>griseofulvin ultramicrosize (125 mg tablet, 250 mg tablet)</i>	4	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	4	
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	4	PA
<i>ketoconazole (2 % shampoo, 200 mg tablet)</i>	2	
<i>ketoconazole 2 % cream (g)</i>	3	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	5	PA, NM
NYAMYC 100,000 UNITS/GM POWDER	3	
<i>nystatin (50mm unit powder(ea), 150mm unit powder(ea), 500mm unit powder(ea), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp)</i>	3	
<i>nystatin 100000/g cream (g)</i>	2	
<i>nystatin 500k unit tablet</i>	4	
NYSTOP 100,000 UNITS/GM POWDER	3	
<i>posaconazole 100 mg tablet dr</i>	5	PA, NM
<i>terbinafine hcl 250 mg tablet</i>	1	
<i>voriconazole (200 mg vial, 200 mg tablet)</i>	4	PA
<i>voriconazole (50 mg tablet, 200 mg/5ml susp recon)</i>	5	PA, NM

ANTIGOUT AGENTS

ANTIGOUT AGENTS, OTHER

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	4	
<i>febuxostat (40 mg tablet, 80 mg tablet)</i>	3	ST

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>probenecid 500 mg tablet</i>	3	
<i>probenecid/colchicine 500-0.5 mg tablet</i>	2	
ULORIC (40 MG TABLET, 80 MG TABLET)	3	ST

ANTIHISTAMINES

<i>cetirizine hcl 1 mg/ml solution</i>	1	
<i>cycloheptadine hcl (2 mg/5 ml syrup, 4 mg/10 ml syrup, 4 mg tablet)</i>	3	
<i>diphenhydramine hcl 50 mg/ml vial</i>	1	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)</i>	2	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	4	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	2	
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	

ANTIMIGRAINE AGENTS

AIMOVIG 140 MG DOSE-2 AUTOINJ	4	PA, QL (2 ML PER 30 DAYS)
AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML)	4	PA, QL (2 ML PER 30 DAYS)
AJOVY 225 MG/1.5 ML SYRINGE	3	PA, QL (1.5 ML PER 30 DAYS)
<i>dihydroergotamine mesylate (0.5mg/spry spray/pump, 1 mg/ml ampul)</i>	5	PA, NM
EMGALITY 120 MG/ML PEN	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 SYRINGES PER 30 DAYS)
ERGOMAR 2 MG TABLET SL	4	QL (22 TABS PER 30 DAYS)
<i>ergotamine tartrate/cafeine 1 mg-100mg tablet</i>	4	
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL (12 TABS PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab rapdis, 10 mg tab rapdis)</i>	3	QL (12 TABS PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tablet, 10 mg tablet)</i>	2	QL (12 TABS PER 30 DAYS)
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	4	QL (12 EACH PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (12 TABS PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial)</i>	4	QL (5 ML PER 30 DAYS)

ANTIMYCOBACTERIALS

<i>cycloserine 250 mg capsule</i>	5	PA, NM
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	3	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	4	
PASER GRANULES 4 GM PACKET	3	
PRIFTIN 150 MG TABLET	4	
<i>pyrazinamide 500 mg tablet</i>	4	
<i>rifabutin 150 mg capsule</i>	4	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	4	
<i>rifampin 600 mg vial</i>	4	PA
SIRTURO 100 MG TABLET	5	PA, NM
TRECTOR 250 MG TABLET	3	

ANTINAUSEA AGENTS

<i>aprepitant (40 mg capsule, 80 mg capsule, 125mg-80mg cap ds pk, 125 mg capsule)</i>	4	PA - Part B vs D Determination
COMPRO 25 MG SUPPOSITORY	4	
<i>dronabinol (2.5 mg capsule, 5 mg capsule)</i>	4	PA - Part B vs D Determination, QL (6 CAPS PER 1 DAY)
<i>dronabinol 10 mg capsule</i>	4	PA - Part B vs D Determination, QL (4 CAPS PER 1 DAY)
EMEND 125 MG POWDER PACKET	4	PA - Part B vs D Determination
<i>granisetron hcl 1 mg tablet</i>	4	PA - Part B vs D Determination
<i>meclizine hcl 25 mg tablet</i>	1	
<i>ondansetron (4 mg tab rapdis, 8 mg tab rapdis)</i>	2	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	2	PA - Part B vs D Determination
<i>ondansetron hcl 4 mg/5 ml solution</i>	4	PA - Part B vs D Determination
PHENADOZ (12.5 MG, 25 MG)	4	
<i>prochlorperazine 25 mg supp.rect</i>	4	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	2	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect)</i>	4	
<i>promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	4	
<i>scopolamine 1 mg/3 day patch td 3</i>	4	
<i>trimethobenzamide hcl 300 mg capsule</i>	4	PA - Part B vs D Determination

ANTIPARASITE AGENTS

<i>albendazole 200 mg tablet</i>	5	NM
ALINIA 100 MG/5 ML SUSPENSION	4	
ALINIA 500 MG TABLET	5	NM
<i>atovaquone 750 mg/5ml oral susp</i>	5	NM
<i>atovaquone/proguanil hcl (atovaquone/proguanil 62.5-25 mg tablet, atovaquone/proguanil 250-100 mg tablet)</i>	4	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	3	
COARTEM TABLETS	3	
DARAPRIM 25 MG TABLET	3	
<i>hydroxychloroquine sulfate 200 mg tablet</i>	3	
<i>ivermectin 3 mg tablet</i>	3	
<i>mefloquine hcl 250 mg tablet</i>	2	
NEBUPENT 300 MG INHAL POWDER	3	PA - Part B vs D Determination
<i>paromomycin sulfate 250 mg capsule</i>	4	
PENTAM 300 VIAL	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pentamidine isethionate 300 mg vial</i>	4	
<i>praziquantel 600 mg tablet</i>	3	
<i>primaquine phosphate 26.3 mg tablet</i>	3	
<i>quinine sulfate 324 mg capsule</i>	4	PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl (100 mg tablet, 100 mg capsule)</i>	3	
<i>amantadine hcl 50 mg/5 ml solution</i>	1	
APOKYN 30 MG/3 ML CARTRIDGE	5	PA, LA, NM
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	4	
<i>cabergoline 0.5 mg tablet</i>	3	
<i>carbidopa 25 mg tablet</i>	4	
<i>carbidopallevodopa (carbidopallevodopa 10mg-100mg tab rapdis, carbidopallevodopa 25mg-100mg tab rapdis, carbidopallevodopa 25mg-250mg tab rapdis)</i>	4	
<i>carbidopallevodopa (carbidopallevodopa 10mg-100mg tablet, carbidopallevodopa 25mg-100mg tablet, carbidopallevodopa 25mg-100mg tablet er, carbidopallevodopa 25mg-250mg tablet, carbidopallevodopa 50mg-200mg tablet er)</i>	3	
<i>carbidopallevodopalentacapone (carbidopallevodopalentacapone 12.5-50 mg tablet, carbidopallevodopalentacapone 18.75-75mg tablet, carbidopallevodopalentacapone 25-100-200 tablet, carbidopallevodopalentacapone 31.25-125 tablet, carbidopallevodopalentacapone 37.5-150mg tablet, carbidopallevodopalentacapone 50-200-200 tablet)</i>	4	
<i>entacapone 200 mg tablet</i>	4	
INBRIJA 42 MG INHALATION CAP	5	PA, NM
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	
<i>pramipexole di-hcl (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	4	
<i>rasagiline mesylate (0.5 mg tablet, 1 mg tablet)</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	2	
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	4	
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	3	ST
<i>selegiline hcl 5 mg capsule</i>	4	
<i>selegiline hcl 5 mg tablet</i>	3	
<i>trihexyphenidyl hcl (2 mg/5 ml elixir, 2 mg tablet, 5 mg tablet)</i>	2	

ANTIPSYCHOTIC AGENTS

ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR, ER 400 MG VL)	5	PA - FOR NEW STARTS ONLY, NM
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	3	
<i>aripiprazole 1 mg/ml solution</i>	4	
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN)	5	PA - FOR NEW STARTS ONLY, NM
ARISTADA ER 1064 MG/3.9 ML SYR	4	PA - FOR NEW STARTS ONLY
ARISTADA INITIO ER 675 MG/2.4	5	PA - FOR NEW STARTS ONLY, NM
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK)	4	PA - FOR NEW STARTS ONLY
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>fluphenazine decanoate 25 mg/ml vial</i>	4	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/ml vial, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	4	
GEODON 20 MG/ML VIAL	4	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml vial, 100 mg/ml ampul)</i>	3	
<i>haloperidol lactate (5 mg/ml vial, 5 mg/ml ampul, 5 mg/ml syringe)</i>	4	
<i>haloperidol lactate 2 mg/ml oral conc</i>	3	
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	PA - FOR NEW STARTS ONLY, NM
INVEGA SUSTENNA 39 MG/0.25 ML	4	PA - FOR NEW STARTS ONLY
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	5	PA - FOR NEW STARTS ONLY, NM
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET, 120 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (1 TAB PER 1 DAY), NM
<i>loxapine succinate (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	2	
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	4	
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>olanzapine 10 mg vial</i>	4	
<i>paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 6 mg tab er 24, 9 mg tab er 24)</i>	4	PA - FOR NEW STARTS ONLY
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	4	
PERSERIS (ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	4	
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	2	
<i>quetiapine fumarate (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	4	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR)	3	
RISPERDAL CONSTA (37.5 MG SYR, 50 MG SYR)	5	NM
<i>risperidone (0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis, 3 mg tab rapdis, 4 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone 1 mg/ml solution</i>	4	
SAPHRIS (10 MG TAB SL BLK CHERY, 10 MG TAB SUBLINGUAL)	5	PA - FOR NEW STARTS ONLY, NM
SAPHRIS (2.5 MG TAB SUBLINGUAL, 5 MG TABLET SUBLINGUAL, 5 MG TAB SUBLINGUAL, 5 MG TAB SL BLK CHERY)	4	PA - FOR NEW STARTS ONLY
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	3	
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR 1.5 MG-3 MG PACK	4	PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	3	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV (300 MG VL KIT, 300 MG VIAL, 405 MG VL KIT, 405 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM

ANTIVIRALS (SYSTEMIC)

ANTIRETROVIRALS

<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir sulfatellamivudine 600-300mg tablet</i>	4	
<i>abacavir/lamivudine/zidovudine 150-300mg tablet</i>	5	NM
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	NM
<i>atazanavir sulfate (150 mg capsule, 300 mg capsule)</i>	5	NM
<i>atazanavir sulfate 200 mg capsule</i>	4	
ATRIPLA TABLET	5	NM
BIKTARVY 50-200-25 MG TABLET	5	NM
CIMDUO 300-300 MG TABLET	5	NM
COMPLERA TABLET	5	NM
CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE)	3	
DELSTRIGO 100-300-300 MG TAB	5	NM
DESCOVY 200-25 MG TABLET	5	NM
<i>didanosine (125 mg capsule dr, 200 mg capsule dr, 250 mg capsule dr, 400 mg capsule dr)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOVATO 50-300 MG TABLET	5	NM
EDURANT 25 MG TABLET	5	NM
<i>efavirenz (50 mg capsule, 200 mg capsule)</i>	4	
<i>efavirenz 600 mg tablet</i>	5	NM
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
EPIVIR HBV 25 MG/5 ML SOLN	4	
EVOTAZ 300 MG-150 MG TABLET	5	NM
<i>fosamprenavir calcium 700 mg tablet</i>	5	NM
FUZEON (90 MG VIAL, CONVENIENCE KIT)	5	NM
GENVOYA TABLET	5	NM
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	NM
INTELENCE 25 MG TABLET	4	
INVIRASE 500 MG TABLET	5	NM
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	NM
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD 600 MG TABLET	5	NM
JULUCA 50-25 MG TABLET	5	NM
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	NM
<i>lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	4	
<i>lamivudine/zidovudine 150-300mg tablet</i>	4	
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir/ritonavir 400-100/5 solution</i>	4	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 400 mg tab er 24h)</i>	4	
<i>nevirapine 200 mg tablet</i>	3	
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG POWDER PACKET)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ODEFSEY TABLET	5	NM
PIFELTRO 100 MG TABLET	5	NM
PREZCOBIX 800 MG-150 MG TABLET	5	NM
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	NM
PREZISTA 75 MG TABLET	4	
RESCRIPTOR (100 MG TABLET, 200 MG TABLET)	4	
REYATAZ 50 MG POWDER PACKET	5	NM
<i>ritonavir 100 mg tablet</i>	3	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET)	4	
SELZENTRY (75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	NM
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	3	
STRIBILD TABLET	5	NM
SYMFI 600-300-300 MG TABLET	5	NM
SYMFI LO 400-300-300 MG TABLET	5	NM
SYMTUZA 800-150-200-10 MG TAB	5	NM
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	3	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	NM
TIVICAY 10 MG TABLET	4	
TRIUMEQ 600-50-300 MG TABLET	5	NM
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	5	NM
VEMLIDY 25 MG TABLET	5	NM
VIDEX (2 GM SOLN, 4 GM SOLN)	4	
VIDEX EC 125 MG CAPSULE	4	
VIRACEPT (250 MG TABLET, 625 MG TABLET)	5	NM
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zidovudine (100 mg capsule, 300 mg tablet)</i>	3	
<i>zidovudine 10 mg/ml syrup</i>	4	
ANTIVIRALS, MISCELLANEOUS		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	3	
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	4	
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	NM
RELENZA 5 MG DISKHALER	3	
<i>rimantadine hcl 100 mg tablet</i>	4	
HCV ANTIVIRALS		
DAKLINZA (30 MG TABLET, 60 MG TABLET)	5	PA, NM
<i>ledipasvir/sofosbuvir 90mg-400mg tablet</i>	5	PA, NM
MAVYRET 100-40 MG TABLET	5	PA, NM
<i>sofosbuvir/velpatasvir 400-100 mg tablet</i>	5	PA, NM
TECHNIVIE DOSE PACK	5	PA, NM
VIEKIRA PAK	5	PA, NM
VOSEVI 400-100-100 MG TABLET	5	PA, NM
INTERFERONS		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	NM
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA, NM
PEGASYS PROCLICK 180 MCG/0.5	5	PA, NM
PEGINTRON 50 MCG KIT	5	PA, NM
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	5	NM
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 200 mg/5ml oral susp</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acyclovir sodium (50 mg/ml vial, 500 mg vial, 1000 mg vial)</i>	4	PA - Part B vs D Determination
<i>adefovir dipivoxil 10 mg tablet</i>	5	NM
BARACLUDE 0.05 MG/ML SOLUTION	4	
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	4	
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	3	
REBETOL 40 MG/ML SOLUTION	4	
RIBASPHERE (200 MG CAPSULE, 600 MG TABLET)	3	
RIBASPHERE RIBAPAK (600-400 MG, 600-600 MG)	5	NM
RIBATAB 600-600 MG DOSEPACK	5	NM
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	3	
<i>ribavirin 6 g vial-neb</i>	5	PA, NM
<i>valacyclovir hcl (500 mg tablet, 1000 mg tablet)</i>	2	
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	5	NM

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

ELIQUIS (2.5 MG TABLET, 5 MG STARTER PACK, 5 MG TABLET)	3	
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/0.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	4	
<i>fondaparinux sodium (5mg/0.4ml syringe, 7.5mg/0.6 syringe, 10mg/0.8ml syringe)</i>	5	PA, NM
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	4	PA
<i>heparin sodium,porcine (1000/ml vial, 5000/ml vial, 5000/ml(1) cartridge, 5000/ml syringe, 10000/ml vial, 20000/ml vial)</i>	2	
<i>heparin sodium,porcine/d5w 20k/500ml iv soln</i>	2	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sodium, porcine/pf (sodium, porcine/pf 1000/ml vial, sodium, porcine/pf 5000/0.5ml vial, sodium, porcine/pf 5000/0.5ml syringe, sodium, porcine/pf 5000/0.5ml cartridge)</i>	2	
JANTOVEN (1 MG TABLET, 2 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	4	PA
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK)	3	

BLOOD FORMATION MODIFIERS

ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/ML VIAL)	4	PA, BvD
ARANESP (60 MCG/0.3 ML SYRINGE, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/ML VIAL, 200 MCG/0.4 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA, BvD, NM
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	PA, LA, NM
CINRYZE 500 UNIT VIAL	5	PA, LA, NM
FULPHILA 6 MG/0.6 ML SYRINGE	5	NM
GRANIX (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	NM
HAEGARDA (2,000 UNIT VIAL, 3,000 UNIT VIAL)	5	PA, LA, NM
LEUKINE 250 MCG VIAL	5	NM
MOZOBIL 24 MG/1.2 ML VIAL	5	PA, NM
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	NM
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	4	PA, BvD
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA, BvD, NM
PROCRIT 20,000 UNITS/2 ML VIAL	5	PA, BvD, NM
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	5	PA, LA, NM
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL)	4	PA, BvD
RETACRIT 40,000 UNIT/ML VIAL	5	PA, BvD, NM
RUCONEST 2,100 UNIT VIAL	5	PA, NM
UDENYCA 6 MG/0.6 ML SYRINGE	5	NM
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	5	NM

HEMATOLOGIC AGENTS, MISCELLANEOUS

<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	3	
<i>tranexamic acid 650 mg tablet</i>	3	QL (30 TABS PER 30 DAYS)

PLATELET-AGGREGATION INHIBITORS

<i>aspirin/dipyridamole 25mg-200mg cpm 12hr</i>	4	
BRILINTA (60 MG TABLET, 90 MG TABLET)	3	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	2	
<i>clopidogrel bisulfate 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	3	
<i>pentoxifylline 400 mg tablet er</i>	2	
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	3	
ZONTIVITY 2.08 MG TABLET	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALORIC AGENTS		
AMINOSYN 8.5%-ELECTROLYTES SOL	3	PA - Part B vs D Determination
AMINOSYN II (7% IV SOLUTION, 8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	3	PA - Part B vs D Determination
AMINOSYN II 8.5%-ELECTROLYTES	3	PA - Part B vs D Determination
AMINOSYN M 3.5% IV SOLUTION	3	PA - Part B vs D Determination
AMINOSYN-HBC 7% IV SOLUTION	3	PA - Part B vs D Determination
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	3	PA - Part B vs D Determination
<i>dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)</i>	4	
<i>dextrose 5 % in water (5 % in pggybk prt, 5 % in pgy vl prt, 5 % in 5 % iv soln, 5 % in 5 % vial)</i>	4	
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - Part B vs D Determination
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGENTS		
<i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	1	
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	2	
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
NORTHERA (100 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (90 CAPS PER 30 DAYS), NM
NORTHERA 300 MG CAPSULE	5	PA, QL (180 CAPS PER 30 DAYS), NM
<i>phenoxybenzamine hcl 10 mg capsule</i>	5	PA, NM
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2	
<i>irbesartan/hydrochlorothiazide (irbesartan/hydrochlorothiazide 150-12.5mg tablet, irbesartan/hydrochlorothiazide 300-12.5mg tablet)</i>	2	
<i>losartan potassium (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>losartan potassium/hydrochlorothiazide (losartan/hydrochlorothiazide 50-12.5 mg tablet, losartan/hydrochlorothiazide 100mg-25mg tablet, losartan/hydrochlorothiazide 100-12.5mg tablet)</i>	1	
<i>olmesartan medoxomil (5 mg tablet, 20 mg tablet, 40 mg tablet)</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide (olmesartan/hydrochlorothiazide 20-12.5 mg tablet, olmesartan/hydrochlorothiazide 40-12.5 mg tablet, olmesartan/hydrochlorothiazide 40 mg-25mg tablet)</i>	3	
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	2	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	2	
<i>valsartan/hydrochlorothiazide (valsartan/hydrochlorothiazide 80-12.5mg tablet, valsartan/hydrochlorothiazide 160-12.5mg tablet, valsartan/hydrochlorothiazide 160-25mg tablet, valsartan/hydrochlorothiazide 320mg-25mg tablet, valsartan/hydrochlorothiazide 320-12.5mg tablet)</i>	2	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>benazepril hcl/hydrochlorothiazide</i> (<i>benazepril/hydrochlorothiazide 5-6.25mg tablet,</i> <i>benazepril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>benazepril/hydrochlorothiazide 20-12.5 mg tablet,</i> <i>benazepril/hydrochlorothiazide 20 mg-25mg</i> <i>tablet</i>)	3	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg</i> <i>tablet, 100 mg tablet)</i>	4	
<i>captopril/hydrochlorothiazide</i> (<i>captopril/hydrochlorothiazide 25 mg-25mg</i> <i>tablet, captopril/hydrochlorothiazide 25 mg-15mg</i> <i>tablet, captopril/hydrochlorothiazide 50 mg-15mg</i> <i>tablet, captopril/hydrochlorothiazide 50 mg-25mg</i> <i>tablet</i>)	4	
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10</i> <i>mg tablet, 20 mg tablet)</i>	2	
<i>enalapril maleate/hydrochlorothiazide</i> (<i>enalapril/hydrochlorothiazide 5mg-12.5mg</i> <i>tablet, enalapril/hydrochlorothiazide 10 mg-25mg</i> <i>tablet</i>)	2	
<i>fosinopril sodium (10 mg tablet, 20 mg tablet, 40</i> <i>mg tablet)</i>	2	
<i>fosinopril sodium/hydrochlorothiazide</i> (<i>fosinopril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>fosinopril/hydrochlorothiazide 20-12.5 mg tablet</i>)	3	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg</i> <i>tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>lisinopril/hydrochlorothiazide</i> (<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>lisinopril/hydrochlorothiazide 20 mg-25mg tablet,</i> <i>lisinopril/hydrochlorothiazide 20-12.5 mg tablet</i>)	1	
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	3	
<i>perindopril erbumine (2 mg tablet, 4 mg tablet, 8</i> <i>mg tablet)</i>	2	
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg</i> <i>tablet, 40 mg tablet)</i>	1	
<i>quinapril hcl/hydrochlorothiazide</i> (<i>quinapril/hydrochlorothiazide 10-12.5mg tablet,</i> <i>quinapril/hydrochlorothiazide 20-12.5 mg tablet,</i> <i>quinapril/hydrochlorothiazide 20 mg-25mg tablet</i>)	2	
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg</i> <i>capsule, 10 mg capsule)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
ANTIARRHYTHMIC AGENTS		
<i>amiodarone hcl (100 mg tablet, 400 mg tablet)</i>	4	
<i>amiodarone hcl 200 mg tablet</i>	2	
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>	4	
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	4	
<i>flecainide acetate (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	4	
MULTAQ 400 MG TABLET	4	PA
NORPACE CR (CR 100 MG CAPSULE, CR 150 MG CAPSULE)	4	
PACERONE (100 MG TABLET, 400 MG TABLET)	4	
PACERONE 200 MG TABLET	2	
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	3	
<i>quinidine gluconate 324 mg tablet er</i>	4	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>atenolol/chlorthalidone (atenolol/chlorthalidone 50 mg-25mg tablet, atenolol/chlorthalidone 100mg-25mg tablet)</i>	2	
<i>bisoprolol fumarate (5 mg tablet, 10 mg tablet)</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide (bisoprolol/hydrochlorothiazide 2.5-6.25mg tablet, bisoprolol/hydrochlorothiazide 5-6.25mg tablet, bisoprolol/hydrochlorothiazide 10-6.25mg tablet)</i>	2	
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	3	
<i>metoprolol succinate (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	2	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>metoprolol tartrate/hydrochlorothiazide (metoprolol/hydrochlorothiazide 50 mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-50mg tablet)</i>	3	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	4	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40mg/5ml solution, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	2	
<i>propranolol hcl (60 mg cap sa 24h, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	3	
<i>propranolol hcl/hydrochlorothiazide (propranolol/hydrochlorothiazid 40 tablet, propranolol/hydrochlorothiazid 80 tablet)</i>	3	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	

CALCIUM-CHANNEL BLOCKING AGENTS

CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	2	
DILT-CD (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2	
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2	
<i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>	3	
<i>diltiazem hcl (120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 180 mg cap sa 24h, 180 mg cap er 24h, 180 mg cap er deg, 240 mg cap er deg, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h)</i>	2	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet, 360 mg cap sa 24h, 420 mg cap sa 24h)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MATZIM LA (180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 420 MG TABLET)	4	
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)	4	
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3	
<i>verapamil hcl (120 mg cap24h pel, 180 mg cap24h pel, 240 mg cap24h pel)</i>	3	
<i>verapamil hcl (120 mg tablet er, 180 mg tablet er, 240 mg tablet er)</i>	2	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	4	

CARDIOVASCULAR AGENTS, MISCELLANEOUS

CORLANOR (5 MG/5 ML ORAL SOLN, 5 MG TABLET, 7.5 MG TABLET)	4	PA
DEMSER 250 MG CAPSULE	5	PA, NM
DIGITEK 125 MCG TABLET	2	QL (30 TABS PER 30 DAYS)
DIGITEK 250 MCG TABLET	2	PA
DIGOX 125 MCG TABLET	2	QL (30 TABS PER 30 DAYS)
DIGOX 250 MCG TABLET	2	PA
<i>digoxin 125 mcg tablet</i>	2	QL (30 TABS PER 30 DAYS)
<i>digoxin 250 mcg tablet</i>	2	PA
<i>digoxin 50 mcg/ml solution</i>	3	
<i>epinephrine (0.15mg/0.3 auto injct, 0.15/0.15 auto injct, 0.3mg/0.3 auto injct)</i>	3	
FIRAZYR 30 MG/3 ML SYRINGE	5	PA, QL (18 ML PER 30 DAYS), NM
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>icatibant acetate 30 mg/3 ml syringe</i>	5	PA, QL (18 ML PER 30 DAYS), NM
<i>ranolazine (500 mg tab er 12h, 1000 mg tab er 12h)</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYNDAMAX 61 MG CAPSULE	5	PA, NM
VYNDAQEL 20 MG CAPSULE	5	PA, NM

DIHYDROPYRIDINES

AFEDITAB CR (CR 30 MG TABLET, CR 60 MG TABLET)	2	
<i>amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>amlodipine besylate/benazepril hcl (besylate/benazepril 2.5mg-10mg capsule, besylate/benazepril 5 mg-40 mg capsule, besylate/benazepril 5 mg-20 mg capsule, besylate/benazepril 5 mg-10 mg capsule, besylate/benazepril 10 mg-40mg capsule, besylate/benazepril 10 mg-20mg capsule)</i>	2	
<i>amlodipine besylate/valsartan (besylate/valsartan 5 mg-160mg tablet, besylate/valsartan 5 mg-320mg tablet, besylate/valsartan 10mg-160mg tablet, besylate/valsartan 10mg-320mg tablet)</i>	2	
<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiiazid 5-160-12.5 tablet, amlodipine/valsartan/hcthiiazid 5-160-25mg tablet, amlodipine/valsartan/hcthiiazid 10-320-25 tablet, amlodipine/valsartan/hcthiiazid 10-160-25 tablet, amlodipine/valsartan/hcthiiazid 10mg-160mg tablet)</i>	4	
<i>nifedipine (30 mg tablet er, 30 mg tab er 24, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	2	
<i>nimodipine 30 mg capsule</i>	4	

DIURETICS

<i>amiloride hcl 5 mg tablet</i>	3	
<i>amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	2	
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
<i>chlorothiazide (250 mg tablet, 500 mg tablet)</i>	2	
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	2	
DIURIL 250 MG/5 ML ORAL SUSP	4	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40mg/5ml solution, 40 mg tablet, 80 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>furosemide (10 mg/ml vial, 10 mg/ml syringe)</i>	4	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	2	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
<i>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	3	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	2	
<i>triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 50 mg-25mg capsule, triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	1	
DYSLIPIDEMICS		
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>cholestyramine (with sugar) (sugar) 4 g powd pack, sugar) 4 g powder)</i>	4	
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	4	
<i>colestipol hcl 1 g tablet</i>	4	
<i>ezetimibe 10 mg tablet</i>	2	
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibrate nanocrystallized (48 mg tablet, 145mg tablet, 160 mg tablet)</i>	2	
<i>fenofibrate,micronized (43 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule)</i>	3	
<i>fenofibrate,micronized 67 mg capsule</i>	2	
<i>gemfibrozil 600 mg tablet</i>	1	
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	PA, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	4	
<i>omega-3 acid ethyl esters 1 g capsule</i>	3	
<i>pravastatin sodium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
PREVALITE (PACKET, POWDER)	4	
REPATHA 140 MG/ML SURECLICK	4	PA
REPATHA 140 MG/ML SYRINGE	4	PA
REPATHA 420 MG/3.5ML PUSHTRONX	4	PA
<i>rosuvastatin calcium (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	2	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
TRIKLO 1 GM CAPSULE	3	

RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS

<i>aliskiren hemifumarate (150 mg tablet, 300 mg tablet)</i>	4
<i>eplerenone (25 mg tablet, 50 mg tablet)</i>	3

VASODILATORS

<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)</i>	4
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	2
MINITRAN (0.1 MG/HR PATCH, 0.2 MG/HR PATCH, 0.4 MG/HR PATCH, 0.6 MG/HR PATCH)	3
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	3
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4mg/hr patch td24, 0.4 mg tab subl, 0.6mg/hr patch td24, 0.6 mg tab subl)</i>	3

CENTRAL NERVOUS SYSTEM AGENTS

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	4	QL (2 CAPS PER 1 DAY)
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	4	QL (1 CAP PER 1 DAY)
AUBAGIO (7 MG TABLET, 14 MG TABLET)	5	QL (30 TABS PER 30 DAYS), NM
AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)	5	PA, NM
AVONEX (SYR 30 MCG, SYR 30 MCG KT)	5	QL (1 EACH PER 28 DAYS), NM
AVONEX 30 MCG VIAL KIT	5	QL (4 EACH PER 28 DAYS), NM
AVONEX PEN (PEN 30 MCG/0.5 ML KIT, PEN 30 MCG/0.5 ML)	5	QL (1 EACH PER 28 DAYS), NM
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5	QL (14 DOSES PER 28 DAYS), NM
<i>clonidine hcl 0.1 mg tab er 12h</i>	4	PA, QL (4 TABS PER 1 DAY)
<i>dalfampridine 10 mg tab er 12h</i>	5	PA, QL (2 TABS PER 1 DAY), NM
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	QL (2 TABS PER 1 DAY)
<i>dexmethylphenidate hcl (25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	4	QL (1 CAP PER 1 DAY)
<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 15 mg cpbp 50-50, 20 mg cpbp 50-50)</i>	4	QL (2 CAPS PER 1 DAY)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 30 mg tablet)</i>	3	QL (2 TABS PER 1 DAY)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h)</i>	4	QL (2 CAPS PER 1 DAY)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet)</i>	3	QL (3 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er, 15 mg capsule er)</i>	4	QL (4 CAPS PER 1 DAY)
<i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>	4	QL (6 TABS PER 1 DAY)
GILENYA (0.25 MG CAPSULE, 0.5 MG CAPSULE)	5	QL (30 CAPS PER 30 DAYS), NM
<i>glatiramer acetate 20 mg/ml syringe</i>	5	QL (30 ML PER 30 DAYS), NM
<i>glatiramer acetate 40 mg/ml syringe</i>	5	QL (12 ML PER 28 DAYS), NM
GLATOPA 20 MG/ML SYRINGE	5	QL (30 ML PER 30 DAYS), NM
GLATOPA 40 MG/ML SYRINGE	5	QL (12 ML PER 28 DAYS), NM
<i>guanfacine hcl (3 mg tab er 24h, 4 mg tab er 24h)</i>	2	QL (1 TAB PER 1 DAY)
<i>guanfacine hcl 1 mg tab er 24h</i>	2	QL (3 TABS PER 1 DAY)
<i>guanfacine hcl 2 mg tab er 24h</i>	2	QL (2 TABS PER 1 DAY)
INGREZZA (40 MG CAPSULE, 80 MG CAPSULE)	5	PA, NM
INGREZZA INITIATION PACK	5	PA, NM
<i>lithium carbonate (150 mg capsule, 300 mg capsule, 600 mg capsule)</i>	1	
<i>lithium carbonate (300 mg tablet, 300 mg tablet er, 450 mg tablet er)</i>	2	
<i>lithium citrate 8 meq/5 ml solution</i>	2	
MAVENCLAD (10 MG 10 TABLET PK, 10 MG 6 TABLET PK, 10 MG 4 TABLET PK, 10 MG 9 TABLET PK, 10 MG 8 TABLET PK, 10 MG 5 TABLET PK, 10 MG 7 TABLET PK)	5	PA, NM
MAYZENT (0.25 MG STARTER PACK, 0.25 MG TABLET)	5	QL (4 TABS PER 1 DAY), NM
MAYZENT 2 MG TABLET	5	QL (30 TABS PER 30 DAYS), NM
<i>methylphenidate hcl (10 mg cpbp 30-70, 10 mg cpbp 50-50, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 30 mg cpbp 30-70, 30 mg cpbp 50-50)</i>	4	QL (2 CAPS PER 1 DAY)
<i>methylphenidate hcl (10 mg tablet er, 20 mg tablet er)</i>	4	QL (3 TABS PER 1 DAY)
<i>methylphenidate hcl (40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	4	QL (1 CAP PER 1 DAY)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	QL (3 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUEDEXTA 20-10 MG CAPSULE	5	PA, NM
PLEGRIDY (125 MCG/0.5 ML SYRING, SYRINGE STARTER PACK)	5	QL (1 ML PER 28 DAYS), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	5	QL (1 ML PER 28 DAYS), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	QL (6 ML PER 28 DAYS), NM
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	QL (6 ML PER 28 DAYS), NM
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML PER 28 DAYS), NM
REBIF TITRATION PACK	5	QL (4.2 ML PER 28 DAYS), NM
<i>riluzole 50 mg tablet</i>	3	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	4	
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK)	5	QL (60 CAPS PER 30 DAYS), NM
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	5	PA, LA, NM
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	4	QL (2 CAPS PER 1 DAY)
VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	QL (2 TABS PER 1 DAY)
VYVANSE (40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (1 CAP PER 1 DAY)
VYVANSE (40 MG TABLET, 50 MG TABLET, 60 MG TABLET)	4	QL (1 TAB PER 1 DAY)

CONTRACEPTIVES

AFIRMELLE-28 TABLET	2	
ALTAVERA-28 TABLET	2	
ALYACEN (1-35 28 TABLET, 7-7-7-28 TABLET)	3	
AMETHIA 0.15-0.03-0.01 MG TAB	3	
AMETHIA LO TABLET	3	
APRI 28 DAY TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANELLE 28 TABLET	3	
ASHLYNA 0.15-0.03-0.01 MG TAB	3	
AUBRA EQ-28 TABLET	2	
AUBRA-28 TABLET	2	
AVIANE-28 TABLET	2	
AYUNA-28 TABLET	2	
AZURETTE 28 DAY TABLET	3	
BALZIVA 28 TABLET	3	
BEKYREE 28 DAY TABLET	3	
BLISOVI FE (1-20 TABLET, 1.5-30 TABLET)	2	
BREVICON 28 TABLET	3	
BRIELLYN TABLET	3	
CAMILA 0.35 MG TABLET	2	
CAMRESE 0.15-0.03-0.01 MG TAB	3	
CAMRESE LO TABLET	3	
CAZIAN 28 DAY TABLET	2	
CHATEAL EQ-28 TABLET	2	
CHATEAL-28 TABLET	2	
CRYSELLE-28 TABLET	2	
CYCLAFEM (1-35-28 TABLET, 7-7-7-28 TABLET)	3	
CYRED 28 DAY TABLET	2	
CYRED EQ 28 DAY TABLET	2	
DASETTA (1-35-28 TABLET, 7/7/7-28 TABLET)	3	
DAYSEE 0.15-0.03-0.01 MG TAB	3	
DEBLITANE 0.35 MG TABLET	2	
DELYLA-28 TABLET	2	
<i>desog-e.estradiolle.estradiol 21-5 (28) tablet</i>	3	
<i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>	2	
ELINEST-28 TABLET	2	
ELLA 30 MG TABLET	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMOQUETTE 28 DAY TABLET	2	
ENPRESSE-28 TABLET	2	
ENSKYCE 28 TABLET	2	
ERRIN 0.35 MG TABLET	2	
ESTARYLLA 0.25-0.035 MG TABLET	2	
<i>ethinyl estradiol/drospirenone (ethinyl estradiol/drospirenone 0.02-3(28) tablet, ethinyl estradiol/drospirenone 0.03mg-3mg tablet)</i>	3	
<i>ethynodiol diacetate-ethinyl estradiol (1 mg- 35mcg tablet, 1 mg-50mcg tablet)</i>	2	
FALMINA-28 TABLET	2	
FEMYNOR 28 TABLET	2	
GIANVI 3 MG-0.02 MG TABLET	3	
HAILEY 21 1.5 MG-30 MCG TAB	2	
HAILEY 24 FE 1 MG-20 MCG TAB	2	
HEATHER 0.35 MG TABLET	2	
INCASSIA 0.35 MG TABLET	2	
INTROVALE 0.15-0.03 MG TABLET	2	
ISIBLOOM 28 DAY TABLET	2	
JASMIEL 3 MG-0.02 MG TABLET	3	
JENCYCLA 0.35 MG TABLET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	2	
JOLIVETTE TABLET	2	
JULEBER 28 DAY TABLET	2	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
KALLIGA 28 DAY TABLET	2	
KARIVA 28 DAY TABLET	3	
KELNOR 1-35 28 TABLET	2	
KELNOR 1-50 TABLET	2	
KURVELO TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	2	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	2	
LARISSIA-28 TABLET	2	
LEENA 28 TABLET	3	
LESSINA-28 TABLET	2	
LEVONEST-28 TABLET	2	
<i>levonorgestrel-ethinyl estradiol (0.1-0.02mg tablet, 0.15-0.03 tablet, 0.15-0.03 tbdspk 3mo, 6-5-10 tablet, 90-20 mcg tablet)</i>	2	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgestle.estradiol-e.estradiol 100-20(84) tbdspk 3mo, l-norgestle.estradiol-e.estradiol 150-30(84) tbdspk 3mo)</i>	3	
LEVORA-28 TABLET	2	
LILLOW-28 TABLET	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	
LORYNA 3 MG-0.02 MG TABLET	3	
LOW-OGESTREL-28 TABLET	2	
LUTERA-28 TABLET	2	
LYZA 0.35 MG TABLET	2	
MARLISSA-28 TABLET	2	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	2	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	2	
MILI 0.25-0.035 MG TABLET	2	
MONO-LINYAH 28 TABLET	2	
MONONESSA 28 TABLET	2	
MYZILRA-28 TABLET	2	
NECON 0.5-35-28 TABLET	3	
NIKKI 3 MG-0.02 MG TABLET	3	
NORA-BE TABLET	2	
<i>norethindrone 0.35 mg tablet</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone ac-eth estradiol 1mg-20mcg tablet</i>	2	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tablet)</i>	2	
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	2	
NORLYDA 0.35 MG TABLET	2	
NORLYROC 0.35 MG TABLET	2	
NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	3	
OCELLA 3 MG-0.03 MG TABLET	3	
OGESTREL TABLET	2	
ORSYTHIA-28 TABLET	2	
PHILITH 0.4-0.035 MG TABLET	3	
PIMTREA 28 DAY TABLET	3	
PIRMELLA (1-35-28 TABLET, 7-7-7-28 TABLET)	3	
PORTIA-28 TABLET	2	
PREVIFEM TABLET	2	
RECLIPSEN 28 DAY TABLET	2	
SETLAKIN 0.15 MG-0.03 MG TAB	2	
SHAROBEL 0.35 MG TABLET	2	
SIMLIYA 28 DAY TABLET	3	
SIMPESSE 0.15-0.03-0.01 MG TAB	3	
SPRINTEC 28 DAY TABLET	2	
SRONYX 0.10-0.02 MG TABLET	2	
SYEDA 28 TABLET	3	
TARINA 24 FE 1 MG-20 MCG TAB	2	
TARINA FE 1-20 EQ TABLET	2	
TARINA FE 1-20 TABLET	2	
TILIA FE 28 TABLET	2	
TRI FEMYNOR 28 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-ESTARYLLA TABLET	2	
TRI-LEGEST FE-28 DAY TABLET	2	
TRI-LINYAH TABLET	2	
TRI-LO-ESTARYLLA TABLET	2	
TRI-LO-MARZIA TABLET	2	
TRI-LO-MILI TABLET	2	
TRI-LO-SPRINTEC TABLET	2	
TRI-MILI 28 TABLET	2	
TRI-PREVIFEM TABLET	2	
TRI-SPRINTEC TABLET	2	
TRI-VYLIBRA 28 TABLET	2	
TRI-VYLIBRA LO TABLET	2	
TRIVORA-28 TABLET	2	
TULANA 0.35 MG TABLET	2	
VELIVET 28 DAY TABLET	2	
VIENVA-28 TABLET	2	
VIORELE 28 DAY TABLET	3	
VYFEMLA 28 TABLET	3	
VYLIBRA 28 TABLET	2	
WERA 0.5/0.035 MG 28 TABLET	3	
XULANE PATCH	4	
ZARAH TABLET	3	
ZENCHENT 0.4 MG-35 MCG TABLET	3	
ZOVIA 1-35E TABLET	2	
ZUMANDIMINE 3 MG-0.03 MG TAB	3	

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg capsule</i>	4	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
<i>fluoride (sodium) ((sodium) 1.1 % cream (g), (sodium) 1.1 % gel (gram))</i>	1	
PAROEX 0.12% ORAL RINSE	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PERIOGARD 0.12% ORAL RINSE	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	4	

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS, OTHER

<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	4	
<i>ammonium lactate (12 % lotion, 12 % cream (g))</i>	3	
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	4	
<i>azelaic acid 15 % gel (gram)</i>	4	
<i>calcipotriene (0.005 % oint. (g), 0.005 % solution)</i>	4	
<i>calcipotriene 0.005 % cream (g)</i>	3	
CALCITRENE 0.005% OINTMENT	4	
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
CONDYLOX 0.5% GEL	4	
FINACEA 15% FOAM	4	
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	4	
<i>fluorouracil 0.5 % cream (g)</i>	5	NM
<i>imiquimod 5 % cream pack</i>	3	
<i>methoxsalen 10 mg cap lq rap</i>	5	PA - FOR NEW STARTS ONLY, NM
MYORISAN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
PANRETIN 0.1% GEL	5	NM
PICATO (0.015% GEL, 0.05% GEL)	5	NM
<i>podofilox 0.5 % solution</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REGRANEX 0.01% GEL	5	NM
VALCHLOR 0.016% GEL	5	PA - FOR NEW STARTS ONLY, QL (120 GM PER 30 DAYS), NM
VEREGEN 15% OINTMENT	4	
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	

DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS

<i>alclometasone dipropionate 0.05 % cream (g)</i>	2	
<i>alclometasone dipropionate 0.05 % oint. (g)</i>	3	
<i>betamethasone dipropionate (0.05 % oint. (g), 0.05 % cream (g), 0.05 % gel (gram))</i>	4	
<i>betamethasone dipropionate 0.05 % lotion</i>	3	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % lotion)</i>	4	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % oint. (g))</i>	3	
<i>betamethasone valerate 0.1 % lotion</i>	2	
<i>betamethasone/propylene glycol 0.05 % cream (g)</i>	3	
<i>clobetasol propionate (0.05 % gel (gram), 0.05 % solution, 0.05 % oint. (g), 0.05 % cream (g))</i>	4	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	4	
CORDRAN (4 MCG/SQ CM TAPE LARGE, 4 MCG/SQ CM TAPE SMALL)	5	NM
<i>desonide (0.05 % lotion, 0.05 % cream (g))</i>	4	
<i>desonide 0.05 % oint. (g)</i>	3	
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % cream (g))</i>	4	
EUCRISA 2% OINTMENT	4	PA, QL (60 GM PER 30 DAYS)
<i>fluocinolone acetonide (0.01 % oil, 0.01 % cream (g), 0.025 % oint. (g), 0.025 % cream (g))</i>	4	
<i>fluocinolone/shower cap 0.01 % oil</i>	4	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinonide (0.05 % oint. (g), 0.05 % cream (g))</i>	3	
<i>fluocinonidelemollient base 0.05 % cream (g)</i>	4	
<i>fluticasone propionate 0.005 % oint. (g)</i>	3	
<i>fluticasone propionate 0.05 % cream (g)</i>	2	
<i>hydrocortisone (2.5 % crmlpe app, 2.5 % cream (g))</i>	2	
<i>hydrocortisone 2.5 % lotion</i>	3	
<i>hydrocortisone 2.5 % oint. (g)</i>	1	
<i>hydrocortisone valerate 0.2 % cream (g)</i>	3	
<i>hydrocortisone valerate 0.2 % oint. (g)</i>	4	
<i>mometasone furoate (0.1 % oint. (g), 0.1 % cream (g))</i>	3	
<i>mometasone furoate 0.1 % solution</i>	2	
<i>pimecrolimus 1 % cream (g)</i>	3	
PROCTO-MED HC 2.5% CREAM	2	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	4	
<i>triamcinolone acetonide (0.025 % lotion, 0.1 % lotion)</i>	3	
<i>triamcinolone acetonide (0.025 % oint. (g), 0.025 % cream (g), 0.1 % oint. (g), 0.1 % cream (g), 0.5 % oint. (g), 0.5 % cream (g))</i>	2	
TRIANEX 0.05% OINTMENT	4	
TRIDERM (0.1% CREAM, 0.5% CREAM)	2	
TRIDESILON 0.05% CREAM	4	

DERMATOLOGICAL ANTIBACTERIALS

ALTABAX 1% OINTMENT	4	
<i>clindamycin phosphate (1 % lotion, 1 % gel (gram), 1 % gel daily)</i>	4	
<i>clindamycin phosphate (1 % solution, 1 % med. swab)</i>	3	
<i>erythromycin base in ethanol 2 % gel (gram)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin base in ethanol 2 % solution</i>	3	
<i>erythromycin base/ethanol 2 % solution</i>	3	
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	3	
<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	4	
<i>mupirocin 2 % oint. (g)</i>	1	
<i>mupirocin calcium 2 % cream (g)</i>	4	
ROSADAN 0.75% CREAM	4	
<i>selenium sulfide (2.5 % suspension, 2.5 % lotion)</i>	2	
<i>silver sulfadiazine 1 % cream (g)</i>	2	
SSD 1% CREAM	2	
<i>sulfacetamide sodium 10 % suspension</i>	4	
DERMATOLOGICAL RETINOIDS		
<i>adapalene (0.1 % cream (g), 0.3 % gel (gram), 0.3 % gel w/pump)</i>	4	
<i>adapalene 0.1 % gel (gram)</i>	2	
AVITA 0.025% GEL	4	
<i>tazarotene 0.1 % cream (g)</i>	4	
TAZORAC (0.05% GEL, 0.1% GEL)	4	QL (30 GM PER 30 DAYS)
TAZORAC 0.05% CREAM	4	
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	4	
<i>tretinoin/emollient base 0.05 % cream (g)</i>	4	
SCABICIDES AND PEDICULICIDES		
EURAX (CREAM, LOTION)	4	
<i>malathion 0.5 % lotion</i>	4	
<i>permethrin 5 % cream (g)</i>	3	
DEVICES		
HUMAPEN LUXURA HD	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOPEN ECHO INSULIN DEVICE	2	
OMNIPOD (5 PACK POD, STARTER KIT)	2	
OMNIPOD DASH 5 PACK POD	2	
OMNIPOD DASH PDM KIT	2	
V-GO 20 DISPOSABLE DEVICE	6	
V-GO 30 DISPOSABLE DEVICE	6	
V-GO 40 DISPOSABLE DEVICE	6	
VGO 20 DISPOSABLE DEVICE	6	
VGO 30 DISPOSABLE DEVICE	6	
VGO 40 DISPOSABLE DEVICE	6	

ENZYME REPLACEMENT/MODIFIERS

CERDELGA 84 MG CAPSULE	5	PA, NM
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	3	
GALAFOLD 123 MG CAPSULE	5	PA, QL (14 CAPS PER 28 DAYS), NM
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA, LA, NM
<i>miglustat 100 mg capsule</i>	5	LA, NM
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	PA, LA, NM
PULMOZYME 1 MG/ML AMPUL	5	PA, QL (150 ML PER 30 DAYS), BvD, NM
REVCovi 2.4 MG/1.5 ML VIAL	5	PA, NM
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	5	PA, NM
SUCRAID 8,500 UNITS/ML SOLN	5	PA, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EYE, EAR, NOSE, THROAT AGENTS		
EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS		
<i>atropine sulfate 1 % drops</i>	3	
<i>azelastine hcl 0.05 % drops</i>	3	
<i>azelastine hcl 137 mcg spray/pump</i>	2	
<i>cromolyn sodium 4 % drops</i>	1	
CYSTARAN 0.44% EYE DROPS	5	PA, NM
<i>epinastine hcl 0.05 % drops</i>	3	
<i>ipratropium bromide (21 mcg spray, 42 mcg spray)</i>	3	
LACRISERT 5 MG EYE INSERT	4	
<i>olopatadine hcl 0.1 % drops</i>	3	
<i>olopatadine hcl 0.2 % drops</i>	4	
OXERVATE 0.002% EYE DROP	5	PA, NM
EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS		
<i>acetic acid 2 % solution</i>	3	
<i>acetic acid/aluminum acetate 2 % drops</i>	3	
AK-POLY-BAC EYE OINTMENT	2	
<i>bacitracin 500 unit/g oint. (g)</i>	4	
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	2	
BESIVANCE 0.6% SUSP	4	
BLEPHAMIDE EYE OINTMENT	4	
CILOXAN 0.3% OINTMENT	3	
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	3	
<i>ciprofloxacin hcl 0.3 % drops</i>	2	
<i>erythromycin base (5 mg/g oint. (g), 5 mg/gram oint. (g), 5mg/g oint. (g))</i>	2	
<i>gatifloxacin 0.5 % drops</i>	4	
<i>moxifloxacin hcl 0.5 % drops</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NATACYN EYE DROPS	4	
<i>neomycin sulf/bacitracin/poly 3.5mg-400 oint. (g)</i>	3	
<i>neomycin/polymyxin b/dexametha 0.1 % drops susp</i>	2	
<i>neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g)</i>	3	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp</i>	4	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-1 solution</i>	3	
<i>neomycin/polymyxn b/gramicidin 1.75mg-10k drops</i>	2	
<i>ofloxacin 0.3 % drops</i>	2	
POLYCIN EYE OINTMENT	2	
<i>polymyxin b sulf/trimethoprim 10000-1/ml drops</i>	2	
<i>sulfacetamide sodium 10 % drops</i>	3	
<i>sulfacetamide/prednisolone sp 10 %-0.23% drops</i>	2	
TOBRADEX EYE OINTMENT	3	
<i>tobramycin 0.3 % drops</i>	2	
<i>tobramycin/dexamethasone 0.3 %-0.1% drops susp</i>	4	
TOBREX 0.3% EYE OINTMENT	3	
<i>trifluridine 1 % drops</i>	4	
ZIRGAN 0.15% OPHTHALMIC GEL	3	

EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS

<i>bromfenac sodium 0.09 % drops</i>	4	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	3	
<i>diclofenac sodium 0.1 % drops</i>	2	
DUREZOL 0.05% EYE DROPS	3	
<i>flunisolide 25 mcg spray</i>	4	
<i>fluocinolone acetonide oil 0.01 % drops</i>	4	
<i>fluorometholone 0.1 % drops susp</i>	3	
<i>flurbiprofen sodium 0.03 % drops</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate 50 mcg spray susp</i>	1	
FML S.O.P. 0.1% OINTMENT	3	
<i>ketorolac tromethamine 0.4 % drops</i>	3	
<i>ketorolac tromethamine 0.5 % drops</i>	2	
LOTEMAX (EYE OINTMENT, OPTHALMIC GEL)	4	
LOTEMAX SM 0.38% OPTH GEL	4	
<i>loteprednol etabonate 0.5 % drops susp</i>	4	
PRED MILD 0.12% EYE DROPS	3	
<i>prednisolone acetate 1 % drops susp</i>	3	
<i>prednisolone sod phosphate 1 % drops</i>	2	
<i>prednisolone sodium phosphate 1 % drops</i>	2	
QNASL 80 MCG NASAL SPRAY	4	
QNASL CHILDREN'S 40 MCG SPRAY	4	
RESTASIS 0.05% EYE EMULSION	4	
RESTASIS MULTIDOSE 0.05% EYE	4	

GASTROINTESTINAL AGENTS

ANTIULCER AGENTS AND ACID SUPPRESSANTS

CARAFATE 1 GM/10 ML SUSP	4	
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	3	
<i>cimetidine hcl 300 mg/5ml solution</i>	3	
<i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>	3	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	3	
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rabeprazole sodium 20 mg tablet dr</i>	3	
<i>ranitidine hcl (150 mg tablet, 300 mg tablet)</i>	1	
<i>ranitidine hcl 15 mg/ml syrup</i>	3	
<i>sucralfate 1 g tablet</i>	3	
GASTROINTESTINAL AGENTS, OTHER		
AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	3	QL (2 CAPS PER 1 DAY)
CARBAGLU 200 MG DISPER TABLET	5	PA, LA, NM
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	5	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	3	
<i>cromolyn sodium 20 mg/ml oral conc</i>	4	PA
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	2	
<i>dicyclomine hcl 10 mg/5 ml solution</i>	4	
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	3	
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	4	
ENULOSE 10 GM/15 ML SOLUTION	3	
GATTEX (5 MG ONE-VIAL KIT, 5 MG 30-VIAL KIT)	5	PA, NM
GENERLAC 10 GM/15 ML SOLUTION	3	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	3	
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	3	
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	3	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	3	QL (1 CAP PER 1 DAY)
<i>loperamide hcl 2 mg capsule</i>	3	
<i>methscopolamine bromide (2.5 mg tablet, 5 mg tablet)</i>	4	
<i>metoclopramide hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg/10ml solution, 10 mg tablet)</i>	1	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	4	PA, QL (30 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYTESI 125 MG DR TABLET	3	PA
OICALIVA (5 MG TABLET, 10 MG TABLET)	5	PA, NM
<i>propantheline bromide 15 mg tablet</i>	3	
RAVICTI 1.1 GRAM/ML LIQUID	5	PA, LA, NM
<i>sodium phenylbutyrate 500 mg tablet</i>	5	PA, NM
<i>sodium polystyrene sulfonate powder</i>	4	
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema)</i>	3	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	3	
SYMPROIC 0.2 MG TABLET	4	PA
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	3	
<i>ursodiol 300 mg capsule</i>	4	
XERMELO 250 MG TABLET	5	PA, NM

LAXATIVES

GAVILYTE-C SOLUTION	2	
GAVILYTE-G SOLUTION	2	
GAVILYTE-N SOLUTION	3	
MOVIPREP POWDER PACKET	3	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon, peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln recon)</i>	2	
<i>polyethylene glycol 3350 (3350 17g powd pack, 3350 17g/dose powder)</i>	2	
<i>sodium chlorid/nahco3/kcl/peg 420g soln recon</i>	3	
SUPREP BOWEL PREP KIT	4	
TRILYTE WITH FLAVOR PACKETS	3	

PHOSPHATE BINDERS

<i>calcium acetate 667 mg capsule</i>	3	
PHOSLYRA 667 MG/5 ML SOLUTION	3	
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sevelamer carbonate 800 mg tablet</i>	4	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	
<i>oxybutynin chloride (5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	2	
<i>oxybutynin chloride 5 mg/5 ml syrup</i>	3	
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	3	
<i>tolterodine tartrate (2 mg cap er 24h, 4 mg cap er 24h)</i>	4	
<i>tropium chloride 20 mg tablet</i>	3	
GENITOURINARY AGENTS, MISCELLANEOUS		
<i>alfuzosin hcl 10 mg tab er 24h</i>	2	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	4	
<i>dutasteride 0.5 mg capsule</i>	2	
<i>dutasteride/tamsulosin hcl 0.5-0.4 mg cpmp 24hr</i>	4	
<i>finasteride 5 mg tablet</i>	1	
<i>tamsulosin hcl (0.4 mg capsule, 0.4 mg cap er 24h)</i>	1	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
THIOLA 100 MG TABLET	5	PA, NM
THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)	5	PA, NM
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE	3	
D-PENAMINE 125 MG TABLET	5	PA, NM
<i>deferasirox (125 mg tab disper, 250 mg tab disper, 500 mg tab disper)</i>	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPEN 250 MG TITRATAB	5	PA, NM
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	5	PA, LA, NM
JADENU (90 MG TABLET, 180 MG TABLET, 360 MG TABLET)	5	PA, NM
JADENU SPRINKLE (90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE)	5	PA, NM
<i>trientine hcl 250 mg capsule</i>	5	PA, NM

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING

ANDROGENS

ANADROL-50 TABLET	3	PA
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	4	
<i>oxandrolone 10 mg tablet</i>	4	PA, QL (2 TABS PER 1 DAY)
<i>oxandrolone 2.5 mg tablet</i>	4	PA, QL (4 TABS PER 1 DAY)
<i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	4	PA
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	3	PA
<i>testosterone enanthate 200 mg/ml vial</i>	3	PA

ESTROGENS AND ANTIESTROGENS

AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4	
CLIMARA PRO PATCH	3	
COMBIPATCH (0.05-0.25 MG, 0.05-0.14 MG)	3	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol (0.01 % cream/appl, .025mg/24h patch tds, .025mg/24h patch tdk, .0375mg/24 patch tdk, .0375mg/24 patch tds, 0.05mg/24h patch tdk, 0.05mg/24h patch tds, 0.06mg/24h patch tdk, .075mg/24h patch tds, .075mg/24h patch tdk, 0.1mg/24hr patch tdk, 0.1mg/24hr patch tds, 10 mcg tablet)</i>	4	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol/norethindrone acetate (estradiol/norethindrone 0.5-0.1 mg tablet, estradiol/norethindrone 1 mg-0.5mg tablet)</i>	4	
ESTRING 2 MG VAGINAL RING	4	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	4	
JINTELI 1 MG-5 MCG TABLET	4	
LOPREEZA (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4	
MIMVEY 1-0.5 MG TABLET	4	
MIMVEY LO 0.5-0.1 MG TABLET	4	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	
PREMPHASE 0.625-5 MG TABLET	3	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-5 MG TABLET, 0.625-2.5 MG TABLET)	3	
<i>raloxifene hcl 60 mg tablet</i>	3	
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	4	

GLUCOCORTICOIDS/MINERALOCORTICOIDS

DELTASONE 20 MG TABLET	1	PA - Part B vs D Determination
<i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	PA - Part B vs D Determination
<i>dexamethasone (0.5 mg/5ml elixir, 0.5 mg/5ml solution)</i>	3	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEXAMETHASONE INTENSOL 1 MG/ML	3	
<i>dexamethasone sod phosphate (4 mg/ml vial, 10 mg/ml vial)</i>	2	
<i>dexamethasone sodium phosph/pf 10 mg/ml vial</i>	1	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)</i>	2	
<i>fludrocortisone acetate 0.1 mg tablet</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>methylprednisolone (4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	3	PA - Part B vs D Determination
<i>methylprednisolone 4 mg tab ds pk</i>	2	
MILLIPRED 5 MG TABLET	3	PA - Part B vs D Determination
MILLIPRED DP (5 MG 12-DAY PACK, 5 MG 6-DAY PACK)	3	
<i>prednisolone 15 mg/5 ml solution</i>	2	PA - Part B vs D Determination
<i>prednisolone sod phosphate 15 mg/5 ml solution</i>	2	PA - Part B vs D Determination
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg/5 ml solution, 15 mg/5 ml solution, 20 mg/5 ml solution, 25 mg/5 ml solution)</i>	2	PA - Part B vs D Determination
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	PA - Part B vs D Determination
<i>prednisone (5 mg tab ds pk, 10 mg tab ds pk)</i>	2	
<i>prednisone 5 mg/5 ml solution</i>	4	PA - Part B vs D Determination
PREDNISONE INTENSOL 5 MG/ML	3	PA - Part B vs D Determination
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL)	4	
PITUITARY		
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	4	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet)</i>	3	
<i>desmopressin acetate 10/spray spray/pump</i>	4	
INCRELEX 40 MG/4 ML VIAL	5	PA, LA, NM
LUPRON DEPO 11.25MG (LUPANETA)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (7.5 MG KIT, 11.25 MG 3MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 11.25 MG 3MO, 15 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED 30 MG 3MO KIT	5	PA, NM
NORDITROPIN FLEXPOR (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	5	PA, NM
NORDITROPIN NORDIFLEX 30 MG/3	5	PA, NM
<i>octreotide acetate (50 mcg/ml syringe, 50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 200 mcg/ml vial)</i>	4	
<i>octreotide acetate (500 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 1000mcg/ml vial)</i>	5	NM
ORILISSA 150 MG TABLET	5	PA, QL (28 TABS PER 28 DAYS), NM
ORILISSA 200 MG TABLET	5	PA, QL (56 TABS PER 28 DAYS), NM
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	5	NM
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	5	PA, NM
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	5	PA, NM
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	5	PA, NM
SOMATULINE DEPOT 120 MG/0.5 ML	5	PA - FOR NEW STARTS ONLY, NM
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	PA, LA, NM
STIMATE 1.5 MG/ML NASAL SPRAY	4	
SYNAREL 2 MG/ML NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM
ZORBTIVE 8.8 MG VIAL	5	PA, NM
PROGESTINS		
DEPO-PROVERA 400 MG/ML VIAL	4	PA - FOR NEW STARTS ONLY
<i>medroxyprogesterone acetate (150 mg/ml vial, 150 mg/ml syringe)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>megestrol acetate 400mg/10ml oral susp</i>	4	
<i>norethindrone acetate 5 mg tablet</i>	4	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	3	

THYROID AND ANTITHYROID AGENTS

<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	2	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	2	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	1	
<i>propylthiouracil 50 mg tablet</i>	4	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	4	

IMMUNOLOGICAL AGENTS

ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, NM
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, NM
ARCALYST 220 MG INJECTION	5	PA, LA, NM
AZASAN (75 MG TABLET, 100 MG TABLET)	4	PA - Part B vs D Determination
<i>azathioprine 50 mg tablet</i>	3	PA - Part B vs D Determination
BIVIGAM LIQUID 10% VIAL	5	PA, LA, BvD, NM
CIMZIA (200 MG/ML STARTER KIT, 200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	5	PA, NM
COSENTYX 150 MG/ML PEN INJECT	5	PA, NM
COSENTYX 150 MG/ML SYRINGE	5	PA, NM
COSENTYX 300 MG DOSE-2 PENS	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, NM
CUTAQUIG ((1 G/6 ML) VIAL, (1.65 G/10 ML), (2 G/12 ML) VL, (3.3 G/20 ML), (4 G/24 ML) VL, (8 G/48 ML) VL)	5	PA, BvD, NM
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA, BvD, NM
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	4	PA - Part B vs D Determination
<i>cyclosporine 250 mg/5ml ampul</i>	1	PA - Part B vs D Determination
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	4	PA - Part B vs D Determination
DUPIXENT (200 MG/1.14 ML SYRINGE, 300 MG/2 ML SYRINGE)	5	PA, NM
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE)	5	PA, NM
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, NM
ENBREL 50 MG/ML SURECLICK	5	PA, NM
FLEBOGAMMA DIF (5% VIAL, 10% VIAL)	5	PA, BvD, NM
GAMASTAN S-D VIAL	3	PA, BvD
GAMASTAN VIAL	3	PA, BvD
GAMMAGARD LIQUID 10% VIAL	5	PA, BvD, NM
GAMMAGARD S-D (5 GM VL W/SET, 5 G (IGA<1) SOLN, 10 G (IGA<1) SOL, 10 GM VL W/ST)	5	PA, BvD, NM
GAMMAKED (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA, BvD, NM
GAMMAPLEX (2.5 GRAM/50 ML VIAL, 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	5	PA, BvD, NM
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	5	PA, BvD, NM
GENGRAF (25 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE)	4	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HIZENTRA (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA, LA, BvD, NM
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	5	PA, NM
HUMIRA PEDI CROHN 40 MG/0.8 ML	5	PA, NM
HUMIRA PEN 40 MG/0.8 ML	5	PA, NM
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, NM
HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, NM
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	5	PA, NM
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	5	PA, NM
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, NM
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, NM
HYQVIA (2.5 GM-200 UNIT PACK, 5 GM-400 UNIT PACK, 10 GM-800 UNIT PACK, 20 GM-1,600 UNIT PACK, 30 GM-2,400 UNIT PACK)	5	PA, BvD, NM
ILARIS 150 MG/ML VIAL	5	PA, LA, NM
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA, NM
KINERET 100 MG/0.67 ML SYRINGE	5	PA, NM
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	3	
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	PA - Part B vs D Determination, NM
<i>mycophenolate mofetil 250 mg capsule</i>	3	PA - Part B vs D Determination
<i>mycophenolate mofetil 500 mg tablet</i>	4	PA - Part B vs D Determination
OCTAGAM (5% VIAL, 10% VIAL)	5	PA, BvD, NM
OLUMIANT 2 MG TABLET	5	PA, NM
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA CLICKJECT 125 MG/ML	5	PA, NM
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	5	PA, NM
OTEZLA STARTER PACK	5	NM
PANZYGA ((1 G/10 ML) VIAL, (10 G/100 ML) VIAL, (20 G/200 ML) VIAL, (30 G/300 ML) VIAL, (2.5 G/25 ML) VIAL, (5 G/50 ML) VIAL)	5	PA, BvD, NM
PRIVIGEN 10% VIAL	5	PA, BvD, NM
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	5	PA - Part B vs D Determination, NM
RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML)	4	PA
RIDAURA 3 MG CAPSULE	5	NM
SILIQ 210 MG/1.5 ML SYRINGE	5	PA, NM
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA, NM
<i>sirolimus (0.5 mg tablet, 1 mg tablet)</i>	4	PA - Part B vs D Determination
<i>sirolimus (1 mg/ml solution, 2 mg tablet)</i>	5	PA - Part B vs D Determination, NM
SKYRIZI 75 MG/0.83 ML SYRINGE	5	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA, NM
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	4	PA - Part B vs D Determination
VARIZIG (125 UNIT VIAL, 125 UNIT/1.2 ML VIAL)	3	
XELJANZ (5 MG TABLET, 10 MG TABLET)	5	PA, NM
XELJANZ XR 11 MG TABLET	5	PA, NM
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	5	PA - FOR NEW STARTS ONLY, BvD, NM
ZORTRESS 0.25 MG TABLET	3	PA - FOR NEW STARTS ONLY, BvD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VACCINES		
ACTHIB (VIAL, WITH DILUENT)	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
<i>bcg vaccine, live/pf 50 mg vial</i>	3	PA - Part B vs D Determination
BEXSERO PREFILLED SYRINGE	3	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
DAPTACEL DTAP VACCINE	3	
ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	PA - Part B vs D Determination
ENGRIX-B PEDI 10 MCG/0.5 SYRN	3	PA - Part B vs D Determination
GARDASIL 9 (9 SYRINGE, 9 VIAL)	3	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE, 1,440 UNITS/ML VIAL)	3	
HIBERIX (VIAL, WITH DILUENT)	3	
IMOVAX RABIES VACCINE (VACCINE VIAL, VACCINE+DILUENT)	3	PA - Part B vs D Determination
INFANRIX DTAP (SYRINGE, VIAL)	3	
IPOV VIAL	3	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	3	
KINRIX (TIP-LOK SYRINGE, VIAL)	3	
M-M-R II VACCINE (VIAL, WITH DILUENT)	3	
MENACTRA VIAL	3	
MENVEO A-C-Y-W-135-DIP VIAL KT	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB VACCINE VIAL	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VL	3	
PENTACEL VIAL KIT	3	
PROQUAD VIAL	3	
QUADRACEL DTAP-IPV VIAL	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	3	PA - Part B vs D Determination
RECOMBIVAX HB (5 MCG/0.5 ML VL, 5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	PA - Part B vs D Determination
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX GE ANTIGEN COMPONENT	3	
SHINGRIX VIAL KIT	3	
TENIVAC (SYRINGE, VIAL)	3	
<i>tetanus, diphtheria tox, adult 2-2 lf/0.5 vial</i>	3	
<i>tetanus, diphtheria tox d ped/pf 5-25/0.5ml vial</i>	3	
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TWINRIX VACCINE SYRINGE	3	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	3	
VAQTA (25 UNITS/0.5 ML VIAL, 25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE (VIAL, WITH DILUENT)	3	
YF-VAX (1 VIAL, 5 VIAL)	3	
ZOSTAVAX VIAL	3	

INFLAMMATORY BOWEL DISEASE AGENTS

<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	5	PA, NM
<i>balsalazide disodium 750 mg capsule</i>	3	
<i>budesonide 3 mg capdr - er</i>	4	
COLOCORT 100 MG ENEMA	4	
<i>hydrocortisone 100mg/60ml enema</i>	4	
<i>mesalamine (1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 800 mg tablet dr)</i>	4	
<i>mesalamine 1000 mg supp.rect</i>	5	NM
<i>mesalamine w/cleansing wipes 4 g/60 ml enema kit</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	3	
Irrigating Solutions		
<i>water for irrigation,sterile irrig soln</i>	4	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	4	
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	3	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>cinacalcet hcl (60 mg tablet, 90 mg tablet)</i>	5	NM
<i>cinacalcet hcl 30 mg tablet</i>	4	
<i>etidronate disodium (200 mg tablet, 400 mg tablet)</i>	2	
FORTEO 600 MCG/2.4 ML PEN INJ	5	PA, NM
<i>ibandronate sodium 150 mg tablet</i>	2	
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	5	PA, NM
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	PA, BvD
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 150 mg tablet)</i>	4	
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, NM
XGEVA 120 MG/1.7 ML VIAL	5	PA, NM
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	5	PA, NM
CABLIVI (11 MG VIAL, 11 MG KIT)	5	PA, NM
CYSTADANE 1 GRAM/1.7 ML POWDER	5	LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELMIRON 100 MG CAPSULE	5	NM
FIRDAPSE 10 MG TABLET	5	PA, NM
GLUCAGEN (DIAGNOSTIC 1 MG VIAL, 1 MG HYPOKIT, 1 MG HYPOKIT 2-PACK)	3	
GLUCAGON 1 MG EMERGENCY KIT	3	
<i>glucagon hcl 1 mg vial</i>	3	
<i>guanidine hcl 125 mg tablet</i>	2	
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	
KALBITOR 10 MG/ML VIAL	5	PA, LA, NM
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	2	
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	4	
<i>levocarnitine 330 mg tablet</i>	3	
MESNEX 400 MG TABLET	5	NM
PROGLYCEM 50 MG/ML ORAL SUSP	5	NM
<i>pyridostigmine bromide (30 mg tablet, 60 mg tablet)</i>	3	
<i>pyridostigmine bromide (60 mg/5 ml syrup, 180 mg tablet er)</i>	4	
RECTIV 0.4% OINTMENT	4	
RUZURGI 10 MG TABLET	5	PA, NM
TAKHZYRO 300 MG/2 ML VIAL	5	PA, LA, QL (4 ML PER 30 DAYS), NM
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
TYBOST 150 MG TABLET	3	
VISTOGARD 10 GRAM PACKET	5	PA, NM

OPHTHALMIC AGENTS

ANTIGLAUCOMA AGENTS

<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	4	
<i>acetazolamide 500 mg capsule er</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALPHAGAN P 0.1% DROPS	4	
AZOPT 1% EYE DROPS	4	
<i>betaxolol hcl 0.5 % drops</i>	3	
BETOPTIC S 0.25% EYE DROPS	4	
<i>bimatoprost 0.03 % drops</i>	3	
<i>brimonidine tartrate 0.15 % drops</i>	4	
<i>brimonidine tartrate 0.2 % drops</i>	2	
<i>carteolol hcl 1 % drops</i>	1	
COMBIGAN 0.2%-0.5% EYE DROPS	3	
<i>dorzolamide hcl 2 % drops</i>	2	
<i>dorzolamide hcl/timolol maleate 22.3-6.8/1 drops</i>	2	
<i>dorzolamide/timolol/pf 2 %-0.5 % drop/erette</i>	4	
<i>latanoprost 0.005 % drops</i>	1	
<i>levobunolol hcl 0.5 % drops</i>	1	
LUMIGAN 0.01% EYE DROPS	3	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	4	
PHOSPHOLINE IODIDE 0.125%	4	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	3	
SIMBRINZA 1%-0.2% EYE DROPS	3	
<i>timolol maleate (0.25 % drops, 0.5 % drops)</i>	1	
<i>timolol maleate (0.25 % sol-gel, 0.5 % drop daily, 0.5 % sol-gel)</i>	4	
TRAVATAN Z 0.004% EYE DROP	3	

REPLACEMENT PREPARATIONS

<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt)</i>	2	
<i>dextrose 10 % and 0.45 % nacl 10%-0.45% iv soln</i>	4	
<i>dextrose 2.5 % and 0.45 % nacl 2.5%-0.45% iv soln</i>	4	
<i>dextrose 5 % and 0.9 % nacl 5 %-0.9 % iv soln</i>	4	
<i>dextrose 5 %-0.45 % sod chlrd 5 %-0.45 % iv soln</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 5%-lactated ringers 5 % iv soln</i>	4	
ISOLYTE S (IOLYTE IV OLN PH7.4, IOLYTE IV OLUTION-EXCEL)	4	
KLOR-CON M10 TABLET	2	
KLOR-CON M15 TABLET	2	
KLOR-CON M20 TABLET	2	
KLOR-CON SPRINKLE ER 8 MEQ CAP	3	
<i>magnesium sulfate (4 meq/ml vial, 4 meq/ml syringe)</i>	4	
<i>potassium chloride (10 tab er prt, 20 tab er prt)</i>	2	
<i>potassium chloride (2 meq/ml vial, 2 meq/ml ampul)</i>	1	
<i>potassium chloride (20 meq packet, 20meq/15ml liquid, 40meq/15ml liquid)</i>	4	
<i>potassium chloride (8 tablet er, 8 capsule er, 10 capsule er, 10 tablet er, 20 tablet er)</i>	3	
<i>potassium chloride in 5 % dextrose in water (in 20 meq/l iv soln, in 30 meq/l iv soln, in 40 meq/l iv soln)</i>	4	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride (chloride/d5-0.9%nacl 40 meq/l iv soln, chloride/d5-0.9%nacl 20 meq/l iv soln)</i>	4	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride (chloride/d5-0.45nacl 30 meq/l iv soln, chloride/d5-0.45nacl 20 meq/l iv soln, chloride/d5-0.45nacl 40 meq/l iv soln, chloride/d5-0.45nacl 10 meq/l iv soln)</i>	4	
<i>potassium chloride in lr-d5 40 meq/l iv soln</i>	4	
<i>potassium chloride in water for injection, sterile (in 10meq/0.1l piggyback, in 10meq/50ml piggyback, in 20meq/0.1l piggyback, in 20meq/50ml piggyback, in 40meq/0.1l piggyback)</i>	4	
<i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>	4	
<i>sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)</i>	4	
<i>sodium chloride 2.5 meq/ml vial</i>	4	
<i>sodium chloride 3 % 3 % iv soln</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chloride 5 % 5 % iv soln</i>	4	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)	3	
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	3	
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALER 220 MCG #120)	3	
ASMANEX HFA (HFA 100 MCG INHALER, HFA 200 MCG INHALER)	3	
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	3	
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	4	PA - Part B vs D Determination
DULERA (100 MCG/5 MCG INHALER, 200 MCG/5 MCG INHALER)	4	PA
FLOVENT DISKUS (50 MCG, 100 MCG, 250 MCG)	3	
FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	3	
PULMICORT FLEXHALER (90 MCG, 180 MCG)	3	
QVAR REDHALER (40 MCG, 80 MCG)	3	
WIXELA INHUB (100-50, 250-50, 500-50)	3	
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>montelukast sodium 10 mg tablet</i>	1	
<i>montelukast sodium 4 mg gran pack</i>	4	
<i>zileuton 600 mg tbmp 12hr</i>	5	PA, NM

BRONCHODILATORS

<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/3ml vial-neb)</i>	3	PA - Part B vs D Determination
<i>albuterol sulfate (2 mg tablet, 4 mg tablet)</i>	4	
<i>albuterol sulfate (2.5 mg/0.5 vial-neb, 5 mg/ml solution)</i>	2	PA - Part B vs D Determination
<i>albuterol sulfate (4 mg tab er 12h, 8 mg tab er 12h, 90 mcg hfa aer ad)</i>	3	
<i>albuterol sulfate 2 mg/5 ml syrup</i>	2	
ANORO ELLIPTA 62.5-25 MCG INH	3	
ATROVENT 17 MCG HFA INHALER	4	
COMBIVENT RESPIMAT 20-100 MCG	3	
INCRUSE ELLIPTA 62.5 MCG INH	3	
<i>ipratropium bromide 0.2 mg/ml solution</i>	2	PA - Part B vs D Determination
<i>ipratropium/albuterol sulfate 0.5-3mg/3 ampul-neb</i>	3	PA - Part B vs D Determination
<i>levalbuterol tartrate 45 mcg hfa aer ad</i>	3	
SEREVENT DISKUS 50 MCG	3	
STRIVERDI RESPIMAT INHAL SPRAY	3	
<i>theophylline anhydrous (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 450 mg tab er 12h)</i>	4	
<i>theophylline anhydrous (400 mg tab er 24h, 600 mg tab er 24h)</i>	2	
TRELEGY ELLIPTA 100-62.5-25	3	

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	4	PA - Part B vs D Determination
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	5	PA, LA, NM
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	4	PA - Part B vs D Determination
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESBRIET (267 MG TABLET, 267 MG CAPSULE, 801 MG TABLET)	5	PA, NM
GLASSIA 1 GM/50 ML VIAL	5	PA, LA, NM
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, NM
NUCALA (100 MG/ML SYRINGE, 100 MG VIAL, 100 MG/ML AUTO-INJECTOR)	5	PA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
ORKAMBI (100-125 MG GRANULE PKT, 100 MG-125 MG TABLET, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5	PA, NM
PROLASTIN (500 MG VIAL, 1,000 MG VIAL)	5	PA, NM
PROLASTIN C (MG VIAL, MG/20 ML VL)	5	PA, NM
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	5	PA, NM
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	5	PA, LA, NM
ZEMAIRA 1,000 MG VIAL	5	PA, LA, NM

SKELETAL MUSCLE RELAXANTS

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	PA
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	4	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	

SLEEP DISORDER AGENTS

<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	PA, QL (30 TABS PER 30 DAYS)
<i>armodafinil 50 mg tablet</i>	4	PA, QL (60 TABS PER 30 DAYS)
BELSOMRA (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	4	
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	2	QL (30 TABS PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	3	PA, QL (60 TABS PER 30 DAYS)
XYREM 500 MG/ML ORAL SOLUTION	5	PA, LA, QL (18 ML PER 1 DAY), NM
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	2	QL (30 CAPS PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 TABS PER 30 DAYS)
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	3	ST, QL (30 TABS PER 30 DAYS)

VASODILATING AGENTS

ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	5	PA, NM
<i>ambrisentan (5 mg tablet, 10 mg tablet)</i>	5	PA, LA, NM
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, LA, NM
LETAIRIS (5 MG TABLET, 10 MG TABLET)	5	PA, LA, NM
OPSUMIT 10 MG TABLET	5	PA, NM
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5	PA, NM
ORENITRAM ER 0.125 MG TABLET	4	PA
<i>sildenafil 20 mg tablet (generic for revatio)</i>	3	PA
<i>tadalafil 20 mg tablet</i>	5	PA, NM
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	5	PA, NM
TRACLEER 32 MG TABLET FOR SUSP	5	PA, LA, NM
TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LA, NM
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	PA, NM
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	5	PA, LA, BvD, NM

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SIVEXTRO	8	sulfasalazine	81
SKYRIZI	78	SULFATRIM	12
sodium chloride	84	sulindac	5
sodium chloride 0.45 %	84	sumatriptan	29
sodium chloride 3 %	84	sumatriptan succinate	30
sodium chloride 5 %	85	SUPRAX	10
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sodium phenylbutyrate	69	SUTENT	17
sodium polystyrene sulfonate	69	SYEDA	58
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SOLTAMOX	17	SYMDEKO	87
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SPRINTEC	58	SYNAREL	74
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terbinafine hcl.....	28	tranexamic acid.....	42
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This formulary was updated on 08/27/2019. For more recent information or other questions, please contact HealthPartners Member Services.

Freedom members: 952-883-7979 or 800-233-9645

Journey and Robin members: 952-883-6655 or 866-233-8734

Retiree National Choice members: 952-883-7373 or 877-816-9539

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