



HealthPartners UnityPoint Health Align (PPO)
HealthPartners UnityPoint Health Symmetry (PPO)
HealthPartners UnityPoint Health Group (PPO)
(Collectively known as HealthPartners UnityPoint Health)

2019 Formulary

(List of Covered Drugs)

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

Formulary ID 00019061, Version 21

This formulary was updated on 11/19/2019. For more recent information or other questions, please contact HealthPartners UnityPoint Health Member Services.

888-360-0544
TTY users: 711

Or visit **healthpartnersunitypointhealth.com**.

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

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

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means HealthPartners UnityPoint Health. When it refers to “plan” or “our plan,” it means HealthPartners UnityPoint Health.

This document includes a list of the drugs (formulary) for our plan which is current as of November 19, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the HealthPartners UnityPoint Health Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to

the drug list that will also affect members currently taking a drug:

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of November 19, 2019. To get updated information about the drugs covered by HealthPartners UnityPoint Health, please contact us. Our contact information appears on the front and back cover pages.

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

How do I use the Formulary?

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

Medical Condition

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

for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthPartners UnityPoint Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners UnityPoint Health before you fill your prescriptions. If you don't get approval, HealthPartners UnityPoint Health may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPartners UnityPoint Health limits the amount of the drug that HealthPartners UnityPoint Health will cover. For example, HealthPartners UnityPoint Health provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthPartners UnityPoint Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthPartners UnityPoint Health may not cover Drug B unless you try Drug A first. If Drug A

does not work for you, HealthPartners UnityPoint Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthPartners UnityPoint Health to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section "How do I request an exception to the HealthPartners UnityPoint Health formulary?" on page I-3 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that HealthPartners UnityPoint Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthPartners UnityPoint Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthPartners UnityPoint Health.
- You can ask HealthPartners UnityPoint Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthPartners UnityPoint Health Formulary?

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

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

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

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

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

you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Transition process

For existing members who change care level, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access. See your Evidence of Coverage for information about non-Part D drugs.

For more information

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

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

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

HealthPartners UnityPoint Health Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HealthPartners UnityPoint Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

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

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

COST-SHARING LEVELS BY PLAN AND DRUG TIER KEY

	Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Tier 3 (Preferred Brand)	Tier 4 (Non-preferred Drugs)	Tier 5 (Specialty Drugs)
HealthPartners UnityPoint Health Align	\$2	\$9	\$47	\$100	29% of cost
HealthPartners UnityPoint Health Symmetry	\$2**	\$9**	\$47	\$100	31% of cost
HealthPartners UnityPoint Health Group	Please refer to your Evidence of Coverage for more information about your prescription drug benefit, including drug tiers, cost sharing and drugs covered in the coverage gap.				

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

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

The information in the Requirements/Limits column tells you if HealthPartners UnityPoint Health has any special requirements for coverage of your drug. The key below describes the abbreviations used in the Requirements/Limits column.

Requirements/Limits Abbreviation Key

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl (0.5mg/.5ml syringe, 1 mg/ml syringe, 1 mg/ml ampul, 1 mg/ml cartridge, 2 mg/ml vial, 2 mg/ml syringe, 2 mg/ml ampul, 2 mg/ml cartridge, 4 mg/ml ampul, 4 mg/ml cartridge)</i>	4	QL (8 ML PER 1 DAY)
<i>hydromorphone hcl 1 mg/ml liquid</i>	4	QL (20 ML PER 1 DAY)
<i>hydromorphone hcl 2 mg tablet</i>	2	QL (8 TABS PER 1 DAY)
<i>hydromorphone hcl 4 mg tablet</i>	2	QL (5 TABS PER 1 DAY)
<i>hydromorphone hcl 8 mg tablet</i>	2	QL (2 TABS PER 1 DAY)
<i>hydromorphone hcl in sterile water/pf (in water/pf 1 mg/ml syringe, in water/pf 2 mg/2 ml syringe)</i>	4	QL (8 ML PER 1 DAY)
<i>hydromorphone hcl/pf (hcl/pf 1 mg/ml vial, hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial, hcl/pf 4 mg/ml vial, hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul)</i>	4	QL (8 ML PER 1 DAY)
LAZANDA (100 MCG SPRAY, 300 MCG SPRAY, 400 MCG SPRAY)	5	PA, NM
LORCET 5-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
LORCET HD 10-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
LORCET PLUS 7.5-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
MARTEN-TAB 325-50 TABLET	4	QL (12 TABS PER 1 DAY)
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	2	PA
<i>methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution)</i>	3	PA
<i>methadone hcl 10 mg/ml oral conc</i>	4	PA
METHADONE INTENSOL 10 MG/ML	4	PA
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er)</i>	3	PA
<i>morphine sulfate 10 mg/5 ml solution</i>	2	QL (45 ML PER 1 DAY)
<i>morphine sulfate 100 mg/5ml solution</i>	2	QL (4 ML PER 1 DAY)
<i>morphine sulfate 15 mg tablet</i>	2	QL (5 TABS PER 1 DAY)
<i>morphine sulfate 20 mg/5 ml solution</i>	2	QL (20 ML PER 1 DAY)
<i>morphine sulfate 30 mg tablet</i>	2	QL (2 TABS PER 1 DAY)
<i>morphine sulfate/pf 0.5 mg/ml vial</i>	4	QL (8 ML PER 1 DAY)
<i>oxycodone hcl 10 mg tablet</i>	2	QL (5 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl 15 mg tablet</i>	2	QL (3 TABS PER 1 DAY)
<i>oxycodone hcl 20 mg tablet</i>	2	QL (4 TABS PER 1 DAY)
<i>oxycodone hcl 20 mg/ml oral conc</i>	4	QL (4 ML PER 1 DAY)
<i>oxycodone hcl 5 mg capsule</i>	4	QL (8 CAPS PER 1 DAY)
<i>oxycodone hcl 5 mg tablet</i>	2	QL (8 TABS PER 1 DAY)
<i>oxycodone hcl 5 mg/5 ml solution</i>	3	QL (40 ML PER 1 DAY)
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet)</i>	2	QL (8 TABS PER 1 DAY)
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	2	QL (5 TABS PER 1 DAY)
<i>oxycodone hcl/acetaminophen 5-325/5 ml solution</i>	4	QL (40 ML PER 1 DAY)
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	2	QL (7 TABS PER 1 DAY)
<i>oxycodone hcl/aspirin 4.8355-325 tablet</i>	4	QL (8 TABS PER 1 DAY)
TENCON 50-325 MG TABLET	4	QL (12 TABS PER 1 DAY)
<i>tramadol hcl 50 mg tablet</i>	1	QL (8 TABS PER 1 DAY)

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	3	
<i>diclofenac potassium 50 mg tablet</i>	3	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr)</i>	2	
<i>diclofenac sodium 1 % gel (gram)</i>	3	
<i>diclofenac sodium 3 % gel (gram)</i>	4	
<i>etodolac (200 mg capsule, 300 mg capsule)</i>	2	
<i>etodolac (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	4	
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	3	
<i>flurbiprofen (50 mg tablet, 100 mg tablet)</i>	2	
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>ibuprofen 100 mg/5ml oral susp</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ketorolac tromethamine 10 mg tablet</i>	2	QL (20 TABS PER 30 DAYS)
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg tablet)</i>	1	
<i>naproxen (375 mg tablet dr, 500 mg tablet dr)</i>	2	
<i>naproxen 125 mg/5ml oral susp</i>	4	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	3	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

CADIRA COMPLIANT BLOOD STAT KT	3	
GLYDO 2% JELLY SYRINGE	2	
<i>lidocaine 5 % adh. patch</i>	4	PA, QL (90 EACH PER 30 DAYS)
<i>lidocaine hcl (2 % jelly(ml), 2 % jellpf app, 2 % solution, 4 % solution, 40 mg/ml solution)</i>	2	
<i>lidocaine hcl (5 mg/ml vial, 10 mg/ml vial)</i>	1	
<i>lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	1	
<i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 kit, lidocaine/prilocaine 2.5 cream (g))</i>	3	
LIDOTREX 2% WOUND GEL	2	
LIPROZONEPAK 2.5-2.5% CRM-DRSS	3	
MEDOLOR PAK 2.5-2.5% CRM-DRESS	3	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

<i>acamprosate calcium 333 mg tablet dr</i>	4	
<i>buprenorphine hcl 2 mg tab subl</i>	3	QL (360 TABS PER 30 DAYS)
<i>buprenorphine hcl 8 mg tab subl</i>	3	QL (90 TABS PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	3	QL (60 EACH PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg film</i>	3	QL (360 EACH PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl</i>	3	QL (360 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine hcl/naloxone hcl 4mg-1mg film</i>	3	QL (180 EACH PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl</i>	3	QL (90 TABS PER 30 DAYS)
<i>bupropion hcl 150 mg tab er 12h</i>	3	
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	3	QL (2 TABS PER 1 DAY)
CHANTIX STARTING MONTH BOX	3	QL (53 TABS PER 28 DAYS)
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	4	
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)</i>	3	
<i>naltrexone hcl 50 mg tablet</i>	3	
NARCAN 4 MG NASAL SPRAY	3	
NICOTROL CARTRIDGE INHALER	3	
NICOTROL NS 10 MG/ML SPRAY	3	
SUBOXONE 12 MG-3 MG SL FILM	3	QL (60 EACH PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	3	QL (360 EACH PER 30 DAYS)
SUBOXONE 4 MG-1 MG SL FILM	3	QL (180 EACH PER 30 DAYS)
SUBOXONE 8 MG-2 MG SL FILM	3	QL (90 EACH PER 30 DAYS)

ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)

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

ANTIANXIETY AGENTS

BENZODIAZEPINES

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (180 TABS PER 30 DAYS)
<i>alprazolam (0.5 mg tab er 24h, 1 mg tab er 24h)</i>	2	QL (6 TABS PER 1 DAY)
<i>alprazolam 2 mg tab er 24h</i>	2	QL (5 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alprazolam 2 mg tablet</i>	1	QL (150 TABS PER 30 DAYS)
<i>alprazolam 3 mg tab er 24h</i>	2	QL (3 TABS PER 1 DAY)
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	1	QL (180 CAPS PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg capsule</i>	1	QL (120 CAPS PER 30 DAYS)
<i>clobazam 10 mg tablet</i>	4	QL (120 TABS PER 30 DAYS)
<i>clobazam 2.5 mg/ml oral susp</i>	4	QL (480 ML PER 30 DAYS)
<i>clobazam 20 mg tablet</i>	4	QL (60 TABS PER 30 DAYS)
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis)</i>	3	QL (180 TABS PER 30 DAYS)
<i>clonazepam 0.5 mg tablet</i>	1	QL (180 TABS PER 30 DAYS)
<i>clonazepam 1 mg tab rapdis</i>	3	QL (120 TABS PER 30 DAYS)
<i>clonazepam 1 mg tablet</i>	1	QL (120 TABS PER 30 DAYS)
<i>clonazepam 2 mg tab rapdis</i>	3	QL (300 TABS PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 TABS PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	4	QL (180 TABS PER 30 DAYS)
DIASTAT 2.5 MG PEDI SYSTEM	4	QL (40 EACH PER 30 DAYS)
DIASTAT ACUDIAL 12.5-15-20 MG	4	QL (40 EACH PER 30 DAYS)
DIASTAT ACUDIAL 5-7.5-10 MG KT	4	QL (20 EACH PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet)</i>	1	QL (180 TABS PER 30 DAYS)
<i>diazepam 10 mg tablet</i>	1	QL (120 TABS PER 30 DAYS)
<i>diazepam 5 mg/5 ml solution</i>	2	QL (1200 ML PER 30 DAYS)
<i>diazepam 5 mg/ml oral conc</i>	2	QL (240 ML PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	QL (180 TABS PER 30 DAYS)
<i>lorazepam 2 mg/ml oral conc</i>	2	QL (150 ML PER 30 DAYS)
LORAZEPAM INTENSOL 2 MG/ML	2	QL (150 ML PER 30 DAYS)
ONFI 10 MG TABLET	3	QL (120 TABS PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	3	QL (480 ML PER 30 DAYS)
ONFI 20 MG TABLET	3	QL (60 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4	
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	QL (30 CAPS PER 30 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)</i>	4	PA
BETHKIS 300 MG/4 ML AMPULE	5	PA, QL (224 ML PER 30 DAYS), NM, BvsD
<i>gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)</i>	4	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (in 60 mg/50ml piggyback, in 70 mg/50ml piggyback, in 80mg/100ml piggyback, in 80 mg/50ml piggyback, in 90mg/100ml piggyback, in 100mg/0.1l piggyback, in 100mg/50ml piggyback, in 120mg/0.1l piggyback)</i>	4	
<i>gentamicin sulfate/pf (sulfate/pf 20 mg/2 ml vial, sulfate/pf 60 mg/6 ml vial port, sulfate/pf 100mg/10ml vial port)</i>	4	
<i>neomycin sulfate 500 mg tablet</i>	2	
<i>streptomycin sulfate 1 g vial</i>	4	
TOBI PODHALER 28 MG INHALE CAP	5	PA, QL (224 EACH PER 30 DAYS), NM
<i>tobramycin in 0.225% sod chlor 300 mg/5ml ampul-neb</i>	5	PA, QL (280 ML PER 30 DAYS), NM, BvsD
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	4	PA
<i>tobramycin/sodium chloride 60 mg/50ml piggyback</i>	4	

ANTIBACTERIALS, MISCELLANEOUS

<i>chloramphenicol sod succinate 1 g vial</i>	4	PA
CLIN SINGLE USE KIT	4	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate (150 mg/ml vial, 300 mg/2ml vial port, 600 mg/4ml vial port, 900mg/6ml vial port)</i>	4	
<i>daptomycin (350 mg vial, 500 mg vial)</i>	5	PA, NM
FIRVANQ (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	4	
<i>linezolid 100 mg/5ml susp recon</i>	5	PA, NM
<i>linezolid 600 mg tablet</i>	4	PA
<i>linezolid in dextrose 5% 600mg/300 piggyback</i>	5	PA, NM
<i>linezolid-0.9% sodium chloride 600mg/300 piggyback</i>	5	PA, NM
METRO IV 500 MG/100 ML	4	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	2	
<i>metronidazole/sodium chloride 500mg/0.1l piggyback</i>	4	
MONUROL 3 GM SACHET	4	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	4	
<i>nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	3	
<i>nitrofurantoin monohydr/m-cryst 100 mg capsule</i>	2	
<i>polymyxin b sulfate 500k unit vial</i>	4	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	5	PA, NM
SYNERCID 500 MG VIAL	5	NM
<i>trimethoprim 100 mg tablet</i>	1	
<i>vancomycin hcl (1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 5 g vial, 10 g vial, 50 mg/ml soln recon, 100 g bulkbaginj, 125 mg capsule, 250 mg capsule, 250 mg vial, 500 mg vial port, 500 mg vial, 750 mg vial, 750 mg vial port)</i>	4	
XIFAXAN (200 MG TABLET, 550 MG TABLET)	5	PA, NM

CEPHALOSPORINS

<i>cefadroxil (1 g tablet, 500 mg capsule)</i>	2	
<i>cefadroxil (250 mg/5ml susp recon, 500 mg/5ml susp recon)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium (1 g vial port, 1 g vial, 10 g vial, 20 g vial, 100 g bulkbaginj, 300g bulkbaginj, 500 mg vial)</i>	4	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 1 g/50 ml froz.piggy)</i>	4	
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	3	
<i>cefdinir 300 mg capsule</i>	2	
<i>cefepime hcl (1 g vial, 2 g vial)</i>	4	
<i>cefepime hcl in dextrose 5 % in water (in 5 % 1 g/50 ml piggyback, in 5 % 2 g/50 ml piggyback)</i>	4	
<i>cefepime hcl in iso-osmotic dextrose (in 1 g/50 ml froz.piggy, in 2 g/100 ml froz.piggy)</i>	4	
<i>cefixime 400 mg capsule</i>	4	
<i>cefoxitin sodium (1 g vial, 2 g vial)</i>	4	
<i>cefoxitin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 2 g/50 ml piggyback)</i>	4	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	4	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	3	
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	4	
<i>ceftazidime in dextrose 5% and water (in 1 g/50 ml piggyback, in 2 g/50 ml piggyback)</i>	4	
<i>ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial)</i>	3	
<i>ceftriaxone sodium in iso-osmotic dextrose (in 1 g/50 ml froz.piggy, in 1 g/50 ml piggyback, in 2 g/50 ml piggyback, in 2 g/50 ml froz.piggy)</i>	3	
<i>cefuroxime axetil (250 mg tablet, 500 mg tablet)</i>	3	
<i>cefuroxime sodium (1.5 g vial, 750 mg vial)</i>	4	
<i>cephalexin (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	3	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	1	
SUPRAX 400 MG CAPSULE	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEFLARO 400 MG VIAL	4	
TEFLARO 600 MG VIAL	5	NM
MACROLIDES		
<i>azithromycin (100 mg/5ml susp recon, 200 mg/5ml susp recon)</i>	3	
<i>azithromycin (250 mg tablet, 500 mg tablet)</i>	1	
<i>azithromycin (500 mg vial port, 500 mg vial)</i>	4	
<i>azithromycin 600 mg tablet</i>	2	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	3	
DIFICID 200 MG TABLET	5	PA, NM
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	
<i>erythromycin base 250 mg capsule dr</i>	4	
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
<i>aztreonam (1 g vial, 2 g vial)</i>	4	
CAYSTON 75 MG INHAL SOLUTION	5	PA, LA, QL (84 ML PER 30 DAYS), NM
<i>ertapenem sodium 1 g vial</i>	5	NM
<i>imipenem/cilastatin sodium (imipenem/cilastatin 250 mg vial, imipenem/cilastatin 500 mg vial)</i>	4	
INVANZ (1 GM VIAL, 1 GM ADD-VANTAGE VIAL)	5	NM
<i>meropenem (1 g vial, 500 mg vial)</i>	3	
<i>meropenem in 0.9 % sodium chloride (1 g/50 ml piggyback, 500mg/50ml piggyback)</i>	3	
PENICILLINS		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew)</i>	2	
<i>amoxicillin (125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxicillin/potassium clavulanate</i> (<i>amoxicillin/potassium 200-28.5/5 susp recon,</i> <i>amoxicillin/potassium 250-62.5/5 susp recon,</i> <i>amoxicillin/potassium 400-57mg/5 susp recon,</i> <i>amoxicillin/potassium 600-42.9/5 susp recon</i>)	3	
<i>amoxicillin/potassium clavulanate</i> (<i>amoxicillin/potassium 200-28.5mg tab chew,</i> <i>amoxicillin/potassium 400-57mg tab chew</i>)	4	
<i>amoxicillin/potassium clavulanate</i> (<i>amoxicillin/potassium 250-125 mg tablet,</i> <i>amoxicillin/potassium 500-125 mg tablet,</i> <i>amoxicillin/potassium 875-125 mg tablet</i>)	2	
<i>ampicillin sodium</i> (1 g vial port, 1 g vial, 2 g vial, 2 g vial port, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)	4	
<i>ampicillin sodium/sulbactam sodium</i> (<i>sodium/sulbactam 1.5 g vial, sodium/sulbactam</i> <i>1.5 g vial port, sodium/sulbactam 3 g vial,</i> <i>sodium/sulbactam 3 g vial port, sodium/sulbactam</i> <i>15 g vial</i>)	4	
<i>ampicillin trihydrate</i> (250 mg capsule, 500 mg capsule)	1	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
<i>dicloxacillin sodium</i> (250 mg capsule, 500 mg capsule)	3	
<i>nafcillin in dextrose, iso-osmotic</i> (in 1 g/50 ml froz.piggy, in 2 g/100 ml froz.piggy)	4	
<i>nafcillin sodium</i> (1 g vial port, 1 g vial, 2 g vial, 2 g vial port)	4	
<i>nafcillin sodium</i> 10 g vial	5	NM
<i>penicillin g potassium</i> (g 5mm unit vial, g 20mm unit vial)	4	
<i>penicillin g potassium/dextrose-water</i> (pen g pot/dextrose-water 2mm/50ml froz.piggy, pen g pot/dextrose-water 3mm/50ml froz.piggy)	4	
<i>penicillin v potassium</i> (125 mg/5ml soln recon, 250 mg/5ml soln recon)	2	
<i>penicillin v potassium</i> (250 mg tablet, 500 mg tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 g vial port, sodium/tazobactam 2.25 g vial, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 13.5 g vial, sodium/tazobactam 40.5 g vial)</i>	4	
QUINOLONES		
<i>ciprofloxacin (250 mg/5ml sus mc rec, 500 mg/5ml sus mc rec)</i>	3	
<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>ciprofloxacin lactate/dextrose 5 % in water (in 5 % 400mg/0.2l piggyback, in 5 % 200mg/0.1l piggyback)</i>	4	
<i>levofloxacin (25 mg/ml vial, 250mg/10ml solution, 500mg/20ml solution)</i>	4	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	4	
SULFONAMIDES		
<i>sulfadiazine 500 mg tablet</i>	4	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	3	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>	1	
<i>sulfamethoxazole/trimethoprim 80-16mg/ml vial</i>	4	
SULFATRIM PEDIATRIC SUSPENSION	3	
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tablet, 300 mg tablet)</i>	4	
DOXY 100 VIAL	4	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg tablet, 100 mg capsule)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline hyclate 100 mg vial</i>	4	
<i>doxycycline monohydrate (50 mg capsule, 100 mg capsule)</i>	2	
<i>doxycycline monohydrate (50 mg tablet, 100 mg tablet)</i>	3	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	2	
NUZYRA (150 MG TABLET-7 DAY, 150 MG TABLET, 150 MG-7 DAY WITH LOAD)	5	PA, NM
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	4	
<i>tigecycline 50 mg vial</i>	5	NM

ANTICANCER AGENTS

<i>abiraterone acetate 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
ABRAXANE 100 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
AFINITOR (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	NM
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	5	NM
ALECENSA 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ALIMTA (100 MG VIAL, 500 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
ALIQOPA 60 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
ALUNBRIG (30 MG TABLET, 90 MG-180 MG TAB PACK, 90 MG TABLET, 180 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>anastrozole 1 mg tablet</i>	1	
ARRANON 250 MG/50 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
<i>arsenic trioxide 10 mg/10ml vial</i>	5	PA - FOR NEW STARTS ONLY, NM
ARZERRA (100 MG/5 ML VIAL, 1,000 MG/50 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
AVASTIN (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azacitidine 100 mg vial</i>	5	PA - FOR NEW STARTS ONLY, NM
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BAVENCIO 200 MG/10 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BELEODAQ 500 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
BENDEKA 100 MG/4 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BESPONSA 0.9 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
<i>bexarotene 75 mg capsule</i>	5	NM
<i>bicalutamide 50 mg tablet</i>	2	
BICNU 100 MG VIAL	4	PA - FOR NEW STARTS ONLY
<i>bleomycin sulfate (15 unit vial, 30 unit vial)</i>	4	PA - FOR NEW STARTS ONLY, BvsD
BLINCYTO (35 MCG VIAL, 35MCG VIAL+STABILIZER)	5	PA - FOR NEW STARTS ONLY, NM
<i>bortezomib 3.5 mg vial</i>	5	PA - FOR NEW STARTS ONLY, NM
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>busulfan 60 mg/10ml vial</i>	5	PA - FOR NEW STARTS ONLY, NM
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
CALQUENCE 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
CAMPTOSAR 300 MG/15 ML VIAL	4	PA - FOR NEW STARTS ONLY
CAPRELSA (100 MG TABLET, 300 MG TABLET)	5	LA, NM
<i>carboplatin (10 mg/ml vial, 150 mg vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>carmustine 100 mg vial</i>	4	PA - FOR NEW STARTS ONLY
<i>cisplatin 1 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cladribine 10 mg/10ml vial</i>	4	PA - FOR NEW STARTS ONLY, BvsD
<i>clofarabine 20 mg/20ml vial</i>	5	PA - FOR NEW STARTS ONLY, NM
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	5	PA - FOR NEW STARTS ONLY, LA, NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COTELLIC 20 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	4	PA - Part B vs D Determination
CYRAMZA (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
<i>cytarabine 20 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY, BvsD
<i>cytarabine/pf (cytarabine/pf 2 g/20 ml vial, cytarabine/pf 20 mg/ml vial, cytarabine/pf 100 mg/5ml vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>dacarbazine (100 mg vial, 200 mg vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>dactinomycin 0.5 mg vial</i>	5	PA - FOR NEW STARTS ONLY, NM
DARZALEX (100 MG/5 ML VIAL, 400 MG/20 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
<i>daunorubicin hcl (5 mg/ml vial, 20 mg vial)</i>	4	PA - FOR NEW STARTS ONLY
DAURISMO (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>decitabine 50 mg vial</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>docetaxel (20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8ml vial, 160mg/16ml vial, 200mg/10ml vial)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>doxorubicin hcl (2 mg/ml vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg/25ml vial)</i>	4	PA - FOR NEW STARTS ONLY, BvsD
<i>doxorubicin hcl peg-liposomal 2 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY, BvsD
EMCYT 140 MG CAPSULE	3	
EMPLICITI (300 MG VIAL, 400 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epirubicin hcl (50 mg/25ml vial, 50 mg vial, 200 mg vial, 200mg/0.1l vial)</i>	4	PA - FOR NEW STARTS ONLY
ERBITUX (100 MG/50 ML VIAL, 200 MG/100 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
ERIVEDGE 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
ERLEADA 60 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	5	NM
ERWINAZE 10,000 UNITS VIAL	5	PA - FOR NEW STARTS ONLY, NM
<i>etoposide 20 mg/ml vial</i>	4	
<i>exemestane 25 mg tablet</i>	4	
FARESTON 60 MG TABLET	5	NM
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
FASLODEX 250 MG/5 ML SYRINGE	5	PA - FOR NEW STARTS ONLY, NM
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	4	
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)</i>	4	PA - FOR NEW STARTS ONLY, BvsD
<i>flutamide 125 mg capsule</i>	4	
FOLOTYN (20 MG/ML VIAL, 40 MG/2 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
<i>fulvestrant 250 mg/5ml syringe</i>	5	PA - FOR NEW STARTS ONLY, NM
GAZYVA 1,000 MG/40 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
<i>gemcitabine hcl (1 g/26.3ml vial, 1 g vial, 2 g vial, 2 g/52.6ml vial, 100 mg/ml vial, 200mg/5.26 vial, 200 mg vial)</i>	5	PA - FOR NEW STARTS ONLY, NM
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
GLEOSTINE (5 MG CAPSULE, 10 MG CAPSULE, 40 MG CAPSULE)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE 100 MG CAPSULE	5	NM
HALAVEN 1 MG/2 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
HERCEPTIN (150 MG VIAL, 440 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
HERCEPTIN HYLECTA 600MG-10,000	5	PA - FOR NEW STARTS ONLY, NM
HEXALEN 50 MG CAPSULE	5	NM
<i>hydroxyurea 500 mg capsule</i>	2	
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
ICLUSIG (15 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>idarubicin hcl 1 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>ifosfamide (1 g vial, 1 g/20 ml vial, 3 g vial, 3 g/60 ml vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>imatinib mesylate (100 mg tablet, 400 mg tablet)</i>	5	NM
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 140 MG CAPSULE, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
IMFINZI (120 MG/2.4 ML VIAL, 500 MG/10 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
IMLYGIC (1 MILLION PFU/ML VIAL, 100 MILLION PFU/ML VL)	5	PA - FOR NEW STARTS ONLY, NM, BvsD
INFUGEM (1,200 MG/120 ML BAG, 1,300 MG/130 ML BAG, 1,400 MG/140 ML BAG, 1,500 MG/150 ML BAG, 1,600 MG/160 ML BAG, 1,700 MG/170 ML BAG, 1,800 MG/180 ML BAG, 1,900 MG/190 ML BAG, 2,000 MG/200 ML BAG, 2,200 MG/220 ML BAG)	5	PA - FOR NEW STARTS ONLY, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
INREBIC 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
IRESSA 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irinotecan hcl (40 mg/2 ml vial, 100 mg/5ml vial, 500mg/25ml vial)</i>	4	PA - FOR NEW STARTS ONLY
IXEMPRA (15 MG KIT, 15 MG VIAL, 45 MG KIT, 45 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
JEVTANA (60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
KADCYLA (100 MG VIAL, 160 MG VIAL)	5	PA - FOR NEW STARTS ONLY, LA, NM
KANJINTI 420 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
KEYTRUDA 100 MG/4 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
KISQALI (200 MG DAILY, 400 MG DAILY, 600 MG DAILY)	5	PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)	5	PA - FOR NEW STARTS ONLY, NM
KYPROLIS (10 MG VIAL, 30 MG VIAL, 60 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
LARTRUVO (190 MG/19 ML VIAL, 500 MG/50 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE)	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>letrozole 2.5 mg tablet</i>	2	
LEUKERAN 2 MG TABLET	5	NM
<i>leuprolide acetate (1 mg/0.2ml vial, 1 mg/0.2ml kit)</i>	4	
LIBTAYO 350 MG/7 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LORBRENA (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LUMOXITI 1 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA))	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO)	5	PA - FOR NEW STARTS ONLY, NM
LYNPARZA (50 MG CAPSULE, 100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LYSODREN 500 MG TABLET	5	NM
MARQIBO KIT	5	PA - FOR NEW STARTS ONLY, NM
MATULANE 50 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	2	
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
MEKTOVI 15 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>melphalan hcl 50 mg vial</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>mercaptopurine 50 mg tablet</i>	4	
<i>methotrexate sodium 2.5 mg tablet</i>	3	PA - Part B vs D Determination
<i>methotrexate sodium 25 mg/ml vial</i>	2	PA - Part B vs D Determination
<i>methotrexate sodium/pf 25 mg/ml vial</i>	2	PA - Part B vs D Determination
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>mitoxantrone hcl 2 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY
MUSTARGEN 10 MG VIAL	4	PA - FOR NEW STARTS ONLY
MUTAMYCIN (5 MG VIAL, 20 MG VIAL, 40 MG VIAL)	4	PA - FOR NEW STARTS ONLY
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
MYLOTARG 4.5 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NERLYNX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
NEXAVAR 200 MG TABLET	5	LA, NM
<i>nilutamide 150 mg tablet</i>	5	NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
NUBEQA 300 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ODOMZO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ONCASPAR 3,750 UNIT/5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
ONIVYDE 43 MG/10 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
OPDIVO (40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 240 MG/24 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
<i>oxaliplatin (50 mg/10ml vial, 50 mg vial, 100mg/20ml vial, 100 mg vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>paclitaxel 6 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY
PERJETA 420 MG/14 ML VIAL	5	PA - FOR NEW STARTS ONLY, LA, NM
PIQRAY (200 MG DAILY, 250 MG DAILY, 300 MG DAILY)	5	PA - FOR NEW STARTS ONLY, NM
POLIVY 140 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM
PORTRAZZA 800 MG/50 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
POTELIGEO 20 MG/5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
PROLEUKIN 22 MILLION UNIT VIAL	5	PA - FOR NEW STARTS ONLY, NM
PURIXAN 20 MG/ML ORAL SUSP	4	
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	5	LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RITUXAN (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM, BvsD
RITUXAN HYCELA (1,400 MG-23,400, 1,600 MG-26,800)	5	PA - FOR NEW STARTS ONLY, NM
<i>romidepsin 10 mg/2 ml vial</i>	5	PA - FOR NEW STARTS ONLY, NM
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RYDAPT 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN)	4	
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	NM
STIVARGA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	NM
SYLVANT (100 MG VIAL, 400 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
SYNRIBO 3.5 MG/ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
TABLOID 40 MG TABLET	3	
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAGRISSO (40 MG TABLET, 80 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2	
TARCEVA (25 MG TABLET, 100 MG TABLET, 150 MG TABLET)	5	NM
TARGRETIN 1% GEL	5	PA - FOR NEW STARTS ONLY, NM
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TECENTRIQ (840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
TEMODAR 100 MG VIAL	4	PA - FOR NEW STARTS ONLY
<i>temsirolimus fdn 30mg/3 vial</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>thiotepa 15 mg vial</i>	4	PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>topotecan hcl (4 mg/4 ml vial, 4 mg vial)</i>	5	NM
<i>toremifene citrate 60 mg tablet</i>	5	NM
TORISEL (25 MG KIT, 25 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
TREANDA (25 MG VIAL, 100 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
<i>tretinoin 10 mg capsule</i>	5	NM
TRISENOX 12 MG/6 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
TURALIO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
TYKERB 250 MG TABLET	5	LA, NM
UNITUXIN 17.5 MG/ 5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
VECTIBIX (100 MG/5 ML VIAL, 400 MG/20 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
VELCADE 3.5 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
VENCLEXTA (10 MG TABLET, 50 MG TABLET)	4	PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
VENCLEXTA STARTING PACK	5	PA - FOR NEW STARTS ONLY, NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vinblastine sulfate 1 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY, BvsD
VINCASAR PFS (1 MG/ML VIAL, 2 MG/2 ML VIAL)	4	PA - FOR NEW STARTS ONLY
<i>vincristine sulfate (1 mg/ml vial, 2 mg/2 ml vial)</i>	4	PA - FOR NEW STARTS ONLY
<i>vinorelbine tartrate (10 mg/ml vial, 50 mg/5 ml vial)</i>	4	PA - FOR NEW STARTS ONLY
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VOTRIENT 200 MG TABLET	5	NM
VYXEOS 44 MG-100 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY, BvsD
XOSPATA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
XPOVIO (60 MG ONCE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	5	PA - FOR NEW STARTS ONLY, NM
XTANDI 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
YERVOY (50 MG/10 ML VIAL, 200 MG/40 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
YONDELIS 1 MG VIAL	5	PA - FOR NEW STARTS ONLY, NM, BvsD
YONSA 125 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZALTRAP (100 MG/4 ML VIAL, 200 MG/8 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
ZANOSAR 1 GM POWDER VIAL	4	PA - FOR NEW STARTS ONLY
ZEJULA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZELBORAF 240 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
ZOLINZA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYDELIG (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYKADIA (150 MG CAPSULE, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYTIGA (250 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM

ANTICHOLINERGIC AGENTS

ANTIMUSCARINICS/ANTISPASMODICS

<i>atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml syringe)</i>	4
<i>propantheline bromide 15 mg tablet</i>	3

ANTICONVULSANTS

APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BANZEL 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (16 TABS PER 1 DAY), NM
BANZEL 40 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, QL (80 ML PER 1 DAY), NM
BANZEL 400 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (8 TABS PER 1 DAY), NM
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT (10 MG/ML ORAL SOLN, 50 MG/5 ML VIAL)	4	PA - FOR NEW STARTS ONLY
<i>carbamazepine (100 mg tab chew, 200 mg tablet)</i>	3	
<i>carbamazepine (100 mg tab er 12h, 100 mg/5ml oral susp, 100 mg cpmp 12hr, 200 mg tab er 12h, 200 mg cpmp 12hr, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	4	
CELONTIN 300 MG KAPSEAL	4	
<i>diazepam (2.5 mg kit, 12.5-15-20 kit)</i>	4	QL (40 EACH PER 30 DAYS)
<i>diazepam 5-7.5-10mg kit</i>	4	QL (20 EACH PER 30 DAYS)
DILANTIN 30 MG CAPSULE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>divalproex sodium (125 mg cap dr spr, 250 mg tab er 24h, 500 mg tab er 24h)</i>	3	
<i>divalproex sodium (125 mg tablet dr, 250 mg tablet dr, 500 mg tablet dr)</i>	2	
EPIDIOLEX 100 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
EPITOL 200 MG TABLET	3	
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	4	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	4	
<i>felbamate 600 mg/5ml oral susp</i>	5	NM
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	2	QL (12 CAPS PER 1 DAY)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	3	QL (72 ML PER 1 DAY)
<i>gabapentin 400 mg capsule</i>	2	QL (9 CAPS PER 1 DAY)
<i>gabapentin 600 mg tablet</i>	2	QL (6 TABS PER 1 DAY)
<i>gabapentin 800 mg tablet</i>	2	QL (4 TABS PER 1 DAY)
<i>lamotrigine (25 mg tab rapdis, 50 mg tab rapdis, 100 mg tab rapdis, 200 mg tab rapdis)</i>	4	
<i>lamotrigine (5 mg tb chw dsp, 25 mg tb chw dsp, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>levetiracetam (100 mg/ml solution, 500 mg tab er 24h, 500 mg/5ml solution, 750 mg tab er 24h)</i>	3	
<i>levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1000 mg tablet)</i>	2	
<i>levetiracetam 500 mg/5ml vial</i>	4	
<i>levetiracetam in sodium chloride, iso-osmotic (in (iso-os) 500mg/0.1l piggyback, in (iso-os) 1000mg/100 piggyback, in (iso-os) 1500mg/100 piggyback)</i>	4	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL (2 CAPS PER 1 DAY)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL (3 CAPS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYRICA 20 MG/ML ORAL SOLUTION	3	QL (30 ML PER 1 DAY)
NAYZILAM 5 MG NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	3	
<i>oxcarbazepine 300 mg/5ml oral susp</i>	4	
PEGANONE 250 MG TABLET	4	
<i>phenobarbital (15 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i>	2	
<i>phenobarbital (16.2 mg tablet, 32.4 mg tablet, 64.8 mg tablet, 97.2mg tablet)</i>	3	
<i>phenobarbital 20 mg/5 ml elixir</i>	4	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	2	
<i>phenytoin sodium (50 mg/ml syringe, 50 mg/ml ampul, 50 mg/ml vial)</i>	4	
<i>phenytoin sodium extended (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	3	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	3	QL (2 CAPS PER 1 DAY)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	3	QL (3 CAPS PER 1 DAY)
<i>pregabalin 20 mg/ml solution</i>	3	QL (30 ML PER 1 DAY)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
SABRIL 500 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	4	PA - FOR NEW STARTS ONLY
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	2	
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	4	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink)</i>	3	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500mg/10ml solution)</i>	3	
<i>valproic acid (as sodium salt) 500 mg/5ml vial</i>	4	
<i>valproic acid 250 mg capsule</i>	3	
<i>vigabatrin (500 mg tablet, 500 mg powd pack)</i>	5	PA - FOR NEW STARTS ONLY, LA, NM
VIGADRONE 500 MG POWDER PACKET	5	PA - FOR NEW STARTS ONLY, LA, NM
VIMPAT (150 MG TABLET, 200 MG TABLET)	3	QL (2 TABS PER 1 DAY)
VIMPAT 10 MG/ML SOLUTION	3	QL (40 ML PER 1 DAY)
VIMPAT 100 MG TABLET	3	QL (4 TABS PER 1 DAY)
VIMPAT 200 MG/20 ML VIAL	3	
VIMPAT 50 MG TABLET	3	QL (8 TABS PER 1 DAY)
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	

ANTIDEMENTIA AGENTS

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

ANTIDEPRESSANTS

<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	2	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion hcl (100 mg tab sr 12h, 150 mg tab sr 12h, 150 mg tab er 24h, 200 mg tab sr 12h, 300 mg tab er 24h)</i>	2	
<i>bupropion hcl (75 mg tablet, 100 mg tablet)</i>	3	
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	3	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	4	
<i>desvenlafaxine suc er 100 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>desvenlafaxine suc er 25 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>desvenlafaxine suc er 50 mg tablet (generic for pristiq)</i>	3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl 10 mg/ml oral conc</i>	1	PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	2	
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>escitalopram oxalate 5 mg/5 ml solution</i>	4	
FETZIMA (ER 20 MG CAPSULE, 20-40 MG TITRATION PAK, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl 20 mg/5 ml solution</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZULRESSO 100 MG/20 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM

ANTIDIABETIC AGENTS

ANTIDIABETIC AGENTS, MISCELLANEOUS

<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	3	
BYDUREON 2 MG PEN INJECT	3	QL (4 EACH PER 28 DAYS)
BYDUREON 2 MG VIAL	3	QL (4 EACH PER 28 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	3	QL (3.4 ML PER 28 DAYS)
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 ML PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 ML PER 30 DAYS)
GLUCAGON 1 MG EMERGENCY KIT	3	
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 TABS PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET, 150-1,000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
INVOKANA (100 MG TABLET, 300 MG TABLET)	3	
JARDIANCE (10 MG TABLET, 25 MG TABLET)	3	
JENTADUETO (2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB, 2.5 MG-1000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 TABS PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 TABS PER 30 DAYS)
KORLYM 300 MG TABLET	5	PA, NM
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	QL (75 TABS PER 30 DAYS)
<i>metformin hcl 500 mg tab er 24h</i>	1	QL (120 TABS PER 30 DAYS)
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	1	QL (150 TABS PER 30 DAYS)
<i>metformin hcl 750 mg tab er 24h</i>	1	QL (60 TABS PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	4	
OZEMPIC 0.25-0.5 MG DOSE PEN	3	QL (1.5 ML PER 28 DAYS)
OZEMPIC 1 MG DOSE PEN	3	QL (3 ML PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 TABS PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 TABS PER 30 DAYS)
<i>pioglitazone hcl/glimepiride (hcl/glimepiride 30 mg-4 mg tablet, hcl/glimepiride 30 mg-2 mg tablet)</i>	4	QL (30 TABS PER 30 DAYS)
<i>pioglitazone hcl/metformin hcl (/metformin 15mg-500mg tablet, /metformin 15mg-850mg tablet)</i>	4	QL (90 TABS PER 30 DAYS)
<i>repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
SYMLINPEN 120 PEN INJECTOR	5	NM
SYMLINPEN 60 PEN INJECTOR	5	NM
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	3	QL (60 TABS PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 TABS PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	3	QL (30 TABS PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
TRADJENTA 5 MG TABLET	3	
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)	3	QL (2 ML PER 28 DAYS)
VICTOZA 2-PAK 18 MG/3 ML PEN	3	QL (9 ML PER 30 DAYS)
VICTOZA 3-PAK 18 MG/3 ML PEN	3	QL (9 ML PER 30 DAYS)

INSULINS

BASAGLAR 100 UNIT/ML KWIKPEN	3	
HUMALOG (100 UNIT/ML VIAL, 100 UNITS/ML CARTRIDGE)	3	
HUMALOG 100 UNITS/ML KWIKPEN	3	
HUMALOG 200 UNITS/ML KWIKPEN	3	
HUMALOG JR 100 UNIT/ML KWIKPEN	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 50-50 VIAL	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25 VIAL	3	
HUMULIN R 500 UNITS/ML KWIKPEN	5	NM
HUMULIN R 500 UNITS/ML VIAL	5	NM
<i>insulin lispro (100/ml insulin pen, 100/ml vial)</i>	3	

SULFONYLUREAS

<i>glimepiride 1 mg tablet</i>	1	QL (240 TABS PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 TABS PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 TABS PER 30 DAYS)
<i>glipizide (2.5 mg tab er 24, 5 mg tablet)</i>	1	QL (240 TABS PER 30 DAYS)
<i>glipizide (5 mg tab er 24, 10 mg tablet)</i>	1	QL (120 TABS PER 30 DAYS)
<i>glipizide 10 mg tab er 24</i>	1	QL (60 TABS PER 30 DAYS)
<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	3	QL (120 TABS PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	3	QL (240 TABS PER 30 DAYS)

ANTIFUNGALS

ABELCET 100 MG/20 ML VIAL	5	PA, NM, BvsD
AMBISOME 50 MG VIAL	5	PA, NM, BvsD
<i>amphotericin b 50 mg vial</i>	4	PA, BvsD
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	5	PA, NM
<i>ciclopirox 0.77 % gel (gram)</i>	4	
<i>ciclopirox 8 % solution</i>	3	
<i>ciclopirox olamine 0.77 % cream (g)</i>	3	
<i>ciclopirox olamine 0.77 % suspension</i>	4	
<i>clotrimazole 10 mg troche</i>	3	
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	2	
CRESEMBA 186 MG CAPSULE	5	PA, NM

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIGOUT AGENTS		
ANTIGOUT AGENTS, OTHER		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	4	
<i>febuxostat (40 mg tablet, 80 mg tablet)</i>	3	ST
<i>probenecid 500 mg tablet</i>	3	
<i>probenecid/colchicine 500-0.5 mg tablet</i>	2	
ULORIC (40 MG TABLET, 80 MG TABLET)	3	ST
ANTIHISTAMINES		
<i>cetirizine hcl 1 mg/ml solution</i>	1	
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg/10 ml syrup, 4 mg tablet)</i>	3	
<i>diphenhydramine hcl 50 mg/ml vial</i>	1	
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>hydroxyzine hcl (10 mg/5 ml solution, 50 mg/25ml solution)</i>	2	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	4	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
<i>promethazine hcl 6.25mg/5ml syrup</i>	1	
ANTIMIGRAINE AGENTS		
AIMOVIG 140 MG DOSE-2 AUTOINJ	4	PA, QL (2 ML PER 30 DAYS)
AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML)	4	PA, QL (2 ML PER 30 DAYS)
AJOVY 225 MG/1.5 ML SYRINGE	3	PA, QL (1.5 ML PER 30 DAYS)
<i>dihydroergotamine mesylate (0.5mg/spry spray/pump, 1 mg/ml ampul)</i>	5	PA, NM
EMGALITY 120 MG/ML PEN	3	PA, QL (1 ML PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (1 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	QL (3 SYRINGES PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERGOMAR 2 MG TABLET SL	4	QL (22 TABS PER 30 DAYS)
<i>ergotamine tartrate/caffeine 1 mg-100mg tablet</i>	4	
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL (12 TABS PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	2	QL (12 TABS PER 30 DAYS)
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	4	QL (12 EACH PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (12 TABS PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial)</i>	4	QL (5 ML PER 30 DAYS)

ANTIMYCOBACTERIALS

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

ANTINAUSEA AGENTS

<i>aprepitant (40 mg capsule, 80 mg capsule, 125mg-80mg cap ds pk, 125 mg capsule)</i>	4	PA - Part B vs D Determination
COMPRO 25 MG SUPPOSITORY	4	
<i>dronabinol (2.5 mg capsule, 5 mg capsule)</i>	4	PA - Part B vs D Determination, QL (6 CAPS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dronabinol 10 mg capsule</i>	4	PA - Part B vs D Determination, QL (4 CAPS PER 1 DAY)
EMEND 125 MG POWDER PACKET	4	PA - Part B vs D Determination
<i>granisetron hcl 1 mg tablet</i>	3	PA - Part B vs D Determination
<i>meclizine hcl 25 mg tablet</i>	1	
<i>ondansetron (4 mg tab rapdis, 8 mg tab rapdis)</i>	2	PA - Part B vs D Determination
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	2	PA - Part B vs D Determination
<i>ondansetron hcl 2 mg/ml vial</i>	4	
<i>ondansetron hcl 4 mg/5 ml solution</i>	3	PA - Part B vs D Determination
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml syringe, hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml vial)</i>	4	
PHENADOZ (12.5 MG, 25 MG)	4	
<i>prochlorperazine 25 mg supp.rect</i>	4	
<i>prochlorperazine edisylate (5 mg/ml vial, 10 mg/2 ml vial)</i>	4	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	1	
<i>promethazine hcl (12.5 mg supp.rect, 25 mg/ml vial, 25 mg/ml ampul, 25 mg supp.rect, 50 mg supp.rect)</i>	4	
<i>promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	4	
<i>scopolamine 1 mg/3 day patch td 3</i>	4	
<i>trimethobenzamide hcl 300 mg capsule</i>	4	PA - Part B vs D Determination

ANTIPARASITE AGENTS

<i>albendazole 200 mg tablet</i>	5	NM
ALBENZA 200 MG TABLET	5	NM
ALINIA 100 MG/5 ML SUSPENSION	4	
ALINIA 500 MG TABLET	5	NM
<i>atovaquone 750 mg/5ml oral susp</i>	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atovaquone/proguanil hcl (atovaquone/proguanil 62.5-25 mg tablet, atovaquone/proguanil 250-100 mg tablet)</i>	4	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	3	
COARTEM TABLETS	3	
DARAPRIM 25 MG TABLET	3	
<i>hydroxychloroquine sulfate 200 mg tablet</i>	3	
<i>ivermectin 3 mg tablet</i>	3	
<i>mefloquine hcl 250 mg tablet</i>	2	
NEBUPENT 300 MG INHAL POWDER	3	PA - Part B vs D Determination
<i>paromomycin sulfate 250 mg capsule</i>	4	
PENTAM 300 VIAL	4	
<i>pentamidine isethionate 300 mg vial</i>	4	
<i>pentamidine isethionate 300 mg vial-neb</i>	3	PA - Part B vs D Determination
<i>praziquantel 600 mg tablet</i>	3	
<i>primaquine phosphate 26.3 mg tablet</i>	3	
<i>quinine sulfate 324 mg capsule</i>	4	PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl (100 mg tablet, 100 mg capsule)</i>	3	
<i>amantadine hcl 50 mg/5 ml solution</i>	1	
APOKYN 30 MG/3 ML CARTRIDGE	5	PA, LA, NM
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	4	
<i>cabergoline 0.5 mg tablet</i>	3	
<i>carbidopa 25 mg tablet</i>	4	
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-250mg tab rapdis)</i>	4	
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-250mg tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa/levodopa (carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 50mg-200mg tablet er)</i>	3	
<i>carbidopa/levodopa/entacapone (carbidopa/levodopa/entacapone 12.5-50 mg tablet, carbidopa/levodopa/entacapone 18.75-75mg tablet, carbidopa/levodopa/entacapone 25-100-200 tablet, carbidopa/levodopa/entacapone 31.25-125 tablet, carbidopa/levodopa/entacapone 37.5-150mg tablet, carbidopa/levodopa/entacapone 50-200-200 tablet)</i>	4	
<i>entacapone 200 mg tablet</i>	4	
INBRIJA 42 MG INHALATION CAP	5	PA, NM
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	4	PA
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	2	
<i>pramipexole di-hcl (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	4	
<i>rasagiline mesylate (0.5 mg tablet, 1 mg tablet)</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	2	
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	4	
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	3	ST
<i>selegiline hcl 5 mg capsule</i>	4	
<i>selegiline hcl 5 mg tablet</i>	3	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	1	
<i>trihexyphenidyl hcl 2 mg/5 ml elixir</i>	2	
ANTIPSYCHOTIC AGENTS		
ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR, ER 400 MG VL)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	3	
<i>aripiprazole 1 mg/ml solution</i>	4	
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN)	5	PA - FOR NEW STARTS ONLY, NM
ARISTADA ER 1064 MG/3.9 ML SYR	4	PA - FOR NEW STARTS ONLY
ARISTADA INITIO ER 675 MG/2.4	5	PA - FOR NEW STARTS ONLY, NM
<i>chlorpromazine hcl (10 mg tablet, 25 mg/ml ampul, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	4	
<i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK)	4	PA - FOR NEW STARTS ONLY
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>fluphenazine decanoate 25 mg/ml vial</i>	4	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/ml vial, 2.5 mg/5ml elixir, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	4	
GEODON 20 MG/ML VIAL	4	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml vial, 100 mg/ml ampul)</i>	3	
<i>haloperidol lactate (5 mg/ml vial, 5 mg/ml ampul, 5 mg/ml syringe)</i>	1	
<i>haloperidol lactate 2 mg/ml oral conc</i>	2	
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 39 MG/0.25 ML	4	PA - FOR NEW STARTS ONLY
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	5	PA - FOR NEW STARTS ONLY, NM
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET, 120 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (1 TAB PER 1 DAY), NM
<i>loxapine succinate (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	2	
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	4	
NUPLAZID (10 MG TABLET, 17 MG TABLET, 34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	3	
<i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>olanzapine 10 mg vial</i>	4	
<i>paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 6 mg tab er 24, 9 mg tab er 24)</i>	4	PA - FOR NEW STARTS ONLY
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	3	
PERSERIS (ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	4	
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	2	
<i>quetiapine fumarate (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	4	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR)	3	
RISPERDAL CONSTA (37.5 MG SYR, 50 MG SYR)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone (0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis, 3 mg tab rapdis, 4 mg tab rapdis)</i>	4	PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	1	
<i>risperidone 1 mg/ml solution</i>	4	
SAPHRIS (2.5 MG TAB, 5 MG TAB)	4	PA - FOR NEW STARTS ONLY
SAPHRIS 10 MG TAB SUBLINGUAL	5	PA - FOR NEW STARTS ONLY, NM
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	3	
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	3	
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR 1.5 MG-3 MG PACK	4	PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	3	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV (300 MG VL KIT, 300 MG VIAL, 405 MG VL KIT, 405 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM

ANTIVIRALS (SYSTEMIC)

ANTIRETROVIRALS

<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir sulfatellamivudine 600-300mg tablet</i>	4	
<i>abacavir/lamivudine/zidovudine 150-300 mg tablet</i>	5	NM
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atazanavir sulfate (150 mg capsule, 200 mg capsule, 300 mg capsule)</i>	5	NM
ATRIPLA TABLET	5	NM
BIKTARVY 50-200-25 MG TABLET	5	NM
CIMDUO 300-300 MG TABLET	5	NM
COMPLERA TABLET	5	NM
CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE)	3	
DELSTRIGO 100-300-300 MG TAB	5	NM
DESCOVY 200-25 MG TABLET	5	NM
<i>didanosine (125 mg capsule dr, 200 mg capsule dr, 250 mg capsule dr, 400 mg capsule dr)</i>	4	
DOVATO 50-300 MG TABLET	5	NM
EDURANT 25 MG TABLET	5	NM
<i>efavirenz (50 mg capsule, 200 mg capsule)</i>	4	
<i>efavirenz 600 mg tablet</i>	5	NM
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
EPIVIR HBV 25 MG/5 ML SOLN	4	
EVOTAZ 300 MG-150 MG TABLET	5	NM
<i>fosamprenavir calcium 700 mg tablet</i>	5	NM
FUZEON 90 MG VIAL	5	NM
GENVOYA TABLET	5	NM
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	NM
INTELENCE 25 MG TABLET	4	
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	5	NM
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	NM
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD 600 MG TABLET	5	NM
JULUCA 50-25 MG TABLET	5	NM
KALETRA 100-25 MG TABLET	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALETRA 200-50 MG TABLET	5	NM
<i>lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	4	
<i>lamivudine/zidovudine 150-300 mg tablet</i>	4	
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir/ritonavir 400-100/5 solution</i>	4	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tablet, 24h, 400 mg tablet, 24h)</i>	4	
<i>nevirapine 200 mg tablet</i>	3	
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG POWDER PACKET)	4	
ODEFSEY TABLET	5	NM
PIFELTRO 100 MG TABLET	5	NM
PREZCOBIX 800 MG-150 MG TABLET	5	NM
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	NM
PREZISTA 75 MG TABLET	4	
RESCRIPTOR (100 MG TABLET, 200 MG TABLET)	4	
RETROVIR 200 MG/20 ML VIAL	4	
REYATAZ 50 MG POWDER PACKET	5	NM
<i>ritonavir 100 mg tablet</i>	4	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET)	4	
SELZENTRY (75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	NM
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	3	
STRIBILD TABLET	5	NM
SYMFI 600-300-300 MG TABLET	5	NM
SYMFI LO 400-300-300 MG TABLET	5	NM
SYMTUZA 800-150-200-10 MG TAB	5	NM
TEMIXYS 300-300 MG TABLET	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	4	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	NM
TIVICAY 10 MG TABLET	4	
TRIUMEQ 600-50-300 MG TABLET	5	NM
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	5	NM
VEMLIDY 25 MG TABLET	5	NM
VIDEX (2 GM SOLN, 4 GM SOLN)	4	
VIDEX EC 125 MG CAPSULE	4	
VIRACEPT (250 MG TABLET, 625 MG TABLET)	5	NM
VIRAMUNE 50 MG/5 ML SUSP	4	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	NM
ZERIT 1 MG/ML SOLUTION	4	
<i>zidovudine (100 mg capsule, 300 mg tablet)</i>	3	
<i>zidovudine 10 mg/ml syrup</i>	4	

ANTIVIRALS, MISCELLANEOUS

<i>foscarnet sodium 24 mg/ml infus. btl</i>	4	PA, BvsD
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	3	
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	4	
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	NM
RELENZA 5 MG DISKHALER	3	QL (56 EACH PER 28 DAYS)
<i>rimantadine hcl 100 mg tablet</i>	4	
SYNAGIS (50 MG/0.5 ML VIAL, 100 MG/1 ML VIAL)	5	PA, NM
TAMIFLU 6 MG/ML SUSPENSION	4	

HCV ANTIVIRALS

DAKLINZA (30 MG TABLET, 60 MG TABLET, 90 MG TABLET)	5	PA, NM
EPCLUSA 400 MG-100 MG TABLET	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HARVONI (45-200 MG TABLET, 90-400 MG TABLET)	5	PA, NM
<i>ledipasvir/sofosbuvir 90mg-400mg tablet</i>	5	PA, NM
MAVYRET 100-40 MG TABLET	5	PA, NM
OLYSIO 150 MG CAPSULE	5	PA, NM
<i>sofosbuvir/velpatasvir 400-100 mg tablet</i>	5	PA, NM
TECHNIVIE DOSE PACK	5	PA, NM
VIEKIRA PAK	5	PA, NM
VIEKIRA XR TABLET	5	PA, NM
VOSEVI 400-100-100 MG TABLET	5	PA, NM

INTERFERONS

INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	NM
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA, NM
PEGASYS PROCLICK (135 MCG/0.5, 180 MCG/0.5)	5	PA, NM
PEGINTRON 50 MCG KIT	5	PA, NM
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	5	NM

NUCLEOSIDES AND NUCLEOTIDES

<i>acyclovir (400 mg tablet, 800 mg tablet)</i>	2	
<i>acyclovir 200 mg capsule</i>	1	
<i>acyclovir 200 mg/5ml oral susp</i>	4	
<i>acyclovir sodium (50 mg/ml vial, 500 mg vial, 1000 mg vial)</i>	4	PA - Part B vs D Determination
<i>adefovir dipivoxil 10 mg tablet</i>	5	NM
BARACLUDE 0.05 MG/ML SOLUTION	4	
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	4	
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	3	
<i>ganciclovir sodium (500mg/10ml vial, 500 mg vial)</i>	4	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REBETOL 40 MG/ML SOLUTION	4	
RIBASPHERE (200 MG CAPSULE, 200 MG TABLET, 400 MG TABLET, 600 MG TABLET)	4	
RIBASPHERE RIBAPAK (200-400 MG, 400-400 MG, 600-400 MG, 600-600 MG)	5	NM
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	4	
<i>ribavirin 6 g vial-neb</i>	5	PA, NM, BvsD
<i>valacyclovir hcl (500 mg tablet, 1000 mg tablet)</i>	2	
<i>valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)</i>	5	NM

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

ELIQUIS (2.5 MG TABLET, DVT-PE TREAT START 5MG, 5 MG TABLET)	3	
<i>enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/0.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	4	
<i>fondaparinux sodium (5mg/0.4ml syringe, 7.5mg/0.6 syringe, 10mg/0.8ml syringe)</i>	5	PA, NM
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	4	PA
<i>heparin sodium,porcine (1000/ml vial, 5000/ml vial, 5000/ml(1) cartridge, 5000/ml syringe, 10000/ml vial, 20000/ml vial)</i>	2	
<i>heparin sodium,porcine/d5w 20k/500ml iv soln</i>	2	PA - Part B vs D Determination
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml vial, sodium,porcine/pf 5000/0.5ml cartridge)</i>	2	
JANTOVEN (1 MG TABLET, 2 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK)	3	
BLOOD FORMATION MODIFIERS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/ML VIAL)	4	PA, BvsD
ARANESP (60 MCG/0.3 ML SYRINGE, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/ML VIAL, 200 MCG/0.4 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA, NM, BvsD
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	PA, LA, NM
CINRYZE 500 UNIT VIAL	5	PA, LA, NM
FULPHILA 6 MG/0.6 ML SYRINGE	5	NM
GRANIX (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	NM
HAEGARDA (2,000 UNIT VIAL, 3,000 UNIT VIAL)	5	PA, LA, NM
LEUKINE 250 MCG VIAL	5	NM
MOZOBIL 24 MG/1.2 ML VIAL	5	PA, NM
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	5	NM
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	NM
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	4	PA, BvsD
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA, NM, BvsD

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

HEMATOLOGIC AGENTS, MISCELLANEOUS

AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET)	5	NM
<i>aminocaproic acid 500 mg tablet</i>	5	NM
<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	4	
<i>tranexamic acid (1000 mg/10 ampul, 1000 mg/10 vial)</i>	4	PA
<i>tranexamic acid 650 mg tablet</i>	3	QL (30 TABS PER 30 DAYS)

PLATELET-AGGREGATION INHIBITORS

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

CALORIC AGENTS

AMINOSYN 8.5%-ELECTROLYTES SOL	3	PA - Part B vs D Determination
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AMINOSYN II (7% IV SOLUTION, 8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	3	PA - Part B vs D Determination
AMINOSYN II 8.5%-ELECTROLYTES	3	PA - Part B vs D Determination
AMINOSYN M 3.5% IV SOLUTION	3	PA - Part B vs D Determination
AMINOSYN-HBC 7% IV SOLUTION	3	PA - Part B vs D Determination
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	3	PA - Part B vs D Determination
<i>dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)</i>	4	
<i>dextrose 5 % in water (5 % in pggybk prt, 5 % in pgy vl prt, 5 % in 5 % iv soln, 5 % in 5 % vial)</i>	4	
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - Part B vs D Determination

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGENTS

<i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	1	
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	2	
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	4	
NORTHERA (100 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (90 CAPS PER 30 DAYS), NM
NORTHERA 300 MG CAPSULE	5	PA, QL (180 CAPS PER 30 DAYS), NM
<i>phenoxybenzamine hcl 10 mg capsule</i>	5	PA, NM
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	3	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYZAAR (50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET)	4	
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	
<i>irbesartan/hydrochlorothiazide (irbesartan/hydrochlorothiazide 150-12.5mg tablet, irbesartan/hydrochlorothiazide 300-12.5mg tablet)</i>	2	
<i>losartan potassium (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>losartan potassium/hydrochlorothiazide (losartan/hydrochlorothiazide 50-12.5 mg tablet, losartan/hydrochlorothiazide 100mg-25mg tablet, losartan/hydrochlorothiazide 100-12.5mg tablet)</i>	1	
<i>olmesartan medoxomil (5 mg tablet, 20 mg tablet, 40 mg tablet)</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide (olmesartan/hydrochlorothiazide 20-12.5 mg tablet, olmesartan/hydrochlorothiazide 40-12.5 mg tablet, olmesartan/hydrochlorothiazide 40 mg-25mg tablet)</i>	2	
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	2	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	2	
<i>valsartan/hydrochlorothiazide (valsartan/hydrochlorothiazide 80-12.5mg tablet, valsartan/hydrochlorothiazide 160-12.5mg tablet, valsartan/hydrochlorothiazide 160-25mg tablet, valsartan/hydrochlorothiazide 320mg-25mg tablet, valsartan/hydrochlorothiazide 320-12.5mg tablet)</i>	2	

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>benazepril hcl/hydrochlorothiazide (benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10-12.5mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet)</i>	3	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	

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

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

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

CALCIUM-CHANNEL BLOCKING AGENTS

CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	2	
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2	
<i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>	3	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tablet, 180 mg cap sa 24h, 180 mg cap er 24h, 180 mg cap er deg, 240 mg cap er deg, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h)</i>	2	
<i>diltiazem hcl (360 mg cap sa 24h, 420 mg cap sa 24h)</i>	3	
MATZIM LA (180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 420 MG TABLET)	4	
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3	
TIADYL ER 360 MG CAPSULE	3	
<i>verapamil hcl (120 mg cap24h pel, 180 mg cap24h pel, 240 mg cap24h pel)</i>	3	
<i>verapamil hcl (120 mg tablet er, 180 mg tablet er, 240 mg tablet er)</i>	2	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil hcl 360 mg cap24h pel</i>	4	

CARDIOVASCULAR AGENTS, MISCELLANEOUS

CORLANOR (5 MG/5 ML ORAL SOLN, 5 MG TABLET, 7.5 MG TABLET)	4	PA
DEMSER 250 MG CAPSULE	5	PA, NM
DIGITEK 125 MCG TABLET	2	QL (30 TABS PER 30 DAYS)
DIGITEK 250 MCG TABLET	2	PA
DIGOX 125 MCG TABLET	2	QL (30 TABS PER 30 DAYS)
DIGOX 250 MCG TABLET	2	PA
<i>digoxin 125 mcg tablet</i>	2	QL (30 TABS PER 30 DAYS)
<i>digoxin 250 mcg tablet</i>	2	PA
<i>digoxin 50 mcg/ml solution</i>	3	
<i>epinephrine (0.15mg/0.3 auto injct, 0.15/0.15 auto injct, 0.3mg/0.3 auto injct)</i>	2	
FIRAZYR 30 MG/3 ML SYRINGE	5	PA, QL (18 ML PER 30 DAYS), NM
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>icatibant acetate 30 mg/3 ml syringe</i>	5	PA, QL (18 ML PER 30 DAYS), NM
RANEXA (ER 500 MG TABLET, ER 1,000 MG TABLET)	4	PA
<i>ranolazine (500 mg tab er 12h, 1000 mg tab er 12h)</i>	4	PA
VYNDAMAX 61 MG CAPSULE	5	PA, NM
VYNDAQEL 20 MG CAPSULE	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIHYDROPYRIDINES		
AFEDITAB CR (CR 30 MG TABLET, CR 60 MG TABLET)	2	
<i>amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>amlodipine besylate/benazepril hcl (besylate/benazepril 2.5mg-10mg capsule, besylate/benazepril 5 mg-40 mg capsule, besylate/benazepril 5 mg-20 mg capsule, besylate/benazepril 5 mg-10 mg capsule, besylate/benazepril 10 mg-40mg capsule, besylate/benazepril 10 mg-20mg capsule)</i>	2	
<i>amlodipine besylate/valsartan (besylate/valsartan 5 mg-160mg tablet, besylate/valsartan 5 mg-320mg tablet, besylate/valsartan 10mg-160mg tablet, besylate/valsartan 10mg-320mg tablet)</i>	2	
<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiiazid 5-160-12.5 tablet, amlodipine/valsartan/hcthiiazid 5-160-25mg tablet, amlodipine/valsartan/hcthiiazid 10-320-25 tablet, amlodipine/valsartan/hcthiiazid 10-160-25 tablet, amlodipine/valsartan/hcthiiazid 10mg-160mg tablet)</i>	4	
<i>nifedipine (30 mg tablet er, 30 mg tab er 24, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)</i>	2	
<i>nimodipine 30 mg capsule</i>	5	NM
DIURETICS		
<i>amiloride hcl 5 mg tablet</i>	3	
<i>amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	2	
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
<i>chlorothiazide (250 mg tablet, 500 mg tablet)</i>	2	
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	2	
DIURIL 250 MG/5 ML ORAL SUSP	4	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40mg/5ml solution, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (10 mg/ml vial, 10 mg/ml syringe)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	2	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	2	
<i>spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	3	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	2	
<i>triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 50 mg-25mg capsule, triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	1	

DYSLIPIDEMICS

<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>cholestyramine (with sugar) (sugar) 4 g powd pack, sugar) 4 g powder)</i>	4	
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	4	
<i>colestipol hcl 1 g tablet</i>	4	
<i>ezetimibe 10 mg tablet</i>	2	
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibrate nanocrystallized (48 mg tablet, 145 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibrate,micronized (43 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule)</i>	3	
<i>fenofibrate,micronized 67 mg capsule</i>	2	
<i>gemfibrozil 600 mg tablet</i>	1	
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	PA, LA, NM
KYNAMRO 200 MG/ML SYRINGE	5	PA, LA, NM

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

RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS

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

VASODILATORS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h)</i>	4	QL (2 CAPS PER 1 DAY)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet)</i>	3	QL (3 TABS PER 1 DAY)
<i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er, 15 mg capsule er)</i>	4	QL (4 CAPS PER 1 DAY)
<i>dextroamphetamine sulfate (5 mg tablet, 10 mg tablet)</i>	4	QL (6 TABS PER 1 DAY)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	5	QL (15 EACH PER 30 DAYS), NM
GILENYA (0.25 MG CAPSULE, 0.5 MG CAPSULE)	5	QL (30 CAPS PER 30 DAYS), NM
<i>glatiramer acetate 20 mg/ml syringe</i>	5	QL (30 ML PER 30 DAYS), NM
<i>glatiramer acetate 40 mg/ml syringe</i>	5	QL (12 ML PER 28 DAYS), NM
GLATOPA 20 MG/ML SYRINGE	5	QL (30 ML PER 30 DAYS), NM
GLATOPA 40 MG/ML SYRINGE	5	QL (12 ML PER 28 DAYS), NM
<i>guanfacine hcl (3 mg tab er 24h, 4 mg tab er 24h)</i>	2	QL (1 TAB PER 1 DAY)
<i>guanfacine hcl 1 mg tab er 24h</i>	2	QL (3 TABS PER 1 DAY)
<i>guanfacine hcl 2 mg tab er 24h</i>	2	QL (2 TABS PER 1 DAY)
INGREZZA (40 MG CAPSULE, 80 MG CAPSULE)	5	PA, NM
INGREZZA INITIATION PACK	5	PA, NM
<i>lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 600 mg capsule)</i>	1	
<i>lithium carbonate (300 mg tablet er, 450 mg tablet er)</i>	2	
<i>lithium citrate 8 meq/5 ml solution</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAVENCLAD (10 MG 10 TABLET PK, 10 MG 6 TABLET PK, 10 MG 4 TABLET PK, 10 MG 9 TABLET PK, 10 MG 8 TABLET PK, 10 MG 5 TABLET PK, 10 MG 7 TABLET PK)	5	PA, NM
MAYZENT (0.25 MG STARTER PACK, 0.25 MG TABLET)	5	QL (4 TABS PER 1 DAYS), NM
MAYZENT 2 MG TABLET	5	QL (1 TAB PER 1 DAYS), NM
<i>methylphenidate hcl (10 mg cpbp 30-70, 10 mg cpbp 50-50, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 30 mg cpbp 30-70, 30 mg cpbp 50-50)</i>	4	QL (2 CAPS PER 1 DAY)
<i>methylphenidate hcl (10 mg tablet er, 20 mg tablet er)</i>	4	QL (3 TABS PER 1 DAY)
<i>methylphenidate hcl (40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	4	QL (1 CAP PER 1 DAY)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	QL (3 TABS PER 1 DAY)
NUDEXTA 20-10 MG CAPSULE	3	PA
PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK)	5	QL (1 ML PER 28 DAYS), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	5	QL (1 ML PER 28 DAYS), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	QL (6 ML PER 28 DAYS), NM
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	QL (6 ML PER 28 DAYS), NM
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML PER 28 DAYS), NM
REBIF TITRATION PACK	5	QL (4.2 ML PER 28 DAYS), NM
<i>riluzole 50 mg tablet</i>	4	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	4	
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK)	5	QL (60 CAPS PER 30 DAYS), NM
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	5	PA, LA, NM
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	4	QL (2 CAPS PER 1 DAY)
VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	QL (2 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYVANSE (40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (1 CAP PER 1 DAY)
VYVANSE (40 MG TABLET, 50 MG TABLET, 60 MG TABLET)	4	QL (1 TAB PER 1 DAY)

CONTRACEPTIVES

AFIRMELLE-28 TABLET	2
ALTAVERA-28 TABLET	2
ALYACEN (1-35 28 TABLET, 7-7-7-28 TABLET)	2
AMETHIA 0.15-0.03-0.01 MG TAB	3
AMETHIA LO TABLET	3
APRI 28 DAY TABLET	2
ARANELLE 28 TABLET	2
ASHLYNA 0.15-0.03-0.01 MG TAB	3
AUBRA EQ-28 TABLET	2
AUBRA-28 TABLET	2
AVIANE-28 TABLET	2
AYUNA-28 TABLET	2
AZURETTE 28 DAY TABLET	3
BALZIVA 28 TABLET	2
BEKYREE 28 DAY TABLET	3
BLISOVI FE (1-20 TABLET, 1.5-30 TABLET)	2
BRIELLYN TABLET	2
CAMILA 0.35 MG TABLET	2
CAMRESE 0.15-0.03-0.01 MG TAB	3
CAMRESE LO TABLET	3
CAZIAN 28 DAY TABLET	2
CHATEAL EQ-28 TABLET	2
CHATEAL-28 TABLET	2
CRYSELLE-28 TABLET	2
CYCLAFEM (1-35-28 TABLET, 7-7-7-28 TABLET)	2

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYRED 28 DAY TABLET	2	
CYRED EQ 28 DAY TABLET	2	
DASETTA (1-35-28 TABLET, 7/7/7-28 TABLET)	2	
DAYSEE 0.15-0.03-0.01 MG TAB	3	
DEBLITANE 0.35 MG TABLET	2	
DELYLA-28 TABLET	2	
<i>desog-e.estradiol/e.estradiol 21-5 (28) tablet</i>	3	
<i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>	2	
ELINEST-28 TABLET	2	
ELLA 30 MG TABLET	3	
EMOQUETTE 28 DAY TABLET	2	
ENPRESSE-28 TABLET	2	
ENSKYCE 28 TABLET	2	
ERRIN 0.35 MG TABLET	2	
ESTARYLLA 0.25-0.035 MG TABLET	2	
<i>ethinyl estradiol/drospirenone (estradiol/drospirenone 0.02-3(28) tablet, estradiol/drospirenone 0.03mg-3mg tablet)</i>	3	
<i>ethynodiol diacetate-ethinyl estradiol (1 mg-35mcg tablet, 1 mg-50mcg tablet)</i>	2	
FALMINA-28 TABLET	2	
FEMYNOR 28 TABLET	2	
GIANVI 3 MG-0.02 MG TABLET	3	
HAILEY 21 1.5 MG-30 MCG TAB	2	
HAILEY 24 FE 1 MG-20 MCG TAB	2	
HEATHER 0.35 MG TABLET	2	
INCASSIA 0.35 MG TABLET	2	
INTROVALE 0.15-0.03 MG TABLET	2	
ISIBLOOM 28 DAY TABLET	2	
JASMIEL 3 MG-0.02 MG TABLET	3	
JENCYCLA 0.35 MG TABLET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JOLIVETTE TABLET	2	
JULEBER 28 DAY TABLET	2	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
KALLIGA 28 DAY TABLET	2	
KARIVA 28 DAY TABLET	3	
KELNOR 1-35 28 TABLET	2	
KELNOR 1-50 TABLET	2	
KIMIDESS 28 DAY TABLET	3	
KURVELO TABLET	2	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	2	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	2	
LARISSIA-28 TABLET	2	
LEENA 28 TABLET	2	
LESSINA-28 TABLET	2	
LEVONEST-28 TABLET	2	
<i>levonorgestrel-ethinyl estradiol (0.1-0.02mg tablet, 0.15-0.03 tablet, 0.15-0.03 tbdspk 3mo, 6-5-10 tablet, 90-20 mcg tablet)</i>	2	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiol-e.estradiol 100-20(84) tbdspk 3mo, l-norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo)</i>	3	
LEVORA-28 TABLET	2	
LILLOW-28 TABLET	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	
LORYNA 3 MG-0.02 MG TABLET	3	
LOW-OGESTREL-28 TABLET	2	
LUTERA-28 TABLET	2	
LYZA 0.35 MG TABLET	2	
MARLISSA-28 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	2	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	2	
MILI 0.25-0.035 MG TABLET	2	
MONO-LINYAH 28 TABLET	2	
MONONESSA 28 TABLET	2	
MYZILRA-28 TABLET	2	
NECON (0.5-35-28 TABLET, 7-7-7-28 TABLET)	2	
NIKKI 3 MG-0.02 MG TABLET	3	
NORA-BE TABLET	2	
<i>norethindrone 0.35 mg tablet</i>	2	
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	2	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tablet)</i>	2	
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	2	
NORLYDA 0.35 MG TABLET	2	
NORLYROC 0.35 MG TABLET	2	
NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	2	
OCELLA 3 MG-0.03 MG TABLET	3	
OGESTREL TABLET	2	
ORSYTHIA-28 TABLET	2	
PHILITH 0.4-0.035 MG TABLET	2	
PIMTREA 28 DAY TABLET	3	
PIRMELLA (1-35-28 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	2	
PORTIA-28 TABLET	2	
PREVIFEM TABLET	2	
QUASENSE 0.15-0.03 MG TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RECLIPSEN 28 DAY TABLET	2	
SETLAKIN 0.15 MG-0.03 MG TAB	2	
SHAROBEL 0.35 MG TABLET	2	
SIMLIYA 28 DAY TABLET	3	
SIMPESSE 0.15-0.03-0.01 MG TAB	3	
SPRINTEC 28 DAY TABLET	2	
SRONYX 0.10-0.02 MG TABLET	2	
SYEDA 28 TABLET	3	
TARINA 24 FE 1 MG-20 MCG TAB	2	
TARINA FE 1-20 EQ TABLET	2	
TARINA FE 1-20 TABLET	2	
TILIA FE 28 TABLET	2	
TRI FEMYNOR 28 TABLET	2	
TRI-ESTARYLLA TABLET	2	
TRI-LEGEST FE-28 DAY TABLET	2	
TRI-LINYAH TABLET	2	
TRI-LO-ESTARYLLA TABLET	2	
TRI-LO-MARZIA TABLET	2	
TRI-LO-MILI TABLET	2	
TRI-LO-SPRINTEC TABLET	2	
TRI-MILI 28 TABLET	2	
TRI-PREVIFEM TABLET	2	
TRI-SPRINTEC TABLET	2	
TRI-VYLIBRA 28 TABLET	2	
TRI-VYLIBRA LO TABLET	2	
TRINESSA LO TABLET	2	
TRINESSA TABLET	2	
TRIVORA-28 TABLET	2	
TULANA 0.35 MG TABLET	2	
VELIVET 28 DAY TABLET	2	
VESTURA 3 MG-0.02 MG TABLET	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIENVA-28 TABLET	2	
VIORELE 28 DAY TABLET	3	
VYFEMLA 28 TABLET	2	
VYLIBRA 28 TABLET	2	
WERA 0.5/0.035 MG 28 TABLET	2	
XULANE PATCH	4	
ZARAH TABLET	3	
ZENCHENT 0.4 MG-35 MCG TABLET	2	
ZOVIA 1-35E TABLET	2	
ZUMANDIMINE 3 MG-0.03 MG TAB	3	

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg capsule</i>	4	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
<i>fluoride (sodium) ((sodium) 1.1 % cream (g), (sodium) 1.1 % gel (gram))</i>	1	
PAROEX 0.12% ORAL RINSE	1	
PERIOGARD 0.12% ORAL RINSE	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	3	

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS, OTHER

<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	5	NM
<i>ammonium lactate (12 % lotion, 12 % cream (g))</i>	2	
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	4	
<i>azelaic acid 15 % gel (gram)</i>	4	
<i>calcipotriene (0.005 % oint. (g), 0.005 % solution, 0.005 % cream (g))</i>	4	
CALCITRENE 0.005% OINTMENT	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
CONDYLOX 0.5% GEL	4	
COSENTYX 150 MG/ML PEN INJECT	5	PA, NM
COSENTYX 150 MG/ML SYRINGE	5	PA, NM
COSENTYX 300 MG DOSE-2 PENS	5	PA, NM
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, NM
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, NM
FINACEA 15% FOAM	4	
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	4	
<i>fluorouracil 0.5 % cream (g)</i>	5	NM
<i>imiquimod 5 % cream pack</i>	3	
<i>methoxsalen 10 mg cap lq rap</i>	5	PA - FOR NEW STARTS ONLY, NM
MYORISAN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
PANRETIN 0.1% GEL	5	NM
PICATO (0.015% GEL, 0.05% GEL)	5	NM
<i>podofilox 0.5 % solution</i>	4	
REGRANEX 0.01% GEL	5	NM
SILIQ 210 MG/1.5 ML SYRINGE	5	PA, NM
TALTZ 80 MG/ML AUTOINJ (2-PK)	5	PA, NM
TALTZ 80 MG/ML AUTOINJ (3-PK)	5	PA, NM
TALTZ 80 MG/ML AUTOINJECTOR	5	PA, NM
TALTZ 80 MG/ML SYRINGE	5	PA, NM
TALTZ 80 MG/ML SYRINGE (2-PK)	5	PA, NM
TALTZ 80 MG/ML SYRINGE (3-PK)	5	PA, NM
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	5	PA, NM
UVADEX 20 MCG/ML VIAL	4	PA - FOR NEW STARTS ONLY

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

DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS

<i>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</i>	3	
<i>betamethasone dipropionate (0.05 % oint. (g), 0.05 % cream (g), 0.05 % gel (gram))</i>	4	
<i>betamethasone dipropionate 0.05 % lotion</i>	3	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % lotion)</i>	4	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	3	
<i>betamethasone/propylene glycol 0.05 % cream (g)</i>	2	
<i>clobetasol propionate (0.05 % gel (gram), 0.05 % solution, 0.05 % oint. (g), 0.05 % cream (g))</i>	4	
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	4	
CORDRAN 4 MCG/SQ CM TAPE LARGE	4	
<i>desonide (0.05 % lotion, 0.05 % oint. (g), 0.05 % cream (g))</i>	4	
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.25 % oint. (g), 0.25 % cream (g))</i>	4	
ELIDEL 1% CREAM	3	
EUCRISA 2% OINTMENT	4	PA, QL (60 GM PER 30 DAYS)
<i>fluocinolone acetonide (0.01 % oil, 0.01 % cream (g), 0.025 % oint. (g), 0.025 % cream (g))</i>	4	
<i>fluocinolone/shower cap 0.01 % oil</i>	4	
<i>fluocinonide (0.05 % oint. (g), 0.05 % cream (g), 0.05 % gel (gram), 0.05 % solution)</i>	4	
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	4	
<i>fluticasone propionate 0.005 % oint. (g)</i>	3	

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

DERMATOLOGICAL ANTIBACTERIALS

<i>clindamycin phosphate (1 % lotion, 1 % gel (gram), 1 % gel daily)</i>	4	
<i>clindamycin phosphate (1 % solution, 1 % med. swab)</i>	3	
<i>erythromycin base in ethanol 2 % gel (gram)</i>	4	
<i>erythromycin base in ethanol 2 % solution</i>	2	
<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	4	
<i>mupirocin 2 % oint. (g)</i>	1	
<i>mupirocin calcium 2 % cream (g)</i>	4	
ROSADAN 0.75% CREAM	4	
<i>selenium sulfide 2.5 % lotion</i>	2	
<i>silver sulfadiazine 1 % cream (g)</i>	2	
SSD 1% CREAM	2	
<i>sulfacetamide sodium 10 % suspension</i>	4	
DERMATOLOGICAL RETINOIDS		
<i>adapalene (0.1 % cream (g), 0.3 % gel (gram), 0.3 % gel w/pump)</i>	4	
<i>adapalene 0.1 % gel (gram)</i>	2	
AVITA 0.025% GEL	4	
<i>tazarotene 0.1 % cream (g)</i>	4	
TAZORAC (0.05% GEL, 0.1% GEL)	4	QL (30 GM PER 30 DAYS)
TAZORAC 0.05% CREAM	4	
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	4	
SCABICIDES AND PEDICULICIDES		
EURAX (CREAM, LOTION)	4	
<i>malathion 0.5 % lotion</i>	4	
<i>permethrin 5 % cream (g)</i>	3	
DEVICES		
HUMAPEN LUXURA HD	2	
NOVOPEN ECHO INSULIN DEVICE	2	
OMNIPOD (5 PACK POD, STARTER KIT)	2	
OMNIPOD DASH 5 PACK POD	2	
OMNIPOD DASH PDM KIT	2	
V-GO 20 DISPOSABLE DEVICE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
V-GO 30 DISPOSABLE DEVICE	2	
V-GO 40 DISPOSABLE DEVICE	2	
VGO 20 DISPOSABLE DEVICE	2	
VGO 30 DISPOSABLE DEVICE	2	
VGO 40 DISPOSABLE DEVICE	2	
ENZYME REPLACEMENT/MODIFIERS		
ADAGEN 250 UNIT/ML VIAL	5	PA, LA, NM
ALDURAZYME 2.9 MG/5 ML VIAL	5	PA, NM
CERDELGA 84 MG CAPSULE	5	PA, NM
CEREZYME 400 UNITS VIAL	5	NM
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	3	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	4	
ELAPRASE 6 MG/3 ML VIAL	5	PA, NM
ELELYSO 200 UNITS VIAL	5	PA, LA, NM
ELITEK (1.5 MG VIAL, 7.5 MG VIAL)	5	PA, NM
FABRAZYME (5 MG VIAL, 35 MG VIAL)	5	PA, NM
GALAFOLD 123 MG CAPSULE	5	PA, QL (14 CAPS PER 28 DAYS), NM
KRYSTEXXA 8 MG/ML VIAL	5	PA, LA, NM
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA, LA, NM
LUMIZYME 50 MG VIAL	5	PA, LA, NM
<i>miglustat 100 mg capsule</i>	5	LA, NM
NAGLAZYME 5 MG/5 ML VIAL	5	PA, LA, NM
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	5	PA, NM
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	PA, LA, NM
PULMOZYME 1 MG/ML AMPUL	5	PA, QL (150 ML PER 30 DAYS), NM, BvsD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVCovi 2.4 MG/1.5 ML VIAL	5	PA, NM
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	5	PA, NM
SUCRAID 8,500 UNITS/ML SOLN	5	PA, LA, NM
VPRIV 400 UNITS VIAL	5	PA, NM

EYE, EAR, NOSE, THROAT AGENTS

EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS

<i>atropine sulfate 1 % drops</i>	3	
<i>azelastine hcl (0.05 % drops, 137 mcg spray/pump)</i>	2	
<i>cromolyn sodium 4 % drops</i>	2	
CYSTARAN 0.44% EYE DROPS	5	PA, NM
<i>epinastine hcl 0.05 % drops</i>	3	
<i>ipratropium bromide (21 mcg spray, 42 mcg spray)</i>	3	
LACRISERT 5 MG EYE INSERT	4	
<i>olopatadine hcl 0.1 % drops</i>	3	
<i>olopatadine hcl 0.2 % drops</i>	4	
OXERVATE 0.002% EYE DROP	5	PA, NM

EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS

<i>acetic acid 2 % solution</i>	3	
AK-POLY-BAC EYE OINTMENT	2	
AZASITE 1% EYE DROPS	4	
<i>bacitracin 500 unit/g oint. (g)</i>	4	
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	2	
BESIVANCE 0.6% SUSP	4	
BLEPH-10 10% EYE DROPS	3	
BLEPHAMIDE EYE OINTMENT	3	
CILOXAN 0.3% OINTMENT	3	
CIPRO HC OTIC SUSPENSION	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CIPRODEX OTIC SUSPENSION	3	
<i>ciprofloxacin hcl 0.3 % drops</i>	1	
<i>erythromycin base 5 mg/gram oint. (g)</i>	2	
<i>gatifloxacin 0.5 % drops</i>	4	
<i>moxifloxacin hcl 0.5 % drops</i>	3	
NATACYN EYE DROPS	4	
<i>neomycin sulf/bacitracin/poly 3.5mg-400 oint. (g)</i>	3	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	3	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	2	
<i>neomycin/polymyxin b/gramicidin 1.75mg-10k drops</i>	2	
<i>ofloxacin 0.3 % drops</i>	2	
POLYCIN EYE OINTMENT	2	
<i>polymyxin b sulf/trimethoprim 10000-1/ml drops</i>	1	
<i>sulfacetamide sodium 10 % drops</i>	3	
<i>sulfacetamide/prednisolone sp 10 %-0.23% drops</i>	2	
TOBRADEX EYE OINTMENT	3	
<i>tobramycin 0.3 % drops</i>	2	
<i>tobramycin/dexamethasone 0.3 %-0.1% drops susp</i>	4	
TOBREX 0.3% EYE OINTMENT	3	
<i>trifluridine 1 % drops</i>	4	
ZIRGAN 0.15% OPHTHALMIC GEL	3	

EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS

<i>bromfenac sodium 0.09 % drops</i>	4	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	3	
<i>diclofenac sodium 0.1 % drops</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUREZOL 0.05% EYE DROPS	3	
<i>flunisolide 25 mcg spray</i>	3	
<i>fluocinolone acetonide oil 0.01 % drops</i>	4	
<i>fluorometholone 0.1 % drops susp</i>	3	
<i>flurbiprofen sodium 0.03 % drops</i>	1	
<i>fluticasone propionate 50 mcg spray susp</i>	1	
FML S.O.P. 0.1% OINTMENT	3	
ILEVRO 0.3% OPHTH DROPS	4	
<i>ketorolac tromethamine 0.4 % drops</i>	3	
<i>ketorolac tromethamine 0.5 % drops</i>	2	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	4	
LOTEMAX SM 0.38% OPHTH GEL	4	
<i>loteprednol etabonate 0.5 % drops susp</i>	4	
NEVANAC 0.1% DROPTAINER	4	
PRED FORTE 1% EYE DROPS	3	
PRED MILD 0.12% EYE DROPS	3	
<i>prednisolone acetate 1 % drops susp</i>	3	
<i>prednisolone sodium phosphate 1 % drops</i>	2	
PROLENSA 0.07% EYE DROPS	4	
QNASL 80 MCG NASAL SPRAY	4	
QNASL CHILDREN'S 40 MCG SPRAY	4	
RESTASIS 0.05% EYE EMULSION	4	
RESTASIS MULTIDOSE 0.05% EYE	4	

GASTROINTESTINAL AGENTS

ANTIULCER AGENTS AND ACID SUPPRESSANTS

CARAFATE 1 GM/10 ML SUSP	4	
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	3	
<i>cimetidine hcl 300 mg/5ml solution</i>	3	
<i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>famotidine 10 mg/ml vial</i>	4	PA
<i>famotidine/pf 20 mg/2 ml vial</i>	4	PA
<i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	3	
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
<i>pantoprazole sodium 40 mg vial</i>	4	PA
<i>rabeprazole sodium 20 mg tablet dr</i>	3	
<i>ranitidine hcl (150 mg tablet, 300 mg tablet)</i>	1	
<i>ranitidine hcl 15 mg/ml syrup</i>	2	
<i>sucralfate 1 g tablet</i>	3	

GASTROINTESTINAL AGENTS, OTHER

AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	3	QL (2 CAPS PER 1 DAY)
CARBAGLU 200 MG DISPER TABLET	5	PA, LA, NM
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	5	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	3	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	2	
<i>dicyclomine hcl 10 mg/5 ml solution</i>	4	
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	3	
ENULOSE 10 GM/15 ML SOLUTION	3	
GATTEX (5 MG ONE-VIAL KIT, 5 MG 30-VIAL KIT)	5	PA, NM
GENERLAC 10 GM/15 ML SOLUTION	3	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	3	
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	3	
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	3	QL (1 CAP PER 1 DAY)
<i>loperamide hcl 2 mg capsule</i>	3	
<i>methscopolamine bromide (2.5 mg tablet, 5 mg tablet)</i>	4	
<i>metoclopramide hcl (5 mg/5 ml solution, 5 mg tablet, 10 mg/10ml solution, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/ml vial, 10 mg/2 ml syringe)</i>	4	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	4	PA, QL (30 TABS PER 30 DAYS)
MYTESI 125 MG DR TABLET	3	PA
RAVICTI 1.1 GRAM/ML LIQUID	5	PA, LA, NM
<i>sodium phenylbutyrate 500 mg tablet</i>	5	PA, NM
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	3	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	3	
SYMPROIC 0.2 MG TABLET	4	PA
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	3	
<i>ursodiol 300 mg capsule</i>	4	
XERMELO 250 MG TABLET	5	PA, NM

LAXATIVES

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUPREP BOWEL PREP KIT	4	
TRILYTE WITH FLAVOR PACKETS	2	
PHOSPHATE BINDERS		
<i>calcium acetate 667 mg capsule</i>	3	
PHOSLYRA 667 MG/5 ML SOLUTION	3	
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	5	NM
<i>sevelamer carbonate 800 mg tablet</i>	4	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	
<i>oxybutynin chloride (5 mg/5 ml syrup, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	3	
<i>oxybutynin chloride 5 mg tablet</i>	2	
<i>tolterodine tartrate (1 mg tablet, 2 mg cap er 24h, 2 mg tablet, 4 mg cap er 24h)</i>	4	
<i>trospium chloride 20 mg tablet</i>	3	
GENITOURINARY AGENTS, MISCELLANEOUS		
<i>alfuzosin hcl 10 mg tab er 24h</i>	2	
<i>dutasteride 0.5 mg capsule</i>	2	
<i>dutasteride/tamsulosin hcl 0.5-0.4 mg cpmp 24hr</i>	4	
<i>finasteride 5 mg tablet</i>	1	
<i>tamsulosin hcl 0.4 mg capsule</i>	1	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)	5	PA, NM
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
D-PENAMINE 125 MG TABLET	5	PA, NM
<i>deferasirox (125 mg tab disper, 250 mg tab disper, 500 mg tab disper)</i>	5	PA, LA, NM
<i>deferasirox 360 mg tab</i>	5	PA, NM
<i>deferasirox 90 mg tab</i>	5	PA, NM
DEPEN 250 MG TITRATAB	5	PA, NM
EXJADE (125 MG TABLET, 250 MG TABLET, 500 MG TABLET)	5	PA, LA, NM
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	5	PA, LA, NM
JADENU (90 MG TABLET, 180 MG TABLET, 360 MG TABLET)	5	PA, NM
JADENU SPRINKLE (90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE)	5	PA, NM
<i>trientine hcl 250 mg capsule</i>	5	PA, NM

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING

ANDROGENS

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

ESTROGENS AND ANTIESTROGENS

AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	3	
CLIMARA PRO PATCH	3	
COMBIPATCH (0.05-0.25 MG, 0.05-0.14 MG)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	4	
<i>estradiol (.025mg/24h patch tds, .025mg/24h patch tdk, .0375mg/24 patch tds, .0375mg/24 patch tdk, 0.05mg/24h patch tds, 0.05mg/24h patch tdk, 0.06mg/24h patch tdk, .075mg/24h patch tds, .075mg/24h patch tdk, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdk)</i>	4	
<i>estradiol (0.01 % cream/appl, 10 mcg tablet)</i>	3	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol/norethindrone acetate (estradiol/norethindrone 0.5-0.1 mg tablet, estradiol/norethindrone 1 mg-0.5mg tablet)</i>	3	
ESTRING 2 MG VAGINAL RING	4	
<i>estropipate (0.75 mg tablet, 1.5 mg tablet, 3 mg tablet)</i>	2	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	3	
JINTELI 1 MG-5 MCG TABLET	3	
LOPREEZA (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	3	
MIMVEY 1-0.5 MG TABLET	3	
MIMVEY LO 0.5-0.1 MG TABLET	3	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	3	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	
PREMPHASE 0.625-5 MG TABLET	3	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-5 MG TABLET, 0.625-2.5 MG TABLET)	3	
<i>raloxifene hcl 60 mg tablet</i>	3	
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	PA - Part B vs D Determination
<i>dexamethasone (0.5 mg/5ml elixir, 0.5 mg/5ml solution)</i>	3	PA - Part B vs D Determination
DEXAMETHASONE INTENSOL 1 MG/ML	3	
<i>dexamethasone sodium phosp/pf 10 mg/ml vial</i>	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial)</i>	2	PA - Part B vs D Determination
<i>dexamethasone sodium phosphate 10 mg/ml vial</i>	2	
<i>fludrocortisone acetate 0.1 mg tablet</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>methylprednisolone (4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	2	PA - Part B vs D Determination
<i>methylprednisolone 4 mg tab ds pk</i>	2	
<i>methylprednisolone acetate (40 mg/ml vial, 80 mg/ml vial)</i>	4	PA - Part B vs D Determination
<i>methylprednisolone acetate in sodium chloride, iso-osmotic/pf (acet/nacl, iso-os/pf 40 mg/ml vial, acet/nacl, iso-os/pf 80 mg/ml vial)</i>	4	PA - Part B vs D Determination
<i>methylprednisolone sodium succinate (40 mg vial, 1000 mg vial)</i>	4	PA - Part B vs D Determination
MILLIPRED 5 MG TABLET	3	PA - Part B vs D Determination
MILLIPRED DP (5 MG 12-DAY PACK, 5 MG 6-DAY PACK)	3	
<i>prednisolone 15 mg/5 ml solution</i>	2	PA - Part B vs D Determination
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg/5 ml solution, 15 mg/5 ml solution, 20 mg/5 ml solution, 25 mg/5 ml solution)</i>	2	PA - Part B vs D Determination
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	PA - Part B vs D Determination
<i>prednisone (5 mg tab ds pk, 10 mg tab ds pk)</i>	2	
<i>prednisone 5 mg/5 ml solution</i>	4	PA - Part B vs D Determination
PREDNISONE INTENSOL 5 MG/ML	3	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL)	4	
PITUITARY		
<i>chorionic gonadotropin, human 10000 unit vial</i>	3	PA
<i>desmopressin (nonrefrigerated) 10/spray spray/pump</i>	4	
<i>desmopressin acetate (0.1 mg tablet, 0.1 mg/ml solution, 0.2 mg tablet, 4 mcg/ml vial, 4 mcg/ml ampul, 10/spray spray/pump)</i>	4	
INCRELEX 40 MG/4 ML VIAL	5	PA, LA, NM
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED 30 MG 3MO KIT	5	PA, NM
NORDITROPIN FLEXPPO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	5	PA, NM
<i>octreotide acetate (50 mcg/ml syringe, 50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 200 mcg/ml vial)</i>	4	
<i>octreotide acetate (500 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 1000mcg/ml vial)</i>	5	NM
ORILISSA 150 MG TABLET	5	PA, QL (28 TABS PER 28 DAYS), NM
ORILISSA 200 MG TABLET	5	PA, QL (56 TABS PER 28 DAYS), NM
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	5	NM
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	5	PA, NM
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	5	PA, NM
SIGNIFOR LAR (10 MG KIT, 10 MG VIAL, 20 MG VIAL, 20 MG KIT, 30 MG VIAL, 30 MG KIT, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL)	5	PA, NM, BvsD
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	5	PA, NM
SOMATULINE DEPOT 120 MG/0.5 ML	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	PA, LA, NM
STIMATE 1.5 MG/ML NASAL SPRAY	4	
SYNAREL 2 MG/ML NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM
ZORBTIVE 8.8 MG VIAL	5	PA, NM

PROGESTINS

DEPO-PROVERA 400 MG/ML VIAL	4	PA - FOR NEW STARTS ONLY
<i>hydroxyprogesterone caproat/pf 250 mg/ml vial</i>	4	
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	4	
<i>medroxyprogesterone acetate (150 mg/ml vial, 150 mg/ml syringe)</i>	3	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>megestrol acetate 400mg/10ml oral susp</i>	3	
<i>norethindrone acetate 5 mg tablet</i>	4	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	3	

THYROID AND ANTITHYROID AGENTS

<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	2	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	3	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	1	
<i>propylthiouracil 50 mg tablet</i>	3	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	3	

IMMUNOLOGICAL AGENTS

ACTEMRA (80 MG/4 ML VIAL, 162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	5	PA, NM
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, NM
ARCALYST 220 MG INJECTION	5	PA, LA, NM
ATGAM 50 MG/ML AMPUL	5	PA, NM
AZASAN (75 MG TABLET, 100 MG TABLET)	4	PA - Part B vs D Determination
<i>azathioprine 50 mg tablet</i>	3	PA - Part B vs D Determination
<i>azathioprine sodium 100 mg vial</i>	4	PA - Part B vs D Determination
BIVIGAM LIQUID 10% VIAL	5	PA, LA, NM, BvsD
CARIMUNE NF NANOFILTERED (6 GM VIAL, 12 GM VIAL)	5	PA, NM, BvsD
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT)	5	PA, NM
CUTAQUIG ((1 G/6 ML) VIAL, (1.65 G/10 ML), (2 G/12 ML) VL, (3.3 G/20 ML), (4 G/24 ML) VL, (8 G/48 ML) VL)	5	PA, NM, BvsD
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA, NM, BvsD
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5ml ampul)</i>	4	PA - Part B vs D Determination
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	4	PA - Part B vs D Determination
DUPIXENT 200 MG/1.14 ML SYRING	5	PA, NM
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE)	5	PA, NM
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, NM
ENBREL 50 MG/ML SURECLICK	5	PA, NM
FLEBOGAMMA DIF (5% VIAL, 10% VIAL)	5	PA, NM, BvsD
GAMASTAN S-D VIAL	3	PA, BvsD
GAMASTAN VIAL	3	PA, BvsD
GAMMAGARD LIQUID 10% VIAL	5	PA, NM, BvsD
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA, NM, BvsD

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAKED (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA, NM, BvsD
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	5	PA, NM, BvsD
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	5	PA, NM, BvsD
GENGRAF (25 MG CAPSULE, 50 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE)	4	PA - Part B vs D Determination
HIZENTRA (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA, LA, NM, BvsD
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	5	PA, NM
HUMIRA PEDI CROHN 40 MG/0.8 ML	5	PA, NM
HUMIRA PEN 40 MG/0.8 ML	5	PA, NM
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, NM
HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, NM
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	5	PA, NM
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	5	PA, NM
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, NM
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, NM
HYQVIA (2.5 GM-200 UNIT PACK, 5 GM-400 UNIT PACK, 10 GM-800 UNIT PACK, 20 GM-1,600 UNIT PACK, 30 GM-2,400 UNIT PACK)	5	PA, NM, BvsD
ILARIS 150 MG/ML VIAL	5	PA, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA, NM
KINERET 100 MG/0.67 ML SYRINGE	5	PA, NM
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	4	
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	PA - Part B vs D Determination, NM
<i>mycophenolate mofetil 250 mg capsule</i>	4	PA - Part B vs D Determination
<i>mycophenolate mofetil 500 mg tablet</i>	3	PA - Part B vs D Determination
<i>mycophenolate mofetil hcl 500 mg vial</i>	4	PA - Part B vs D Determination
NULOJIX 250 MG VIAL	5	PA - Part B vs D Determination, NM
OCTAGAM (5% VIAL, 10% VIAL)	5	PA, NM, BvsD
OLUMIANT (1 MG TABLET, 2 MG TABLET)	5	PA, NM
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	PA, NM
ORENCIA CLICKJECT 125 MG/ML	5	PA, NM
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	PA, NM
PANZYGA ((1 G/10 ML) VIAL, (5 G/50 ML) VIAL, (10 G/100 ML) VIAL, (20 G/200 ML) VIAL, (30 G/300 ML) VIAL, (2.5 G/25 ML) VIAL)	5	PA, NM, BvsD
PRIVIGEN 10% VIAL	5	PA, NM, BvsD
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	4	PA - Part B vs D Determination
RAPAMUNE 1 MG/ML ORAL SOLN	5	PA - Part B vs D Determination, NM
RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML)	4	PA
REMICADE 100 MG VIAL	5	PA, NM, BvsD
RIDAURA 3 MG CAPSULE	5	NM
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sirolimus (0.5 mg tablet, 1 mg tablet)</i>	4	PA - Part B vs D Determination
<i>sirolimus (1 mg/ml solution, 2 mg tablet)</i>	5	PA - Part B vs D Determination, NM
SKYRIZI 150 MG DOSE KIT-2 SYRN	5	PA, NM
SKYRIZI 75 MG/0.83 ML SYRINGE	5	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	5	PA, NM
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	4	PA - Part B vs D Determination
TYSABRI 300 MG/15 ML VIAL	5	PA, LA, NM
VARIZIG (125 UNIT VIAL, 125 UNIT/1.2 ML VIAL)	3	
XELJANZ (5 MG TABLET, 10 MG TABLET)	5	PA, NM
XELJANZ XR 11 MG TABLET	5	PA, NM
XEMBIFY ((1 G/5 ML) VIAL, (2 G/10 ML) VIAL, (4 G/20 ML) VIAL, (10 G/50 ML) VIAL)	5	PA, NM, BvsD
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM, BvsD
ZORTRESS 0.25 MG TABLET	3	PA - FOR NEW STARTS ONLY, BvsD

VACCINES

ACTHIB (VIAL, WITH DILUENT)	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
<i>bcg live 50 mg vial</i>	3	PA - Part B vs D Determination
<i>bcg vaccine, live/pf 50 mg vial</i>	3	PA - Part B vs D Determination
BEXSERO PREFILLED SYRINGE	3	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
DAPTACEL DTAP VACCINE	3	
ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	PA - Part B vs D Determination
ENGRIX-B PEDI 10 MCG/0.5 SYRN	3	PA - Part B vs D Determination
GARDASIL 9 (9 SYRINGE, 9 VIAL)	3	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE, 1,440 UNITS/ML VIAL)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HIBERIX (VIAL, WITH DILUENT)	3	
IMOVAX RABIES VACCINE (VACCINE VIAL, VACCINE+DILUENT)	3	PA - Part B vs D Determination
INFANRIX DTAP (SYRINGE, VIAL)	3	
IPOL VIAL	3	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	3	
KINRIX (TIP-LOK SYRINGE, VIAL)	3	
M-M-R II VACCINE (VIAL, WITH DILUENT)	3	
MENACTRA VIAL	3	
MENVEO A-C-Y-W-135-DIP VIAL KT	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB VACCINE VIAL	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VL	3	
PENTACEL VIAL KIT	3	
PROQUAD VIAL	3	
QUADRACEL DTAP-IPV VIAL	3	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	3	PA - Part B vs D Determination
RECOMBIVAX HB (5 MCG/0.5 ML VL, 5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	PA - Part B vs D Determination
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX GE ANTIGEN COMPONENT	3	
SHINGRIX VIAL KIT	3	
TENIVAC (SYRINGE, VIAL)	3	
<i>tetanus, diphtheria tox,adult 2-2 lf/0.5 vial</i>	3	
<i>tetanus,diphtheria tox,d ped/pf 5-25/0.5ml vial</i>	3	
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TWINRIX VACCINE SYRINGE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	3	
VAQTA (25 UNITS/0.5 ML VIAL, 25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE (VIAL, WITH DILUENT)	3	
YF-VAX (1 VIAL, 5 VIAL)	3	
ZOSTAVAX VIAL	3	

INFLAMMATORY BOWEL DISEASE AGENTS

<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	5	PA, NM
<i>balsalazide disodium 750 mg capsule</i>	3	
<i>budesonide 3 mg capdr - er</i>	4	
CANASA 1,000 MG SUPPOSITORY	5	NM
COLOCORT 100 MG ENEMA	4	
DELZICOL DR 400 MG CAPSULE	3	
<i>hydrocortisone 100mg/60ml enema</i>	4	
<i>mesalamine (1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 800 mg tablet dr)</i>	3	
<i>mesalamine 1000 mg supp.rect</i>	5	NM
<i>mesalamine w/cleansing wipes 4 g/60 ml enema kit</i>	3	
PENTASA (250 MG CAPSULE, 500 MG CAPSULE)	3	
<i>sulfasalazine 500 mg tablet</i>	2	
<i>sulfasalazine 500 mg tablet dr</i>	3	

IRRIGATING SOLUTIONS

<i>sodium chloride irrig solution 0.9 % irrig soln</i>	2	
<i>water for irrigation,sterile irrig soln</i>	4	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 40 mg tablet, 70 mg tablet)</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alendronate sodium 70 mg/75ml solution</i>	4	
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	3	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	2	
<i>calcitriol (1 mcg/ml ampul, 1 mcg/ml solution)</i>	4	
<i>cinacalcet hcl (60 mg tablet, 90 mg tablet)</i>	5	NM
<i>cinacalcet hcl 30 mg tablet</i>	4	
<i>etidronate disodium (200 mg tablet, 400 mg tablet)</i>	2	
FORTEO 600 MCG/2.4 ML PEN INJ	5	PA, NM
<i>ibandronate sodium 150 mg tablet</i>	2	
MIACALCIN 400 UNIT/2 ML VIAL	3	PA, BvsD
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	5	PA, NM
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	PA, BvsD
<i>risedronate sodium (5 mg tablet, 30 mg tablet, 35 mg tablet, 150 mg tablet)</i>	3	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	5	NM
SENSIPAR 30 MG TABLET	4	
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, NM
XGEVA 120 MG/1.7 ML VIAL	5	PA, NM
<i>zoledronic acid (4 mg/5 ml vial, 4 mg vial)</i>	4	
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pggybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	4	

MISCELLANEOUS THERAPEUTIC AGENTS

ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
<i>amifostine crystalline 500 mg vial</i>	5	PA - FOR NEW STARTS ONLY, NM
BENLYSTA (120 MG VIAL, 200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT, 400 MG VIAL)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABLIVI (11 MG VIAL, 11 MG KIT)	5	PA, NM
CYSTADANE 1 GRAM/1.7 ML POWDER	5	LA, NM
<i>dexrazoxane hcl (250 mg vial, 500 mg vial)</i>	4	PA - FOR NEW STARTS ONLY
ELMIRON 100 MG CAPSULE	5	NM
FIRDAPSE 10 MG TABLET	5	PA, NM
<i>fomepizole 1 g/ml vial</i>	5	PA, NM
GLUCAGEN (DIAGNOSTIC 1 MG VIAL, 1 MG HYPOKIT)	3	
<i>glucagon hcl 1 mg vial</i>	3	
<i>guanidine hcl 125 mg tablet</i>	2	
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	
KALBITOR 10 MG/ML VIAL	5	PA, LA, NM
KEPIVANCE 6.25 MG VIAL	5	PA, NM
KHAPZORY (175 MG VIAL, 300 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
<i>leucovorin calcium (10 mg/ml vial, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	4	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	3	
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	4	
<i>levocarnitine 330 mg tablet</i>	3	
<i>levoleucovorin calcium (10 mg/ml vial, 50 mg vial, 175 mg vial)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>mesna 100 mg/ml vial</i>	4	PA - FOR NEW STARTS ONLY
MESNEX 400 MG TABLET	5	NM
PROGLYCEM 50 MG/ML ORAL SUSP	5	NM
<i>pyridostigmine bromide (30 mg tablet, 60 mg tablet)</i>	3	
<i>pyridostigmine bromide (60 mg/5 ml syrup, 180 mg tablet er)</i>	4	
RECTIV 0.4% OINTMENT	4	
RUZURGI 10 MG TABLET	5	PA, NM
SIMULECT (10 MG VIAL, 20 MG VIAL)	5	PA - Part B vs D Determination, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLIRIS 300 MG/30 ML VIAL	5	PA, NM
TAKHZYRO 300 MG/2 ML VIAL	5	PA, LA, QL (4 ML PER 30 DAYS), NM
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
THIOLA 100 MG TABLET	5	PA, NM
TYBOST 150 MG TABLET	3	
VISTOGARD 10 GRAM PACKET	5	PA, NM

OPHTHALMIC AGENTS

ANTIGLAUCOMA AGENTS

<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	3
<i>acetazolamide sodium 500 mg vial</i>	4
ALPHAGAN P 0.1% DROPS	4
AZOPT 1% EYE DROPS	4
<i>betaxolol hcl 0.5 % drops</i>	3
BETOPTIC S 0.25% EYE DROPS	4
<i>bimatoprost 0.03 % drops</i>	3
<i>brimonidine tartrate 0.15 % drops</i>	4
<i>brimonidine tartrate 0.2 % drops</i>	2
<i>carteolol hcl 1 % drops</i>	1
COMBIGAN 0.2%-0.5% EYE DROPS	3
<i>dorzolamide hcl 2 % drops</i>	2
<i>dorzolamide hcl/pf 2 % drops</i>	2
<i>dorzolamide hcl/timolol maleat 22.3-6.8/1 drops</i>	2
<i>dorzolamide/timolol/pf 2 %-0.5 % dropperette</i>	4
<i>latanoprost 0.005 % drops</i>	1
<i>latanoprost 0.005% eye drop (preservative free)</i>	1
<i>levobunolol hcl 0.5 % drops</i>	1
LUMIGAN 0.01% EYE DROPS	3
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	4

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHOSPHOLINE IODIDE 0.125%	4	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	3	
SIMBRINZA 1%-0.2% EYE DROPS	3	
<i>timolol maleate (0.25 % drops, 0.5 % drops)</i>	1	
<i>timolol maleate (0.25 % sol-gel, 0.5 % drop daily, 0.5 % sol-gel)</i>	4	
TRAVATAN Z 0.004% EYE DROP	3	

REPLACEMENT PREPARATIONS

<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt)</i>	2
<i>dextrose 10 % and 0.45 % nacl 10%-0.45% iv soln</i>	4
<i>dextrose 2.5 % and 0.45 % nacl 2.5%-0.45% iv soln</i>	4
<i>dextrose 5 % and 0.9 % nacl 5 %-0.9 % iv soln</i>	4
<i>dextrose 5 %-0.45 % sod chlrd 5 %-0.45 % iv soln</i>	4
<i>dextrose 5%-lactated ringers 5 % iv soln</i>	4
ISOLYTE S (IOLYTE IV OLN PH7.4, IOLYTE IV OLUTION-EXCEL)	4
KLOR-CON M10 TABLET	2
KLOR-CON M15 TABLET	2
KLOR-CON M20 TABLET	2
KLOR-CON SPRINKLE (ER 8 CAP, ER 10 CP)	3
<i>magnesium sulfate (4 meq/ml vial, 4 meq/ml syringe)</i>	4
<i>potassium chloride (2 meq/ml vial, 2 meq/ml ampul)</i>	1
<i>potassium chloride (20 meq packet, 20meq/15ml liquid, 40meq/15ml liquid)</i>	4
<i>potassium chloride (8 capsule er, 10 capsule er)</i>	3
<i>potassium chloride (8 tablet er, 10 tab er prt, 10 tablet er, 20 tablet er, 20 tab er prt)</i>	2

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride in 5 % dextrose in water (in 20 meq/l iv soln, in 30 meq/l iv soln, in 40 meq/l iv soln)</i>	4	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride (chloride/d5-0.9%nacl 40 meq/l iv soln, chloride/d5-0.9%nacl 20 meq/l iv soln)</i>	4	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride (chloride/d5-0.45nacl 30 meq/l iv soln, chloride/d5-0.45nacl 20 meq/l iv soln, chloride/d5-0.45nacl 40 meq/l iv soln, chloride/d5-0.45nacl 10 meq/l iv soln)</i>	4	
<i>potassium chloride in lr-d5 40 meq/l iv soln</i>	4	
<i>potassium chloride in water for injection, sterile (in 10meq/0.1l piggyback, in 10meq/50ml piggyback, in 20meq/0.1l piggyback, in 20meq/50ml piggyback, in 40meq/0.1l piggyback)</i>	4	
<i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>	4	
<i>ringer's solution iv soln</i>	4	
<i>ringer's solution,lactated iv soln</i>	3	
<i>sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)</i>	4	
<i>sodium chloride 2.5 meq/ml vial</i>	4	
<i>sodium chloride 3 % 3 % iv soln</i>	4	
<i>sodium chloride 5 % 5 % iv soln</i>	4	

RESPIRATORY TRACT AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ADVAIR DISKUS (100-50, 250-50, 500-50)	3
ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)	3
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	3
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	3
ASMANEX HFA (HFA 100 MCG INHALER, HFA 200 MCG INHALER)	3

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	3	
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	4	PA - Part B vs D Determination
DULERA (100 MCG/5 MCG INHALER, 200 MCG/5 MCG INHALER)	4	PA
FLOVENT DISKUS (50 MCG, 100 MCG, 250 MCG)	3	
FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	3	
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba)</i>	2	
PULMICORT FLEXHALER (90 MCG, 180 MCG)	3	
QVAR (40 MCG ORAL INHALER, 80 MCG ORAL INHALER)	3	
QVAR REDIHALER (40 MCG, 80 MCG)	3	
WIXELA INHUB (100-50, 250-50, 500-50)	3	
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	
<i>montelukast sodium 4 mg gran pack</i>	4	
<i>zileuton 600 mg tbmp 12hr</i>	5	PA, NM
BRONCHODILATORS		
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution)</i>	2	PA - Part B vs D Determination
<i>albuterol sulfate (2 mg tablet, 4 mg tablet)</i>	4	
<i>albuterol sulfate (4 mg tab er 12h, 8 mg tab er 12h, 90 mcg hfa aer ad)</i>	3	
<i>albuterol sulfate 2 mg/5 ml syrup</i>	2	

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

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	4	PA - Part B vs D Determination
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	5	PA, LA, NM
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	4	PA - Part B vs D Determination
DALIRES (250 MCG TABLET, 500 MCG TABLET)	3	PA
ESBRIET (267 MG TABLET, 267 MG CAPSULE, 801 MG TABLET)	5	PA, NM
GLASSIA 1 GM/50 ML VIAL	5	PA, LA, NM
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
ORKAMBI (100-125 MG GRANULE PKT, 100 MG-125 MG TABLET, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5	PA, NM
PROLASTIN C (1,000 MG VIAL)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROLASTIN C (1,000 MG/20 ML VL)	5	PA, NM
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	5	PA, NM
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	5	PA, LA, NM
ZEMAIRA 1,000 MG VIAL	5	PA, LA, NM

SKELETAL MUSCLE RELAXANTS

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

SLEEP DISORDER AGENTS

<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	PA, QL (30 TABS PER 30 DAYS)
<i>armodafinil 50 mg tablet</i>	4	PA, QL (60 TABS PER 30 DAYS)
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	2	QL (30 TABS PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	5	PA, NM
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	3	PA, QL (60 TABS PER 30 DAYS)
XYREM 500 MG/ML ORAL SOLUTION	5	PA, LA, QL (18 ML PER 1 DAY), NM
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	2	QL (30 CAPS PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 TABS PER 30 DAYS)
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	3	ST, QL (30 TABS PER 30 DAYS)

VASODILATING AGENTS

ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	5	PA, NM
<i>ambrisentan (5 mg tablet, 10 mg tablet)</i>	5	PA, LA, NM
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epoprostenol sodium (glycine) 0.5 mg vial</i>	4	PA, LA, BvsD
<i>epoprostenol sodium (glycine) 1.5 mg vial</i>	5	PA, LA, NM, BvsD
LETAIRIS (5 MG TABLET, 10 MG TABLET)	5	PA, LA, NM
OPSUMIT 10 MG TABLET	5	PA, NM
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5	PA, NM
ORENITRAM ER 0.125 MG TABLET	4	PA
REMODULIN (1 MG/ML VIAL, 2.5 MG/ML VIAL, 5 MG/ML VIAL, 10 MG/ML VIAL)	5	PA, LA, NM, BvsD
<i>sildenafil 20 mg tablet (generic for revatio)</i>	2	PA
<i>sildenafil citrate 10 mg/12.5 vial</i>	5	PA, NM, BvsD
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	5	PA, NM
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	5	PA, LA, NM
<i>treprostinil sodium (1 mg/ml vial, 2.5 mg/ml vial, 5 mg/ml vial, 10 mg/ml vial)</i>	5	PA, LA, NM
TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LA, NM, BvsD
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	PA, NM
VELETRI (0.5 MG VIAL, 1.5 MG VIAL)	5	PA, LA, NM, BvsD
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	5	PA, LA, NM, BvsD

VITAMINS AND MINERALS

CITRANATAL BLOOM TABLET	1
ESCAVITE D TABLET CHEWABLE	1
ESCAVITE LQ DROPS	1
ESCAVITE TABLET CHEWABLE	1
FLORIVA (0.25 MG/ML DROPS, 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET)	1
FLORIVA PLUS 0.25 MG/ML DROPS	1

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLUORABON 0.25 MG/0.6 ML DROPS	1	
<i>fluoride (sodium) ((sodium) 0.25mg/drp drops, (sodium) 0.5 mg/ml drops)</i>	1	
<i>fluoride/iron/vitamins a,c,d 0.25 mg/ml drops</i>	1	
<i>multivit-mins60/iron fuml/folic 27 mg-1 mg tablet</i>	1	
MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	1	
O-CAL FA TABLET	1	
<i>pedi multivit 45/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pedi multivit 75/fluoride/iron 0.25-10/ml drops</i>	1	
<i>pediatric multivit with a,c,d3 no.21/sodium fluoride (no.21/fluoride 0.25 mg/ml drops, no.21/fluoride 0.5 mg/ml drops)</i>	1	
<i>pediatric multivitamin no.16/sodium fluoride (0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew)</i>	1	
<i>pediatric multivitamin no.2/sodium fluoride (0.25 mg/ml drops, 0.5 mg/ml drops)</i>	1	
<i>pediatric multivitamin no.82 with sodium fluoride (0.25 mg/ml drops, 0.5 mg/ml drops)</i>	1	
<i>pediatric multivitamins no.17 with sodium fluoride (0.25 mg tab chew, 0.5 mg tab chew, 1 mg tab chew)</i>	1	
PUREFE PLUS CAPSULE	1	
QUFLORA (0.25 MG/ML DROP, 0.25 MG CHEW TAB, 0.5 MG/ML DROP, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
QUFLORA FE (PED 0.25 MG/ML DROP, 0.25 MG CHEW TABLET)	1	
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This formulary was updated on November 19, 2019. For more recent information or other questions, please contact HealthPartners UnityPoint Health Member Services.

888-360-0544
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From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

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

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