CareFirst
Family of health care plans

CareFirst Formulary 2

2020

PLEASE READ: This document contains information about the drugs we cover in this plan.

This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rxgroup**.

Last updated 12/01/2020—For self-insured plans only

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: $0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs $	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs $$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs $$$	■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs $$$$	■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs $$$$	■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL TAB 5MG	3	QL (120 tabs / 30 days)
ADDERALL TAB 7.5MG	3	QL (120 tabs / 30 days)
ADDERALL TAB 10MG	3	QL (120 tabs / 30 days)
ADDERALL TAB 12.5MG	3	QL (120 tabs / 30 days)
ADDERALL TAB 15MG	3	QL (60 tabs / 30 days)
ADDERALL TAB 20MG	3	QL (60 tabs / 30 days)
ADDERALL TAB 30MG	3	QL (30 tabs / 30 days)
ADDERALL XR CAP 5MG	1	QL (120 caps / 30 days); Tier 1 with DAW9
ADDERALL XR CAP 10MG	1	QL (120 caps / 30 days); Tier 1 with DAW9
ADDERALL XR CAP 15MG	1	QL (30 caps / 30 days); Tier 1 with DAW9
ADDERALL XR CAP 20MG	1	QL (30 caps / 30 days); Tier 1 with DAW9
ADDERALL XR CAP 25MG	1	QL (30 caps / 30 days); Tier 1 with DAW9
ADDERALL XR CAP 30MG	1	QL (30 caps / 30 days); Tier 1 with DAW9
ADZENYS ER SUS 1.25MG	3	QL (540 mL / 30 days)
ADZENYS XR TAB 3.1MG	3	QL (60 ea / 30 days)
ADZENYS XR TAB 6.3MG	3	QL (60 ea / 30 days)
ADZENYS XR TAB 9.4MG	3	QL (60 ea / 30 days)
ADZENYS XR TAB 12.5MG	3	QL (30 ea / 30 days)
ADZENYS XR TAB 15.7 MG	3	QL (30 ea / 30 days)
ADZENYS XR TAB 18.8MG	3	QL (30 ea / 30 days)
amphetamine extended release susp 1.25 mg/ml	1	QL (540 mL / 30 days)
amphetamine sulfate tab 10 mg	1	QL (150 tabs / 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 30 days)
DESOXYN TAB 5MG	3	QL (180 tabs / 30 days)
DEXEDRINE CAP 5MG CR	3	QL (150 caps / 30 days)
DEXEDRINE CAP 10MG CR	3	QL (150 caps / 30 days)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (150 caps / 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (150 caps / 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1440 mL / 30 days)
dextroamphetamine sulfate tab 2.5 mg	1	QL (150 tabs / 30 days)
dextroamphetamine sulfate tab 5 mg	1	QL (150 tabs / 30 days)
dextroamphetamine sulfate tab 7.5 mg	1	QL (150 tabs / 30 days)
dextroamphetamine sulfate tab 10 mg	1	QL (150 tabs / 30 days)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs / 30 days)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs / 30 days)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs / 30 days)
DYANAVEL XR SUS 2.5MG/ML	3	QL (300 mL / 30 days)
methamphetamine hcl tab 5 mg	1	QL (180 tabs / 30 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps / 30 days)
MYDAYIS CAP 25MG	2	QL (60 caps / 30 days)
MYDAYIS CAP 37.5MG	2	QL (30 caps / 30 days)
MYDAYIS CAP 50MG	2	QL (30 caps / 30 days)
VYVANSE CAP 10MG	2	QL (60 caps / 30 days)
VYVANSE CAP 20MG	2	QL (60 caps / 30 days)
VYVANSE CAP 30MG	2	QL (60 caps / 30 days)
VYVANSE CAP 40MG	2	QL (30 caps / 30 days)
VYVANSE CAP 50MG	2	QL (30 caps / 30 days)
VYVANSE CAP 60MG	2	QL (30 caps / 30 days)
VYVANSE CAP 70MG	2	QL (30 caps / 30 days)
VYVANSE CHW 10MG	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHW 20MG	2	QL (60 tabs / 30 days)
VYVANSE CHW 30MG	2	QL (60 tabs / 30 days)
VYVANSE CHW 40MG	2	QL (30 tabs / 30 days)
VYVANSE CHW 50MG	2	QL (30 tabs / 30 days)
VYVANSE CHW 60MG	2	QL (30 tabs / 30 days)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANTIOBESITY AGENTS, INJECTABLE		
SAXENDA INJ 18MG/3ML	2	
ANTIOBESITY AGENTS, ORAL		
ADIPEX-P CAP 37.5MG	3	
ADIPEX-P TAB 37.5MG	3	
benzphetamine hcl tab 25 mg	1	
benzphetamine hcl tab 50 mg	1	
diethylpropion hcl tab 25 mg	1	
diethylpropion hcl tab er 24hr 75 mg	1	
phendimetrazine tartrate cap er 24hr 105 mg	1	
phendimetrazine tartrate tab 35 mg	1	
phentermine hcl cap 15 mg	1	
phentermine hcl cap 30 mg	1	
phentermine hcl cap 37.5 mg	1	
phentermine hcl tab 37.5 mg	1	
REGIMEX TAB 25MG	3	
XENICAL CAP 120MG	3	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (150 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (150 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (150 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps / 30 days)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
KAPVAY TAB 0.1 MG	3	
STRATTERA CAP 10MG	3	QL (150 caps / 30 days)
STRATTERA CAP 18MG	3	QL (150 caps / 30 days)
STRATTERA CAP 25MG	3	QL (150 caps / 30 days)
STRATTERA CAP 40MG	3	QL (60 caps / 30 days)
STRATTERA CAP 60MG	3	QL (30 caps / 30 days)
STRATTERA CAP 80MG	3	QL (30 caps / 30 days)
STRATTERA CAP 100MG	3	QL (30 caps / 30 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
STIMULANTS - MISC.		
APTENSIO XR CAP 10MG	3	QL (60 caps / 30 days)
APTENSIO XR CAP 15MG	3	QL (60 caps / 30 days)
APTENSIO XR CAP 20MG	3	QL (60 caps / 30 days)
APTENSIO XR CAP 30MG	3	QL (60 caps / 30 days)
APTENSIO XR CAP 40MG	3	QL (30 caps / 30 days)
APTENSIO XR CAP 50MG	3	QL (30 caps / 30 days)
APTENSIO XR CAP 60MG	3	QL (30 caps / 30 days)
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
CONCERTA TAB 18MG	1	QL (60 tabs / 30 days); Tier 1 with DAW9
CONCERTA TAB 27MG	1	QL (60 tabs / 30 days); Tier 1 with DAW9
CONCERTA TAB 36MG	1	QL (60 tabs / 30 days); Tier 1 with DAW9
CONCERTA TAB 54MG	1	QL (30 tabs / 30 days); Tier 1 with DAW9

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA DIS 10MG/9HR	3	QL (30 patches / 30 days)
DAYTRANA DIS 15MG/9HR	3	QL (30 patches / 30 days)
DAYTRANA DIS 20MG/9HR	3	QL (30 patches / 30 days)
DAYTRANA DIS 30MG/9HR	3	QL (30 patches / 30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	1	QL (150 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	1	QL (150 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs / 30 days)
FOCALIN TAB 2.5MG	3	QL (150 tabs / 30 days)
FOCALIN TAB 5MG	3	QL (150 tabs / 30 days)
FOCALIN TAB 10MG	3	QL (60 tabs / 30 days)
FOCALIN XR CAP 5MG	3	QL (60 caps / 30 days)
FOCALIN XR CAP 10MG	3	QL (60 caps / 30 days)
FOCALIN XR CAP 15MG	3	QL (60 caps / 30 days)
FOCALIN XR CAP 20MG	3	QL (60 caps / 30 days)
FOCALIN XR CAP 25MG	3	QL (30 caps / 30 days)
FOCALIN XR CAP 30MG	3	QL (30 caps / 30 days)
FOCALIN XR CAP 35MG	3	QL (30 caps / 30 days)
FOCALIN XR CAP 40MG	3	QL (30 caps / 30 days)
METHYLIN SOL 5MG/5ML	3	QL (2160 mL / 30 days)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
METHYLPHENID TAB 72MG ER	3	QL (30 tabs / 30 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / 30 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / 30 days)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps / 30 days)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (60 caps / 30 days)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (60 caps / 30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / 30 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps / 30 days)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (30 caps / 30 days)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (30 caps / 30 days)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps / 30 days)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (30 caps / 30 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / 30 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 TABLETS PER 30 DAYS)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps / 30 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps / 30 days)
methylphenidate hcl chew tab 2.5 mg	1	QL (210 tabs / 30 days)
methylphenidate hcl chew tab 5 mg	1	QL (210 tabs / 30 days)
methylphenidate hcl chew tab 10 mg	1	QL (210 tabs / 30 days)
methylphenidate hcl soln 5 mg/5ml	1	QL (2160 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	1	QL (1080 mL / 30 days)
methylphenidate hcl tab 5 mg	1	QL (210 tabs / 30 days)
methylphenidate hcl tab 10 mg	1	QL (210 tabs / 30 days)
methylphenidate hcl tab 20 mg	1	QL (120 tabs / 30 days)
methylphenidate hcl tab er 10 mg	1	QL (120 tabs / 30 days)
methylphenidate hcl tab er 20 mg	1	QL (120 tabs / 30 days)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs / 30 days)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs / 30 days)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er 24hr 54 mg	1	QL (30 tabs / 30 days)
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
PROVIGIL TAB 100MG	3	PA
PROVIGIL TAB 200MG	3	PA
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / 30 days)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / 30 days)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / 30 days)
QUILLIVANT SUS 25MG/5ML	3	QL (420 mL / 30 days)
RITALIN LA CAP 10MG	3	QL (60 caps / 30 days)
RITALIN LA CAP 20MG	3	QL (60 caps / 30 days)
RITALIN LA CAP 30MG	3	QL (60 caps / 30 days)
RITALIN LA CAP 40MG	3	QL (30 caps / 30 days)
RITALIN TAB 5MG	3	QL (210 tabs / 30 days)
RITALIN TAB 10MG	3	QL (210 tabs / 30 days)
RITALIN TAB 20MG	3	QL (120 tabs / 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	

AMINOGLYCOSIDES

AMINOGLYCOSIDES

ARIKAYCE SUS	5	PA
BETHKIS NEB 300/4ML	4	PA, QL (240 mL / 30 days)
KITABIS PAK NEB 300/5ML	5	PA, QL (300 mL / 30 days)
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
tobramycin nebu soln 300 mg/5ml	1	PA, QL (300 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	4	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 10MG/0.2	4	PA, QL (2 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 20/0.2ML	4	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 40/0.4ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
HUMIRA KIT 20MG/0.4	4	PA, QL (2 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA KIT 40MG/0.8	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA PEDIA INJ CROHNS	4	PA, QL (3 SYRINGES PER 28 DAYS); Preferred agent for Crohn's Disease
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 PEN PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA PEN INJ 40MG/0.8	4	PA, QL (4 PEN PER 28 DAYS); Preferred agent for Psoriasis
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (4 PEN PER 28 DAYS); Preferred agent for Psoriasis
HUMIRA PEN INJ PS/UV	4	PA, QL (4 PEN PER 28 DAYS); Preferred agent for Psoriasis
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (3 PEN PER 28 DAYS); Preferred agent for Crohn's Disease

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	4	PA, QL (3 PEN PER 28 DAYS); Preferred agent for Crohn's Disease
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 5MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira
XELJANZ TAB 10MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira
XELJANZ XR TAB 11MG	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira
XELJANZ XR TAB 22MG	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	5	PA, QL (4 injections per month)
OTREXUP INJ 12.5/0.4	5	PA, QL (4 injections per month)
OTREXUP INJ 15MG	5	PA, QL (4 injections per month)
OTREXUP INJ 17.5/0.4	5	PA, QL (4 injections per month)

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 20MG	5	PA, QL (4 INJ PER 28 DAYS)
OTREXUP INJ 22.5/0.4	5	PA, QL (4 injections per month)
OTREXUP INJ 25MG	5	PA, QL (4 injections per month)
RASUVO INJ 7.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 10MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 12.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 15MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 17.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 20MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 22.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 25MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 30MG	4	PA, QL (4 INJ PER 28 DAYS)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	5	PA, QL (4 VIALS PER 28 DAYS)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS)
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROXEN TAB 375MG	1	
EC-NAPROXEN TAB 500MG	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
ketoprofen cap 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
ketoprofen cap 75 mg	1	
ketorolac tromethamine tab 10 mg	1	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN SUS 125/5ML	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen susp 125 mg/5ml	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 30MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	4	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	4	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	4	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
acetaminophen-salicylamide-phenyltoloxamine cap 300-200-20mg	1	
butalbital-acetaminophen cap 50-300 mg	1	
butalbital-acetaminophen tab 25-325 mg	1	
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
ESGIC TAB	3	
FIORINAL CAP	3	
SALICYLATES		
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs per month)
CODEINE SULF TAB 30MG	1	PA, QL (42 tabs per month)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs per month)
CONZIP CAP 100MG	3	PA, QL (30 caps per month)

Drug Name	Drug Tier	Requirements/Limits
CONZIP CAP 200MG	3	PA, QL (30 caps per month)
CONZIP CAP 300MG	3	PA, QL (30 caps per month)
DILAUDID LIQ 1MG/ML	3	PA, QL (600 mL per month)
DILAUDID TAB 2MG	3	PA, QL (180 tabs per month)
DILAUDID TAB 4MG	3	PA, QL (150 tabs per month)
DILAUDID TAB 8MG	3	PA, QL (60 tabs per month)
DOLOPHINE TAB 5MG	3	PA, QL (90 tabs per month)
DOLOPHINE TAB 10MG	3	PA, QL (60 Tabs / 25 days)
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 50 mcg/hr	1	PA
fentanyl td patch 72hr 62.5 mcg/hr	1	PA
fentanyl td patch 72hr 75 mcg/hr	1	PA
fentanyl td patch 72hr 87.5 mcg/hr	1	PA
fentanyl td patch 72hr 100 mcg/hr	1	PA
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (60 caps per month)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (60 caps per month)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (60 caps per month)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (60 caps per month)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (60 caps per month)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA
HYDROMORPHON SUP 3MG	3	PA, QL (120 supps per month)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (600 mL per month)
hydromorphone hcl tab 2 mg	1	PA, QL (180 tabs per month)

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tab 4 mg	1	PA, QL (150 tabs per month)
hydromorphone hcl tab 8 mg	1	PA, QL (60 tabs per month)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (30 tabs per month)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (30 tabs per month)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (30 tabs per month)
hydromorphone hcl tab er 24hr 32 mg	1	PA
KADIAN CAP 10MG ER	3	PA, QL (60 caps per month)
KADIAN CAP 20MG ER	3	PA, QL (60 caps per month)
KADIAN CAP 30MG ER	3	PA, QL (60 caps per month)
KADIAN CAP 40MG ER	3	PA, QL (60 caps per month)
KADIAN CAP 50MG ER	3	PA, QL (30 caps per month)
KADIAN CAP 60MG ER	3	PA, QL (30 caps per month)
KADIAN CAP 80MG ER	3	PA, QL (30 caps per month)
KADIAN CAP 100MG ER	3	PA
KADIAN CAP 200MG ER	3	PA
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone hcl conc 10 mg/ml	1	QL (60 mL per month)
methadone hcl soln 5 mg/5ml	1	PA, QL (450 mL per month)
methadone hcl soln 10 mg/5ml	1	PA, QL (300 mL per month)
methadone hcl tab 5 mg	1	PA, QL (90 tabs per month)
methadone hcl tab 10 mg	1	PA, QL (60 Tabs / 25 days)
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	QL (60 mL per month)

Drug Name	Drug Tier	Requirements/Limits
METHADOSE SF CON 10MG/ML	3	QL (60 mL per month)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (30 caps per month)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (30 caps per month)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (30 caps per month)
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (30 caps per month)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (30 caps per month)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA, QL (60 caps per month)
morphine sulfate cap er 24hr 20 mg	1	PA, QL (60 caps per month)
morphine sulfate cap er 24hr 40 mg	1	PA, QL (60 caps per month)
morphine sulfate cap er 24hr 50 mg	1	PA, QL (30 caps per month)
morphine sulfate cap er 24hr 80 mg	1	PA, QL (30 caps per month)
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (900 mL per month)
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (675 mL per month)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (135 mL per month)
morphine sulfate suppos 5 mg	1	PA, QL (180 supps per month)
morphine sulfate suppos 10 mg	1	PA, QL (180 supps per month)
morphine sulfate suppos 20 mg	1	PA, QL (120 supps per month)
morphine sulfate suppos 30 mg	1	PA, QL (90 supps per month)
morphine sulfate tab 15 mg	1	PA, QL (180 tabs per month)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab 30 mg	1	PA, QL (90 tabs per month)
morphine sulfate tab er 15 mg	1	PA, QL (90 tabs per month)
morphine sulfate tab er 30 mg	1	PA, QL (90 tabs per month)
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (90 tabs per month)
MS CONTIN TAB 30MG ER	3	PA, QL (90 tabs per month)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NUCYNTA ER TAB 50MG	2	PA, QL (60 tabs per month)
NUCYNTA ER TAB 100MG	2	PA, QL (60 tabs per month)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	PA, QL (120 tabs per month)
NUCYNTA TAB 75MG	2	PA, QL (90 tabs per month)
NUCYNTA TAB 100MG	2	PA, QL (60 tabs per month)
oxycodone hcl cap 5 mg	1	PA, QL (180 caps per month)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (90 mL per month)
oxycodone hcl soln 5 mg/5ml	1	PA, QL (900 mL per month)
oxycodone hcl tab 5 mg	1	PA, QL (180 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 10 mg	1	PA, QL (180 tabs per month)
oxycodone hcl tab 15 mg	1	PA, QL (120 tabs per month)
oxycodone hcl tab 20 mg	1	PA, QL (90 tabs per month)
oxycodone hcl tab 30 mg	1	PA, QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 15 mg	1	PA, QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 30 mg	1	PA, QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (120 tabs per month)
oxycodone hcl tab er 12hr deter 60 mg	1	PA, QL (60 tabs per month)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (60 tabs per month)
oxymorphone hcl tab 5 mg	1	PA, QL (180 tabs per month)
oxymorphone hcl tab 10 mg	1	PA, QL (90 tabs per month)
oxymorphone hcl tab er 12hr 5 mg	1	PA, QL (60 tabs per month)
oxymorphone hcl tab er 12hr 7.5 mg	1	PA, QL (60 tabs per month)
oxymorphone hcl tab er 12hr 10 mg	1	PA, QL (60 tabs per month)
oxymorphone hcl tab er 12hr 15 mg	1	PA, QL (60 tabs per month)
oxymorphone hcl tab er 12hr 20 mg	1	PA, QL (60 tabs per month)
oxymorphone hcl tab er 12hr 30 mg	1	PA, QL (60 tabs per month)
oxymorphone hcl tab er 12hr 40 mg	1	PA, QL (60 tabs per month)

Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TAB 5MG	3	PA, QL (180 tabs per month)
ROXICODONE TAB 15MG	3	PA, QL (120 tabs per month)
ROXICODONE TAB 30MG	3	PA, QL (60 tabs per month)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
tramadol hcl cap er 24hr biphasic release 100 mg	1	PA, QL (30 caps per month)
tramadol hcl cap er 24hr biphasic release 150 mg	1	PA, QL (30 caps per month)
tramadol hcl cap er 24hr biphasic release 200 mg	1	PA, QL (30 caps per month)
tramadol hcl cap er 24hr biphasic release 300 mg	1	PA, QL (30 caps per month)
tramadol hcl tab 50 mg	1	PA, QL (180 tabs per month)
tramadol hcl tab er 24hr 100 mg	1	PA, QL (30 tabs per month)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (30 tabs per month)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (30 tabs per month)
ULTRAM TAB 50MG	3	PA, QL (180 tabs per month)
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps per month)
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps per month)
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps per month)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps per month)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps per month)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (390 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (180 tabs / 30 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (300 caps / 30 days)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1	PA, QL (300 tabs / 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
FIORICET CAP CODEINE	3	
FIORINAL/COD CAP 30MG	3	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (150 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (150 tabs / 30 days)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL / 30 days)
NORCO TAB 5-325MG	3	PA, QL (240 tabs / 30 days)
NORCO TAB 7.5-325	3	PA, QL (180 tabs / 30 days)
NORCO TAB 10-325MG	3	PA, QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (180 tabs / 30 days)
oxycodone-aspirin tab 4.8355-325 mg	1	PA, QL (360 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (240 tabs / 30 days)
ULTRACET TAB 37.5-325	3	PA, QL (240 tabs / 30 days)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films per month)
BELBUCA MIS 150MCG	2	PA, QL (60 films per month)
BELBUCA MIS 300MCG	2	PA, QL (60 films per month)
BELBUCA MIS 450MCG	2	PA, QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
BUNAVAIL MIS 2.1-0.3	3	
BUNAVAIL MIS 4.2-0.7	3	
BUNAVAIL MIS 6.3-1MG	3	
buprenorphine hcl sl tab 2 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sl tab 8 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 BOTTLES PER MONTH)
pentazocine w/ naloxone tab 50-0.5 mg	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50 TAB 50MG	3	
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1.62%	3	

Drug Name	Drug Tier	Requirements/Limits
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
DEPO-TESTOST INJ 100MG/ML	3	PA
DEPO-TESTOST INJ 200MG/ML	3	PA
METHITEST TAB 10MG	3	
methyltestosterone cap 10 mg	1	
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	
testosterone td gel 12.5 mg/act (1%)	1	
testosterone td gel 20.25 mg/act (1.62%)	1	
testosterone td gel 25 mg/2.5gm (1%)	1	
testosterone td gel 50 mg/5gm (1%)	1	
testosterone td soln 30 mg/act	1	
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
UCERIS AER 2MG/ACT	3	
RECTAL COMBINATIONS		
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

Drug Name	Drug Tier	Requirements/Limits
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	2	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs / year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs / year)
EMVERM CHW 100MG	2	QL (12 ea / year)
ivermectin tab 3 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs / year)
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 250MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
PRIMSOL SOL 50MG/5ML	3	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	2	
BACTRIM TAB 400-80MG	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
atovaquone susp 750 mg/5ml	1	
MEPRON SUS	3	
GLYCOPEPTIDES		
VANCOCIN CAP 250MG	2	
VANCOCIN HCL CAP 125MG	2	
vancomycin hcl cap 125 mg (base equivalent)	1	
vancomycin hcl cap 250 mg (base equivalent)	1	
VANCOMYCIN SOL 250/5ML	3	
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
MONOBACTAMS		
CAYSTON INH 75MG	5	PA, QL (90 vials / 30 days)

Drug Name	Drug Tier	Requirements/Limits
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	
linezolid tab 600 mg	1	
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	
ZYVOX TAB 600MG	3	
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
DILATRATE SR CAP 40MG	3	
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide dinitrate tab 40 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR PUMPSPRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
ATIVAN TAB 0.5MG	2	
ATIVAN TAB 1MG	2	
ATIVAN TAB 2MG	2	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG	2	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	2	

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Drug Name	Drug Tier	Requirements/Limits
NORPACE CAP 150MG CR	2	
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	4	PA
TIKOSYN CAP 250MCG	4	PA
TIKOSYN CAP 500MCG	4	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS		
dyphylline-guaifenesin liqd 100-100 mg/5ml	1	
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages per month)
INCRUSE ELPT INH 62.5MCG	2	QL (1 package per month)
ipratropium bromide inhal soln 0.02%	1	
SPIRIVA AER 1.25MCG	2	QL (1 package per month)
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
YUPELRI SOL	2	QL (1 package per month)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
zileuton tab er 12hr 600 mg	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	2	

Drug Name	Drug Tier	Requirements/Limits
DALIRESP TAB 500MCG	2	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
budesonide inhalation susp 0.5 mg/2ml	1	
budesonide inhalation susp 0.25 mg/2ml	1	
budesonide inhalation susp 1 mg/2ml	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 PKG PER MONTH)

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Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 ea / 30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL / 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL / 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL / 30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 package per month)
ARCAPTA CAP 75MCG	3	QL (1 package per month)
BEVESPI AER 9-4.8MCG	2	QL (1 package per month)
BREO ELLIPTA INH 100-25	2	QL (1 package per month)
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	QL (60 vials per month)
COMBIVENT AER 20-100	3	QL (2 packages per month)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL / 30 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL / 30 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL / 30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 ea / 30 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers / 30 days)
metaproterenol sulfate syrup 10 mg/5ml	1	
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DIS AER 50MCG	2	QL (1 package per month)
STIOLTO AER 2.5-2.5	2	QL (1 package per month)
STRIVERDI AER 2.5MCG	2	QL (1 package per month)
SYMBICORT AER 80-4.5	2	QL (1 package per month); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (1 package per month); Tier 2 with DAW9
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER ELLIPTA	2	QL (1 package per month)
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea / 30 days)
XOPENEX NEB 0.31MG	3	QL (300 mL / 30 days)
XOPENEX NEB 0.63MG	3	QL (300 mL / 30 days)
XOPENEX NEB 1.25/3ML	3	QL (300 mL / 30 days)
XANTHINES		
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	2	
ARIXTRA INJ 5/0.4ML	2	
ARIXTRA INJ 7.5/0.6	2	
ARIXTRA INJ 10/0.8ML	2	
enoxaparin sodium inj 30 mg/0.3ml	1	
enoxaparin sodium inj 40 mg/0.4ml	1	
enoxaparin sodium inj 60 mg/0.6ml	1	
enoxaparin sodium inj 80 mg/0.8ml	1	
enoxaparin sodium inj 100 mg/ml	1	
enoxaparin sodium inj 120 mg/0.8ml	1	
enoxaparin sodium inj 150 mg/ml	1	
enoxaparin sodium inj 300 mg/3ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2	2	
FRAGMIN INJ 5000/0.2	2	
FRAGMIN INJ 7500/0.3	2	
FRAGMIN INJ 10000/ML	2	
FRAGMIN INJ 12500UNT	2	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 15000UNT	2	
FRAGMIN INJ 18000UNT	2	
FRAGMIN INJ 95000UNT	2	
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	3	
VALTOCO LIQ 15MG	3	
VALTOCO LIQ 20MG	3	
VALTOCO SPR 5MG	3	
VALTOCO SPR 10MG	3	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	5	QL (360 caps / 30 days)
DIACOMIT CAP 500MG	5	QL (180 caps / 30 days)
DIACOMIT PAK 250MG	5	QL (360 packets / 30 days)
DIACOMIT PAK 500MG	5	QL (180 packets / 30 days)
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 ML PER 30 DAYS)
FINTEPLA SOL 2.2MG/ML	5	PA, QL (360ML PER 30 DAYS)
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
LYRICA CAP 25MG	3	QL (120 caps per month)
LYRICA CAP 50MG	3	QL (120 caps per month)
LYRICA CAP 75MG	3	QL (120 caps per month)
LYRICA CAP 100MG	3	QL (120 caps per month)
LYRICA CAP 150MG	3	QL (120 caps per month)
LYRICA CAP 200MG	3	QL (90 caps per month)
LYRICA CAP 225MG	3	QL (60 caps per month)
LYRICA CAP 300MG	3	QL (60 caps per month)
LYRICA SOL 20MG/ML	3	QL (1080 mL / 30 days)
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
pregabalin cap 25 mg	1	QL (120 caps per month)
pregabalin cap 50 mg	1	QL (120 caps per month)
pregabalin cap 75 mg	1	QL (120 caps per month)
pregabalin cap 100 mg	1	QL (120 caps per month)
pregabalin cap 150 mg	1	QL (120 caps per month)
pregabalin cap 200 mg	1	QL (90 caps per month)
pregabalin cap 225 mg	1	QL (60 caps per month)
pregabalin cap 300 mg	1	QL (60 caps per month)
pregabalin soln 20 mg/ml	1	QL (1080 mL / 30 days)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
rufinamide susp 40 mg/ml	1	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR TAB 400MG	3	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr sprinkle 25 mg	1	
topiramate cap er 24hr sprinkle 50 mg	1	
topiramate cap er 24hr sprinkle 100 mg	1	
topiramate cap er 24hr sprinkle 150 mg	1	
topiramate cap er 24hr sprinkle 200 mg	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	

Drug Name	Drug Tier	Requirements/Limits
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 50-200MG	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	3	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (180 packets / 30 days)
vigabatrin tab 500 mg	1	PA, QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
PEGANONE TAB 250MG	3	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
FORFIVO XL TAB 450MG	3	
maprotiline hcl tab 25 mg	1	
maprotiline hcl tab 50 mg	1	
maprotiline hcl tab 75 mg	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PEXEVA TAB 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	2	

Drug Name	Drug Tier	Requirements/Limits
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
GLYSET TAB 25MG	3	
GLYSET TAB 50MG	3	
GLYSET TAB 100MG	3	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
SOLIQUA INJ 100/33	2	QL (10 pens / 30 days)
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	QL (5 PENS PER MONTH)
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	5	PA, QL (120 tabs / 30 days)
PROGLYCEM SUS 50MG/ML	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML	2	QL (1 PEN PER MONTH); Starter Pen
RYBELSUS TAB 3MG	2	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	2	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	2	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	2	QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	QL (3 PENS PER MONTH)
INSULIN		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
STARLIX TAB 60MG	3	
STARLIX TAB 120MG	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL TAB 5MG	3	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
tolbutamide tab 500 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	2	
opium tincture 1% (10 mg/ml) (morphine equiv)	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
EXJADE TAB 125MG	5	PA
EXJADE TAB 250MG	5	PA
EXJADE TAB 500MG	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX TAB 500MG	5	PA
FERRIPROX TAB 1000MG	5	PA
JADENU SPRKL GRA 90MG	5	PA
JADENU SPRKL GRA 180MG	5	PA
JADENU SPRKL GRA 360MG	5	PA
JADENU TAB 90MG	5	PA
JADENU TAB 180MG	5	PA
JADENU TAB 360MG	5	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	QL (20 packets / 5 days)
OPIOID ANTAGONISTS		
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
NARCAN SPR	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	QL (6 tabs / 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs / 21 days)
granisetron hcl tab 1 mg	1	QL (12 tabs / 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL / 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 24 mg	1	QL (2 ea / 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs / 21 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - ANTICHOLINERGIC		
scopolamine td patch 72hr 1 mg/3days	1	
TIGAN CAP 300MG	3	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps / 180 days)
aprepitant capsule 80 mg	1	QL (4 caps / 21 days)
aprepitant capsule 125 mg	1	QL (2 ea / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps / 21 days)
EMEND CAP 40MG	3	QL (3 caps / 180 days)
EMEND CAP 80MG	3	QL (4 caps / 21 days)
EMEND SUS 125MG	3	QL (6 kits / 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps / 21 days)
VARUBI TAB 90MG	2	QL (4 tabs / 21 days)
ANTIFUNGALS		
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin oral powder	1	

Drug Name	Drug Tier	Requirements/Limits
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG	3	
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
NOXAFIL SUS 40MG/ML	3	PA
NOXAFIL TAB 100MG	3	PA
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	2	
VFEND TAB 50MG	2	
VFEND TAB 200MG	2	
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
KARBINAL ER SUS 4MG/5ML	3	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	

Drug Name	Drug Tier	Requirements/Limits
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	3	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	3	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 1 gm	1	
LOVAZA CAP 1GM	3	
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM	2	

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAP 1GM	2	
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 50 mg	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 130 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 40 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
FENOGLIDE TAB 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
PRAVACHOL TAB 20MG	3	
PRAVACHOL TAB 40MG	3	
pravastatin sodium tab 10 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	5	PA, QL (30 caps / 30 days)
JUXTAPID CAP 10MG	5	PA, QL (30 caps / 30 days)
JUXTAPID CAP 20MG	5	PA, QL (30 caps / 30 days)
JUXTAPID CAP 30MG	5	PA, QL (30 caps / 30 days)
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	

Drug Name	Drug Tier	Requirements/Limits
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections / month)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
EPANED SOL 1MG/ML	3	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
PRINIVIL TAB 10MG	3	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
AVAPRO TAB 300MG	3	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
MICARDIS TAB 20MG	3	
MICARDIS TAB 40MG	3	
MICARDIS TAB 80MG	3	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES TAB 0.1MG	2	
CATAPRES TAB 0.2MG	2	
CATAPRES TAB 0.3MG	2	
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	

Drug Name	Drug Tier	Requirements/Limits
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
LOPRESS HCT TAB 50-25MG	2	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
methyldopa & hydrochlorothiazide tab 250-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	

Drug Name	Drug Tier	Requirements/Limits
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
DARAPRIM TAB 25MG	3	PA
hydroxychloroquine sulfate tab 200 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	2	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	5	PA, QL (240 tabs / 30 days)
GUANIDINE TAB 125MG	3	
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
RUZURGI TAB 10MG	5	PA, QL (300 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
RIFADIN CAP 150MG	2	
RIFADIN CAP 300MG	2	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 5MG	0	PA
TEMODAR CAP 20MG	0	PA
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA

Drug Name	Drug Tier	Requirements/Limits
TEMODAR CAP 250MG	0	PA
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
azacitidine for inj 100 mg	1	PA
capecitabine tab 150 mg	0	PA, QL (120 tabs / 30 days)
capecitabine tab 500 mg	0	PA, QL (300 tabs / 30 days)
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	0	
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	5	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (120 tabs / 30 days)
XELODA TAB 500MG	0	PA, QL (300 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 50MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 100MG	0	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	0	PA, QL (60 tabs / 30 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (30 caps / 30 days)
ODOMZO CAP 200MG	0	PA, QL (30 caps / 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (120 tabs / 30 days)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 tabs / 30 days)
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
flutamide cap 125 mg	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 5 mg/ml	1	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (120 tabs / 30 days)
SOLTAMOX SOL 10MG/5ML	0	

Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	0	
XTANDI CAP 40MG	0	PA, QL (120 caps / 30 days)
YONSA TAB 125MG	0	PA, QL (120 tabs / 30 days)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (42 caps / 28 days)
POMALYST CAP 2MG	0	PA, QL (42 caps / 28 days)
POMALYST CAP 3MG	0	PA, QL (42 caps / 28 days)
POMALYST CAP 4MG	0	PA, QL (42 caps / 28 days)
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	0	PA
KISQALI 400 PAK FEMARA	0	PA
KISQALI 600 PAK FEMARA	0	PA
LONSURF TAB 15-6.14	0	PA, QL (120 tabs / 30 days)
LONSURF TAB 20-8.19	0	PA, QL (90 tabs / 30 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (60 tabs / 30 days)
AFINITOR DIS TAB 3MG	0	PA, QL (90 tabs / 30 days)
AFINITOR DIS TAB 5MG	0	PA, QL (60 tabs / 30 days)
AFINITOR TAB 2.5MG	0	PA, QL (30 ea / 30 days)
AFINITOR TAB 5MG	0	PA, QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR TAB 7.5MG	0	PA, QL (30 ea / 30 days)
AFINITOR TAB 10MG	0	PA, QL (30 tabs / 30 days)
ALECENSA CAP 150MG	0	PA, QL (240 caps / 30 days)
ALUNBRIG PAK	0	PA, QL (30 tabs / 30 days)
ALUNBRIG TAB 30MG	0	PA, QL (120 tabs / 30 days)
ALUNBRIG TAB 90MG	0	PA, QL (30 tabs / 30 days)
ALUNBRIG TAB 180MG	0	PA, QL (30 tabs / 30 days)
BALVERSA TAB 3MG	5	PA, QL (90 tabs / 30 days)
BALVERSA TAB 4MG	5	PA, QL (60 tabs / 30 days)
BALVERSA TAB 5MG	5	PA, QL (30 tabs / 30 days)
BOSULIF TAB 100MG	0	PA, QL (90 tabs / 30 days)
BOSULIF TAB 400MG	0	PA, QL (30 tabs / 30 days)
BOSULIF TAB 500MG	0	PA, QL (30 tabs / 30 days)
BRAFTOVI CAP 75MG	0	PA, QL (180 caps / 30 days)
BRUKINSA CAP 80MG	0	PA, QL (120 caps / 30 days)
CABOMETYX TAB 20MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 40MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 60MG	0	PA, QL (30 tabs / 30 days)
CALQUENCE CAP 100MG	0	PA, QL (60 caps / 30 days)
CAPRELSA TAB 100MG	0	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TAB 300MG	0	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 60MG	0	PA, QL (90 caps / 30 days)
COMETRIQ KIT 100MG	0	PA, QL (60 caps / 30 days)
COMETRIQ KIT 140MG	0	PA, QL (120 caps / 30 days)
COPIKTRA CAP 15MG	4	PA, QL (60 caps / 30 days)
COPIKTRA CAP 25MG	4	PA, QL (60 caps / 30 days)
COTELLIC TAB 20MG	0	PA, QL (60 tabs / 30 days)
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (60 tabs / 30 days)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (30 tabs / 30 days)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (30 tabs / 30 days)
everolimus tab 2.5 mg	0	PA, QL (30 ea / 30 days)
everolimus tab 5 mg	0	PA, QL (30 ea / 30 days)
everolimus tab 7.5 mg	0	PA, QL (30 ea / 30 days)
GILOTRIF TAB 20MG	0	PA, QL (30 tabs / 30 days)
GILOTRIF TAB 30MG	0	PA, QL (30 tabs / 30 days)
GILOTRIF TAB 40MG	0	PA, QL (30 tabs / 30 days)
IBRANCE CAP 75MG	0	PA, QL (30 caps / 30 days)
IBRANCE CAP 100MG	0	PA, QL (30 caps / 30 days)
IBRANCE CAP 125MG	0	PA, QL (30 caps / 30 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs / 28 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 125MG	0	PA, QL (21 tabs / 28 days)
ICLUSIG TAB 15MG	0	PA, QL (60 tabs / 30 days)
ICLUSIG TAB 45MG	0	PA, QL (30 tabs / 30 days)
IDHIFA TAB 50MG	0	PA, QL (30 tabs / 30 days)
IDHIFA TAB 100MG	0	PA, QL (30 tabs / 30 days)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (90 tabs / 30 days)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (60 tabs / 30 days)
IMBRUVICA CAP 70MG	0	PA, QL (30 caps / 30 days)
IMBRUVICA CAP 140MG	0	PA, QL (90 caps / 30 days)
IMBRUVICA TAB 140MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 280MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 420MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 560MG	0	PA, QL (30 tabs / 30 days)
INLYTA TAB 1MG	0	PA, QL (240 tabs / 30 days)
INLYTA TAB 5MG	0	PA, QL (120 tabs / 30 days)
IRESSA TAB 250MG	0	PA, QL (30 tabs / 30 days)
JAKAFI TAB 5MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 10MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 15MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 20MG	0	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 25MG	0	PA, QL (60 tabs / 30 days)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs / 28 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs / 28 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs / 28 days)
KOSELUGO CAP 10MG	0	PA, QL (240 caps / 30 days)
KOSELUGO CAP 25MG	0	PA, QL (120 caps / 30 days)
LENVIMA CAP 4MG	0	PA, QL (30 ea / 30 days)
LENVIMA CAP 8 MG	0	PA, QL (60 ea / 30 days)
LENVIMA CAP 10 MG	0	PA, QL (30 ea / 30 days)
LENVIMA CAP 12MG	0	PA, QL (90 ea / 30 days)
LENVIMA CAP 14 MG	0	PA, QL (60 ea / 30 days)
LENVIMA CAP 18 MG	0	PA, QL (90 ea / 30 days)
LENVIMA CAP 20 MG	0	PA, QL (60 ea / 30 days)
LENVIMA CAP 24 MG	0	PA, QL (90 ea / 30 days)
LORBRENA TAB 25MG	0	PA, QL (90 tabs / 30 days)
LORBRENA TAB 100MG	0	PA, QL (30 tabs / 30 days)
LYNPARZA TAB 100MG	0	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG	0	PA, QL (120 tabs / 30 days)
MEKINIST TAB 0.5MG	0	PA, QL (90 tabs / 30 days)
MEKINIST TAB 2MG	0	PA, QL (30 tabs / 30 days)
MEKTOVI TAB 15MG	0	PA, QL (180 tabs / 30 days)
NERLYNX TAB 40MG	0	PA, QL (180 tabs / 30 days)
NEXAVAR TAB 200MG	0	PA, QL (120 tabs / 30 days)
NINLARO CAP 2.3MG	0	PA, QL (6 ea / 28 days)
NINLARO CAP 3MG	0	PA, QL (6 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 4MG	0	PA, QL (6 ea / 28 days)
ROZLYTREK CAP 100MG	0	PA, QL (30 caps / 30 days)
ROZLYTREK CAP 200MG	0	PA, QL (90 caps / 30 days)
RUBRACA TAB 200MG	0	PA, QL (120 tabs / 30 days)
RUBRACA TAB 250MG	0	PA, QL (120 tabs / 30 days)
RUBRACA TAB 300MG	0	PA, QL (120 tabs / 30 days)
RYDAPT CAP 25MG	0	PA, QL (240 caps / 30 days)
SPRYCEL TAB 20MG	0	PA, QL (90 tabs / 30 days)
SPRYCEL TAB 50MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 70MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 80MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 100MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 140MG	0	PA, QL (30 tabs / 30 days)
STIVARGA TAB 40MG	0	PA, QL (90 tabs / 30 days)
SUTENT CAP 12.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 25MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 37.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 50MG	0	PA, QL (30 caps / 30 days)
TAFINLAR CAP 50MG	0	PA, QL (120 caps / 30 days)
TAFINLAR CAP 75MG	0	PA, QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TAB 40MG	0	PA, QL (30 tabs / 30 days)
TAGRISSO TAB 80MG	0	PA, QL (30 tabs / 30 days)
TARCEVA TAB 25MG	0	PA, QL (60 tabs / 30 days)
TARCEVA TAB 100MG	0	PA, QL (30 tabs / 30 days)
TARCEVA TAB 150MG	0	PA, QL (30 tabs / 30 days)
TIBSOVO TAB 250MG	0	PA, QL (60 tabs / 30 days)
TUKYSA TAB 50MG	0	PA, QL (120 tabs / 30 days)
TUKYSA TAB 150MG	0	PA, QL (120 tabs / 30 days)
TYKERB TAB 250MG	0	PA, QL (180 tabs / 30 days)
VERZENIO TAB 50MG	0	PA, QL (60 tabs / 30 days)
VERZENIO TAB 100MG	0	PA, QL (60 tabs / 30 days)
VERZENIO TAB 150MG	0	PA, QL (60 tabs / 30 days)
VERZENIO TAB 200MG	0	PA, QL (60 tabs / 30 days)
VITRAKVI CAP 25MG	5	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 caps / 30 days)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 mL / 30 days)
VOTRIENT TAB 200MG	0	PA, QL (120 tabs / 30 days)
XALKORI CAP 200MG	0	PA, QL (60 caps / 30 days)
XALKORI CAP 250MG	0	PA, QL (60 caps / 30 days)
ZEJULA CAP 100MG	0	PA, QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF TAB 240MG	0	PA, QL (240 tabs / 30 days)
ZOLINZA CAP 100MG	0	PA, QL (120 caps / 30 days)
ZYKADIA TAB 150MG	0	PA, QL (90 tabs / 30 days)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl syrup 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	5	PA
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
INBRIJA CAP 42MG	5	PA, QL (300 caps / 30 days)
MIRAPEX ER TAB 0.75MG	3	

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
REQUIP XL TAB 6MG	3	

Drug Name	Drug Tier	Requirements/Limits
REQUIP XL TAB 12MG	3	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	2	
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	5	PA
NUPLAZID TAB 10MG	5	PA
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
RISPERDAL INJ 12.5MG	2	
RISPERDAL INJ 25MG	2	
RISPERDAL INJ 37.5MG	2	
RISPERDAL INJ 50MG	2	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.25 mg	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
HALDOL INJ 5MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
CHLORPROMAZ INJ 25MG/ML	1	
CHLORPROMAZ INJ 50MG/2ML	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine edisylate inj 50 mg/10ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	QL (90 units per 365 days)
ARISTADA INJ INITIO	2	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
GLUTARALDEHY SOL 25%	3	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 mL / 30 days)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 tabs / 30 days)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	3	QL (120 caps / 30 days)
APTIVUS SOL	3	QL (300 mL / 30 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 caps / 30 days)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 caps / 30 days)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 caps / 30 days)
ATRIPLA TAB	2	QL (30 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
COMBIVIR TAB 150-300	3	QL (60 tabs / 30 days)
COMPLERA TAB	2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG	3	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	3	QL (180 caps / 30 days)
DESCOVY TAB 200-25MG	2	PA, QL (30 tabs / 30 days)
didanosine delayed release capsule 200 mg	1	QL (30 caps / 30 days)
didanosine delayed release capsule 250 mg	1	QL (30 caps / 30 days)
didanosine delayed release capsule 400 mg	1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
efavirenz cap 50 mg	1	QL (90 caps / 30 days)
efavirenz cap 200 mg	1	QL (90 caps / 30 days)
efavirenz tab 600 mg	1	QL (30 tabs / 30 days)
emtr/tenofov tab 200-300	0	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (720 mL / 30 days)
EPCLUSA TAB 200-50MG	4	PA
EPIVIR SOL 10MG/ML	3	QL (900 mL / 30 days)
EPIVIR TAB 150MG	3	QL (60 tabs / 30 days)
EPIVIR TAB 300MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EPZICOM TAB 600-300	3	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	4	PA, QL (60 vials / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG	3	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
JULUCA TAB 50-25MG	3	QL (30 tabs / 30 days)
KALETRA SOL	2	QL (390 mL / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
lamivudine oral soln 10 mg/ml	1	QL (900 mL / 30 days)
lamivudine tab 150 mg	1	QL (60 tabs / 30 days)
lamivudine tab 300 mg	1	QL (30 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs / 30 days)
LEXIVA SUS 50MG/ML	3	QL (1680 mL / 30 days)
LEXIVA TAB 700MG	3	QL (120 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (390 mL / 30 days)
nevirapine susp 50 mg/5ml	1	QL (1200 mL / 30 days)
nevirapine tab 200 mg	1	QL (60 tabs / 30 days)
nevirapine tab er 24hr 100 mg	1	QL (90 tabs / 30 days)
nevirapine tab er 24hr 400 mg	1	QL (30 tabs / 30 days)
NORVIR POW 100MG	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
NORVIR TAB 100MG	2	QL (360 tabs / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUS 100MG/ML	2	QL (390 mL / 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
RETROVIR CAP 100MG	2	QL (180 caps / 30 days)
RETROVIR SYP 50MG/5ML	2	QL (1800 mL / 30 days)
REYATAZ CAP 150MG	3	QL (30 caps / 30 days)
REYATAZ CAP 200MG	3	QL (60 caps / 30 days)
REYATAZ CAP 300MG	3	QL (30 caps / 30 days)
REYATAZ POW 50MG	3	QL (180 packets / 30 days)
ritonavir tab 100 mg	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	3	QL (1830 mL / 30 days)
SELZENTRY TAB 25MG	3	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG	3	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	3	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	3	QL (120 tabs / 30 days)
stavudine cap 15 mg	1	QL (60 caps / 30 days)
stavudine cap 20 mg	1	QL (60 caps / 30 days)
stavudine cap 30 mg	1	QL (60 caps / 30 days)
stavudine cap 40 mg	1	QL (60 caps / 30 days)
STRIBILD TAB	2	QL (30 tabs / 30 days)
SUSTIVA CAP 50MG	3	QL (90 caps / 30 days)
SUSTIVA CAP 200MG	3	QL (90 caps / 30 days)
SUSTIVA TAB 600MG	3	QL (30 tabs / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI TAB	2	QL (30 tabs / 30 days)
SYMTUZA TAB	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs / 30 days)
tenofovir disoproxil fumarate tab 300 mg	1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRIZIVIR TAB	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	QL (30 tabs / 30 days)
TYBOST TAB 150MG	3	QL (30 tabs / 30 days)
VIRACEPT TAB 250MG	3	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	3	QL (120 tabs / 30 days)
VIRAMUNE SUS 50MG/5ML	3	QL (1200 mL / 30 days)
VIRAMUNE TAB 200MG	3	QL (60 tabs / 30 days)
VIRAMUNE XR TAB 400MG	3	QL (30 tabs / 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm / 30 days)
VIREAD TAB 150MG	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG	2	QL (30 tabs / 30 days)
VIREAD TAB 300MG	2	QL (30 tabs / 30 days)
ZIAGEN SOL 20MG/ML	3	QL (900 mL / 30 days)
ZIAGEN TAB 300MG	3	QL (60 tabs / 30 days)
zidovudine cap 100 mg	1	QL (180 caps / 30 days)
zidovudine syrup 10 mg/ml	1	QL (1800 mL / 30 days)
zidovudine tab 300 mg	1	QL (60 tabs / 30 days)
CMV AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (990 mL / 30 days)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (90 tabs / 30 days)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	2	
entecavir tab 0.5 mg	1	
entecavir tab 1 mg	1	
EPCLUSA TAB 400-100	4	PA, QL (30 tabs / 30 days); Genotypes 1, 2, 3, 4, 5, 6
EPIVIR HBV SOL 5MG/ML	3	
EPIVIR HBV TAB 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK	4	PA, QL (30 packets / 30 days)
HARVONI PAK 45-200MG	4	PA, QL (30 packets / 30 days)
HARVONI TAB 45-200MG	4	PA, QL (30 tabs / 30 days)
HARVONI TAB 90-400MG	4	PA, QL (30 tabs / 30 days); Genotypes 1, 4, 5 ,6
HEPSERA TAB 10MG	3	
lamivudine tab 100 mg (hbv)	1	
PEGASYS INJ	4	PA, QL (4 Injections per Month)
PEGASYS INJ 180MCG/M	4	PA, QL (4 Injections per Month)
PEGASYS INJ PROCLICK	4	PA, QL (4 Injections per Month)
PEGINTRON KIT 50MCG	5	PA
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA
SOVALDI PAK 150MG	5	PA, QL (30 packets / 30 days)
SOVALDI PAK 200MG	5	PA, QL (30 packets / 30 days)
SOVALDI TAB 200MG	5	PA, QL (30 tabs / 30 days)
SOVALDI TAB 400MG	5	PA, QL (30 tabs / 30 days)
VEMLIDY TAB 25MG	2	QL (30 tabs / 30 days)
VOSEVI TAB	4	PA, QL (30 tabs / 30 days); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

Drug Name	Drug Tier	Requirements/Limits
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
SITAVIG TAB 50MG	3	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
ZOVIRAX SUS 200/5ML	3	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (28 caps / 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (14 caps / 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (180 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL / 90 days)
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin for inhal soln 6 gm	1	
VIRAZOLE INH 6GM	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 80MG	3	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SOTYLIZE SOL 5MG/ML	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.0625MG	2	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 UNITS PER MONTH)
CAVERJECT INJ 40MCG	3	QL (6 per month)
CAVERJECT KIT 20MCG	3	QL (6 UNITS PER MONTH)
EDEX KIT 10MCG	3	QL (6 UNITS PER MONTH)
EDEX KIT 20MCG	3	QL (6 UNITS PER MONTH)

Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 40MCG	3	QL (6 UNITS PER MONTH)
LEVITRA TAB 10MG	3	QL (6 TABS PER MONTH)
LEVITRA TAB 20MG	3	QL (6 TABS PER MONTH)
MUSE SUP 125MCG	2	QL (6 PELLETS PER MONTH)
MUSE SUP 250MCG	2	QL (6 PELLETS PER MONTH)
MUSE SUP 500MCG	2	QL (6 PELLETS PER MONTH)
MUSE SUP 1000MCG	2	QL (6 PELLETS PER MONTH)
sildenafil citrate tab 25 mg	1	QL (6 TABS PER MONTH)
sildenafil citrate tab 50 mg	1	QL (6 TABS PER MONTH)
sildenafil citrate tab 100 mg	1	QL (6 TABS PER MONTH)
STAXYN TAB 10MG	3	QL (6 TABS PER MONTH)
tadalafil tab 2.5 mg	1	ST, QL (30 tabs per month)
tadalafil tab 5 mg	1	ST, QL (30 tabs per month)
tadalafil tab 10 mg	1	QL (6 TABS PER MONTH)
tadalafil tab 20 mg	1	QL (6 TABS PER MONTH)
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 TABS PER MONTH)
vardenafil hcl tab 2.5 mg	1	QL (6 TABS PER MONTH)
vardenafil hcl tab 5 mg	1	QL (6 TABS PER MONTH)
vardenafil hcl tab 10 mg	1	QL (6 TABS PER MONTH)
vardenafil hcl tab 20 mg	1	QL (6 TABS PER MONTH)

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
TYVASO REFIL SOL 0.6MG/ML	5	PA, QL (90 mL / 30 days)
TYVASO SOL 0.6MG/ML	5	PA, QL (90 mL / 30 days)
TYVASO START SOL 0.6MG/ML	5	PA, QL (90 mL / 30 days)
VENTAVIS SOL 10MCG/ML	5	PA, QL (270 mL / 30 days)
VENTAVIS SOL 20MCG/ML	5	PA, QL (270 mL / 30 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (30 tabs / 30 days)
ambrisentan tab 10 mg	1	PA, QL (30 tabs / 30 days)
bosentan tab 62.5 mg	1	PA, QL (60 tabs / 30 days)
bosentan tab 125 mg	1	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG	4	PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG	5	PA, QL (120 ea / 30 days)
TRACLEER TAB 62.5MG	5	PA, QL (60 tabs / 30 days)
TRACLEER TAB 125MG	5	PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	5	PA, QL (60 tabs / 30 days)
REVATIO SUS 10MG/ML	5	PA, QL (240 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
REVATIO TAB 20MG	5	PA, QL (90 tabs / 30 days)
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (240 mL / 30 days)
sildenafil citrate tab 20 mg	1	PA, QL (90 tabs / 30 days)
tadalafil tab 20 mg (pah)	1	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800	4	PA, QL (210 tabs / 30 days)
UPTRAVI TAB 200MCG	4	PA, QL (150 tabs / 30 days)
UPTRAVI TAB 400MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG	4	PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG	4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG	4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG	4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG	4	PA, QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	5	PA, QL (30 ea / 30 days)
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
KEFLEX CAP 250MG	3	
KEFLEX CAP 500MG	3	
KEFLEX CAP 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20	0	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ESTROSTEP FE TAB	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
GENERESS FE CHW	3	

Drug Name	Drug Tier	Requirements/Limits
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
LO LOESTRIN TAB 1-10-10	0	
LOESTRIN 21 TAB 1.5/30	3	
LOESTRIN FE TAB 1.5/30	3	
LOESTRIN FE TAB 1/20	3	
LOESTRIN TAB 1/20-21	3	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
QUARTETTE TAB	3	
SAFYRAL TAB	3	
SEASONIQUE TAB	3	
YASMIN 28 TAB 3-0.03MG	3	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring / 300 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 rings / 300 days)
NUVARING MIS	3	QL (13 rings / 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	
MISCELLANEOUS		
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	2	QL (4 injections / 300 days)
DEPO-SQ PROV INJ 104	0	QL (6 injections / 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections / 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
ORTHO MICRON TAB 0.35MG	2	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
cortisone acetate tab 25 mg	1	
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
ENTOCORT EC CAP 3MG DR	3	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
ORAPRED ODT TAB 10MG	2	
ORAPRED ODT TAB 15MG	2	
ORAPRED ODT TAB 30MG	2	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (48)	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab therapy pack 10 mg (48)	1	
UCERIS TAB 9MG	3	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	
hydrocodone w/ homatropine tab 5-1.5 mg	1	
TESSALON PER CAP 100MG	2	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine soln 100-10 mg/5ml	1	
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	
NEOTUSS PLUS LIQ	3	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
SEMPREX-D CAP 8-60MG	3	
TUSSICAPS CAP 10-8MG	3	
TUZISTRA XR SUS	3	
MISC. RESPIRATORY INHALANTS		
HYPER-SAL NEB 7%	3	
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
adapalene cream 0.1%	1	
adapalene gel 0.3%	1	
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
ARAZLO LOT 0.045%	3	
ATRALIN GEL 0.05%	3	PA
AZELEX CRE 20%	3	
BENZAMYCIN GEL 5-3%	3	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide liq 7%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
CLEOCIN-T GEL 1%	3	
CLEOCIN-T LOT 1%	3	
CLINDAGEL GEL 1%	3	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
DIFFERIN CRE 0.1%	3	
DIFFERIN GEL 0.1%	3	
DIFFERIN GEL 0.3%	3	
DIFFERIN LOT 0.1%	3	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	
erythromycin gel 2%	1	
erythromycin pads 2%	1	
erythromycin soln 2%	1	
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
RIAX AER 5.5%	3	
RIAX AER 9.5%	3	
sulfacetamide sodium lotion 10% (acne)	1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	PA, QL (150 ml per 21 days)
FLECTOR DIS 1.3%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm / 25 days)
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm / 25 days)
NEO-SYNALAR CRE	3	
XEPI CRE 1%	3	
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	
ECOZA AER 1%	3	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
JUBLIA SOL 10%	3	PA
KERYDIN SOL 5%	3	PA
ketoconazole cream 2%	1	
LOPROX SHA 1%	3	
luliconazole cream 1%	1	
LUZU CRE 1%	3	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	
naftifine hcl cream 1%	1	
naftifine hcl cream 2%	1	
naftifine hcl gel 1%	1	
NAFTIN CRE 2%	2	
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
OXISTAT CRE 1%	3	QL (90 GM Per month)
OXISTAT LOT 1%	3	QL (90 ML Per month)
sulconazole nitrate cream 1%	1	
sulconazole nitrate solution 1%	1	
VUSION OIN	3	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
TARGRETIN GEL 1%	5	PA
TOLAK CRE 4%	2	
VALCHLOR GEL 0.016%	5	PA, QL (120 gm / 30 days)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (90 gm / 25 days)
ZONALON CRE 5%	3	ST, QL (90 gm / 25 days)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene foam 0.005%	1	
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis
DOVONEX CRE 0.005%	3	
methoxsalen rapid cap 10 mg	1	
OXSORALEN-UL CAP 10MG	3	
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira
STELARA INJ 90MG/ML	4	PA, QL (1 SYRINGE PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira
tazarotene cream 0.1%	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
TREMFYA INJ 100MG/ML	4	PA, QL (1 SYRINGE PER 8 WEEKS); Preferred agent for Psoriasis
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
SODIUM SULFA LIQ 10% WASH	3	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
XERESE CRE 5-1%	3	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	2	
silver sulfadiazine cream 1%	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP LOT 2%	3	QL (120 mL / 30 days)
alclometasone dipropionate cream 0.05%	1	QL (120 gm / 30 days)
alclometasone dipropionate oint 0.05%	1	QL (120 gm / 30 days)
amcinonide cream 0.1%	1	QL (120 gm / 30 days)
amcinonide lotion 0.1%	1	QL (120 mL / 30 days)
AMCINONIDE OIN 0.1%	3	QL (120 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	1	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	1	QL (120 gm / 30 days)
betamethasone dipropionate lotion 0.05%	1	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	1	QL (120 gm / 30 days)
betamethasone valerate aerosol foam 0.12%	1	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120 gm / 30 days)
BRYHALI LOT 0.01%	2	QL (120 gm / 30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	
CAPEX SHA 0.01%	2	QL (120 mL / 30 days)
clobetasol propionate cream 0.05%	1	QL (120 gm / 30 days)
clobetasol propionate emollient base cream 0.05%	1	QL (120 gm / 30 days)
clobetasol propionate emulsion foam 0.05%	1	QL (120 gm / 30 days)
clobetasol propionate gel 0.05%	1	QL (120 gm / 30 days)
clobetasol propionate lotion 0.05%	1	QL (120 mL / 30 days)
clobetasol propionate oint 0.05%	1	QL (120 gm / 30 days)
clobetasol propionate shampoo 0.05%	1	QL (120 mL / 30 days)
clobetasol propionate soln 0.05%	1	QL (120 mL / 30 days)
CLOBEX LOT 0.05%	2	QL (120 mL / 30 days)
CLOBEX SHA 0.05%	2	QL (120 mL / 30 days)
clocortolone pivalate cream 0.1%	1	QL (120 gm / 30 days)
CLODERM CRE 0.1%	3	QL (120 gm / 30 days)
CORDRAN 80X3 TAP 4MCG/CM	3	QL (120 Units Per Month)
CORDRAN CRE 0.05%	3	QL (120 gm / 30 days)
CORDRAN CRE 0.025%	3	QL (120 gm / 30 days)
CORDRAN LOT 0.05%	3	QL (120 mL / 30 days)
CUTIVATE LOT 0.05%	3	QL (120 mL / 30 days)
DERMA-SMOOTH OIL /FS BODY	2	QL (120 mL / 30 days)
DERMA-SMOOTH OIL /FS SCLP	2	QL (120 mL / 30 days)
DESONATE GEL 0.05%	3	QL (120 gm / 30 days)
desonide cream 0.05%	1	QL (120 gm / 30 days)
desonide lotion 0.05%	1	QL (120 mL / 30 days)
desonide oint 0.05%	1	QL (120 gm / 30 days)
DESOWEN CRE 0.05%	2	QL (120 gm / 30 days)
desoximetasone cream 0.05%	1	QL (120 gm / 30 days)
desoximetasone cream 0.25%	1	QL (120 gm / 30 days)
desoximetasone gel 0.05%	1	QL (120 gm / 30 days)
desoximetasone oint 0.05%	1	QL (120 gm / 30 days)
desoximetasone oint 0.25%	1	QL (120 gm / 30 days)
desoximetasone spray 0.25%	1	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DIPROLENE AF CRE 0.05%	3	QL (120 gm / 30 days)
DIPROLENE OIN 0.05%	2	QL (120 gm / 30 days)
DUOBRII LOT	3	
ENSTILAR AER	3	
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (120 gm / 30 days)
fluocinolone acetonide cream 0.025%	1	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120 mL / 30 days)
fluocinolone acetonide oint 0.025%	1	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	1	QL (120 mL / 30 days)
fluocinonide cream 0.05%	1	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	1	QL (120 gm / 30 days)
fluocinonide gel 0.05%	1	QL (120 gm / 30 days)
fluocinonide oint 0.05%	1	QL (120 gm / 30 days)
fluocinonide soln 0.05%	1	QL (120 mL / 30 days)
flurandrenolide cream 0.05%	1	QL (120 gm / 30 days)
flurandrenolide lotion 0.05%	1	QL (120 mL / 30 days)
fluticasone propionate cream 0.05%	1	QL (120 gm / 30 days)
fluticasone propionate lotion 0.05%	1	QL (120 mL / 30 days)
fluticasone propionate oint 0.005%	1	QL (120 gm / 30 days)
halcinonide cream 0.1%	1	QL (120 gm / 30 days)
halobetasol propionate cream 0.05%	1	QL (120 gm / 30 days)
halobetasol propionate oint 0.05%	1	QL (120 gm / 30 days)
HALOG CRE 0.1%	3	QL (120 gm / 30 days)
HALOG OIN 0.1%	3	QL (120 gm / 30 days)
HALOG SOL 0.1%	3	QL (120 mL / 30 days)
hydrocortisone butyrate cream 0.1%	1	QL (120 gm / 30 days)
hydrocortisone butyrate lotion 0.1%	1	QL (120 mL / 30 days)
hydrocortisone butyrate oint 0.1%	1	QL (120 gm / 30 days)
hydrocortisone butyrate soln 0.1%	1	QL (120 mL / 30 days)
hydrocortisone cream 2.5%	1	QL (120 gm / 30 days)
hydrocortisone lotion 2.5%	1	QL (120 mL / 30 days)
hydrocortisone oint 2.5%	1	QL (120 gm / 30 days)
hydrocortisone valerate cream 0.2%	1	QL (120 gm / 30 days)
hydrocortisone valerate oint 0.2%	1	QL (120 gm / 30 days)
KENALOG AER SPRAY	3	QL (120 gm / 30 days)
LOCOID LIPO CRE 0.1%	3	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LOCOID LOT 0.1%	3	QL (120 mL / 30 days)
LUXIQ AER 0.12%	3	QL (120 gm / 30 days)
mometasone furoate cream 0.1%	1	QL (120 gm / 30 days)
mometasone furoate oint 0.1%	1	QL (120 gm / 30 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mL / 30 days)
OLUX AER 0.05%	3	QL (120 gm / 30 days)
PANDEL CRE 0.1%	3	QL (120 gm / 30 days)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
prednicarbate oint 0.1%	1	QL (120 gm / 30 days)
SERNIVO SPR	3	QL (120 mL / 30 days)
SERNIVO SPR 0.05%	3	QL (120 mL / 30 days)
SYNALAR CRE 0.025%	3	QL (120 gm / 30 days)
SYNALAR OIN 0.025%	3	QL (120 gm / 30 days)
SYNALAR SOL 0.01%	3	QL (120 mL / 30 days)
TACLONEX OIN	3	
TACLONEX SUS	3	
TEMOVATE CRE 0.05%	2	QL (120 gm / 30 days)
TEMOVATE OIN 0.05%	2	QL (120 gm / 30 days)
TEXACORT SOL 2.5%	2	QL (120 mL / 30 days)
TOPICORT CRE 0.05%	3	QL (120 gm / 30 days)
TOPICORT CRE 0.25%	3	QL (120 gm / 30 days)
TOPICORT GEL 0.05%	3	QL (120 gm / 30 days)
TOPICORT OIN 0.05%	3	QL (120 gm / 30 days)
TOPICORT OIN 0.25%	3	QL (120 gm / 30 days)
TOPICORT SPR 0.25%	3	QL (120 mL / 30 days)
triamcinolone acetonide cream 0.1%	1	QL (120 gm / 30 days)
triamcinolone acetonide cream 0.5%	1	QL (120 gm / 30 days)
triamcinolone acetonide cream 0.025%	1	QL (120 gm / 30 days)
triamcinolone acetonide lotion 0.1%	1	QL (120 mL / 30 days)
triamcinolone acetonide lotion 0.025%	1	QL (120 mL / 30 days)
triamcinolone acetonide oint 0.1%	1	QL (120 gm / 30 days)
triamcinolone acetonide oint 0.5%	1	QL (120 gm / 30 days)
triamcinolone acetonide oint 0.05%	1	QL (120 gm / 30 days)
triamcinolone acetonide oint 0.025%	1	QL (120 gm / 30 days)
TRIDESILON CRE 0.05%	2	QL (120 gm / 30 days)
ULTRAVATE LOT 0.05%	3	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VANOS CRE 0.1%	3	QL (120 gm / 30 days)
VERDESO AER 0.05%	3	QL (120 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 200/1.14	4	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 39%	1	
EMOLLIENTS		
hyaluronate sodium (emollient) gel 0.2%	1	
lactic acid (ammonium lactate) lotion 10%	1	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA CRE 5%	3	
imiquimod cream 3.75%	1	
imiquimod cream 5%	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	ST
pimecrolimus cream 1%	1	ST
PROTOPIC OIN 0.1%	3	ST
PROTOPIC OIN 0.03%	3	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	2	
GORDOFILM SOL	3	
podofilox soln 0.5%	1	
salicylic acid cream 6%	1	
SALIMEZ FORT CRE 10%	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
ETHYL CHLOR AER FN STRM	3	

Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLOR AER MED STRM	3	
ethyl chloride aerosol spray	1	
lidocaine hcl soln 4%	1	QL (50 mL / 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL / 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (10 injections / 25 days)
lidocaine oint 5%	1	QL (50 gm / 25 days)
lidocaine patch 5%	1	QL (90 ea / 30 days)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm / 25 days)
LIDODERM DIS 5%	2	QL (90 ea / 30 days)
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
azelaic acid gel 15%	1	
FINACEA AER 15%	2	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	3	
ORACEA CAP 40MG	3	
RHOFADE CRE 1%	3	
SOOLANTRA CRE 1%	2	
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
ELIMITE CRE 5%	2	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
permethrin cream 5%	1	
SKLICE LOT 0.5%	3	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	PA, QL (240 strips / 30 days)
ACCU-CHEK TES COMPACT	0	PA, QL (240 strips / 30 days)
ACCU-CHEK TES GUIDE	0	PA, QL (240 strips / 30 days)
ACCU-CHEK TES SMART	0	PA, QL (240 strips / 30 days)
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	5	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
KEVEYIS TAB 50MG	5	PA, QL (120 tabs / 30 days)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
DYAZIDE CAP 37.5-25	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
BUMEX TAB 1MG	3	
BUMEX TAB 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
amiloride hcl tab 5 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO SOL 600/2.4	4	PA, QL (1 PEN PER MONTH)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	
NATPARA INJ 25MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 50MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TYMLOS INJ	4	PA, QL (1PEN PER MONTH)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	5	PA, QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	5	PA
clomiphene citrate tab 50 mg	1	
GONAL-F INJ 450UNIT	4	PA, QL (10 vials / 28 days)
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS)
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 vials / 28 days)
GONAL-F RFF INJ 300/0.5	4	PA, QL (8 mL / 28 days)
GONAL-F RFF INJ 450/0.75	4	PA, QL (8 mL / 28 days)
GONAL-F RFF INJ 900/1.5	4	PA, QL (10 mL / 28 days)
MENOPUR INJ 75UNIT	5	PA
NOVAREL INJ 5000UNIT	5	PA
NOVAREL INJ 10000UNT	5	PA
OVIDREL INJ	4	PA
PREGNYL INJ 10000UNT	5	PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	PA
GANIRELIX AC INJ 250/0.5	0	PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	0	PA
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 15MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 20MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 25MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 30MG	4	PA, QL (30 vials / 30 days)
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (30 vials / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	4	PA
GENOTROPIN INJ 0.4MG	4	PA
GENOTROPIN INJ 0.6MG	4	PA
GENOTROPIN INJ 0.8MG	4	PA
GENOTROPIN INJ 1.2MG	4	PA
GENOTROPIN INJ 1.4MG	4	PA
GENOTROPIN INJ 1.6MG	4	PA
GENOTROPIN INJ 1.8MG	4	PA
GENOTROPIN INJ 1MG	4	PA
GENOTROPIN INJ 2MG	4	PA
GENOTROPIN INJ 5MG	4	PA
GENOTROPIN INJ 12MG	4	PA
HUMATROPE INJ 5MG	4	PA
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
ZORBTIVE INJ 8.8MG	5	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
OSPHENA TAB 60MG	2	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	5	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
BUPHENYL POW	5	PA, QL (750 gm / 30 days)
BUPHENYL TAB 500MG	5	PA, QL (1200 tabs / 30 days)
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
CARBAGLU TAB 200MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
CARNITOR INJ 1GM/5ML	3	
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (60 tabs / 30 days)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (60 tabs / 30 days)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (120 tabs / 30 days)
CYSTADANE POW	5	PA
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	5	PA, QL (14 CAPSULES PER 28 DAYS)
KUVAN POW 100MG	4	PA
KUVAN POW 500MG	4	PA
KUVAN TAB 100MG	4	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	5	PA, QL (30 vials / 30 days)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
RAVICTI LIQ 1.1GM/ML	5	PA
REVCOVI INJ 1.6MG/ML	5	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR TAB 30MG	5	PA, QL (60 tabs / 30 days)
SENSIPAR TAB 60MG	5	PA, QL (60 tabs / 30 days)
SENSIPAR TAB 90MG	5	PA, QL (120 tabs / 30 days)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (750 gm / 30 days)
sodium phenylbutyrate tab 500 mg	1	PA, QL (1200 tabs / 30 days)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	QL (120 packets / 30 days)
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
MISCELLANEOUS		
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01%	2	
DDAVP SPR 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
STIMATE SOL 1.5MG/ML	5	PA
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
mifepristone tab 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (90 vials / 30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (90 vials / 30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (48 vials / 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (90 vials / 30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (12 vials / 30 days)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (90 vials / 30 days)
SANDOSTATIN INJ 100MCG	5	PA, QL (90 vials / 30 days)
SANDOSTATIN INJ 500MCG	5	PA, QL (90 vials / 30 days)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 30-15MG	5	PA, QL (60 tabs / 30 days)
JYNARQUE PAK 45-15MG	5	PA, QL (60 tabs / 30 days)
JYNARQUE PAK 60-30MG	5	PA, QL (60 tabs / 30 days)
JYNARQUE PAK 90-30MG	5	PA, QL (60 tabs / 30 days)
JYNARQUE TAB 15MG	5	PA, QL (60 tabs / 30 days)
JYNARQUE TAB 30MG	5	PA, QL (30 tabs / 30 days)
SAMSCA TAB 15MG	5	PA, QL (60 tabs / 30 days)
SAMSCA TAB 30MG	5	PA, QL (30 tabs / 30 days)
tolvaptan tab 15 mg	1	PA
tolvaptan tab 30 mg	1	PA, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
FEMHRT TAB 0.5-2.5	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENOSTAR DIS 14MCG	3	
PREMARIN INJ 25MG	3	PA
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 1.25MG	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL		
MISCELLANEOUS		
GATTEX KIT 5MG	5	PA
OPIOID-INDUCED CONSTIPATION		
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	PA, QL (30 tabs / 30 days)
OCALIVA TAB 10MG	5	PA, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL CAP 300MG	2	
CHENODAL TAB 250MG	3	
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMI TAB 10MG ODT	3	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
DIPENTUM CAP 250MG	3	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit*	1	

Drug Name	Drug Tier	Requirements/Limits
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
ENTEREG CAP 12MG	3	
RELISTOR INJ 8/0.4ML	3	
RELISTOR INJ 12/0.6ML	3	
RELISTOR TAB 150MG	3	
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
PHOSLYRA SOL	2	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	1	

Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate packet 2.4 gm	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
VELPHORO CHW 500MG	2	
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (90 tabs / 30 days)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
PROCYSBI CAP 25MG	5	PA, QL (240 caps / 30 days)
PROCYSBI CAP 75MG	5	PA, QL (750 caps / 30 days)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 200 mg	1	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	3	
THIOLA EC TAB 100MG	3	
THIOLA EC TAB 300MG	3	
THIOLA TAB 100MG	3	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine cap 0.6 mg	1	
colchicine tab 0.6 mg	1	
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	3	
ULORIC TAB 40MG	3	
ULORIC TAB 80MG	3	
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
probenecid tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	4	PA, QL (15 syringes / 90 days)
icatibant acetate inj 30 mg/3ml (base equivalent)	1	PA, QL (15 syringes / 90 days)
COMPLEMENT INHIBITORS		
CINRYZE SOL 500 UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials / 30 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials / 30 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
HEMOPHILIA, HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEREDITARY ANGIOEDEMA AGENTS		
KALBITOR INJ 10MG/ML	5	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML	4	PA, QL (1 vial / 28 days)
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP 25-200MG	3	
AGRYLIN CAP 0.5MG	2	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
DURLAZA CAP 162.5MG	3	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (60 caps / 30 days)
miglustat cap 100 mg	1	PA, QL (90 caps / 30 days)
ZAVESCA CAP 100MG	5	PA, QL (90 caps / 30 days)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	PA, QL (180 packets / 30 days)
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	PA
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC; $0 copay for women ages 55 and under

Drug Name	Drug Tier	Requirements/Limits
folic acid tab 800 mcg	0	OTC; $0 copay for women ages 55 and under
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
LEUKINE INJ 250MCG	5	PA
MULPLETA TAB 3MG	4	PA, QL (7 TABLETS PER 14 DAYS)
NEULASTA INJ 6MG/0.6M	4	PA
NEULASTA KIT 6MG/0.6M	4	PA, QL (2 SYRINGES PER 28 DAYS)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
PROMACTA PAK 25MG	4	PA, QL (180 packets / 30 days)
PROMACTA POW 12.5MG	4	PA, QL (120 packets / 30 days)
PROMACTA TAB 12.5MG	4	PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG	4	PA, QL (30 tabs / 30 days)
PROMACTA TAB 50MG	4	PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG	4	PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 40000UNT	4	PA
UDENYCA INJ 6MG/.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
LYSTEDA TAB 650MG	3	
tranexamic acid tab 650 mg	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
SECONAL SOD CAP 100MG	3	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
SILENOR TAB 3MG	3	
SILENOR TAB 6MG	3	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
flurazepam hcl cap 15 mg	1	
flurazepam hcl cap 30 mg	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate sl tab 1.75 mg	1	
zolpidem tartrate sl tab 3.5 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (30 caps / 30 days)
ramelteon tab 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	0	$0 copay for members age 50 through 74
CLENPIQ SOL	0	$0 copay for members age 50 through 74
GOLYTELY SOL	3	
GOLYTELY SOL PINEAPPL	3	
NULYTELY SOL FLAV PKS	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
SUPREP BOWEL SOL PREP KIT	0	$0 copay for members age 50 through 74
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
lactulose solution 10 gm/15ml	1	
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	

Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FC FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 each / 300 days)
FEMCAP MIS 26MM	0	QL (1 each / 300 days)
FEMCAP MIS 30MM	0	QL (1 each / 300 days)
OMNIFLEX DPR	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each / 300 days)

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 95	0	QL (1 each / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK MIS MLTICLIX	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADV TRAVEL MIS LANC 28G	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANCETS	0	
AGAMATRIX MIS 33G	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE CMFRT MIS 28G	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE MIS LANCETS	0	
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
BULLSEYE MIS LANCETS	0	

Drug Name	Drug Tier	Requirements/Limits
BULLSEYE MIS MINI LNC	0	
CAREONE LANC MIS 28G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORTOUCH MIS LANCET	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G6 MIS SENSOR	2	QL (2 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 75 days)
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS UT 30G	0	
DROPLET LANC MIS 30G	0	
E-Z JECT MIS 21G	0	

Drug Name	Drug Tier	Requirements/Limits
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EMBRACE LANC MIS THIN 30G	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EZ SMART MIS LANCETS	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each / year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each / year)

Drug Name	Drug Tier	Requirements/Limits
G4 PLATINUM MIS TRANSMIT	2	QL (1 box / 75 days)
G4 SENSOR MIS	2	QL (2 sensors per month)
G5/G4 MIS SENSOR	2	QL (2 sensors per month)
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GENTLE-LET MIS PLATFORM	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GNP LANCETS MIS	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS MICRO	0	
GNP LANCETS MIS SUP THIN	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI LANCET MIS 30G	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	

Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HLTHY ACCNTS MIS LANC 30G	0	
IN TOUCH LAN MIS 30G	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET CARRY MIS CASE	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS FINE	0	
LANCET ULTRA MIS THIN 30G	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 26G	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 31G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	

Drug Name	Drug Tier	Requirements/Limits
LB LANCET MIS 28G	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICROLET MIS LANCETS	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MYGLUCOHEALT MIS LANC 30G	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD KIT STARTER	2	QL (1 kit / 30 days)
OMNIPOD MIS 5 PACK	2	QL (30 boxes / 30 days)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS 33G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	

Drug Name	Drug Tier	Requirements/Limits
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
RELION LANCE MIS STND 21G	0	
RELION LANCE MIS THIN 30G	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN 32G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST ALT MIS ADAPTOR	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY LET MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAFETY SEAL MIS 28G	0	
SAFETY SEAL MIS 30G	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SIDE BUTTON MIS SAFETY	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	

Drug Name	Drug Tier	Requirements/Limits
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE COMFORT MIS LANC 30G	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTILET MIS 26G	0	

Drug Name	Drug Tier	Requirements/Limits
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
ULTRALANCE MIS 1.8MM	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	2	QL (1 kit / 30 days)
V-GO 30 KIT	2	QL (1 kit / 30 days)
V-GO 40 KIT	2	QL (1 kit / 30 days)
VIVAGUARD MIS 30G	0	
PARENTERAL THERAPY SUPPLIES		
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens / 25 days)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen / 25 days)
AJOVY INJ 225/1.5	2	ST, QL (3 pens / 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes / 25 days)
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes / 25 days)
NURTEC TAB 75MG ODT	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8 per month)
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 TABS PER MONTH)
almotriptan malate tab 12.5 mg	1	QL (12 TABS PER MONTH)
AMERGE TAB 1MG	3	QL (12 TABS PER MONTH)
AMERGE TAB 2.5MG	3	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 TABS PER MONTH)
FROVA TAB 2.5MG	3	QL (30 ea / 30 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (30 ea / 30 days)
IMITREX INJ 4MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX INJ 6MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX SPR 20MG/ACT	3	QL (12 UNITS PER MONTH)
IMITREX TAB 25MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 50MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 100MG	3	QL (12 TABS PER MONTH)
MAXALT TAB 10MG	3	QL (30 tabs / 30 days)
MAXALT-MLT TAB 10MG	3	QL (30 tabs / 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 TABS PER MONTH)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 TABS PER MONTH)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces / 25 days)
RELPAX TAB 20MG	3	QL (12 TABS PER MONTH)
RELPAX TAB 40MG	3	QL (12 TABS PER MONTH)
REYVOW TAB 50MG	2	
REYVOW TAB 100MG	2	
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (30 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (30 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (30 ea / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (30 tabs / 30 days)
sumatriptan nasal spray 5 mg/act	1	QL (30 inhalers / 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 UNITS PER MONTH)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate tab 25 mg	1	QL (12 TABS PER MONTH)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate tab 50 mg	1	QL (12 TABS PER MONTH)
sumatriptan succinate tab 100 mg	1	QL (12 TABS PER MONTH)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections / 25 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 5 mg	1	QL (12 TABS PER MONTH)
ZOMIG SPR 2.5MG	2	QL (12 UNITS PER MONTH)
ZOMIG SPR 5MG	2	QL (12 UNITS PER MONTH)
ZOMIG TAB 2.5MG	3	QL (12 TABS PER MONTH)
ZOMIG TAB 5MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 TABS PER MONTH)

MINERALS & ELECTROLYTES

POTASSIUM

K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	3	
DEPEN TITRA TAB 250MG	3	
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
SYPRINE CAP 250MG	3	
trientine hcl cap 250 mg	1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	0	PA, QL (30 caps / 30 days)
REVLIMID CAP 5MG	0	PA, QL (30 caps / 30 days)
REVLIMID CAP 10MG	0	PA, QL (30 caps / 30 days)
REVLIMID CAP 15MG	0	PA, QL (30 caps / 30 days)
REVLIMID CAP 20MG	0	PA, QL (42 caps / 28 days)
REVLIMID CAP 25MG	0	PA, QL (42 caps / 28 days)
THALOMID CAP 50MG	0	PA, QL (30 caps / 30 days)
THALOMID CAP 100MG	0	PA, QL (30 caps / 30 days)
THALOMID CAP 150MG	0	PA, QL (60 caps / 30 days)
THALOMID CAP 200MG	0	PA, QL (60 caps / 30 days)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CAP 5MG	3	
AZASAN TAB 75 MG	2	
AZASAN TAB 100MG	2	
azathioprine tab 50 mg	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
IMURAN TAB 50MG	2	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder*	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 injections per month)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
sodium fluoride gel 1.1% (0.5% f)	1	

Drug Name	Drug Tier	Requirements/Limits
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	2	
ORAFATE PST 10%	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
MULTIVITAMINS		
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
C-NATE DHA CAP 28-1-200	3	
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	3	
COMPLETE NAT PAK DHA	3	
COMPLETENATE CHW	3	
CONCEPT DHA CAP	3	
CONCEPT OB CAP	3	
DUET DHA 400 MIS 25-1-400	3	
DUET DHA MIS BALANCED	3	
FOLIVANE-OB CAP	3	
MARNATAL-F CAP	3	
MYNATAL CAP	3	
MYNATAL PLUS TAB	3	
MYNATAL-Z TAB	3	
NATACHEW CHW	3	

Drug Name	Drug Tier	Requirements/Limits
NATALVIT TAB 75-1MG	3	
NEEVO DHA CAP 27-1.13	3	
NEONATAL PLS TAB 27-1MG	3	
NESTABS DHA PAK	3	
NESTABS TAB	3	
O-CAL TAB PRENATAL	3	
OB COMPLETE CAP ONE	3	
OB COMPLETE CAP PETITE	3	
OB COMPLETE TAB	3	
OB COMPLETE TAB PREMIER	3	
OB COMPLETE/ CAP DHA	3	
OBSTETRIX EC TAB	3	
OBSTETRIX PAK DHA	3	
PNV TABS TAB 29-1MG	3	
PNV-DHA CAP DOCUSATE	3	
PNV-OMEGA CAP	3	
PREMESISRX TAB	3	
PRENA1 CHW	3	
PRENA1 PEARL CAP	3	
PRENA 1 TRUE MIS	3	
PRENAISSANCE CAP	3	
PRENAISSANCE CAP PLUS	3	
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*	1	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL TAB 27-1MG	3	
PRENATAL VIT TAB LOW IRON	3	
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg**	1	
prenatal vit w/ iron carbonyl-fa tab 29-1 mg**	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg**	1	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL+FE TAB 29-1MG	3	
PRENATAL-U CAP 106.5-1	3	
PRENATE AM TAB 1MG	3	
PRENATE CAP ENHANCE	3	
PRENATE CAP ESSENT	3	
PRENATE CAP PIXIE	3	
PRENATE CAP RESTORE	3	
PRENATE CHW 0.6-0.4	3	
PRENATE DHA CAP	3	
PRENATE MINI CAP	3	
PRENATE TAB ELITE	3	
PREPLUS TAB 27-1MG	3	
PRETAB TAB 29-1MG	3	
PROVIDA OB CAP	3	
R-NATAL OB CAP 20-1-320	3	
REDICHEW RX CHW	3	
RELNATE DHA CAP	3	
SELECT-OB CHW	3	
SELECT-OB+ PAK DHA	3	
TARON-C DHA CAP	3	
TARON-PREX CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRI-TABS DHA MIS	3	
TRICARE PRE CAP 27-1-500	3	
TRICARE TAB PRENATAL	3	
TRINATAL RX TAB 1	3	
TRIVEEN-DUO PAK DHA	3	
VINATE DHA CAP 27-1.13	3	
VINATE II TAB	3	
VINATE ONE TAB	3	
VIRT-C DHA CAP	3	
VIRT-NATE CAP DHA	3	
VIRT-PN DHA CAP	3	
VIRT-PN PLUS CAP	3	
VITAFOL CAP ULTRA	3	
VITAFOL-NANO TAB	3	
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-ONE CAP	3	
VITAMEDMD CAP ONE RX	3	
VITAPEARL CAP	3	
VITATRUE MIS	3	
VIVA DHA CAP	3	
VOL-PLUS TAB	3	
VOL-TAB RX TAB	3	
VP-HEME OB MIS + DHA	3	
VP-PNV-DHA CAP	3	
ZATEAN-PN CAP DHA	3	
ZATEAN-PN CAP PLUS	3	

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	1	
carisoprodol tab 350 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 400 mg	1	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
ROBAXIN-750 TAB 750MG	2	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	
SOMA TAB 350MG	3	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	
DYMISTA SPR 137-50	2	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
PATANASE SPR 0.6%	3	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
mometasone furoate nasal susp 50 mcg/act	1	
NASONEX SPR 50MCG/AC	3	
XHANCE MIS 93MCG	3	
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	

Drug Name	Drug Tier	Requirements/Limits
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
SMA AGENTS		
EVRYSDI SOL	5	PA, QL (2 bottles (120 mg) per 24 days)
NUTRITIONAL / SUPPLEMENTS		
VITAMINS AND MINERALS, MISCELLANEOUS		
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	OTC; $0 copay-age and gender restrictions apply
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	OTC; $0 copay-age and gender restrictions apply
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	1	OTC; $0 copay-age and gender restrictions apply
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1	OTC; $0 copay-age and gender restrictions apply
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
BETOPTIC-S SUS 0.25% OP	2	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophth soln 0.25%	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
ISOPTO ATROP SOL 1% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
MIOTICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
CILOXAN OIN 0.3% OP	2	
CILOXAN SOL 0.3% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POLYTRIM SOL OP	3	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	3	
ZYMAXID SOL 0.5%	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05%	2	
RESTASIS MUL EMU 0.05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (112 mL / year)
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
dexamethasone sodium phosphate ophth soln 0.1%	1	
DUREZOL EMU 0.05%	2	
fluorometholone ophth susp 0.1%	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
INVELTYS SUS 1%	3	
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP	2	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	

Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SUS 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE SOL 0.15%	3	
VISIONBLUE SOL 0.06%	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	2	
BEPREVE DRO 1.5%	3	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
BROMSITE DRO 0.075%	3	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	5	PA, QL (60 mL / 30 days)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2%	3	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
LASTACAFT SOL 0.25%	2	
NEVANAC SUS 0.1%	2	
PAZEO DRO 0.7%	2	

Drug Name	Drug Tier	Requirements/Limits
PROLENSA SOL 0.07%	3	
TRUSOPT SOL 2% OP	3	
ZERVIATE DRO 0.24%	3	
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01%	2	
TRAVATAN Z DRO 0.004%	3	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	

Drug Name	Drug Tier	Requirements/Limits
PROSTIN E2 SUP 20MG	3	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone im in oil 50 mg/ml	1	
progesterone micronized cap 100 mg	1	
progesterone micronized cap 200 mg	1	
PROMETRIUM CAP 100MG	3	
PROMETRIUM CAP 200MG	3	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
ANTABUSE TAB 250MG	2	
ANTABUSE TAB 500MG	2	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	

Drug Name	Drug Tier	Requirements/Limits
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (60 tabs / 30 days)
AUSTEDO TAB 9MG	4	PA, QL (120 tabs / 30 days)
AUSTEDO TAB 12MG	4	PA, QL (120 tabs / 30 days)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 caps / 30 days)
INGREZZA CAP 80MG	4	PA, QL (30 caps / 30 days)
tetrabenazine tab 12.5 mg	1	PA, QL (120 tabs / 30 days)
tetrabenazine tab 25 mg	1	PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA, QL (60 tabs / 30 days)
AUBAGIO TAB 7MG	4	PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG	4	PA, QL (30 tabs / 30 days)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 20MG/ML	4	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
dalfampridine tab er 12hr 10 mg	1	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 caps / 28 days)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (60 caps / 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (1 kit / 30 days)
GILENYA CAP 0.5MG	4	PA, QL (30 caps / 30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	1	PA, QL (30 injections / 30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	PA
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 tabs / 270 days)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 tabs / 270 days)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 tabs / 270 days)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 tabs / 270 days)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 tabs / 270 days)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 tabs / 270 days)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 tabs / 270 days)
MAYZENT TAB 0.25MG	4	PA, QL (120 tabs / 30 days)
MAYZENT TAB 2MG	4	PA, QL (30 tabs / 30 days)
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 INJ PER 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
TECFIDERA CAP 120MG	4	PA, QL (14 caps / 28 days)
TECFIDERA CAP 240MG	4	PA, QL (60 caps / 30 days)
TECFIDERA MIS STARTER	4	PA, QL (1 kit / 30 days)
VUMERITY CAP 231MG	4	PA, QL (120 caps / 30 days)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (30 ea / 30 days)
ZEPOSIA CAP .92MG	4	PA, QL (30 caps / 30 days)
ZEPOSIA CAP STR KIT	4	PA, QL (30 ea / 30 days)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
SARAFEM TAB 10MG	3	
SARAFEM TAB 20MG	3	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 21MG/24H	0	
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 SYRINGES PER 28 DAYS)
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
paroxetine mesylate cap 7.5 mg (base equiv)	1	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG	5	PA, QL (60 packets / 30 days)
KALYDECO PAK 50MG	5	PA, QL (60 packets / 30 days)
KALYDECO PAK 75MG	5	PA, QL (60 packets / 30 days)
KALYDECO TAB 150MG	5	PA, QL (60 tabs / 30 days)
ORKAMBI GRA 100-125	5	PA, QL (60 packets / 30 days)
ORKAMBI GRA 150-188	5	PA, QL (60 packets / 30 days)
ORKAMBI TAB 100-125	5	PA, QL (120 tabs / 30 days)
ORKAMBI TAB 200-125	5	PA, QL (120 tabs / 30 days)
PULMOZYME SOL 1MG/ML	4	PA, QL (150 mL / 30 days)
SYMDEKO TAB 50-75MG	5	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 100-150	5	PA, QL (60 tabs / 30 days)
TRIKAFTA TAB	5	PA, QL (90 tabs / 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	4	PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG	4	PA, QL (270 tabs / 30 days)
ESBRIET TAB 801MG	4	PA, QL (90 tabs / 30 days)
OFEV CAP 100MG	4	PA, QL (60 caps / 30 days)
OFEV CAP 150MG	4	PA, QL (60 caps / 30 days)
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab delayed release 50 mg	1	
doxycycline hyclate tab delayed release 75 mg	1	
doxycycline hyclate tab delayed release 100 mg	1	
doxycycline hyclate tab delayed release 150 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NATURE THROI TAB 162.5MG	3	
NATURE-THROI TAB 16.25MG	3	
NATURE-THROI TAB 32.5MG	3	
NATURE-THROI TAB 48.75MG	3	
NATURE-THROI TAB 65MG	3	
NATURE-THROI TAB 81.25MG	3	
NATURE-THROI TAB 97.5MG	3	
NATURE-THROI TAB 113.75MG	3	
NATURE-THROI TAB 130MG	3	
NATURE-THROI TAB 146.25MG	3	
NATURE-THROI TAB 195MG	3	
NATURE-THROI TAB 260MG	3	
NATURE-THROI TAB 325MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
thyroid tab 15 mg (1/4 grain)	1	
thyroid tab 30 mg (1/2 grain)	1	
thyroid tab 60 mg (1 grain)	1	
thyroid tab 90 mg (1 1/2 grain)	1	
thyroid tab 120 mg (2 grain)	1	
WESTHROID TAB 32.5MG	3	
WESTHROID TAB 65MG	3	
WESTHROID TAB 97.5MG	3	
WESTHROID TAB 130MG	3	
WESTHROID TAB 195MG	3	
WP THYROID TAB 16.25MG	3	
WP THYROID TAB 32.5MG	3	
WP THYROID TAB 48.75MG	3	
WP THYROID TAB 65MG	3	
WP THYROID TAB 81.25MG	3	
WP THYROID TAB 97.5MG	3	
WP THYROID TAB 113.75MG	3	
WP THYROID TAB 130MG	3	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	2	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	
LEVBID TAB 0.375 ER	2	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
LIBRAX CAP 5-2.5MG	3	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
propantheline bromide tab 15 mg	1	
SYMAX DUOTAB TAB	3	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	2	QL (90 caps / year)
DEXILANT CAP 60MG DR	2	QL (90 caps / year)
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps / year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps / year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets / year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets / year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets / year)

Drug Name	Drug Tier	Requirements/Limits
lansoprazole cap delayed release 15 mg	1	QL (90 caps / year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps / year)
lansoprazole tab delayed release orally disintegrating 15 mg	1	QL (90 ea / year)
lansoprazole tab delayed release orally disintegrating 30 mg	1	QL (90 ea / year)
omeprazole cap delayed release 10 mg	1	QL (90 caps / year)
omeprazole cap delayed release 20 mg	1	QL (90 caps / year)
omeprazole cap delayed release 40 mg	1	QL (90 caps / year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs / year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs / year)
pantoprazole sodium for delayed release susp packet 40 mg	1	QL (90 packets / year)
PRILOSEC POW 2.5MG	3	QL (90 packets / year)
PRILOSEC POW 10MG	3	QL (90 packets / year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps / year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs / year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	2	
TALICIA CAP	3	
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg	1	
URINARY ANTI-INFECTIVES		
fosfomycin powder 3GM	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
MONUROL PAK GRANULES	3	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
GELNIQUE GEL 10%	3	
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VACCINES		
BACTERIAL VACCINES		
VIVOTIF CAP EC	3	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	3	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	3	OTC
nonoxynol-9 gel 4%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg	1	
ESTRING MIS 2MG	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens / 300 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (6 pens / 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens / 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens / 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes / 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes / 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP 100MG	5	PA, QL (90 caps / 30 days)
NORTHERA CAP 200MG	5	PA, QL (180 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG	5	PA, QL (180 caps / 30 days)
VASOPRESSORS		
EPINEPHRINE INJ 1MG/10ML	3	
EPINEPHRINE INJ 1MG/ML	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	2	
ergocalciferol cap 1.25 mg (50000 unit)	1	
MEPHYTON TAB 5MG	3	
phytonadione tab 5 mg	1	

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Generate the index.

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(UPDATED 8/5/19)

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Fax Number	410-505-2011

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

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

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 *and wait through the dialogue until prompted to push* 0*. When an agent answers, state the language you need and you will be connected to an interpreter.*

አማርኛ(Amharic) ማሳሰቢያ፦ ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኽን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tití a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bǎsɔ́ɔ̀-wùdù (Bassa) Tò Đùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fǔà-fǘá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓédɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké dɛ wa mó m̀ ké nyuɛɛ nyu hwè ɓɛ́ wé ɓěa ké zi. Ɔ mò nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé dɛ́ nì ɓídɖí-wùdù mú ɓɛ́ m̀ ké se wídɖí dɔ̀ pɛ́è. Kpooɔ̀ nyɔ ɓě mɛ dɖá fǘùn-nɔ̀ɓà nìà dɛ́ waà I.D. káàɔ̀ dɛín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ dɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàdɖàìn hwè. Ɔ jǔ ké nyɔ dɔ̀ dyi m̀ gɔ̌ jǔǐn, po wudu m̀ mɔ́ poɛ dyiɛ, ké nyɔ dɔ̀ mu ɓó nììn ɓɛ́ ɔ ké nì wuduɔ̀ mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ :یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه :يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة .يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة .ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم .يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم .0 عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad *(Navajo)* Ge': Díí bee ił hane'ígíí bii' dahólǫ bee éédahózin béeso ách'ą́ąh naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíįlígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íįh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédęę' bikáá' bich'į' hodoonihjį'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'įįł yałtí'ígíí t'áá níléíjį ádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ągo, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.