



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

2024 Formulary

(List of Covered Drugs)

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

Formulary ID 00024352, Version 20

This formulary was updated on 10/22/2024. For more recent information or other questions, please contact HealthPartners UnityPoint Health Member Services at 888-360-0544, TTY 711.

Or visit hpuph.com/myresources.

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

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means HealthPartners 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 October 22nd, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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?

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

Changes that can affect you this year

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

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

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

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

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

The enclosed formulary is current as of October 22nd, 2024. 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 hpuph.com/myresources. 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 sent with your monthly Part D 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 96. 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-4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that HealthPartners 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 them 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 lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- 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 in our plan who have changes in level of care, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate. To ask for a temporary supply, contact Member Services.

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

For more information

For more detailed information about your HealthPartners 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 96.

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 under five drug tiers: Tier 1 (Preferred Generic Drugs), Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs), and Tier 5 (Specialty Drugs).

To determine the coverage level, locate your drug and look in the “Drug Tier” column. Then use the key below to determine your cost-sharing during the initial coverage phase for a 30-day supply. Coverage level shown does not reflect deductibles or gap coverage. Please refer to your Evidence of Coverage for details.

IMPORTANT NOTICE: You won’t pay more than \$35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it’s on.

COST-SHARING LEVELS BY PLAN AND DRUG TIER KEY

	Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Tier 3 (Preferred Brand Drugs)**	Tier 4 (Non- preferred Drugs)	Tier 5 (Specialty Drugs)	Most Part D Vaccines (Deductible does not apply)
HealthPartners UnityPoint Health Align	\$0	\$0	\$47	\$100	33%	\$0
HealthPartners UnityPoint Health Symmetry	\$0*	\$0*	\$47	\$100	33%	\$0

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

**PAXLOVID (nirmatrelvir and ritonavir), an oral antiviral for COVID-19, is covered at \$0 cost-sharing.

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.
IN	Covered insulin drugs

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, MISCELLANEOUS		
<i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>	2	QL (8 PER 1 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codein 240-24 mg/10, acetaminop-codeine 120-12 mg/5)</i>	2	QL (120 PER 1 DAYS)
<i>asa-butalb-cafff-cod #3 capsule</i>	4	QL (6 PER 1 DAYS)
ASCOMP WITH CODEINE CAPSULE	4	QL (6 PER 1 DAYS)
<i>buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)</i>	4	PA - FOR NEW STARTS ONLY
<i>butalb-acetamin-caf-cod 50-325</i>	4	QL (6 PER 1 DAYS)
<i>butalb-acetamin-caff 50-325-40</i>	2	QL (12 PER 1 DAYS)
<i>butalbital comp-codeine #3 cap</i>	4	QL (6 PER 1 DAYS)
<i>butalbital-acetaminophn 50-325 tablet</i>	4	QL (12 PER 1 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	3	QL (6 PER 1 DAYS)
<i>butalbital-aspirin-caffeine tb</i>	4	QL (6 PER 1 DAYS)
<i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>	3	QL (8 PER 1 DAYS)
ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET)	3	QL (8 PER 1 DAYS)
ENDOCET 10-325 MG TABLET	3	QL (5 PER 1 DAYS)
ENDOCET 7.5-325 MG TABLET	3	QL (7 PER 1 DAYS)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	4	PA - FOR NEW STARTS ONLY
<i>fentanyl citrate otc 200 mcg</i>	4	PA
<i>fentanyl citrate otc 400 mcg</i>	5	PA, NM
<i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>	3	QL (8 PER 1 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	4	QL (120 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocodone-ibuprofen 7.5-200</i>	2	QL (8 PER 1 DAYS)
<i>hydromorphone 2 mg tablet</i>	3	QL (8 PER 1 DAYS)
<i>hydromorphone 30 mg/30ml-water</i>	4	QL (8 PER 1 DAYS)
<i>hydromorphone 4 mg tablet</i>	3	QL (5 PER 1 DAYS)
<i>hydromorphone 8 mg tablet</i>	3	QL (2 PER 1 DAYS)
<i>hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml carpujct, 1 mg/ml syringe, 1 mg/ml vial, hcl 1 mg/ml amp, 2 mg/ml carpujct, 2 mg/ml syringe, 4 mg/ml carpujct, 4 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	4	QL (8 PER 1 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	3	QL (20 PER 1 DAYS)
<i>methadone 10 mg/ml oral conc</i>	4	PA - FOR NEW STARTS ONLY
<i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)</i>	3	PA - FOR NEW STARTS ONLY
METHADONE INTENSOL 10 MG/ML	4	PA - FOR NEW STARTS ONLY
<i>morphine sulf 10 mg/5 ml soln</i>	3	QL (45 PER 1 DAYS)
<i>morphine sulf 100 mg/5 ml conc</i>	3	QL (4 PER 1 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	3	QL (20 PER 1 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)</i>	3	PA - FOR NEW STARTS ONLY
<i>morphine sulfate ir 15 mg tab</i>	3	QL (5 PER 1 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (2 PER 1 DAYS)
<i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>	4	QL (40 PER 1 DAYS)
<i>oxycodone hcl (ir) 10 mg tab</i>	3	QL (5 PER 1 DAYS)
<i>oxycodone hcl (ir) 15 mg tab</i>	3	QL (3 PER 1 DAYS)
<i>oxycodone hcl (ir) 20 mg tab</i>	3	QL (4 PER 1 DAYS)
<i>oxycodone hcl (ir) 30 mg tab</i>	3	PA - FOR NEW STARTS ONLY
<i>oxycodone hcl (ir) 5 mg cap</i>	4	QL (8 PER 1 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	3	QL (8 PER 1 DAYS)
<i>oxycodone hcl 100 mg/5 ml conc</i>	4	QL (4 PER 1 DAYS)
<i>oxycodone hcl er (er 10 mg tablet, er 20 mg tablet, er 40 mg tablet, er 80 mg tablet)</i>	3	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 2.5-325)</i>	3	QL (8 PER 1 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	3	QL (5 PER 1 DAYS)
<i>oxycodone-acetaminophen 7.5-325</i>	3	QL (7 PER 1 DAYS)
OXYCONTIN (ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET)	3	PA - FOR NEW STARTS ONLY
TENCON 50-325 MG TABLET	4	QL (12 PER 1 DAYS)
<i>tramadol hcl 50 mg tablet</i>	2	QL (8 PER 1 DAYS)
<i>tramadol-acetaminophen 37.5-325</i>	2	PA - FOR NEW STARTS ONLY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2	
COMFORT PAC-IBUPROFEN KIT	1	
COMFORT PAC-MELOXICAM KIT	1	
COMFORT PAC-NAPROXEN KIT	1	
<i>diclofenac pot 50 mg tablet</i>	3	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	2	
<i>diclofenac sodium 1% gel</i>	3	
<i>ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>etodolac (200 mg capsule, 300 mg capsule)</i>	4	
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	3	
<i>etodolac er (er 400 mg tablet, er 500 mg tablet, er 600 mg tablet)</i>	4	
<i>flurbiprofen 100 mg tablet</i>	2	
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
IBUPAK KIT	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>indomethacin er 75 mg capsule</i>	3	
<i>ketorolac 10 mg tablet</i>	3	QL (20 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 kit, 500 mg tablet)</i>	1	
<i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	3	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

<i>agoneaze 2.5%-2.5% cream dress</i>	3	
<i>anodyne lpt 2.5-2.5% crm-dress</i>	3	
<i>dermacinrx prizopak kit</i>	3	
GLYDO 2% JELLY SYRINGE	2	
<i>lido-prilo caine pack</i>	3	
<i>lidocaine 5% patch</i>	4	PA
<i>lidocaine hcl (0.5% vial, 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% ampul, 1% vial)</i>	1	
<i>lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)</i>	2	
<i>lidocaine hcl 1% 100 mg/10 ml (ampul)</i>	1	
<i>lidocaine hcl 1% 100 mg/10 ml (vial)</i>	1	
<i>lidocaine hcl viscous (15 ml cup, soln)</i>	2	
<i>lidocaine-prilocaine cream</i>	3	
<i>lidotor 2.5%-2.5% cream kit</i>	3	
<i>livixil pak 2.5-2.5% crm-dress</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>priloheal plus 30 2.5-2.5% kit</i>	3	
<i>prilovix 2.5%-2.5% cream dress</i>	3	
<i>prilovix lite plus 2.5%-2.5%</i>	3	
<i>prilovix plus 2.5%-2.5% cream</i>	3	
<i>prilovix ultrlt plus 2.5%-2.5%</i>	3	
<i>realheal-i 2.5%-2.5% crm-dress</i>	3	
<i>valladerm-90 kit</i>	3	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

<i>acamprosate calc dr 333 mg tab</i>	4	
<i>buprenorphine 2 mg tablet sl</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine 8 mg tablet sl</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 12-3mg flm</i>	3	QL (60 PER 30 DAYS)
<i>buprenorphine-nalox 2-0.5mg fm</i>	3	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 2-0.5mg tb</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film)</i>	3	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150 mg tablet</i>	3	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	3	
KLOXXADO 8 MG NASAL SPRAY	3	
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	2	
<i>naloxone hcl 4 mg nasal spray</i>	3	
<i>naltrexone 50 mg tablet</i>	3	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	
<i>varenicline starting month box</i>	3	QL (53 PER 28 DAYS)
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)</i>	3	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZIMHI 5 MG/0.5 ML SYRINGE	4	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin 2% vaginal cream</i>	4	
<i>metronidazole vaginal 0.75% gl</i>	4	
<i>terconazole (0.4% cream, 0.8% cream)</i>	3	
<i>terconazole 80 mg suppository</i>	4	
ANTI-ANXIETY AGENTS		
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er 0.5 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>alprazolam er 1 mg tablet</i>	3	QL (6 PER 1 DAYS)
<i>alprazolam er 2 mg tablet</i>	3	QL (5 PER 1 DAYS)
<i>alprazolam er 3 mg tablet</i>	3	QL (3 PER 1 DAYS)
<i>alprazolam xr 0.5 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>alprazolam xr 1 mg tablet</i>	3	QL (6 PER 1 DAYS)
<i>alprazolam xr 2 mg tablet</i>	3	QL (5 PER 1 DAYS)
<i>alprazolam xr 3 mg tablet</i>	3	QL (3 PER 1 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	QL (180 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt)</i>	3	QL (180 PER 30 DAYS)
<i>clonazepam (1 mg dis tablet, 1 mg odt)</i>	3	QL (120 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>clonazepam 1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	3	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	2	QL (300 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	4	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	2	QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	2	QL (240 PER 30 DAYS)
<i>diazepam 10 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	3	QL (150 PER 30 DAYS)
LORAZEPAM INTENSOL 2 MG/ML	3	QL (150 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vial)</i>	4	PA
<i>gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	4	
<i>gentamicin sulfate in ns (isoton 60 mg/50 ml, 70 mg/ns 50 ml pb, 90 mg/ns 100 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, isoton 100 mg/50 ml)</i>	4	
<i>neomycin 500 mg tablet</i>	1	
TOBI PODHALER 28 MG INHALE CAP	5	PA, NM
<i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>	5	PA - PART B VS D DETERMINATION, NM
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	4	PA

ANTIBACTERIALS, MISCELLANEOUS

<i>clindamycin (pedi) 75 mg/5 ml</i>	4	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vial, 600 mg/4 ml vial, 900 mg/6 ml vial)</i>	4	
<i>colistimethate 150 mg vial</i>	5	PA, NM
<i>daptomycin (350 mg vial, 500 mg vial)</i>	5	NM
<i>fosfomycin 3 gm sachet</i>	4	
<i>linezolid 100 mg/5 ml susp</i>	5	PA, NM
<i>linezolid 600 mg tablet</i>	4	PA
<i>linezolid 600 mg/300 ml-d5w</i>	4	PA
<i>linezolid 600mg/300ml-0.9%nacl</i>	4	PA
<i>methenamine hipp 1 gm tablet</i>	4	
METRO IV 500 MG/100 ML	4	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	2	
<i>metronidazole 500 mg/100 ml</i>	4	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin mono-mcr 100 mg</i>	2	
<i>polymyxin b sulfate vial</i>	4	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	5	PA, NM
<i>trimethoprim 100 mg tablet</i>	2	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1.25 gram vial, hcl 1.5 gram vial, hcl 1.75 gram vial, hcl 2 gram vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial)</i>	4	
<i>vancomycin hcl 125 mg capsule</i>	4	QL (40 PER 10 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	4	QL (80 PER 10 DAYS)
XENLETA 600 MG TABLET	5	PA, NM
XIFAXAN 200 MG TABLET	4	PA
XIFAXAN 550 MG TABLET	5	PA, NM
CEPHALOSPORINS		
<i>cefadroxil (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3	
<i>cefadroxil 500 mg capsule</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin 1 g/50 ml-dextrose</i>	3	
<i>cefazolin 2 gm vial</i>	2	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	3	
<i>cefazolin sodium-dextrose (2 g/100, 2 g/50)</i>	2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cefdinir 300 mg capsule</i>	2	
<i>cefepime (1 gm, 2 gm)</i>	4	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	4	
<i>cefepime-dextrose (1 gm/50 ml, 2 gm/50 ml)</i>	4	
<i>cefixime 400 mg capsule</i>	4	
<i>cefoxitin (1 gm vial, 2 gm vial)</i>	4	
<i>cefoxitin sodium (1 gm piggyback bag, 2 gm piggyback bag)</i>	4	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	4	
<i>cefprozil (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cefprozil (250 mg tablet, 500 mg tablet)</i>	4	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	4	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	4	
<i>cefuroxime (250 mg tab, 500 mg tab)</i>	2	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	4	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	1	
TEFLARO (400 MG VIAL, 600 MG VIAL)	5	NM

MACROLIDES

<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	3
<i>azithromycin (250 mg tablet, 500 mg tablet)</i>	1

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azithromycin (500 mg add-van vl, i.v. 500 mg vial)</i>	4	
<i>azithromycin 600 mg tablet</i>	2	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	3	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	5	PA, NM
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin lact 500 mg vial</i>	4	

MISCELLANEOUS B-LACTAM ANTIBIOTICS

<i>aztreonam (1 gm vial, 2 gm vial)</i>	4	
CAYSTON 75 MG INHAL SOLUTION	5	PA, LA, NM
<i>ertapenem 1 gram vial</i>	4	
<i>imipenem-cilastatin sodium (250 mg vl, 500 mg vl)</i>	4	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	4	
<i>meropenem-0.9% nacl (1 gram/50, 500 mg/50)</i>	4	

PENICILLINS

<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp)</i>	2	
<i>amoxicillin (250 mg capsule, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 400-57 mg tab chew)</i>	4	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)</i>	3	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)</i>	2	
<i>ampicillin 500 mg capsule</i>	2	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm btl, ampicillin-sulbactam 15 gm vl)</i>	4	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	3	
<i>nafcillin (1 gm/ 50 ml inj, 2 gm/ 100 ml inj)</i>	4	
<i>nafcillin 10 gm bulk vial</i>	5	NM
<i>nafcillin sodium (1 gm vial, 2 gm add-vant vial, 2 gm vial)</i>	4	
<i>penicillin g potassium (5 million unit, 20 million unit)</i>	4	
<i>penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i>	4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	2	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	4	
QUINOLONES		
<i>ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)</i>	4	
<i>levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)</i>	4	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>levofloxacin-d5w (500 mg/100, 750 mg/150)</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>moxifloxacin hcl 400 mg tablet</i>	3	
SULFONAMIDES		
<i>sulfadiazine 500 mg tablet</i>	4	
<i>sulfamethoxazole-trimethoprim (20 ml cup, susp)</i>	3	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl (150 mg tablet, 300 mg tablet)</i>	4	
DOXY 100 MG VIAL	4	
<i>doxycycline 25 mg/5 ml susp</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 100 mg cap)</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	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 tab, 500 mg tab)</i>	5	PA - FOR NEW STARTS ONLY, NM
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ALECENSA 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>anastrozole 1 mg tablet</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUGTYRO 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>bexarotene (1% gel, 75 mg capsule)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>bicalutamide 50 mg tablet</i>	2	
BOSULIF (50 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRAFTOVI 75 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
BRUKINSA 80 MG CAPSULE	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 TABLET	5	PA - FOR NEW STARTS ONLY, NM
CAPRELSA (100 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	5	PA - FOR NEW STARTS ONLY, NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COTELLIC 20 MG TABLET	5	LA, PA - FOR NEW STARTS ONLY, NM
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	4	PA - PART B VS D DETERMINATION
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	PA - PART B VS D DETERMINATION
CYCLOPHOSPHAMIDE 50 MG CAPSULE	4	PA - PART B VS D DETERMINATION
<i>dasatinib (20 mg tablet, 50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAURISMO (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
EMCYT 140 MG CAPSULE	3	
ERIVEDGE 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ERLEADA (60 MG TABLET, 240 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>everolimus (2 mg tab for susp, 2.5 mg tablet, 3 mg tab for susp, 5 mg tab for susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>exemestane 25 mg tablet</i>	4	
EXKIVITY 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	4	
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
FRUZAQLA (1 MG CAPSULE, 5 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>fulvestrant 250 mg/5 ml syring</i>	5	PA - FOR NEW STARTS ONLY, NM
GAVRETO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>gefitinib 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
GLEOSTINE 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>hydroxyurea 500 mg capsule</i>	2	
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
IDHIFA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	5	NM
IMBRUVICA (70 MG/ML SUSPENSION, 140 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
INQOVI 35 MG-100 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
INREBIC 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
IWILFIN 192 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
JAYPIRCA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
JYLAMVO 2 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY
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
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
KRAZATI 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>lapatinib 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
LAZCLUZE (80 MG TABLET, 240 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	5	LA, 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, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>letrozole 2.5 mg tablet</i>	1	
LEUKERAN 2 MG TABLET	5	NM
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vial)</i>	4	
<i>leuprolide depot 22.5 mg vial</i>	4	PA - FOR NEW STARTS ONLY
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
LUMAKRAS (120 MG TABLET, 320 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LYSODREN 500 MG TABLET	5	NM
LYTGOBI (12 MG (3X TB), 16 MG (4X TB), 20 MG (5X TB))	5	PA - FOR NEW STARTS ONLY, NM
MATULANE 50 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	2	
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
MEKTOVI 15 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>mercaptopurine 50 mg tablet</i>	3	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	PA - PART B VS D DETERMINATION
NERLYNX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>nilutamide 150 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUBEQA 300 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ODOMZO 200 MG CAPSULE	5	LA, PA - FOR NEW STARTS ONLY, NM
OGSIVEO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
OJEMDA (25 MG/ML ORAL SUSP, 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA - FOR NEW STARTS ONLY, NM
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ONUREG (200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ORSERDU (86 MG TABLET, 345 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>pazopanib hcl 200 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
PIQRAY (200 MG DAILY PACK, 250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA - FOR NEW STARTS ONLY, NM
POLIVY (30 MG VIAL, 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, NM
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
PURIXAN 20 MG/ML ORAL SUSP	4	
QINLOCK 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RETEVMO (40 MG CAPSULE, 40 MG TABLET, 80 MG CAPSULE, 80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
REZLIDHIA 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ROZLYTREK (50 MG PELLET PACKET, 100 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
SCSEMBLIX (20 MG TABLET, 40 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
SOLTAMOX 20 MG/10 ML SOLN	5	NM
<i>sorafenib 200 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
STIVARGA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	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	
TABRECTA (150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAGRISSO (40 MG TABLET, 80 MG TABLET)	5	LA, PA - FOR NEW STARTS ONLY, NM
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	5	PA - FOR NEW STARTS ONLY, NM
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2	
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAZVERIK 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
TECENTRIQ HYBREZA 1,875 MG	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEPMETKO 225 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
TIBSOVO 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>toremifene citrate 60 mg tab</i>	5	PA - FOR NEW STARTS ONLY, NM
TORPENZ (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	4	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg capsule</i>	5	NM
TRUQAP (160 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TUKYSA (50 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TURALIO (125 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	4	LA, PA - FOR NEW STARTS ONLY
VENCLEXTA (50 MG TABLET, 100 MG TABLET)	5	LA, PA - FOR NEW STARTS ONLY, NM
VENCLEXTA STARTING PACK	5	LA, PA - FOR NEW STARTS ONLY, NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VONJO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
VORANIGO (10 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
WELIREG 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XALKORI (20 MG PELLETT, 50 MG PELLETT, 150 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	5	PA - FOR NEW STARTS ONLY, NM
XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
YONSA 125 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZEJULA (100 MG CAPSULE, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZELBORAF 240 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZOLINZA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZYDELIG (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYKADIA 150 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM

ANTICONVULSANTS

APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT 10 MG/ML ORAL SOLN	4	PA - FOR NEW STARTS ONLY
<i>carbamazepine (100 mg tab chew, 200 mg tablet)</i>	3	
<i>carbamazepine (100 mg/5 ml susp, 200 mg/10 ml cup)</i>	4	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobazam 10 mg tablet</i>	4	QL (120 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 PER 30 DAYS)
<i>clobazam 20 mg tablet</i>	4	QL (60 PER 30 DAYS)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	5	PA - FOR NEW STARTS ONLY, NM
<i>diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)</i>	4	
DILANTIN 30 MG CAPSULE	3	
<i>divalproex dr 125 mg cap sprnk</i>	4	
<i>divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)</i>	2	
<i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>	3	
EPIDIOLEX (100 MG/ML SOLN PACK, 100 MG/ML SOLUTION)	5	PA - FOR NEW STARTS ONLY, NM
EPITOL 200 MG TABLET	3	
EPRONTIA 25 MG/ML SOLUTION	4	PA - FOR NEW STARTS ONLY
<i>ethosuximide 250 mg capsule</i>	3	
<i>ethosuximide 250 mg/5 ml soln</i>	4	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	4	
<i>felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	5	NM
FINTEPLA 2.2 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
FYCOMPA (0.5 MG/ML ORAL SUSP, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
FYCOMPA 2 MG TABLET	4	PA - FOR NEW STARTS ONLY
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	2	QL (12 PER 1 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	3	QL (72 PER 1 DAYS)
<i>gabapentin 400 mg capsule</i>	2	QL (9 PER 1 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (4 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	3	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>lamotrigine odt (odt 25 mg tablet, odt 50 mg tablet, odt 100 mg tablet, odt 200 mg tablet)</i>	4	
<i>levetiracetam (100 mg/ml soln, 500 mg/5 ml cup, 500 mg/5 ml soln, 1,000mg/10ml cup)</i>	3	
<i>levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	2	
<i>levetiracetam er (er 500 mg tablet, er 750 mg tablet)</i>	3	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	4	PA - FOR NEW STARTS ONLY
<i>methsuximide 300 mg capsule</i>	4	
NAYZILAM 5 MG NASAL SPRAY	4	PA - FOR NEW STARTS ONLY
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	3	
<i>oxcarbazepine (300 mg/5 ml cup, 300 mg/5 ml susp)</i>	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, 97.2 mg tablet)</i>	3	
<i>phenobarbital (20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg/7.5 ml cup, 60 mg/15 ml cup)</i>	4	
<i>phenytoin (100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	3	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew)</i>	2	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	3	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	3	QL (6 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin 150 mg capsule</i>	3	QL (4 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	3	QL (30 PER 1 DAYS)
<i>pregabalin 200 mg capsule</i>	3	QL (3 PER 1 DAYS)
<i>primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>rufinamide 200 mg tablet</i>	4	PA - FOR NEW STARTS ONLY
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	4	PA - FOR NEW STARTS ONLY
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4	
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	4	
<i>topiramate (15 mg cap, 25 mg cap)</i>	4	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup)</i>	3	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY)	4	PA - FOR NEW STARTS ONLY
<i>vigabatrin (500 mg powder packet, 500 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VIGPODER 500 MG POWDER PACKET	5	PA - FOR NEW STARTS ONLY, NM
XCOPRI (12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	3	
ZONISADE 100 MG/5 ML ORAL SUSP	4	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
ZTALMY 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM

ANTIDEMENTIA AGENTS

<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>	2	
<i>galantamine 4 mg/ml oral soln</i>	4	
<i>galantamine er (er 8 mg capsule, er 16 mg capsule, er 24 mg capsule)</i>	4	
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	3	
<i>memantine hcl (5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet)</i>	3	
<i>memantine hcl 2 mg/ml solution</i>	4	
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	2	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	4	

ANTIDEPRESSANTS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
AUVELITY ER 45-105 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>bupropion hcl (75 mg tablet, 100 mg tablet)</i>	3	
<i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i>	2	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	2	
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	4	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	4	
<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	
<i>desvenlafaxine suc er 25 mg tablet (generic for pristiq)</i>	3	
<i>desvenlafaxine suc er 50 mg tablet (generic for pristiq)</i>	3	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	
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 (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</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</i>	4	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, 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 soln cup, 20 mg/5 ml solution)</i>	3	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
MARPLAN 10 MG TABLET	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	3	
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	2	
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	
<i>nortriptyline 10 mg/5 ml soln</i>	4	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	2	
<i>paroxetine hcl 10 mg/5 ml susp</i>	4	
<i>phenelzine sulfate 15 mg tab</i>	3	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	1	
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	4	
<i>sertraline 20 mg/ml oral conc</i>	4	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
SPRAVATO (28 MG NASAL SPRAY, 56 MG DOSE PACK, 84 MG DOSE PACK)	5	PA - FOR NEW STARTS ONLY, NM
<i>tranlycypromine sulf 10 mg tab</i>	4	
<i>trazodone 300 mg tablet</i>	3	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)</i>	4	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	PA - FOR NEW STARTS ONLY
<i>venlafaxine bes er 112.5 mg tb</i>	4	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	2	
VIIBRYD 10-20 MG STARTER PACK	4	PA - FOR NEW STARTS ONLY
<i>vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZULRESSO 100 MG/20 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

ANTIDIABETIC AGENTS

ANTIDIABETIC AGENTS, MISCELLANEOUS

<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	3	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB)	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>mifepristone 300 mg tablet</i>	5	PA, NM
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	4	
OZEMPIC (1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)
OZEMPIC .25 OR 0.5 PEN INJCTR (DOSE 3 ML)	3	PA, QL (3 PER 28 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OZEMPIC 0.25 OR .5 PEN INJCTR (DOSE 1.5 ML)	3	PA, QL (1.5 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride (30-2, 30-4)</i>	4	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin (15-500, 15-850)</i>	4	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
SYMLINPEN 120 PEN INJECTOR	5	NM
SYMLINPEN 60 PEN INJECTOR	5	NM
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	3	QL (1 PER 1 DAYS)
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	3	QL (60 PER 30 DAYS)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	3	PA, QL (2 PER 28 DAYS)

INSULINS

HUMALOG 100 UNIT/ML CARTRIDGE	3	IN
HUMALOG 200 UNIT/ML KWIKPEN	3	IN
HUMALOG MIX 50-50 KWIKPEN	3	IN
HUMALOG MIX 50-50 VIAL	3	IN
HUMALOG MIX 75-25 VIAL	3	IN
HUMULIN 70-30 VIAL	3	IN

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN 70/30 KWIKPEN	3	IN
HUMULIN N 100 UNIT/ML KWIKPEN	3	IN
HUMULIN N 100 UNIT/ML VIAL	3	IN
HUMULIN R 100 UNIT/ML VIAL	3	IN
HUMULIN R 500 UNIT/ML KWIKPEN	3	IN
HUMULIN R 500 UNIT/ML VIAL	3	IN
<i>insulin lispro 100 unit/ml pen</i>	3	IN
<i>insulin lispro 100 unit/ml vl</i>	3	IN
<i>insulin lispro jr 100 unit/ml</i>	3	IN
<i>insulin lispro mix 75-25 kwkpn</i>	3	IN
LANTUS 100 UNIT/ML VIAL	3	IN
LANTUS SOLOSTAR 100 UNIT/ML	3	IN
TOUJEO MAX SOLOSTR 300 UNIT/ML	3	IN
TOUJEO SOLOSTAR 300 UNIT/ML	3	IN

SULFONYLUREAS

<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	3	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	3	QL (240 PER 30 DAYS)
<i>glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glyburide micronized (1.5 mg tab, 3 mg tablet, 6 mg tablet)</i>	2	
<i>glyburide-metformin hcl (glyburid-metformin 1.25-250 mg, glyburide-metformin 2.5-500 mg, glyburide-metformin 5-500 mg)</i>	2	

ANTIFUNGALS

ABELCET 100 MG/20 ML VIAL	4	PA
<i>amphotericin b 50 mg vial</i>	4	PA
<i>amphotericin b liposome 50 mg</i>	4	PA
<i>caspofungin acetate 50 mg vial</i>	5	PA, NM
<i>caspofungin acetate 70 mg vial</i>	4	PA
<i>ciclopirox (0.77% cream, 1% shampoo)</i>	3	
<i>ciclopirox 0.77% gel</i>	4	
<i>ciclopirox 0.77% topical susp</i>	4	QL (60 PER 30 DAYS)
<i>ciclopirox 8% solution</i>	2	
<i>clotrimazole (10 mg lozenge, 10 mg troche)</i>	3	
<i>clotrimazole 1% solution</i>	4	
<i>clotrimazole 1% topical cream</i>	2	
<i>clotrimazole-betamethasone crm</i>	2	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	5	PA, NM
<i>econazole nitrate 1% cream</i>	3	QL (85 PER 30 DAYS)
ERAXIS 100 MG VIAL	5	PA, NM
ERAXIS 50 MG VIAL	4	PA
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	3	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>fluconazole-nacl (100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml)</i>	4	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	NM
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4	
<i>itraconazole (10 mg/ml solution, 100 mg/10 ml cup)</i>	4	PA
<i>itraconazole 100 mg capsule</i>	4	
<i>ketoconazole 2% cream</i>	3	QL (60 PER 30 DAYS)
<i>ketoconazole 2% shampoo</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tablet</i>	2	
KLAYESTA 100,000 UNIT/GM POWD	3	QL (60 PER 30 DAYS)
<i>micafungin (50 mg vial, 100 mg vial)</i>	5	NM
NYAMYC 100,000 UNIT/GM POWDER	3	QL (60 PER 30 DAYS)
<i>nystatin (100,000 unit/ml susp, 500,000 unit/5 ml cup)</i>	3	QL (720 PER 30 DAYS)
<i>nystatin 100,000 unit/gm cream</i>	2	QL (30 PER 30 DAYS)
<i>nystatin 100,000 unit/gm oint</i>	3	QL (30 PER 30 DAYS)
<i>nystatin 100,000 unit/gm powd</i>	3	QL (60 PER 30 DAYS)
<i>nystatin 500,000 unit oral tab</i>	4	
<i>nystatin-triamcinolone (cream, ointm)</i>	3	
NYSTOP 100,000 UNIT/GM POWDER	3	QL (60 PER 30 DAYS)
<i>posaconazole dr 100 mg tablet</i>	5	PA, NM
<i>terbinafine hcl 250 mg tablet</i>	2	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	4	PA
<i>voriconazole 40 mg/ml susp</i>	5	PA, NM

ANTIGOUT AGENTS

ANTIGOUT AGENTS, OTHER

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	4	
<i>febuxostat (40 mg tablet, 80 mg tablet)</i>	3	
<i>probenecid 500 mg tablet</i>	3	
<i>probenecid-colchicine tablet</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIHISTAMINES		
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	2	
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>	3	
<i>desloratadine 5 mg tablet</i>	2	
<i>diphenhydramine 50 mg/ml vial</i>	1	
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet)</i>	2	
<i>levocetirizine 5 mg tablet</i>	2	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrpr)</i>	3	
ANTIMIGRAINE AGENTS		
AJOVY 225 MG/1.5 ML AUTOINJECT	3	PA
AJOVY 225 MG/1.5 ML SYRINGE	3	PA
<i>dihydroergotamine mesylate (1 mg/ml amp, 4 mg/ml spry)</i>	5	PA, NM
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 120 MG/ML SYRINGE, 300 MG (100 MG X3SYR))	3	PA
<i>ergotamine-caffeine 1-100mg tb</i>	3	
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL (12 PER 30 DAYS)
NURTEC ODT 75 MG TABLET	3	PA
<i>rizatriptan (5 mg odt, 10 mg odt)</i>	3	QL (12 PER 30 DAYS)
<i>rizatriptan (5 mg tablet, 10 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	4	QL (5 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	3	QL (12 PER 28 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan odt (2.5 mg odt, 5 mg odt)</i>	4	QL (12 PER 28 DAYS)
ANTIMYCOBACTERIALS		
<i>cycloserine 250 mg capsule</i>	5	PA, NM
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	3	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	4	
PASER GRANULES 4 GM PACKET	3	
<i>pretomanid 200 mg tablet</i>	4	PA
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, iv 600 mg vial)</i>	4	
SIRTURO (20 MG TABLET, 100 MG TABLET)	5	PA, NM
TRECTOR 250 MG TABLET	3	
ANTINAUSEA AGENTS		
<i>aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack)</i>	4	PA - PART B VS D DETERMINATION
COMPRO 25 MG SUPPOSITORY	4	
<i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	PA
EMEND 125 MG POWDER PACKET	4	PA - PART B VS D DETERMINATION
<i>granisetron hcl 1 mg tablet</i>	4	PA - PART B VS D DETERMINATION
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	4	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	2	PA - PART B VS D DETERMINATION
<i>prochlorperazine 25 mg supp</i>	4	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	2	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppository, 50 mg suppository)</i>	4	
<i>promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	4	
<i>scopolamine 1 mg/3 day patch</i>	4	
<i>trimethobenzamide 300 mg cap</i>	4	

ANTIPARASITE AGENTS

<i>albendazole 200 mg tablet</i>	5	NM
<i>atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)</i>	5	NM
<i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>	4	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	3	
COARTEM TABLETS	3	
<i>hydroxychloroquine 200 mg tab</i>	2	
<i>ivermectin 3 mg tablet</i>	3	QL (40 PER 30 DAYS)
<i>mefloquine hcl 250 mg tablet</i>	2	
<i>nitazoxanide 500 mg tablet</i>	5	PA, NM
<i>paromomycin 250 mg capsule</i>	4	
<i>pentamidine 300 mg inhal powdr</i>	4	PA - PART B VS D DETERMINATION
<i>pentamidine 300 mg inject vial</i>	4	PA
<i>praziquantel 600 mg tablet</i>	3	
<i>primaquine 26.3 mg tablet</i>	3	
<i>quinine sulfate 324 mg capsule</i>	4	PA
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARKINSONIAN AGENTS		
<i>amantadine (100 mg capsule, 100 mg tablet)</i>	3	
<i>amantadine (50 mg/5 ml solution, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	2	
<i>apomorphine 30 mg/3 ml cartrdg</i>	5	PA, NM
<i>benztropine mesylate (0.5 mg tab, 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-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)</i>	4	
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	2	
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	3	
<i>carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)</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	
NOURIANZ (20 MG TABLET, 40 MG TABLET)	5	PA, NM
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	2	
<i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	
<i>pramipexole er (er 0.375 mg tablet, er 0.75 mg tablet, er 1.5 mg tablet, er 2.25 mg tablet, er 3 mg tablet, er 3.75 mg tablet, er 4.5 mg tablet)</i>	4	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4	
<i>ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
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)	4	ST
<i>selegiline hcl 5 mg capsule</i>	4	
<i>selegiline hcl 5 mg tablet</i>	3	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	2	

ANTIPSYCHOTIC AGENTS

ABILIFY ASIMTUFII (720 MG/2.4ML, 960 MG/3.2ML)	5	NM
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	5	NM
<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	
<i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN)	5	NM
ARISTADA ER 1064 MG/3.9 ML SYR	4	
ARISTADA INITIO ER 675 MG/2.4	5	NM
<i>asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	4	
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	4	
<i>chlorpromazine hcl (30 mg/ml conc, 100 mg/ml conc)</i>	4	PA - FOR NEW STARTS ONLY
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
FANAPT (1 MG TABLET, 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
FANAPT TITRATION PACK	4	PA - FOR NEW STARTS ONLY
<i>fluphenazine dec 125 mg/5 ml</i>	4	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	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 dec 100 mg/ml amp</i>	4	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)</i>	4	
<i>haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)</i>	3	
<i>haloperidol lactate (5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)</i>	4	
INVEGA HAFYERA (1,092 MG/3.5 ML, 1,560 MG/5 ML)	5	PA - FOR NEW STARTS ONLY, NM
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	4	
INVEGA TRINZA (273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML)	4	
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	2	
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet, 120 mg tablet)</i>	5	QL (1 PER 1 DAYS), NM
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 10 mg vial</i>	4	
<i>olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i>	4	
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 6 mg tablet, er 9 mg tablet)</i>	4	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	4	
PERSERIS (ER 90 MG POWDER SYRNG, 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 (fumarate 25 mg tab, fumarate 50 mg tab, fumarate 100 mg tab, 150 mg tablet, fumarate 200 mg tab, fumarate 300 mg tab, fumarate 400 mg tab)</i>	2	
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet)</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
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone 1 mg/ml solution</i>	4	
<i>risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial)</i>	4	
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>	4	PA - FOR NEW STARTS ONLY
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	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>	4	
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UZEDY (ER 50 MG/0.14 ML SYRINGE, ER 75 MG/0.21 ML SYRINGE, ER 100 MG/0.28 ML SYRING, ER 125 MG/0.35 ML SYRING, ER 150 MG/0.42 ML SYRING, ER 200 MG/0.56 ML SYRING, ER 250 MG/0.7 ML SYRINGE)	5	PA - FOR NEW STARTS ONLY, NM
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 20 mg/ml vial</i>	4	
<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 VIAL, 300 MG VL KIT, 405 MG VIAL, 405 MG VL KIT)	5	PA - FOR NEW STARTS ONLY, NM

ANTIVIRALS (SYSTEMIC)

ANTIRETROVIRALS

<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir-lamivudine 600-300 mg</i>	4	
APTIVUS 250 MG CAPSULE	5	NM
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	4	
BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	5	NM
CABENUVA (ER 400 MG-600 MG SUSP, ER 600 MG-900 MG SUSP)	5	NM
<i>cabotegravir er (cabenuva) (er 400 mg/2 ml vl, er 600 mg/3 ml vl)</i>	5	NM
CIMDUO 300-300 MG TABLET	5	NM
COMPLERA TABLET	5	NM
<i>darunavir (600 mg tablet, 800 mg tablet)</i>	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DELSTRIGO 100-300-300 MG TAB	5	NM
DESCOVY (120-15 MG TABLET, 200-25 MG TABLET)	5	NM
<i>didanosine (dr 250 mg capsule, dr 400 mg capsule)</i>	4	
DOVATO 50-300 MG TABLET	5	NM
EDURANT 25 MG TABLET	5	NM
<i>efavir-emtri-tenof 600-200-300</i>	5	NM
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	
<i>efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)</i>	5	NM
<i>emtricitabine 200 mg capsule</i>	4	
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	5	NM
<i>emtricitabine-tenofv 200-300mg</i>	3	
EMTRIVA 10 MG/ML SOLUTION	4	
EPIVIR HBV 25 MG/5 ML SOLN	4	
<i>etravirine (100 mg tablet, 200 mg tablet)</i>	5	NM
EVOTAZ 300 MG-150 MG TABLET	5	NM
<i>fosamprenavir 700 mg tablet</i>	5	NM
FUZEON 90 MG VIAL	5	NM
GENVOYA TABLET	5	NM
INTELENCE 25 MG TABLET	4	
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
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	4	
<i>lamivudine hbv 100 mg tablet</i>	4	
<i>lamivudine-zidovudine tablet</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	4	
<i>maraviroc (150 mg tablet, 300 mg tablet)</i>	5	NM
<i>nevirapine 200 mg tablet</i>	3	
<i>nevirapine 50 mg/5 ml susp</i>	4	
<i>nevirapine er (er 100 mg tablet, er 400 mg tablet)</i>	4	
NORVIR 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)	5	NM
PREZISTA 75 MG TABLET	4	
REYATAZ 50 MG POWDER PACKET	5	NM
<i>rilpivirine er (cabenuva) (er 600 mg/2 ml vl, er 900 mg/3 ml vl)</i>	5	NM
<i>ritonavir 100 mg tablet</i>	3	
RUKOBIA ER 600 MG TABLET	5	NM
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET)	5	NM
SELZENTRY 25 MG TABLET	4	
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	3	
STRIBILD TABLET	5	NM
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET, 463.5 MG/1.5 ML VIAL)	5	NM
SYMTUZA 800-150-200-10 MG TAB	5	NM
TEMIXYS 300-300 MG TABLET	5	NM
<i>tenofovir disop fum 300 mg tb</i>	3	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	NM
TIVICAY 10 MG TABLET	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIVICAY PD 5 MG TAB FOR SUSP	4	
TRIUMEQ 600-50-300 MG TABLET	5	NM
TRIUMEQ PD 60-5-30 MG TAB SUSP	5	NM
TRIZIVIR TABLET	5	NM
VEMLIDY 25 MG TABLET	5	NM
VIRACEPT (250 MG TABLET, 625 MG TABLET)	5	NM
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	NM
VOCABRIA 30 MG TABLET	4	
<i>zidovudine (100 mg capsule, 300 mg tablet)</i>	3	
<i>zidovudine 50 mg/5 ml syrup</i>	4	
ANTIVIRALS, MISCELLANEOUS		
<i>oseltamivir 6 mg/ml suspension</i>	4	
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	3	
PAXLOVID 150-100 MG DOSE PACK	3	QL (20 PER 5 DAYS)
PAXLOVID 150-100 MG PACK (EUA)	3	QL (20 PER 5 DAYS)
PAXLOVID 300-100 MG DOSE PACK	3	QL (30 PER 5 DAYS)
PAXLOVID 300-100 MG PACK (EUA)	3	QL (30 PER 5 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	NM
RELENZA 5 MG DISKHALER	3	
<i>rimantadine hcl 100 mg tablet</i>	4	
HCV ANTIVIRALS		
EPCLUSA (150-37.5 MG PELLETT PKT, 200 MG-50 MG TABLET, 200-50 MG PELLETT PACK)	5	PA, NM
HARVONI (33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKET, 45-200 MG TABLET)	5	PA, NM
<i>ledipasvir-sofosbuvir 90-400mg</i>	5	PA, NM
MAVYRET (50-20 MG PELLETT PACKET, 100-40 MG TABLET)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sofosbuvir-velpatasvir 400-100</i>	5	PA, NM
VOSEVI 400-100-100 MG TABLET	5	PA, NM
INTERFERONS		
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA, NM
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	4	
<i>acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)</i>	4	PA - PART B VS D DETERMINATION
<i>adefovir dipivoxil 10 mg tab</i>	4	
BARACLUDGE 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	
LAGEVRIO 200 MG CAP (EUA)	4	QL (40 PER 5 DAYS)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	3	
<i>ribavirin 6 gm inhalation vial</i>	5	PA - PART B VS D DETERMINATION, NM
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	2	
<i>valganciclovir 450 mg tablet</i>	3	
<i>valganciclovir hcl 50 mg/ml</i>	5	NM

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

<i>dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)</i>	3	
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	3	
<i>enoxaparin 30 mg/0.3 ml syr</i>	4	QL (18 PER 30 DAYS)
<i>enoxaparin 300 mg/3 ml vial</i>	4	QL (30 PER 30 DAYS)
<i>enoxaparin 40 mg/0.4 ml syr</i>	4	QL (24 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enoxaparin 60 mg/0.6 ml syr</i>	4	QL (36 PER 30 DAYS)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	4	QL (48 PER 30 DAYS)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 30 DAYS), NM
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	4	QL (15 PER 30 DAYS)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (12 PER 30 DAYS), NM
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 30 DAYS), NM
<i>heparin 20,000 unit/500 ml-d5w</i>	2	PA - PART B VS D DETERMINATION
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujet, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	2	
<i>jantoven 10mg tablet</i>	1	
<i>jantoven 1mg tablet</i>	1	
<i>jantoven 2.5mg tablet</i>	1	
<i>jantoven 2mg tablet</i>	1	
<i>jantoven 3mg tablet</i>	1	
<i>jantoven 4mg tablet</i>	1	
<i>jantoven 5mg tablet</i>	1	
<i>jantoven 6mg tablet</i>	1	
<i>jantoven 7.5mg tablet</i>	1	
<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 (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLOOD FORMATION MODIFIERS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL)	4	PA
ARANESP (60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA, NM
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	PA, NM
CINRYZE (500 UNIT VIAL, 500 UNIT VIAL-DILUENT)	5	PA, NM
HAEGARDA (2,000 UNIT VIAL, 3,000 UNIT VIAL)	5	PA, NM
LEUKINE 250 MCG VIAL	5	NM
NIVESTYM (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	5	NM
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	NM
ORLADEYO (110 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
<i>plerixafor 24 mg/1.2 ml vial</i>	5	PA, NM
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET)	5	PA, QL (30 PER 30 DAYS), NM
PROMACTA (50 MG TABLET, 75 MG TABLET)	5	PA, QL (60 PER 30 DAYS), NM
PROMACTA 25 MG SUSPENSION PCKT	5	PA, QL (90 PER 30 DAYS), NM
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL)	4	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA, NM
RUCONEST 2,100 UNIT VIAL	5	PA, NM
UDENYCA 6 MG/0.6 ML AUTOINJECT	5	NM
UDENYCA 6 MG/0.6 ML ONBODY	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UDENYCA 6 MG/0.6 ML SYRINGE	5	NM
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	5	NM
HEMATOLOGIC AGENTS, MISCELLANEOUS		
<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	3	
CABLIVI (11 MG KIT, 11 MG VIAL)	5	PA, NM
PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20 MG TAPER PACK, 20-5 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK, 50-20 MG TAPER PACK)	5	PA, QL (56 PER 28 DAYS), NM
<i>tranexamic acid 650 mg tablet</i>	3	QL (30 PER 30 DAYS)
PLATELET-AGGREGATION INHIBITORS		
<i>aspirin-dipyridam er 25-200 mg</i>	4	
BRILINTA (60 MG TABLET, 90 MG TABLET)	3	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	3	
<i>pentoxifylline er 400 mg tab</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
AMINOSYN II (7% IV SOLUTION, 8.5% IV SOLUTION, 10% 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
CLINISOL 15% SOLUTION	4	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose in water (5%-water 100 ml, 5%-water iv soln, 10%-water iv solution)</i>	4	
DOJOLVI LIQUID	5	PA, NM
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - PART B VS D DETERMINATION
PROSOL 20% INJECTION	4	PA - PART B VS D DETERMINATION

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGENTS

<i>clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	5	PA, NM
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	2	
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
<i>phenoxybenzamine hcl 10 mg cap</i>	5	PA, NM
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	3	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)</i>	3	
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	
ENTRESTO SPRINKLE (6-6MG PELLETT, 15-16 MG PLT)	3	
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	2	
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	3	
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	2	
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-12.5 mg tb, 80-25 mg tab)</i>	4	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	2	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	2	

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	3	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)</i>	4	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	2	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i>	2	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	3	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	3	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	2	
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
<i>trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	

ANTIARRHYTHMIC AGENTS

<i>amiodarone hcl (100 mg tablet, 400 mg tablet)</i>	4	
<i>amiodarone hcl 200 mg tablet</i>	2	
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>	4	
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	4	
MULTAQ 400 MG TABLET	4	
NORPACE CR (CR 100 MG CAPSULE, CR 150 MG CAPSULE)	4	
PACERONE (100 MG TABLET, 400 MG TABLET)	4	
PACERONE 200 MG TABLET	2	
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	3	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	2	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>atenolol-chlorthalidone (50-25, 100-25)</i>	2	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	3	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>	2	
<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	
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	3	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	4	
<i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	2	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	3	
<i>propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)</i>	3	
<i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	4	

CALCIUM-CHANNEL BLOCKING AGENTS

CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	2	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2	
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 240 mg cap, 24hr er 300 mg cap)</i>	2	
<i>diltiazem 24hr er (24hr er 360 mg cap, 24hr er 420 mg cap)</i>	3	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp)</i>	2	
<i>diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)</i>	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 tablet)</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	
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3	
TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	2	
<i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>	3	
<i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>	2	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>	3	
<i>verapamil sr 360 mg capsule</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CORLANOR 5 MG/5 ML ORAL SOLN	4	PA
DIGITEK (125 MCG TABLET, 250 MCG TABLET)	2	
DIGOX (125 MCG TABLET, 250 MCG TABLET)	2	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	2	
<i>digoxin 0.05 mg/ml solution</i>	3	
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	3	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>icatibant 30 mg/3 ml syringe</i>	5	PA, QL (18 PER 30 DAYS), NM
<i>ivabradine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	PA
<i>metirosine 250 mg capsule</i>	5	PA, NM
<i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i>	4	
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, QL (18 PER 30 DAYS), NM
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	4	PA
VYNDAMAX 61 MG CAPSULE	5	PA, NM
VYNDAQEL 20 MG CAPSULE	5	PA, NM
DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	2	
<i>amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	3	
<i>amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)</i>	2	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>	1	
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)</i>	2	
<i>nimodipine 30 mg capsule</i>	4	
DIURETICS		
<i>amiloride hcl 5 mg tablet</i>	3	
<i>amiloride hcl-hctz 5-50 mg tab</i>	2	
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	2	
DIURIL 250 MG/5 ML ORAL SUSP	4	
<i>furosemide (10 mg/ml solution, 40 mg/5 ml soln)</i>	2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 100 mg/10 ml syringe, 100 mg/10 ml vial)</i>	4	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	2	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone-hctz 25-25 tab</i>	3	
<i>toremide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	2	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
DYSLIPIDEMICS		
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>cholestyramine (packet, powder)</i>	4	
<i>cholestyramine light (packet, powder)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colesevelam 625 mg tablet</i>	4	
<i>colestipol hcl 1 gm tablet</i>	4	
<i>ezetimibe 10 mg tablet</i>	1	
<i>ezetimibe-simvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i>	3	
<i>fenofibrate (43 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule)</i>	3	
<i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 145 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	3	
<i>gemfibrozil 600 mg tablet</i>	1	
<i>icosapent ethyl (0.5 gm capsule, 1 gram capsule, 500 mg capsule)</i>	4	PA - FOR NEW STARTS ONLY
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA, NM
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i>	4	
<i>omega-3 ethyl esters 1 gm cap</i>	3	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
PREVALITE (PACKET, POWDER)	4	
REPATHA 140 MG/ML SURECLICK	3	QL (3 PER 28 DAYS)
REPATHA 140 MG/ML SYRINGE	3	QL (3 PER 28 DAYS)
REPATHA 420 MG/3.5ML PUSHTRONX	3	QL (3.5 PER 28 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>aliskiren (150 mg tablet, 300 mg tablet)</i>	4	
<i>eplerenone (25 mg tablet, 50 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KERENDIA (10 MG TABLET, 20 MG TABLET)	4	PA

VASODILATORS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	4	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)</i>	2	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	2	
<i>nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)</i>	3	

CENTRAL NERVOUS SYSTEM AGENTS

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	4	QL (2 PER 1 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	4	QL (1 PER 1 DAYS)
AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)	5	PA, NM
AUSTEDO XR (6 MG TABLET, 12 MG TABLET, 18 MG TABLET, 24 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	5	PA, NM
AUSTEDO XR TITRATION KT(WK1-4) (TITR(12-18-24-30MG), TITR KT(6-12-24 MG))	5	PA, NM
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	5	QL (1 PER 28 DAYS), NM
AVONEX PEN 30 MCG/0.5 ML KIT	5	QL (1 PER 28 DAYS), NM
BAFIERTAM DR 95 MG CAPSULE	5	PA, QL (4 PER 1 DAYS), NM
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	5	QL (14 PER 28 DAYS), NM
<i>clonidine hcl er 0.1 mg tablet</i>	4	QL (4 PER 1 DAYS)
<i>dalfampridine er 10 mg tablet</i>	3	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexmethylphenidate hcl er (er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	4	QL (1 PER 1 DAYS)
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 20 mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>dextroamp-amphetamin 30 mg tab</i>	3	QL (2 PER 1 DAYS)
<i>dextroamphetamine 15 mg tab</i>	4	QL (4 PER 1 DAYS)
<i>dextroamphetamine 20 mg tab</i>	4	QL (3 PER 1 DAYS)
<i>dextroamphetamine 30 mg tab</i>	4	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate er (er 5 mg cap, er 10 mg cap, er 15 mg cap)</i>	4	QL (4 PER 1 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	3	QL (3 PER 1 DAYS)
<i>dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)</i>	5	QL (60 PER 30 DAYS), NM
ENSPRYNG 120 MG/ML SYRINGE	5	PA, NM
<i>fingolimod 0.5 mg capsule</i>	5	QL (30 PER 30 DAYS), NM
<i>glatiramer 20 mg/ml syringe</i>	5	QL (30 PER 30 DAYS), NM
<i>glatiramer 40 mg/ml syringe</i>	5	QL (12 PER 28 DAYS), NM
GLATOPA 20 MG/ML SYRINGE	5	QL (30 PER 30 DAYS), NM
GLATOPA 40 MG/ML SYRINGE	5	QL (12 PER 28 DAYS), NM
INGREZZA (40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	5	PA, NM
INGREZZA INITIATION PK(TARDIV)	5	PA, NM
INGREZZA SPRINKLE (40 MG CAP, 60 MG CAP, 80 MG CAP)	5	PA, NM
KESIMPTA 20 MG/0.4 ML PEN	5	QL (1.2 PER 28 DAYS), NM
<i>lisdexamfetamine dimesylate (10 mg capsule, 10 mg tb chew, 20 mg capsule, 20 mg tb chew, 30 mg capsule, 30 mg tb chew)</i>	4	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisdexamfetamine dimesylate (40 mg capsule, 40 mg tb chew, 50 mg capsule, 50 mg tb chew, 60 mg capsule, 60 mg tb chew, 70 mg capsule)</i>	4	QL (1 PER 1 DAYS)
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1	
<i>lithium carbonate 300 mg tab</i>	2	
<i>lithium carbonate er (er 300 mg tb, er 450 mg tb)</i>	2	
<i>lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)</i>	4	
MAVENCLAD (10 MG 10 TABLET PK, 10 MG 4 TABLET PK, 10 MG 5 TABLET PK, 10 MG 6 TABLET PK, 10 MG 7 TABLET PK, 10 MG 8 TABLET PK, 10 MG 9 TABLET PK)	5	PA, NM
MAYZENT (1 MG TABLET, 2 MG TABLET)	5	QL (1 PER 1 DAYS), NM
MAYZENT 0.25 MG TABLET	5	QL (4 PER 1 DAYS), NM
MAYZENT 0.25MG START-1MG MAINT	4	QL (7 PER 4 DAYS)
MAYZENT 0.25MG START-2MG MAINT	5	QL (12 PER 5 DAYS), NM
<i>methylphenidate 10 mg/5 ml sol</i>	4	QL (30 PER 1 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	4	QL (60 PER 1 DAYS)
<i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	4	QL (3 PER 1 DAYS)
<i>methylphenidate er (er 40 mg cap, er 50 mg cap, er 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate er (la) 40mg cp</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	QL (3 PER 1 DAYS)
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	4	QL (1 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
NUEDEXTA 20-10 MG CAPSULE	5	PA, NM
PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK)	5	QL (1 PER 28 DAYS), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	5	QL (1 PER 28 DAYS), NM
QUILLIVANT XR 25 MG/5 ML SUSP	4	QL (12 PER 1 DAYS)
RADICAVA ORS (105 MG/5 ML SUSP, STARTER KIT SUSP)	5	PA, QL (70 PER 28 DAYS), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	QL (6 PER 28 DAYS), NM
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	QL (6 PER 28 DAYS), NM
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 PER 28 DAYS), NM
REBIF TITRATION PACK	5	QL (4.2 PER 28 DAYS), NM
<i>riluzole 50 mg tablet</i>	3	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	4	PA
<i>teriflunomide (7 mg tablet, 14 mg tablet)</i>	5	QL (30 PER 30 DAYS), NM
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	5	PA, NM
VUMERITY DR 231 MG CAPSULE	5	QL (120 PER 30 DAYS), NM
ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER KIT (37-DAY), STARTER PACK (7-DAY))	5	PA, NM

CONTRACEPTIVES

ALTAVERA-28 TABLET	2
APRI 28 DAY TABLET	2
AUBRA EQ-28 TABLET	2
AUBRA-28 TABLET	2
AVIANE-28 TABLET	2

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLISOVI 24 FE TABLET	2	
BLISOVI FE 1.5-30 TABLET	2	
CAMILA 0.35 MG TABLET	2	
CAZIAN 28 DAY TABLET	2	
CRYSELLE-28 TABLET	2	
CYRED 28 DAY TABLET	2	
CYRED EQ 28 DAY TABLET	2	
DEBLITANE 0.35 MG TABLET	2	
<i>drospirenone-ee 3-0.02 mg tab</i>	2	
ELURYNG VAGINAL RING	4	
ENPRESSE-28 TABLET	2	
ENSKYCE 28 TABLET	2	
ERRIN 0.35 MG TABLET	2	
ESTARYLLA 0.25-0.035 MG TABLET	2	
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	2	
<i>etonogestrel-ee vaginal ring</i>	4	
FALMINA-28 TABLET	2	
HAILEY 24 FE 1 MG-20 MCG TAB	2	
ICLEVIA 0.15 MG-0.03 MG TABLET	2	
INCASSIA 0.35 MG TABLET	2	
ISIBLOOM 28 DAY TABLET	2	
<i>jasmiel 3 mg-0.02 mg tablet</i>	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	
KELNOR 1-35 28 TABLET	2	
KELNOR 1-50 TABLET	2	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	2	
LESSINA-28 TABLET	2	
LEVONEST-28 TABLET	2	
<i>levonorg-ee-fe bis 0.1-0.02-36</i>	2	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</i>	2	
LEVORA-28 TABLET	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	
LORYNA 3 MG-0.02 MG TABLET	2	
LOW-OGESTREL-28 TABLET	2	
LUTERA-28 TABLET	2	
LYLEQ 0.35 MG TABLET	2	
LYZA 0.35 MG TABLET	2	
MARLISSA-28 TABLET	2	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	2	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	2	
MILI 0.25-0.035 MG TABLET	2	
NIKKI 3 MG-0.02 MG TABLET	2	
NORA-BE TABLET	2	
<i>noreth-ee-fe 1 mg/20-30-35 mcg</i>	2	
<i>norethind-eth estrad 1-0.02 mg</i>	2	
<i>norethindrone 0.35 mg tablet</i>	2	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	2	
PORTIA-28 TABLET	2	
RECLIPSEN 28 DAY TABLET	2	
SETLAKIN 0.15 MG-0.03 MG TAB	2	
SHAROBEL 0.35 MG TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRINTEC 28 DAY TABLET	2	
SRONYX 0.10-0.02 MG TABLET	2	
<i>tarina 24 fe 1 mg-20 mcg tab</i>	2	
TARINA FE 1-20 EQ TABLET	2	
TARINA FE 1-20 TABLET	2	
TILIA FE 28 TABLET	2	
TRI-ESTARYLLA TABLET	2	
TRI-LEGEST FE-28 DAY TABLET	2	
TRI-LO-ESTARYLLA TABLET	2	
TRI-LO-SPRINTEC TABLET	2	
TRI-MILI 28 TABLET	2	
TRI-SPRINTEC TABLET	2	
TRI-VYLIBRA 28 TABLET	2	
TRI-VYLIBRA LO TABLET	2	
TRIVORA-28 TABLET	2	
<i>turqoz-28 tablet</i>	2	
VELIVET 28 DAY TABLET	2	
VESTURA 3 MG-0.02 MG TABLET	2	
VIENVA-28 TABLET	2	
VYLIBRA 28 TABLET	2	
XULANE 150-35 MCG/DAY PATCH	4	
ZOVIA 1-35 TABLET	2	

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg capsule</i>	4	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
<i>denta 5000 plus cream</i>	1	
<i>dentagel 1.1% gel</i>	1	
<i>just right 5000 1.1% toothpste</i>	1	
PAROEX 0.12% ORAL RINSE	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PERIOGARD 0.12% ORAL RINSE	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	
<i>sf 1.1% gel</i>	1	
<i>sf 5000 plus cream</i>	1	
<i>sodium fluoride (1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	1	
<i>sodium fluoride 5000 plus crm</i>	1	
<i>triamcinolone 0.1% paste</i>	4	

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS, OTHER

<i>accutane (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	4	
<i>acyclovir 5% ointment</i>	4	QL (30 PER 30 DAYS)
ALCOHOL 70% SWABS	2	
ALCOHOL PREP PADS (70%, PHARM CHOICE, SAPS 70%, SWI 70%)	2	
<i>ammonium lactate (cream, lotion)</i>	3	
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	4	
<i>azelaic acid 15% gel</i>	4	
<i>calcipotriene (ointment, solution)</i>	4	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% cream</i>	3	QL (120 PER 30 DAYS)
<i>calcitriol 3 mcg/g ointment</i>	4	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
<i>dapsone 5% gel</i>	4	
DROPSAFE ALCOHOL 70% PREP PADS	2	
<i>fluorouracil (2% soln, 5% soln)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluorouracil 0.5% cream</i>	5	NM
<i>fluorouracil 5% cream</i>	4	QL (40 PER 30 DAYS)
<i>imiquimod 5% cream packet</i>	3	
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	2	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	
PANRETIN 0.1% GEL	5	NM
<i>podofilox 0.5% topical soln</i>	4	
REGRANEX 0.01% GEL	5	NM
SANTYL OINTMENT	4	
TRUE COMFORT PRO ALCOHOL PADS	2	
VALCHLOR 0.016% GEL	5	PA - FOR NEW STARTS ONLY, NM
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	

DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS

ALA-CORT 1% CREAM	2	
<i>alclometasone dipr 0.05% oint</i>	3	
<i>alclometasone dipro 0.05% crm</i>	2	
<i>betamethasone diprop augmented (gel, lot, oin)</i>	4	
<i>betamethasone dipropionate (crm, oint)</i>	4	
<i>betamethasone dp 0.05% lot</i>	3	
<i>betamethasone dp aug 0.05% crm</i>	3	
<i>betamethasone va 0.1% lotion</i>	2	
<i>betamethasone valerate (va cream, valer ointm)</i>	3	
<i>clobetasol emollient 0.05% crm</i>	4	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	4	
<i>desonide (cream, lotion)</i>	4	
<i>desonide 0.05% ointment</i>	3	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EUCRISA 2% OINTMENT	4	PA
<i>fluocinolone 0.01% solution</i>	4	QL (120 PER 30 DAYS)
<i>fluocinolone acetone (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i>	4	
<i>fluocinonide (0.05% cream, 0.05% ointment, 0.1% cream)</i>	3	
<i>fluocinonide (gel, solution)</i>	4	
<i>fluocinonide-e 0.05% cream</i>	4	
<i>fluticasone prop 0.005% oint</i>	3	
<i>fluticasone prop 0.05% cream</i>	2	
<i>halobetasol prop 0.05% cream</i>	3	
<i>halobetasol prop 0.05% ointmt</i>	4	
HYDROCORT LOTION COMPLETE KIT	3	
<i>hydrocortisone (1% cream, 1% ointment, 2.5% cream)</i>	2	
<i>hydrocortisone (2% lotion, 2.5% lotion)</i>	3	
<i>hydrocortisone 2.5% ointment</i>	1	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	4	
HYDROCORTISONE LOTION CMPLT KT	3	
<i>hydrocortisone val 0.2% cream</i>	3	
<i>hydrocortisone val 0.2% ointmt</i>	4	
<i>mometasone furoate (cream, oint)</i>	3	
<i>mometasone furoate 0.1% soln</i>	2	
<i>pimecrolimus 1% cream</i>	4	QL (100 PER 30 DAYS)
PROCTO-MED HC 2.5% CREAM	2	
PROCTOFOAM-HC 1%-1% FOAM	4	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
<i>tacrolimus (0.03%, 0.1%)</i>	4	QL (100 PER 30 DAYS)
<i>triamcinolone acetone (0.025% cream, 0.025% oint, 0.05% ointment, 0.1% cream, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion)</i>	3	
<i>trianex 0.05% ointment</i>	4	
TRIDERM (0.1% CREAM, 0.5% CREAM)	2	
DERMATOLOGICAL ANTIBACTERIALS		
ALTABAX 1% OINTMENT	4	
<i>clind ph-benzoyl perox 1.2-5%</i>	4	
<i>clindamycin ph 1% solution</i>	3	QL (60 PER 30 DAYS)
<i>clindamycin phos 1% pledget</i>	3	
<i>clindamycin phosphate (ph gel, phosp lotion, phosphate gel)</i>	4	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	4	
<i>erythromycin 2% gel</i>	4	
<i>erythromycin 2% solution</i>	3	QL (60 PER 30 DAYS)
<i>erythromycin-benzoyl gel</i>	4	
<i>gentamicin sulfate (cream, ointment)</i>	3	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	4	
<i>mupirocin 2% cream</i>	4	ST, QL (30 PER 30 DAYS)
<i>mupirocin 2% ointment</i>	1	QL (44 PER 30 DAYS)
ROSADAN 0.75% CREAM	4	
<i>selenium sulfide 2.5% lotion</i>	2	
<i>silver sulfadiazine 1% cream</i>	2	
SSD 1% CREAM	2	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	4	
DERMATOLOGICAL RETINOIDS		
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	4	
AVITA (CREAM, GEL)	4	
<i>tazarotene (0.05% gel, 0.1% gel)</i>	4	ST, QL (30 PER 30 DAYS)
<i>tazarotene 0.05% cream</i>	4	ST, QL (30 GM PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tazarotene 0.1% cream</i>	4	QL (30 PER 30 DAYS)
TAZORAC 0.05% CREAM	4	ST, QL (30 PER 30 DAYS)
<i>tretinoin (0.01% gel, 0.025% gel, 0.05% cream, 0.1% cream)</i>	4	
<i>tretinoin 0.025% cream</i>	3	
SCABICIDES AND PEDICULICIDES		
EURAX (CREAM, LOTION)	4	
<i>malathion 0.5% lotion</i>	4	
<i>permethrin 5% cream</i>	3	
DEVICES		
<i>gauze pads & dressings</i>	2	
<i>insulin pen needle</i>	2	
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	
<i>insulin syringe (disp) u-100 1 ml</i>	2	
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	3	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	3	
OMNIPOD CLASSIC PODS(GEN3) 5PK	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4) 5PK	3	
OMNIPOD GO PODS (10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY)	3	
STERILE GAUZE PADS 2" X 2"	2	
V-GO 20 DISPOSABLE DEVICE	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
V-GO 30 DISPOSABLE DEVICE	3	
V-GO 40 DISPOSABLE DEVICE	3	

ENZYME REPLACEMENT/MODIFIERS

CERDELGA 84 MG CAPSULE	5	PA, NM
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	3	
GALAFOLD 123 MG CAPSULE	5	PA, NM
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	5	PA, NM
<i>miglustat 100 mg capsule</i>	5	NM
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i>	5	PA, NM
ORFADIN 4 MG/ML SUSPENSION	5	PA, NM
PULMOZYME 1 MG/ML AMPUL	5	PA - PART B VS D DETERMINATION, NM
REVCOVI 2.4 MG/1.5 ML VIAL	5	PA, NM
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	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, LA, NM
SUCRAID (8,500 UNIT/ML SOLN, 17,000 UNIT/2 ML SOLN)	5	PA, NM
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE)	3	

EYE, EAR, NOSE, THROAT AGENTS

EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS

<i>atropine 1% eye drops</i>	3	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azelastine 0.1% (137 mcg) spry</i>	2	
<i>azelastine hcl (hcl 0.05% drops, 0.15% nasal spray)</i>	3	
<i>cromolyn 4% eye drops</i>	1	
<i>cyclopentolate hcl (drop, drops)</i>	2	
CYSTADROPS 0.37% EYE DROPS	5	PA, NM
CYSTARAN 0.44% EYE DROPS	5	PA, NM
<i>epinastine hcl 0.05% eye drops</i>	3	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	3	
LACRISERT 5 MG EYE INSERT	4	PA
<i>olopatadine hcl (hcl 0.2% eye drop, 665 mcg nasal spry)</i>	4	
<i>olopatadine hcl 0.1% eye drops</i>	3	
OXERVATE 0.002% EYE DROP	5	PA, NM
TYRVAYA 0.03 MG NASAL SPRAY	3	

EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS

<i>acetic acid 2% ear solution</i>	3	
AK-POLY-BAC EYE OINTMENT	2	
<i>bacitracin 500 unit/gm ophth</i>	4	
<i>bacitracin-polymyxin eye oint</i>	2	
BESIVANCE 0.6% SUSP	4	
CIPRO HC OTIC SUSPENSION	3	
<i>ciproflox-dexameth otic susp</i>	3	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	QL (7 PER 30 DAYS)
<i>gatifloxacin 0.5% eye drops</i>	4	
<i>gentamicin 0.3% eye drop</i>	1	
<i>hydrocortisone-acetic acid (hydrocortison-acetic acid soln, hydrocortisone-acetic ear drop)</i>	3	
<i>moxifloxacin 0.5% eye drops</i>	3	
<i>moxifloxacin 0.5% eye drops (generic for moxeza)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NATACYN 5% EYE DROPS	4	
<i>neomyc-bacit-polymix eye oint</i>	3	
<i>neomyc-polym-dexamet eye ointm</i>	3	
<i>neomyc-polym-dexameth eye drop</i>	2	
<i>neomyc-polym-gramicid eye drop</i>	2	
<i>neomycin-polymyxin-hc ear soln</i>	3	
<i>neomycin-polymyxin-hc ear susp</i>	4	
<i>ofloxacin 0.3% ear drops</i>	3	
<i>ofloxacin 0.3% eye drops</i>	2	
POLYCIN EYE OINTMENT	2	
<i>polymyxin b-tmp eye drops</i>	2	
<i>sulf-pred 10-0.23% eye drops</i>	2	
<i>sulfacetamide 10% eye drops</i>	3	
<i>tobramycin 0.3% eye drop</i>	2	
<i>tobramycin-dexameth ophth susp</i>	4	
<i>trifluridine 1% eye drops</i>	4	
ZIRGAN 0.15% OPHTHALMIC GEL	3	

EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS

<i>bromfenac sodium 0.09% eye drp</i>	4	
<i>dexamethasone 0.1% eye drop</i>	3	
<i>diclofenac 0.1% eye drops</i>	2	
<i>flunisolide 0.025% spray</i>	4	
<i>fluocinolone oil 0.01% ear drp</i>	4	
<i>fluorometholone 0.1% eye drop</i>	3	
<i>flurbiprofen 0.03% eye drop</i>	1	
<i>fluticasone prop 50 mcg spray</i>	1	
<i>ketorolac 0.4% ophth solution</i>	3	
<i>ketorolac 0.5% ophth solution</i>	2	
<i>loteprednol etabonate (etabonate drp, ophthalmic gel)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone ac 1% eye drop</i>	3	
<i>prednisolone sod 1% eye drop</i>	2	
RESTASIS 0.05% EYE EMULSION	3	
RESTASIS MULTIDOSE 0.05% EYE	3	
XIIDRA 5% EYE DROPS	3	

GASTROINTESTINAL AGENTS

ANTIULCER AGENTS AND ACID SUPPRESSANTS

<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml soln, 800 mg tablet)</i>	3	
<i>cimetidine 300 mg/5 ml soln</i>	3	
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	3	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	3	
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	1	
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1	
<i>rabeprazole sod dr 20 mg tab</i>	2	
<i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	4	PA
<i>sucralfate 1 gm tablet</i>	3	
TALICIA DR 10-250-12.5 MG CAP	4	PA

GASTROINTESTINAL AGENTS, OTHER

<i>carglumic acid 200 mg tab susp</i>	5	PA, NM
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	5	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dicyclomine 10 mg/5 ml soln</i>	4	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	2	
<i>diphenoxylat-atrop 2.5-0.025/5</i>	3	
<i>diphenoxylate-atrop 2.5-0.025</i>	4	
ENULOSE 10 GM/15 ML SOLUTION	3	
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL)	5	PA, NM
<i>generlac 10 gm/15 ml solution</i>	3	
GIMOTI 15 MG NASAL SPRAY	5	PA, NM
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	3	
KIONEX 15 GM/60 ML SUSPENSION	3	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	2	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	3	QL (1 PER 1 DAYS)
LOKELMA (5 POWDER PACKET, 10 POWDER PACKET)	3	
<i>loperamide 2 mg capsule</i>	3	
<i>lubiprostone (8 mcg capsule, 24 mcg capsule)</i>	3	QL (2 PER 1 DAYS)
<i>methscopolamine bromide (2.5 mg tb, 5 mg tab)</i>	4	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	2	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	3	QL (30 PER 30 DAYS)
OICALIVA (5 MG TABLET, 10 MG TABLET)	5	PA, NM
RAVICTI 1.1 GRAM/ML LIQUID	5	PA, NM
<i>sodium phenylbutyrate 500mg tb</i>	5	PA, NM
<i>sodium polystyrene sulf powder</i>	4	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	3	
SYMPROIC 0.2 MG TABLET	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	3	
<i>ursodiol 300 mg capsule</i>	4	
VELTASSA (8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	3	
XERMELO 250 MG TABLET	5	PA, NM

LAXATIVES

GAVILYTE-C SOLUTION	2	
GAVILYTE-G SOLUTION	2	
<i>peg 3350-electrolyte solution 420g</i>	3	
<i>peg-3350 and electrolytes soln 236-22.74g</i>	2	
<i>sod sul-potass sul-mag sul sol</i>	3	

PHOSPHATE BINDERS

<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	3	
<i>sevelamer carbonate 800 mg tab</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 5 mg tablet</i>	2	
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	3	
<i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i>	2	
<i>solifenacin succinate (5 mg tablet, 10 mg tablet)</i>	4	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	3	
<i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>	4	
<i>trospium chloride 20 mg tablet</i>	3	
<i>trospium chloride er 60 mg cap</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS, MISCELLANEOUS		
<i>alfuzosin hcl er 10 mg tablet</i>	2	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	4	
<i>dutasteride 0.5 mg capsule</i>	2	
<i>dutasteride-tamsulosin 0.5-0.4</i>	4	
<i>finasteride 5 mg tablet</i>	1	
<i>silodosin (4 mg capsule, 8 mg capsule)</i>	3	
<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	
<i>tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)</i>	5	PA, NM
HEAVY METAL ANTAGONISTS		
D-PENAMINE 125 MG TABLET	5	PA, NM
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	5	PA, NM
<i>deferasirox (90 mg tablet, 125 mg tb for susp)</i>	4	PA
<i>deferiprone 1,000 mg tb(3x/dy)</i>	5	PA, NM
<i>deferiprone 500 mg tablet</i>	5	PA, NM
FERRIPROX 100 MG/ML SOLUTION	5	PA, NM
<i>penicillamine 250 mg tablet</i>	5	PA, NM
<i>trientine hcl (250 mg capsule, 500 mg capsule)</i>	5	PA, NM
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
ANDROGENS		
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	4	
<i>oxandrolone 10 mg tablet</i>	4	PA
<i>oxandrolone 2.5 mg tablet</i>	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 10 mg gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	4	PA - FOR NEW STARTS ONLY
<i>testosterone cypionate (200 mg/ml, 500 mg/2.5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	3	PA - FOR NEW STARTS ONLY
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	3	PA - FOR NEW STARTS ONLY

ESTROGENS AND ANTIESTROGENS

AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4	
CLIMARA PRO PATCH	3	
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	3	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	4	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))</i>	4	
<i>estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))</i>	4	
<i>estradiol 0.01% cream</i>	3	
<i>estradiol 10 mcg vaginal insrt</i>	4	
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	4	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	4	
JINTELI 1 MG-5 MCG TABLET	4	
MIMVEY 1-0.5 MG TABLET	4	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	4	
<i>raloxifene hcl 60 mg tablet</i>	3	
YUVAFEM 10 MCG VAGINAL INSERT	4	

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>	2	
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq)</i>	3	
<i>dexamethasone 20 mg/2 ml-water</i>	2	
DEXAMETHASONE INTENSOL 1 MG/ML	3	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syringe, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	2	
<i>fludrocortisone 0.1 mg tablet</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>	2	
MILLIPRED DP (5 MG 12-DAY PACK, 5 MG 6-DAY PACK)	3	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	2	PA - PART B VS D DETERMINATION
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</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 pack, 10 mg tab pack)</i>	2	
<i>prednisone 5 mg/5 ml solution</i>	4	PA - PART B VS D DETERMINATION
PREDNISONE INTENSOL 5 MG/ML	3	PA - PART B VS D DETERMINATION
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL)	4	
PITUITARY		
<i>desmopressin acetate (0.01% solution, 10 mcg/0.1 ml spr)</i>	4	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRELEX 40 MG/4 ML VIAL	5	PA, NM
<i>lanreotide acetate (60 mg/0.2 ml syring, 90 mg/0.3 ml syring, 120 mg/0.5 ml syring)</i>	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT, 11.25 MG 3MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 30 MG 3MO KIT, 45 MG 6MO KIT)	5	PA, NM
MYFEMBREE 40 MG-1 MG-0.5 MG TB	5	PA, NM
NORDITROPIN FLEXPOR (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	5	PA, NM
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, 1,000 mcg/5 ml vial)</i>	4	
<i>octreotide acetate (acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	5	NM
ORGOVYX 120 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ORIAHNN 300-1-0.5MG/300MG CAPS	5	PA, NM
ORLISSA (150 MG TABLET, 200 MG TABLET)	5	PA, NM
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	5	PA, NM
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	5	PA, NM
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	5	PA - FOR NEW STARTS ONLY, NM
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	PA, NM
SYNAREL 2 MG/ML NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROGESTINS		
DEPO-SUBQ PROVERA 104 SYRINGE	4	
<i>gallifrey 5 mg tablet</i>	4	
<i>medroxyprogesterone 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	4	
<i>norethindrone 5 mg tablet</i>	4	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	3	
THYROID AND ANTITHYROID AGENTS		
<i>euthyrox (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)</i>	1	
<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>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	1	
<i>propylthiouracil 50 mg tablet</i>	4	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	3	
IMMUNOLOGICAL AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, NM
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, NM
ARCALYST 220 MG VIAL	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASCENIV 10% VIAL	5	PA, NM
<i>azathioprine (75 mg tablet, 100 mg tablet)</i>	4	PA - PART B VS D DETERMINATION
<i>azathioprine 50 mg tablet</i>	3	PA - PART B VS D DETERMINATION
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA, NM
BESREMI 500 MCG/ML SYRINGE	5	PA - FOR NEW STARTS ONLY, NM
BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL)	5	PA, NM
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT, 200 MG/ML SYRINGE KIT)	5	PA, NM
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, NM
COSENTYX SENSOREADY 150 MG PEN	5	PA, NM
COSENTYX SNRDY 300MG DOSE-2PEN	5	PA, NM
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	5	PA, NM
COSENTYX UNOREADY 300 MG PEN	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
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
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	4	PA - PART B VS D DETERMINATION
<i>cyclosporine 250 mg/5 ml ampul</i>	1	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	4	PA - PART B VS D DETERMINATION
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	5	PA, NM
DUPIXENT SYRINGE (100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA, NM
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, NM
ENBREL 50 MG/ML SURECLICK	5	PA, NM
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	4	PA - PART B VS D DETERMINATION
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	5	PA - PART B VS D DETERMINATION, NM
<i>everolimus 0.25 mg tablet</i>	3	PA - PART B VS D DETERMINATION
FLEBOGAMMA DIF (5% VIAL, 10% VIAL)	5	PA, NM
GAMASTAN VIAL	3	PA
GAMMAGARD LIQUID 10% VIAL	5	PA, NM
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA, NM
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA, NM
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
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
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	4	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.8 ML SYRINGE	5	PA, NM
HADLIMA PUSHTOUCH 40 MG/0.8 ML	5	PA, NM
HADLIMA(CF) 40 MG/0.4 ML SYRNG	5	PA, NM
HADLIMA(CF) PUSHTOUCH 40MG/0.4	5	PA, NM
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML SYRINGE, 10 GRAM/50 ML VIAL)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA 40 MG/0.8 ML SYRINGE	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 (HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	5	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, NM
HUMIRA(CF) PEN PEDI UC 80 MG	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
ILARIS 150 MG/ML VIAL	5	PA, NM
KINERET 100 MG/0.67 ML SYRINGE	5	PA, NM
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	3	
<i>mycophenolate 200 mg/ml susp</i>	5	PA - PART B VS D DETERMINATION, NM
<i>mycophenolate 250 mg capsule</i>	3	PA - PART B VS D DETERMINATION
<i>mycophenolate 500 mg tablet</i>	4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i>	4	PA - PART B VS D DETERMINATION
OCTAGAM (5% (1 G/20 ML) VIAL, 5% (10 G/200 ML) VIAL, 5% (2.5 G/50 ML) VIAL, 5% (5 G/100 ML) VIAL, 5% VIAL, 10% (10 G/100 ML) VIAL, 10% (2 G/20 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (30 G/300 ML) VIAL, 10% (5 G/50 ML) VIAL, 10% VIAL)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA, NM
ORENCIA CLICKJECT 125 MG/ML	5	PA, NM
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 14 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	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
PRIVIGEN 10% VIAL	5	PA, NM
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	4	PA - PART B VS D DETERMINATION
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
REDITREX (7.5 MG/0.3 ML SYRINGE, 10 MG/0.4 ML SYRINGE, 12.5 MG/0.5 ML SYRINGE, 15 MG/0.6 ML SYRINGE, 17.5 MG/0.7 ML SYRINGE, 20 MG/0.8 ML SYRINGE, 22.5 MG/0.9 ML SYRINGE, 25 MG/ML SYRINGE)	4	PA
REZUROCK 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RIDAURA 3 MG CAPSULE	5	NM
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	5	PA, NM
RINVOQ LQ 1 MG/ML SOLUTION	5	PA, NM
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA, NM
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	4	PA - PART B VS D DETERMINATION
<i>sirolimus 1 mg/ml solution</i>	5	PA - PART B VS D DETERMINATION, NM
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI 150 MG/ML PEN	5	PA, NM
SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)	5	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA, NM
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	4	PA - PART B VS D DETERMINATION
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE, 200 MG/20 ML VIAL)	5	PA, NM
TREMFYA 200 MG/2 ML PEN	5	PA, NM
VARIZIG 125 UNIT/1.2 ML VIAL	3	
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	5	PA, NM
XELJANZ XR (11 MG TABLET, 22 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

VACCINES

ABRYSVO (ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG)	3	
ACTHIB (VIAL, WITH DILUENT)	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
AREXVY ANTIGEN COMPONENT	3	
AREXVY VIAL KIT	3	
<i>beg vaccine (tice strain) vial</i>	3	
BEXSERO PREFILLED SYRINGE	3	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
DAPTACEL DTAP VACCINE	3	
DENGVAXIA (VIAL, VIAL WITH DILUENT)	3	
<i>diphtheria-tetanus toxoids-ped</i>	3	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3	PA - PART B VS D DETERMINATION
GARDASIL 9 (9 SYRINGE, 9 VIAL)	3	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	3	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	3	PA - PART B VS D DETERMINATION
HIBERIX (VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL)	3	
IMOVAX RABIES VACCINE VIAL	3	PA - PART B VS D DETERMINATION
INFANRIX DTAP SYRINGE	3	
IPOLE VIAL	3	
IXCHIQ VIAL	3	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	3	
JYNNEOS 0.5 ML VIAL	3	
JYNNEOS 0.5 ML VIAL(STOCKPILE)	3	
KINRIX TIP-LOK SYRINGE	3	
M-M-R II VACCINE VIAL	3	
MENACTRA VIAL	3	
MENQUADFI VIAL	3	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	3	
MRESVIA 50 MCG/0.5 ML SYRINGE	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB VACCINE VIAL	3	
PENBRAYA KIT	3	
PENBRAYA MENACWY COMPONENT	3	
PENBRAYA MENB COMPONENT	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VL	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTACEL VIAL KIT	3	
PREHEVBRIO 10 MCG/ML VIAL	3	PA - PART B VS D DETERMINATION
PRIORIX VIAL	3	
PROQUAD VIAL	3	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	3	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	3	PA - PART B VS D DETERMINATION
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA - PART B VS D DETERMINATION
ROTARIX (ORAL SYRINGE, SUSPENSION)	3	
ROTATEQ VACCINE	3	
SHINGRIX GE ANTIGEN COMPONENT	1	
SHINGRIX VIAL KIT	1	
<i>tdvax vial</i>	3	
TENIVAC (SYRINGE, VIAL)	3	
TICOVAC (1.2 MCG/0.25 ML SYRINGE, 2.4 MCG/0.5 ML SYRINGE)	3	
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TWINRIX VACCINE SYRINGE	3	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	3	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE (VIAL, WITH DILUENT)	3	
VAXCHORA VACCINE	3	
YF-VAX (1 VIAL, 5 VIAL)	3	

INFLAMMATORY BOWEL DISEASE AGENTS

<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	5	PA, NM
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>balsalazide disodium 750 mg cp</i>	3	
<i>budesonide dr 3 mg capsule</i>	4	
<i>budesonide ec 3 mg capsule</i>	4	
<i>budesonide er 9 mg tablet</i>	5	NM
<i>hydrocortisone 100 mg/60 ml</i>	4	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	4	
<i>mesalamine dr 400 mg capsule</i>	4	
<i>mesalamine er 0.375 gram cap</i>	4	
<i>sulfasalazine 500 mg tablet</i>	3	
<i>sulfasalazine dr 500 mg tab</i>	3	

IRRIGATING SOLUTIONS

<i>acetic acid 0.25% irrig soln</i>	2	
<i>aqua care 0.9% nacl irrigation</i>	3	
<i>aqua care sterile water irrig</i>	4	
RENACIDIN IRRIGATION SOLUTION	4	
<i>sodium chloride (irrig., press sol)</i>	3	
<i>sterile water for irrigation</i>	4	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>calcitonin-salmon 200 unit spr</i>	3	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	4	
<i>cinacalcet hcl 90 mg tablet</i>	5	NM
FORTEO 600 MCG/2.4 ML PEN INJ	5	PA, NM
<i>ibandronate sodium 150 mg tab</i>	2	
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	PA
PROLIA 60 MG/ML SYRINGE	4	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab, 35 mg tab, 150 mg tab)</i>	4	
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, NM
XGEVA 120 MG/1.7 ML VIAL	5	PA, NM

MISCELLANEOUS THERAPEUTIC AGENTS

ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	3	QL (4 PER 30 DAYS)
<i>buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>buspirone hcl 7.5 mg tablet</i>	3	
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN)	4	
CARNITOR SF 100 MG/ML ORAL SOL	4	
<i>diazoxide 50 mg/ml oral susp</i>	5	NM
ELMIRON 100 MG CAPSULE	5	NM
EVRYSDI 60 MG/80 ML(0.75MG/ML)	5	PA, NM
GLUCAGEN (1 MG HYPOKIT, DIAGNOSTIC 1 MG VIAL)	3	QL (4 PER 30 DAYS)
<i>glucagon 1 mg vial</i>	3	QL (4 PER 30 DAYS)
GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL)	3	QL (4 PER 30 DAYS)
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	3	QL (0.4 PER 30 DAYS)
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ISTURISA (1 MG TABLET, 5 MG TABLET, 10 MG TABLET)	5	PA, NM
KALBITOR 10 MG/ML VIAL	5	PA, NM
<i>l-glutamine 5 gram powder pkt</i>	5	PA, NM
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 500 mg/5 ml cup)</i>	4	
<i>levocarnitine 330 mg tablet</i>	3	
<i>levocarnitine sf 1 g/10 ml sol</i>	4	
MESNEX 400 MG TABLET	5	NM
MYHIBBIN 200 MG/ML SUSPENSION	5	PA - PART B VS D DETERMINATION, NM
<i>nitroglycerin 0.4% ointment</i>	4	
<i>pyridostigmine br 60 mg tablet</i>	3	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln)</i>	4	
<i>pyridostigmine er 180 mg tab</i>	4	
TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	5	PA, NM
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
TYBOST 150 MG TABLET	3	
VISTOGARD 10 GRAM PACKET	5	PA, NM
VOWST CAPSULE	5	PA, NM
ZEGALOGUE 0.6 MG/0.6 ML SYRING	3	QL (2.4 PER 30 DAYS)
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	3	QL (2.4 PER 30 DAYS)
ZOKINVY (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, NM

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
OPHTHALMIC AGENTS	
ANTIGLAUCOMA AGENTS	
<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	4
<i>acetazolamide er 500 mg cap</i>	3
<i>betaxolol hcl 0.5% eye drop</i>	3
<i>bimatoprost 0.03% eye drops</i>	3
<i>brimonidine 0.2% eye drop</i>	2
<i>brimonidine tartrate 0.1% drop</i>	3
<i>brimonidine tartrate 0.15% drp</i>	4
<i>brimonidine-timolol 0.2%-0.5%</i>	3
<i>brinzolamide 1% eye drops</i>	3
<i>carteolol hcl 1% eye drops</i>	1
<i>dorzolamide 2% eye drop</i>	2
<i>dorzolamide hcl 2% eye drops</i>	2
<i>dorzolamide-timolol 2%-0.5%</i>	4
<i>dorzolamide-timolol eye drops</i>	2
<i>latanoprost 0.005% eye drops</i>	1
<i>levobunolol 0.5% eye drops</i>	2
LUMIGAN 0.01% EYE DROPS	3
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	4
PHOSPHOLINE IODIDE 0.125% DROP	4
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	3
RHOPRESSA 0.02% OPHTH SOLUTION	3
ROCKLATAN 0.02%-0.005% EYE DRP	3
SIMBRINZA (DROP, DROPS)	3
<i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	4
<i>timolol maleate 0.25% eye drop</i>	1
<i>timolol maleate 0.5% eye drops (generic for timoptic)</i>	1

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>travoprost 0.004% eye drop</i>	4	
VYZULTA 0.024% OPHTH SOLUTION	3	

REPLACEMENT PREPARATIONS

<i>dextrose 10%-0.45% nacl iv sol</i>	4	
<i>dextrose 2.5%-0.45% nacl iv</i>	4	
<i>dextrose 5%-0.45% nacl iv soln</i>	4	
<i>dextrose 5%-0.9% nacl iv soln</i>	4	
<i>dextrose 5%-lr iv solution</i>	4	
ISOLYTE S (IOLYTE IV OLN PH7.4, IOLYTE IV OLUTION-EXCEL)	4	
<i>kcl 40 meq in d5w-lact ringer</i>	4	
<i>kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)</i>	4	
<i>kcl-d5w-0.9% nacl (20 meq/l-d5w-0.9%, 40 meq/l-d5w-0.9%)</i>	4	
KLOR-CON 20 MEQ PACKET	4	
KLOR-CON M10 TABLET	2	
KLOR-CON M15 TABLET	2	
KLOR-CON M20 TABLET	2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	4	
<i>potassium chloride (2 meq/ml conc, 10 meq/5 ml conc, 20 meq/10 ml conc, 40 meq/20 ml conc, 60 meq/30 ml conc)</i>	1	
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10 meq/100 ml sol, cl 10 meq/50 ml sol, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20 meq/100 ml sol, cl 20 meq/50 ml sol, cl 20% (40 meq/15ml), cl 40 meq/100 ml sol)</i>	4	
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 20 tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride-dextrose 5% (10 meq/l in solution, 20 meq/l in solution, 30 meq/l in solution)</i>	4	
<i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i>	4	
<i>potassium cl er 10 meq tablet (dissolvable tablet)</i>	2	
<i>potassium cl er 15 meq tab er prt</i>	2	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	2	
<i>sodium chloride (50 ml, 100 ml, 250 ml, 500 ml, 1,000 ml, sol-excel, soln, solution, vial)</i>	2	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 120 meq/30 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)</i>	4	
<i>sodium chloride 0.9%-water</i>	2	

RESPIRATORY TRACT AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

<i>ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)</i>	3	
<i>ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)</i>	3	
<i>BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)</i>	3	
<i>BREYNA (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)</i>	3	
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	4	PA - PART B VS D DETERMINATION
<i>budesonide-formoterol fumarate (80-4.5, 160-4.5)</i>	3	
<i>fluticasone propionate (50 mcg diskus, 100mcg diskus, 250 mcg disk)</i>	3	
<i>fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg, hfa 220 mcg)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	3	
QVAR REDIHALER (40 MCG, 80 MCG)	3	
WIXELA INHUB (100-50, 250-50, 500-50)	3	
ANTILEUKOTRIENES		
<i>montelukast sod 10 mg tablet</i>	1	
<i>montelukast sod 4 mg granules</i>	4	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew)</i>	3	
<i>zileuton er 600 mg tablet</i>	5	PA, NM
BRONCHODILATORS		
<i>albuterol hfa 90 mcg inhaler</i>	3	
<i>albuterol sulf 2 mg/5 ml syrup</i>	2	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol, 2.5 mg/3 ml soln)</i>	3	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	2	PA - PART B VS D DETERMINATION
ANORO ELLIPTA 62.5-25 MCG INH	3	
ATROVENT 17 MCG HFA INHALER	4	QL (25.8 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	3	
COMBIVENT RESPIMAT 20-100 MCG	3	
INCRUSE ELLIPTA 62.5 MCG INH	3	
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	3	PA - PART B VS D DETERMINATION
<i>ipratropium br 0.02% soln</i>	2	PA - PART B VS D DETERMINATION
<i>levalbuterol tar hfa 45mcg inh</i>	3	
SEREVENT DISKUS 50 MCG	3	
STRIVERDI RESPIMAT INHAL SPRAY	3	
<i>theophylline er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, er 450 mg tablet)</i>	4	
<i>theophylline er (er 400 mg tablet, er 600 mg tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	3	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10% vial, 20% vial)</i>	4	PA - PART B VS D DETERMINATION
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	5	PA, NM
BRONCHITOL 40 MG INHALE CAP	5	PA, NM
GLASSIA 1 GM/50 ML VIAL	5	PA, NM
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, NM
NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	5	PA, LA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
ORKAMBI (75-94 MG GRANULE PKT, 100 MG-125 MG TABLET, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5	PA, NM
<i>pirfenidone (267 mg capsule, 267 mg tablet, 534 mg tablet, 801 mg tablet)</i>	5	PA, NM
PROLASTIN C (MG VIAL, MG/20 ML VL)	5	PA, NM
<i>roflumilast (250 mcg tablet, 500 mcg tablet)</i>	3	
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	5	PA, NM
TRIKAFTA (50-25-37.5 MG/75 MG, 80-40-60MG/59.5MG PKT, 100-50-75 MG/150 MG, 100-50-75 MG/75MG PKT)	5	PA, NM
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA, NM
ZEMAIRA (1,000 MG VIAL, 4,000 MG VIAL, 5,000 MG VIAL)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKELETAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>carisoprodol 350 mg tablet</i>	2	QL (4 PER 1 DAYS)
<i>chlorzoxazone 500 mg tablet</i>	3	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	2	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	
SLEEP DISORDER AGENTS		
<i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	PA
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	3	
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	3	PA
<i>ramelteon 8 mg tablet</i>	4	QL (1 PER 1 DAYS)
<i>sodium oxybate 0.5 g/ml soln</i>	5	PA, NM
SUNOSI (75 MG TABLET, 150 MG TABLET)	4	PA, QL (1 PER 1 DAYS)
WAKIX (4.45 MG TABLET, 17.8 MG TABLET)	5	PA, NM
XYWAV 0.5 GM/ML ORAL SOLUTION	5	PA, NM
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	3	
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	
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, NM
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, LA, NM
OPSUMIT 10 MG TABLET	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sildenafil 20 mg tablet (generic for revatio)</i>	3	PA
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	5	PA, NM
TRACLEER 32 MG TABLET FOR SUSP	5	PA, NM
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	PA, NM
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	5	PA - PART B VS D DETERMINATION, NM

VITAMINS AND MINERALS

DERMACINRX PRENATRIX CAPLET	1	
DERMACINRX PRENATRYL CAPLET	1	
DERMACINRX PRETRATE CAPLET	1	
<i>fluoride (0.25 mg tablet chew, 0.5 mg tablet chew, 1 mg tablet chewable)</i>	1	
ICAR-C PLUS TABLET	1	
MULTI-MAC TABLET	1	
NATAL PNV TABLET	1	
NEONATAL COMPLETE TABLET	1	
NEONATAL PLUS VITAMIN TABLET	1	
NEONATAL-DHA COMBO PACK	1	
<i>niva-plus tablet</i>	1	
PNV TABS 20-1 TABLET	1	
PREGEN DHA SOFTGEL	1	
<i>prenatal plus vitamin-mineral</i>	1	
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamins with minerals and folic acid greater than 0.8mg</i>	1	
<i>sodium fluoride 0.5 mg/ml drop</i>	1	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg)</i>	1	
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methotrexate	16	mometasone furoate	64
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		naltrexone hcl	5

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NATACYN	69	norethindrone acetate	77
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nitroglycerin patch	55	olmesartan-hydrochlorothiazide	48
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pimecrolimus	64	PREDNISONE INTENSOL	75
pimozide	38	pregabalin	22,23
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polymyxin b sul-trimethoprim	69	prilovix plus	5
polymyxin b sulfate	8	prilovix ultralite plus	5
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PORTIA	60	primidone	23
posaconazole	31	PRIORIX	84
potassium chloride	89	PRIVIGEN	81
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potassium chloride-dextrose 5%	90	probenecid-colchicine	31
potassium citrate er	90	prochlorperazine	34
potassium cl er 10 meq tablet (dissolvable tablet)	90	prochlorperazine maleate	34
potassium cl er 15 meq tab er prt	90	PROCTO-MED HC	64
potassium cl er 20 meq tablet (dissolvable tablet)	17,26,35,90	PROCTOFOAM-HC	64
pramipexole dihydrochloride	35	PROCTOSOL-HC	64
pramipexole er	35	PROCTOZONE-HC	64
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propranolol hcl er	50	RECOMBIVAX HB	84
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PROQUAD	84	RELENZA	42
PROSOL	47	RENACIDIN	85
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PURIXAN	17	REPATHA SURECLICK	54
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ramipril	49	risperidone	38
ranolazine er	52	risperidone er	38
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		ritonavir	41
		rivastigmine	24

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roflumilast	92	silver sulfadiazine	65
ropinirole er	35	SIMBRINZA	88
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rosuvastatin calcium	54	sirolimus	81
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RYBELSUS	28	sodium chloride-water	90
RYDAPT	18	sodium fluoride	62,94
RYTARY	36	sodium fluoride 2.2 mg (fluoride ion 1 mg)	94
		sodium fluoride 5000 dry mouth	62
S		sodium fluoride 5000 plus	62
SAJAZIR	52	sodium oxybate	93
SANTYL	63	sodium phenylbutyrate	71
sapropterin dihydrochloride	67	sodium polystyrene sulfonate	71
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SELZENTRY	41	sorafenib	18
SEREVENT DISKUS	91	sotalol	50
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SETLAKIN	60	spironolactone-hctz	53
sevelamer carbonate	72	SPRAVATO	26
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sulfasalazine	85	tdvax	84
sulfasalazine dr	85	TECENTRIQ HYBREZA	18
sulindac	4	TEFLARO	9
sumatriptan	32	telmisartan	48
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SYNJARDY	28	testosterone	74
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		tetracycline hcl	12
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This formulary was updated on 10/22/2024. For more recent information or other questions, please contact HealthPartners UnityPoint Health Member Services at 888-360-0544, TTY: 711.

Or visit hpuph.com/myresources.

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

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