

Geisinger Gold \$0 Deductible Rx

2022 Formulary

(List of Covered Drugs)

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

This formulary was updated on February 23, 2022. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711, 8 a.m. to 8 p.m. (7 days a week, Oct. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat, April- Sept.) or visit www.GeisingerGold.com

Geisinger Gold Classic Advantage Rx (HMO)
Geisinger Gold Classic Complete Rx (HMO)
Geisinger Gold Classic Essential Rx (HMO)
Geisinger Gold Classic 360 Rx (HMO)
Geisinger Gold Preferred Advantage Rx (PPO)
Geisinger Gold Preferred Complete Rx (PPO)
Geisinger Gold Preferred Enhanced Rx (PPO)
Geisinger Gold Preferred 360 Rx (PPO)
Geisinger Gold Classic Rx (Employer Group) (HMO)
Geisinger Gold Preferred Rx (Employer Group) (PPO)

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February 23, 2022

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 Geisinger Health Plan. When it refers to “plan” or “our plan,” it means Geisinger Gold \$0 Deductible Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of February 23, 2022. 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, 2022, and from time to time during the year.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. The formulary may change at any time. You will receive notice when necessary.

What is the Geisinger Gold \$0 Deductible Rx Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Geisinger Gold \$0 Deductible Rx Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Geisinger Gold \$0 Deductible Rx Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 February 23, 2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, we will communicate these changes in the member newsletter and within the monthly explanation of benefits (EOB).

How do I use the Formulary?

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

Medical Condition

The formulary begins on page one. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number one. 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 166. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 one. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. 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 our plan 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 Geisinger Gold \$0 Deductible Rx formulary?" 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Geisinger Gold \$0 Deductible Rx Formulary?

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

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

For members being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.

For more information

For more detailed information about your Geisinger Gold \$0 Deductible Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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>.

Geisinger Gold \$0 Deductible Rx Formulary

The formulary that begins on page one provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 166.

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

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

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
General		
	<i>Generic</i> (BRAND)	The reference brand name in parenthesis is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage.
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
QL	Quantity Limit Restriction	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
AL	Age Limit	Our plan limits certain medications to members who meet minimum or maximum age requirements.
GC	Gap Coverage	We may provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (800) 988-4861, 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March–Sept.). TTY/TDD users should call 711.
NM	Non-Mail Order Drug	Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Days Supply	Drugs <u>not</u> available for an extended days supply (i.e. more than a one month supply) are noted with “NDS” in the Requirements/Limits column of your formulary.
SI	Select Insulin	If your plan includes this benefit, your copay may be lower than the usual copay associated with that tier. This drug may have the same out-of-pocket cost for the Deductible, Initial Coverage, and Coverage Gap payment stages. Please refer to your Evidence of Coverage for more information.

Every medication on the Geisinger Gold \$0 Deductible RX formulary is in one of six (6) cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher the cost of the medication. As shown in the table below, the amount of the copayment or coinsurance depends on which cost-sharing tier your medication is in. Please note: what you pay for your medication depends on which “drug payment stage” you are in when you get the medication, where you get the medication filled, and if you qualify for any additional payment assistance.

Your share of the cost when you get a 30-day supply of a covered part D prescription drug prior to entering the coverage gap:

Tier 1 (preferred generic)	\$3 or less depending on your plan
Tier 2 (generic)	\$20 or less depending on your plan
Tier 3 (preferred brand)	\$47
Tier 4 (non-preferred brand)	\$100
Tier 5 (specialty tier)	33% coinsurance
Tier 6 (vaccines)	\$0

Your share of the cost when you get 84-100* day supply of a covered part D prescription drug prior to entering the coverage gap:

Tier	When obtained at a Geisinger contracted retail network pharmacy	When obtained at a Geisinger contracted mail order pharmacy
Tier 1 (preferred generic)	\$7.50 or less depending on your plan	\$0
Tier 2 (generic)	\$50 or less depending on your plan	\$0
Tier 3 (preferred brand)	\$117.50	\$70.50
Tier 4 (non-preferred brand)	\$250	\$150
Tier 5 (specialty tier)	Extended supply not available	Extended supply not available
Tier 6 (vaccines)	\$0	\$0

*Supply may be restricted due to product packaging and/or State and Federal Laws.

If you are a member of an employer group, these prices may not apply to you. Please refer to your benefit documents for appropriate cost sharing amounts.

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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
THERAPEUTIC CATEGORY			
Therapeutic Class			
ANALGESICS			
Analgesics Combinations			
<i>butalbital-acetaminophen 50-325 mg Oral Tablet</i>	4	TENCON	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-325-40 mg Oral Capsule, 50-325-40 mg Oral Tablet</i>	4	ESGIC	QL(180 EA per 30 days)
<i>butalbital-apap-caffeine 50-300-40 mg Oral Capsule</i>	4	FIORICET	QL(180 EA per 30 days)
<i>butalbital-aspirin-caffeine 50-325-40 mg Oral Tablet</i>	4		NDS, QL(180 EA per 30 days), NM
<i>butalbital-aspirin-caffeine 50-325-40 mg Oral Capsule</i>	4	FIORINAL	NDS, QL(180 EA per 30 days), NM
ZEBUTAL	4		QL(180 EA per 30 days)
Nonsteroidal Anti-inflammatory Drugs			
<i>celecoxib 100 mg Oral Capsule, 200 mg Oral Capsule, 400 mg Oral Capsule, 50 mg Oral Capsule</i>	2	CELEBREX	
<i>diclofenac epolamine 1.3 % External Patch</i>	2	FLECTOR	PA, QL(60 EA per 30 days)
<i>diclofenac potassium 50 mg Oral Tablet</i>	2	CATAFLAM	
<i>diclofenac sodium 25 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	2	VOLTAREN	
<i>diclofenac sodium 1 % External Gel</i>	2	VOLTAREN	(Rx product only)
<i>diclofenac sodium er</i>	2	VOLTAREN XR	
<i>diclofenac-misoprostol</i>	2	ARTHROTEC	
<i>diflunisal 500 mg Oral Tablet</i>	2	DOLOBID	
<i>ec-naproxen</i>	2	NAPROSYN	
<i>etodolac</i>	2	LODINE	
<i>etodolac er</i>	2	LODINE XL	
<i>fenoprofen calcium 600 mg Oral Tablet</i>	2	NALFON	
<i>flurbiprofen 100 mg Oral Tablet, 50 mg Oral Tablet</i>	2	ANSAID	
IBU	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
IBUPAK	2		
<i>ibuprofen 400 mg Oral Tablet, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	2	MOTRIN	
<i>ibuprofen 100 mg/5ml Oral Suspension</i>	2	MOTRIN	
<i>ketoprofen 25 mg Oral Capsule</i>	2		
<i>ketoprofen 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	ORUDIS	
<i>ketoprofen er</i>	2	ORUVAIL	
<i>meclofenamate sodium 100 mg Oral Capsule, 50 mg Oral Capsule</i>	2	MECLOMEN	
<i>mefenamic acid 250 mg Oral Capsule</i>	2	PONSTEL	
<i>meloxicam 15 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	MOBIC	
<i>nabumetone 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	RELAFEN	
<i>naproxen 250 mg Oral Tablet, 375 mg Oral Tablet, 375 mg Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	2	NAPROSYN	
<i>naproxen 125 mg/5ml Oral Suspension</i>	2	NAPROSYN	
<i>naproxen sodium 275 mg Oral Tablet</i>	2	ANAPROX	
<i>naproxen sodium 550 mg Oral Tablet</i>	2	ANAPROX DS	
<i>oxaprozin</i>	2	DAYPRO	
<i>piroxicam 10 mg Oral Capsule, 20 mg Oral Capsule</i>	2	FELDENE	
<i>sulindac 150 mg Oral Tablet, 200 mg Oral Tablet</i>	2	CLINORIL	
<i>tolmetin sodium</i>	2	TOLECTIN	
Opioid Analgesics, Long-acting			
<i>buprenorphine 10 mcg/hr Transdermal Patch Weekly, 15 mcg/hr Transdermal Patch Weekly, 20 mcg/hr Transdermal Patch Weekly, 5 mcg/hr Transdermal Patch Weekly, 7.5 mcg/hr Transdermal Patch Weekly</i>	2	BUTRANS	NDS, QL(4 EA per 28 days), NM

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fentanyl 100 mcg/hr Transdermal Patch 72 Hour, 12 mcg/hr Transdermal Patch 72 Hour, 25 mcg/hr Transdermal Patch 72 Hour, 50 mcg/hr Transdermal Patch 72 Hour, 75 mcg/hr Transdermal Patch 72 Hour</i>	2	DURAGESIC	NDS, QL(10 EA per 30 days), NM
<i>methadone hcl 10 mg/ml Oral Concentrate</i>	2		NDS, QL(180 ML per 30 days), NM
<i>methadone hcl 5 mg/5ml Oral Solution</i>	2		NDS, QL(1800 ML per 30 days), NM
<i>methadone hcl 10 mg/ml Injection Solution</i>	2	DOLOPHINE	NDS, NM
<i>methadone hcl 10 mg Oral Tablet</i>	2	DOLOPHINE	NDS, QL(180 EA per 30 days), NM
<i>methadone hcl 5 mg Oral Tablet</i>	2	DOLOPHINE	NDS, QL(360 EA per 30 days), NM
<i>methadone hcl 10 mg/5ml Oral Solution</i>	2	DOLOPHINE	NDS, QL(900 ML per 30 days), NM
METHADOSE 40 mg Oral Tablet Soluble	2		NDS, QL(90 EA per 30 days), NM
<i>morphine sulfate er 10 mg Oral Capsule Extended Release 24 Hour, 100 mg Oral Capsule Extended Release 24 Hour, 20 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 40 mg Oral Capsule Extended Release 24 Hour, 50 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour, 80 mg Oral Capsule Extended Release 24 Hour</i>	2	KADIAN	NDS, QL(60 EA per 30 days), NM
<i>morphine sulfate er 100 mg Oral Tablet Extended Release, 15 mg Oral Tablet Extended Release, 200 mg Oral Tablet Extended Release, 30 mg Oral Tablet Extended Release, 60 mg Oral Tablet Extended Release</i>	2	MS CONTIN	NDS, QL(90 EA per 30 days), NM

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>morphine sulfate er beads 120 mg Oral Capsule Extended Release 24 Hour, 30 mg Oral Capsule Extended Release 24 Hour, 45 mg Oral Capsule Extended Release 24 Hour, 60 mg Oral Capsule Extended Release 24 Hour</i>	2	AVINZA	NDS, QL(30 EA per 30 days), NM
<i>morphine sulfate er beads 75 mg Oral Capsule Extended Release 24 Hour, 90 mg Oral Capsule Extended Release 24 Hour</i>	2	AVINZA	NDS, QL(60 EA per 30 days), NM
<i>oxycodone hcl er</i>	2	OXYCONTIN	NDS, QL(90 EA per 30 days), ST, NM
OXYCONTIN	4		NDS, QL(90 EA per 30 days), ST, NM
<i>tramadol hcl er 100 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour</i>	2	CONZIP	NDS, QL(30 EA per 30 days), NM
<i>tramadol hcl er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	2	ULTRAM ER	NDS, QL(30 EA per 30 days), NM
<i>tramadol hcl er (biphasic)</i>	2	RYZOLT	NDS, QL(30 EA per 30 days), NM
Opioid Analgesics, Short-acting			
<i>acetaminophen-codeine 300-60 mg Oral Tablet</i>	2	TYLENOL WITH CODEINE	NDS, QL(180 EA per 30 days), NM
<i>acetaminophen-codeine 300-30 mg Oral Tablet</i>	2	TYLENOL WITH CODEINE	NDS, QL(360 EA per 30 days), NM
<i>acetaminophen-codeine 300-15 mg Oral Tablet</i>	2	TYLENOL WITH CODEINE	NDS, QL(390 EA per 30 days), NM
<i>acetaminophen-codeine 120-12 mg/5ml Oral Solution</i>	2	TYLENOL WITH CODEINE	NDS, QL(2700 ML per 30 days), NM
<i>acetaminophen-codeine #2</i>	2	TYLENOL WITH CODEINE	NDS, QL(390 EA per 30 days), NM
<i>acetaminophen-codeine #3</i>	2	TYLENOL WITH CODEINE	NDS, QL(360 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>acetaminophen-codeine #4</i>	2	TYLENOL WITH CODEINE	NDS, QL(180 EA per 30 days), NM
<i>butorphanol tartrate 1 mg/ml Injection Solution, 2 mg/ml Injection Solution</i>	2	STADOL	NDS, NM
<i>butorphanol tartrate 10 mg/ml Nasal Solution</i>	2	STADOL	NDS, QL(5 ML per 28 days), NM
ENDOCET 2.5-325 mg Oral Tablet	2		NDS, QL(360 EA per 30 days), NM
<i>endocet 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	2	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>fentanyl citrate 200 mcg Buccal Lozenge on a Handle</i>	4	ACTIQ	NDS, PA, QL(120 EA per 30 days), NM
<i>fentanyl citrate 1200 mcg Buccal Lozenge on a Handle, 1600 mcg Buccal Lozenge on a Handle, 400 mcg Buccal Lozenge on a Handle, 600 mcg Buccal Lozenge on a Handle, 800 mcg Buccal Lozenge on a Handle</i>	5	ACTIQ	NDS, PA, QL(120 EA per 30 days), NM
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml Oral Solution, 5-217 mg/10ml Oral Solution, 7.5-325 mg/15ml Oral Solution</i>	2	HYCET	NDS, QL(2700 ML per 30 days), NM
<i>hydrocodone-acetaminophen 10-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	2	NORCO	NDS, QL(360 EA per 30 days), NM
<i>hydrocodone-acetaminophen 10-300 mg Oral Tablet, 5-300 mg Oral Tablet, 7.5-300 mg Oral Tablet</i>	2	VICODIN	NDS, QL(390 EA per 30 days), NM
<i>hydrocodone-ibuprofen 10-200 mg Oral Tablet, 5-200 mg Oral Tablet</i>	2	REPREXAIN	NDS, QL(150 EA per 30 days), NM
<i>hydrocodone-ibuprofen 7.5-200 mg Oral Tablet</i>	2	VICOPROFEN	NDS, QL(150 EA per 30 days), NM
<i>hydromorphone hcl 1 mg/ml Injection Solution, 2 mg/ml Injection Solution, 4 mg/ml Injection Solution</i>	2		NDS, NM
<i>hydromorphone hcl 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	DILAUDID	NDS, QL(180 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydromorphone hcl pf 1 mg/ml Injection Solution, 2 mg/ml Injection Solution, 4 mg/ml Injection Solution</i>	2		NDS, NM
<i>hydromorphone hcl pf 10 mg/ml Injection Solution, 50 mg/5ml Injection Solution, 500 mg/50ml Injection Solution</i>	2	DILAUDID-HP	NDS, NM
LAZANDA	5		NDS, PA, QL(30 EA per 30 days), NM
<i>morphine sulfate 1 mg/ml Intravenous Solution, 2 mg/ml Injection Solution, 4 mg/ml Injection Solution, 4 mg/ml Intravenous Solution, 5 mg/ml Injection Solution, 8 mg/ml Intravenous Solution</i>	2		NDS, NM
<i>morphine sulfate 15 mg Oral Tablet, 30 mg Oral Tablet</i>	2		NDS, QL(180 EA per 30 days), NM
<i>morphine sulfate 20 mg/5ml Oral Solution</i>	2		NDS, QL(300 ML per 30 days), NM
<i>morphine sulfate 10 mg/5ml Oral Solution</i>	2		NDS, QL(700 ML per 30 days), NM
<i>morphine sulfate (concentrate) 100 mg/5ml Oral Solution, 20 mg/ml Oral Solution</i>	2	ROXANOL	NDS, QL(200 ML per 30 days), NM
<i>morphine sulfate (pf) 0.5 mg/ml Injection Solution, 1 mg/ml Injection Solution, 10 mg/ml Injection Solution, 10 mg/ml Intravenous Solution, 2 mg/ml Intravenous Solution, 4 mg/ml Injection Solution, 4 mg/ml Intravenous Solution, 5 mg/ml Injection Solution, 8 mg/ml Injection Solution, 8 mg/ml Intravenous Solution</i>	2		NDS, NM
<i>nalbuphine hcl 10 mg/ml Injection Solution, 20 mg/ml Injection Solution</i>	2	NUBAIN	
<i>oxycodone hcl 5 mg Oral Capsule</i>	2	OXYIR	NDS, QL(180 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oxycodone hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ROXICODONE	NDS, QL(180 EA per 30 days), NM
<i>oxycodone hcl 100 mg/5ml Oral Concentrate</i>	2	ROXICODONE	NDS, QL(180 ML per 30 days), NM
<i>oxycodone hcl 5 mg/5ml Oral Solution</i>	2	ROXICODONE	NDS, QL(1300 ML per 30 days), NM
<i>oxycodone-acetaminophen 10-325 mg Oral Tablet, 2.5-325 mg Oral Tablet, 5-325 mg Oral Tablet, 7.5-325 mg Oral Tablet</i>	2	PERCOCET	NDS, QL(360 EA per 30 days), NM
<i>oxycodone-aspirin</i>	2	PERCODAN	NDS, QL(360 EA per 30 days), NM
<i>oxycodone-ibuprofen</i>	2	COMBUNOX	NDS, QL(28 EA per 30 days), NM
<i>oxymorphone hcl</i>	2	OPANA	NDS, QL(180 EA per 30 days), NM
<i>tramadol hcl 100 mg Oral Tablet</i>	2		NDS, QL(120 EA per 30 days), NM
<i>tramadol hcl 50 mg Oral Tablet</i>	2	ULTRAM	NDS, QL(240 EA per 30 days), NM
<i>tramadol-acetaminophen</i>	2	ULTRACET	NDS, QL(240 EA per 30 days), NM
ANESTHETICS			
Local Anesthetics			
GLYDO	2		
<i>lidocaine 5 % External Ointment</i>	4		
<i>lidocaine 5 % External Patch</i>	2	LIDODERM	PA, QL(90 EA per 30 days)
<i>lidocaine hcl 0.5 % Injection Solution</i>	2		
<i>lidocaine hcl 1 % Injection Solution, 2 % Injection Solution, 4 % External Solution, 4 % Mouth/Throat Solution</i>	2	XYLOCAINE	
<i>lidocaine hcl (pf) 1 % Injection Solution, 1.5 % Injection Solution, 2 % Injection Solution, 4 % Injection Solution</i>	2		
<i>lidocaine hcl (pf) 0.5 % Injection Solution</i>	2	XYLOCAINE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lidocaine hcl urethral/mucosal 2 % External Prefilled Syringe</i>	2		
<i>lidocaine hcl urethral/mucosal 2 % External Gel</i>	2	XYLOCAINE	
<i>lidocaine viscous hcl</i>	2	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % External Cream</i>	4	EMLA	PA BvD
<i>lidocaine-prilocaine 2.5-2.5 % External Kit</i>	4	EMLA/TEGADERM	PA BvD
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS			
Alcohol Deterrents/anti-craving			
<i>acamprosate calcium</i>	2	CAMPRAL	
<i>disulfiram 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	ANTABUSE	
<i>naltrexone hcl 50 mg Oral Tablet</i>	2	REVIA	
VIVITROL	4		
Anti-addiction/ Substance Abuse Treatment Agents			
LUCEMYRA	5		NDS, PA, QL(228 EA per 14 days), NM
Opioid Dependence			
<i>buprenorphine hcl 0.3 mg/ml Injection Solution</i>	2	BUPRENEX	NDS, NM
<i>buprenorphine hcl 2 mg Sublingual Tablet Sublingual, 8 mg Sublingual Tablet Sublingual</i>	2	SUBUTEX	NDS, QL(90 EA per 30 days), NM
<i>buprenorphine hcl-naloxone hcl 12-3 mg Sublingual Film, 2-0.5 mg Sublingual Film, 2-0.5 mg Sublingual Tablet Sublingual, 4-1 mg Sublingual Film, 8-2 mg Sublingual Film, 8-2 mg Sublingual Tablet Sublingual</i>	2	SUBOXONE	NDS, QL(90 EA per 30 days), NM
SUBLOCADE 100 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		(1 syringe) NDS, QL(0.5 ML per 28 days), NM
SUBLOCADE 300 mg/1.5ml Subcutaneous Solution Prefilled Syringe	5		(1 syringe) NDS, QL(1.5 ML per 28 days), NM
Opioid Reversal Agents			
KLOXXADO	3		
<i>naloxone hcl 4 mg/0.1ml Nasal Liquid</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>naloxone hcl 0.4 mg/ml Injection Solution, 0.4 mg/ml Injection Solution Cartridge, 4 mg/10ml Injection Solution</i>	1	NARCAN	GC
<i>naloxone hcl 2 mg/2ml Injection Solution Prefilled Syringe</i>	2	NARCAN	
Smoking Cessation Agents			
<i>bupropion hcl er (smoking det)</i>	2	ZYBAN	QL(60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	3		QL(60 EA per 30 days)
CHANTIX STARTING MONTH PAK	3		QL(53 EA per 180 days)
NICOTROL NS	4		
<i>varenicline tartrate 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	CHANTIX	QL(60 EA per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
<i>amikacin sulfate 1 gm/4ml Injection Solution</i>	2		
<i>amikacin sulfate 500 mg/2ml Injection Solution</i>	2	AMIKIN	
<i>gentamicin in saline 0.8-0.9 mg/ml-% Intravenous Solution, 1-0.9 mg/ml-% Intravenous Solution, 1.2-0.9 mg/ml-% Intravenous Solution, 1.6-0.9 mg/ml-% Intravenous Solution, 2-0.9 mg/ml-% Intravenous Solution</i>	2		
<i>gentamicin sulfate 10 mg/ml Injection Solution</i>	2		
<i>gentamicin sulfate 40 mg/ml Injection Solution</i>	2	GENTAK	
<i>neomycin sulfate 500 mg Oral Tablet</i>	2		
<i>paromomycin sulfate 250 mg Oral Capsule</i>	2	HUMATIN	
<i>streptomycin sulfate 1 gm Intramuscular Solution Reconstituted</i>	2		
<i>tobramycin sulfate 1.2 gm Injection Solution Reconstituted</i>	4		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>tobramycin sulfate 1.2 gm/30ml Injection Solution, 10 mg/ml Injection Solution, 2 gm/50ml Injection Solution, 80 mg/2ml Injection Solution</i>	4		
Antibacterials, Other			
<i>aztreonam</i>	4	AZACTAM	
<i>baciim</i>	2	BACI-IM	
<i>bacitracin 50000 unit Intramuscular Solution Reconstituted</i>	2	BACI-IM	
<i>chloramphenicol sod succinate</i>	4	CHLOROMYCETIN	
<i>clindamycin hcl 150 mg Oral Capsule, 300 mg Oral Capsule, 75 mg Oral Capsule</i>	2	CLEOCIN	
<i>clindamycin palmitate hcl</i>	2	CLEOCIN	
<i>clindamycin phosphate 2 % Vaginal Cream</i>	2	CLEOCIN	
<i>clindamycin phosphate 300 mg/2ml Injection Solution, 600 mg/4ml Injection Solution, 9 gm/60ml Injection Solution, 900 mg/6ml Injection Solution, 9000 mg/60ml Injection Solution</i>	2	CLEOCIN	
<i>clindamycin phosphate 1 % External Swab</i>	2	CLEOCIN-T	
<i>clindamycin phosphate in d5w</i>	2	CLEOCIN	
<i>clindamycin phosphate in nacl</i>	2	CLEOCIN	
CLINDESSE	3		
<i>colistimethate sodium (cba)</i>	2	COLY-MYCIN	
<i>daptomycin 350 mg Intravenous Solution Reconstituted</i>	4		
<i>daptomycin 500 mg Intravenous Solution Reconstituted</i>	4	CUBICIN	
FIRVANQ	3		
<i>lincomycin hcl 300 mg/ml Injection Solution</i>	4	LINCOCIN	
<i>linezolid 600 mg Oral Tablet</i>	2	ZYVOX	QL(60 EA per 30 days)
<i>linezolid 600 mg/300ml Intravenous Solution</i>	4	ZYVOX	
<i>linezolid in sodium chloride</i>	4	ZYVOX	
<i>methenamine hippurate</i>	2	HIPREX	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metronidazole 250 mg Oral Tablet, 375 mg Oral Capsule, 500 mg Oral Tablet</i>	2	FLAGYL	
<i>metronidazole 0.75 % External Cream</i>	2	METROCREAM	
<i>metronidazole 0.75 % Vaginal Gel</i>	2	METROGEL	
<i>metronidazole in nacl</i>	2	FLAGYL	
<i>neomycin-polymyxin b gu 40-200000 Irrigation Solution</i>	2		
<i>nitrofurantoin macrocrystal 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	MACRODANTIN	
<i>nitrofurantoin monohyd macro</i>	2	MACROBID	
<i>polymyxin b sulfate 500000 unit Injection Solution Reconstituted</i>	2		
RECARBRIO	5		NDS, PA, QL(56 EA per 14 days), NM
ROSADAN 0.75 % External Cream	2		
SIVEXTRO	5		NDS, PA, QL(6 EA per 30 days), NM
SYNERCID	5		NDS, PA, NM
<i>tigecycline</i>	4	TYGACIL	
<i>tinidazole 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	TINDAMAX	
<i>trimethoprim 100 mg Oral Tablet</i>	1	PROLOPRIM	GC
<i>vancomycin hcl 1 gm Intravenous Solution Reconstituted, 1.25 gm Intravenous Solution Reconstituted, 1.5 gm Intravenous Solution Reconstituted, 250 mg Intravenous Solution Reconstituted, 5 gm Intravenous Solution Reconstituted, 750 mg Intravenous Solution Reconstituted</i>	2		
<i>vancomycin hcl 1000 mg/200ml Intravenous Solution, 1250 mg/250ml Intravenous Solution, 1500 mg/300ml Intravenous Solution, 1750 mg/350ml Intravenous Solution, 2000 mg/400ml Intravenous Solution, 500 mg/100ml Intravenous</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Solution, 750 mg/150ml Intravenous Solution</i>			
<i>vancomycin hcl 250 mg/5ml Oral Solution Reconstituted</i>	2	FIRVANQ	
<i>vancomycin hcl 10 gm Intravenous Solution Reconstituted, 100 gm Intravenous Solution Reconstituted, 125 mg Oral Capsule, 250 mg Oral Capsule, 500 mg Intravenous Solution Reconstituted</i>	2	VANCOCIN	
<i>vancomycin hcl in dextrose 1-5 gm/200ml-% Intravenous Solution, 500-5 mg/100ml-% Intravenous Solution, 750-5 mg/150ml-% Intravenous Solution</i>	2		
<i>vancomycin hcl in nacl 1-0.9 gm/200ml-% Intravenous Solution, 500-0.9 mg/100ml-% Intravenous Solution, 750-0.9 mg/150ml-% Intravenous Solution</i>	2		
XENLETA 600 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM
XENLETA 150 mg/15ml Intravenous Solution	5		NDS, PA, QL(900 ML per 30 days), NM
ZINPLAVA	5		NDS, PA, NM
Beta-lactam, Cephalosporins			
<i>cefaclor 250 mg Oral Capsule, 500 mg Oral Capsule</i>	2	CECLOR	
<i>cefaclor 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 375 mg/5ml Oral Suspension Reconstituted</i>	2	CECLOR	
<i>cefaclor er</i>	2	CECLOR CD	
<i>cefadroxil 1 gm Oral Tablet, 500 mg Oral Capsule</i>	2	DURICEF	
<i>cefadroxil 250 mg/5ml Oral Suspension Reconstituted, 500 mg/5ml Oral Suspension Reconstituted</i>	2	DURICEF	
<i>cefazolin sodium 1 gm Injection Solution Reconstituted, 1 gm</i>	2	ANCEF	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Intravenous Solution Reconstituted, 10 gm Injection Solution Reconstituted, 100 gm Injection Solution Reconstituted, 300 gm Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>			
<i>cefazolin sodium-dextrose 1-4 gm-%(50ml) Intravenous Solution Reconstituted</i>	2	ANCEF	
<i>cefazolin sodium-dextrose 1-4 gm/50ml-% Intravenous Solution</i>	2	ANCEF	
<i>cefdinir 300 mg Oral Capsule</i>	2	OMNICEF	
<i>cefdinir 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	OMNICEF	
<i>cefditoren pivoxil</i>	2	SPECTRACEF	
<i>cefepime hcl 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted</i>	4	MAXIPIME	
<i>cefepime hcl 1 gm/50ml Intravenous Solution, 2 gm/100ml Intravenous Solution</i>	4	MAXIPIME	
<i>cefepime-dextrose</i>	4	MAXIPIME	
<i>cefixime 400 mg Oral Capsule</i>	4	SUPRAX	
<i>cefotaxime sodium 1 gm Injection Solution Reconstituted</i>	2	CLAFORAN	
<i>cefotetan disodium</i>	4	CEFOTAN	
<i>cefotetan disodium-dextrose</i>	4		
<i>cefoxitin sodium 10 gm Intravenous Solution Reconstituted</i>	2		
<i>cefoxitin sodium 1 gm Intravenous Solution Reconstituted, 2 gm Intravenous Solution Reconstituted</i>	2	MEFOXIN	
<i>cefoxitin sodium-dextrose</i>	2	MEFOXIN	
<i>cefpodoxime proxetil 100 mg Oral Tablet, 200 mg Oral Tablet</i>	2	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml Oral Suspension Reconstituted, 50 mg/5ml Oral Suspension Reconstituted</i>	2	VANTIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cefprozil 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	CEFZIL	
<i>cefprozil 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	CEFZIL	
<i>ceftazidime 2 gm Intravenous Solution Reconstituted</i>	2		
<i>ceftazidime 1 gm Injection Solution Reconstituted, 6 gm Injection Solution Reconstituted</i>	2	FORTAZ	
<i>ceftazidime and dextrose</i>	2	TAZICEF	
<i>ceftriaxone sodium 1 gm Injection Solution Reconstituted, 1 gm Intravenous Solution Reconstituted, 10 gm Intravenous Solution Reconstituted, 100 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted, 250 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2	ROCEPHIN	
<i>ceftriaxone sodium in dextrose</i>	2	ROCEPHIN	
<i>ceftriaxone sodium-dextrose</i>	2	ROCEPHIN	
<i>cefuroxime axetil</i>	2	CEFTIN	
<i>cefuroxime sodium</i>	2	ZINACEF	
<i>cephalexin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2		
<i>cephalexin 250 mg Oral Capsule, 500 mg Oral Capsule, 750 mg Oral Capsule</i>	2	KEFLEX	
<i>cephalexin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	KEFLEX	
FETROJA	5		NDS, PA, QL(112 EA per 14 days), NM
<i>TAZICEF 1 gm Injection Solution Reconstituted, 1 gm Intravenous Solution Reconstituted, 6 gm Intravenous Solution Reconstituted</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TEFLARO	4		
ZERBAXA	5		NDS, PA, QL(180 EA per 30 days), NM
Beta-lactam, Penicillins			
<i>amoxicillin 125 mg Oral Tablet Chewable, 250 mg Oral Capsule, 250 mg Oral Tablet Chewable, 500 mg Oral Capsule, 500 mg Oral Tablet, 875 mg Oral Tablet</i>	2	AMOXIL	
<i>amoxicillin 125 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	2	AMOXIL	
<i>amoxicillin-pot clavulanate 200-28.5 mg Oral Tablet Chewable, 250-125 mg Oral Tablet, 400-57 mg Oral Tablet Chewable, 500-125 mg Oral Tablet, 875-125 mg Oral Tablet</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml Oral Suspension Reconstituted, 250-62.5 mg/5ml Oral Suspension Reconstituted, 400-57 mg/5ml Oral Suspension Reconstituted, 600-42.9 mg/5ml Oral Suspension Reconstituted</i>	2	AUGMENTIN	
<i>amoxicillin-pot clavulanate er</i>	2	AUGMENTIN XR	
<i>ampicillin</i>	2		
<i>ampicillin sodium 1 gm Intravenous Solution Reconstituted, 10 gm Intravenous Solution Reconstituted, 125 mg Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted, 250 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ampicillin sodium 1 gm Injection Solution Reconstituted</i>	2	TOTACILLIN-N	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm Injection Solution Reconstituted</i>	2		
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm Intravenous Solution Reconstituted, 15 (10-5) gm Intravenous Solution Reconstituted, 3 (2-1) gm Injection Solution Reconstituted, 3 (2-1) gm Intravenous Solution Reconstituted</i>	2	UNASYN	
BICILLIN L-A	4		
<i>dicloxacillin sodium</i>	2	DYCILL	
<i>nafcillin sodium 1 gm Intravenous Solution Reconstituted, 10 gm Intravenous Solution Reconstituted, 2 gm Injection Solution Reconstituted, 2 gm Intravenous Solution Reconstituted</i>	4		
<i>nafcillin sodium 1 gm Injection Solution Reconstituted</i>	4	NALLPEN	
<i>nafcillin sodium in dextrose</i>	4		
<i>oxacillin sodium</i>	4		
<i>oxacillin sodium in dextrose</i>	4		
<i>penicillin g pot in dextrose</i>	2		
<i>penicillin g potassium</i>	2	PFIZERPEN	
<i>penicillin g procaine</i>	2		
<i>penicillin v potassium 500 mg Oral Tablet</i>	2	PEN-VEE K	
<i>penicillin v potassium 250 mg Oral Tablet</i>	2	VEETIDS	
<i>penicillin v potassium 125 mg/5ml Oral Solution Reconstituted, 250 mg/5ml Oral Solution Reconstituted</i>	2	VEETIDS	
PFIZERPEN	2		
<i>piperacillin sod-tazobactam so 13.5 (12-1.5) gm Intravenous Solution Reconstituted, 2.25 (2-0.25) gm Intravenous Solution Reconstituted</i>	4		
<i>piperacillin sod-tazobactam so 3.375 (3-0.375) gm Intravenous</i>	4	ZOSYN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Solution Reconstituted, 4.5 (4-0.5) gm Intravenous Solution Reconstituted, 40.5 (36-4.5) gm Intravenous Solution Reconstituted</i>			
Carbapenems			
<i>ertapenem sodium</i>	4	INVANZ	
<i>imipenem-cilastatin</i>	2	PRIMAXIN	
<i>meropenem</i>	4	MERREM	
<i>meropenem-sodium chloride</i>	4	MERREM	
Macrolides			
<i>azithromycin 1 gm Oral Packet, 250 mg Oral Tablet, 500 mg Intravenous Solution Reconstituted, 500 mg Oral Tablet, 600 mg Oral Tablet</i>	2	ZITHROMAX	
<i>azithromycin 100 mg/5ml Oral Suspension Reconstituted, 200 mg/5ml Oral Suspension Reconstituted</i>	2	ZITHROMAX	
<i>clarithromycin 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	BIAXIN	
<i>clarithromycin 125 mg/5ml Oral Suspension Reconstituted, 250 mg/5ml Oral Suspension Reconstituted</i>	2	BIAXIN	
<i>clarithromycin er</i>	2	BIAXIN XL	
E.E.S. 400	2		
ERYTHROCIN LACTOBIONATE	3		
ERYTHROCIN STEARATE	2		
<i>erythromycin 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	2	ERY-TAB	
<i>erythromycin base 250 mg Oral Capsule Delayed Release Particles, 250 mg Oral Tablet</i>	2		
<i>erythromycin base 250 mg Oral Tablet Delayed Release, 333 mg Oral Tablet Delayed Release, 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	2	ERY-TAB	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>erythromycin ethylsuccinate 400 mg Oral Tablet</i>	2	E.E.S.	
<i>erythromycin ethylsuccinate 200 mg/5ml Oral Suspension Reconstituted, 400 mg/5ml Oral Suspension Reconstituted</i>	2	ERYPED	
Quinolones			
<i>BAXDELA 300 mg Intravenous Solution Reconstituted</i>	5		NDS, PA, NM
<i>BAXDELA 450 mg Oral Tablet</i>	5		NDS, PA, QL(28 EA per 14 days), NM
<i>BESIVANCE</i>	4		
<i>CILOXAN 0.3 % Ophthalmic Ointment</i>	3		
<i>ciprofloxacin hcl 0.3 % Ophthalmic Solution</i>	2	CILOXAN	
<i>ciprofloxacin hcl 100 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	CIPRO	
<i>ciprofloxacin in d5w 400 mg/200ml Intravenous Solution</i>	2		
<i>ciprofloxacin in d5w 200 mg/100ml Intravenous Solution</i>	2	CIPRO	
<i>levofloxacin 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	LEVAQUIN	
<i>levofloxacin 25 mg/ml Intravenous Solution, 25 mg/ml Oral Solution</i>	2	LEVAQUIN	
<i>levofloxacin in d5w 250 mg/50ml Intravenous Solution</i>	2		
<i>levofloxacin in d5w 500 mg/100ml Intravenous Solution, 750 mg/150ml Intravenous Solution</i>	2	LEVAQUIN	
<i>moxifloxacin hcl 400 mg Oral Tablet</i>	2	AVELOX	
<i>moxifloxacin hcl 400 mg/250ml Intravenous Solution</i>	4	AVELOX	
<i>moxifloxacin hcl in nacl</i>	4	AVELOX	
<i>ofloxacin 300 mg Oral Tablet, 400 mg Oral Tablet</i>	2	FLOXIN	
Sulfonamides			
<i>sulfacetamide sodium (acne)</i>	2	KLARON	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sulfadiazine 500 mg Oral Tablet</i>	2		
<i>sulfamethoxazole-trimethoprim 400-80 mg Oral Tablet, 800-160 mg Oral Tablet</i>	1	SEPTRA	GC
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml Oral Suspension, 400-80 mg/5ml Intravenous Solution</i>	2	SEPTRA	
SULFATRIM PEDIATRIC	2		
Tetracyclines			
<i>demeclocycline hcl</i>	2	DECLOMYCIN	
DOXY 100	2		
<i>doxycycline hyclate 80 mg Oral Tablet Delayed Release</i>	4		
<i>doxycycline hyclate 100 mg Oral Tablet Delayed Release, 150 mg Oral Tablet Delayed Release, 200 mg Oral Tablet Delayed Release, 50 mg Oral Tablet Delayed Release, 75 mg Oral Tablet Delayed Release</i>	4	DORYX	
<i>doxycycline hyclate 100 mg Intravenous Solution Reconstituted</i>	2	DOXY	
<i>doxycycline hyclate 20 mg Oral Tablet</i>	2	PERIOSTAT	
<i>doxycycline hyclate 100 mg Oral Tablet</i>	2	VIBRA-TABS	
<i>doxycycline hyclate 100 mg Oral Capsule, 50 mg Oral Capsule</i>	2	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg Oral Tablet, 150 mg Oral Capsule, 150 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	ADOXA	
<i>doxycycline monohydrate 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml Oral Suspension Reconstituted</i>	2	VIBRAMYCIN	
<i>minocycline hcl 100 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	DYNACIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>minocycline hcl 100 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	MINOCIN	
<i>minocycline hcl er 135 mg Oral Tablet Extended Release 24 Hour</i>	2	SOLODYN	
<i>minocycline hcl er 45 mg Oral Tablet Extended Release 24 Hour, 90 mg Oral Tablet Extended Release 24 Hour</i>	2	SOLODYN	QL(30 EA per 30 days)
NUZYRA 100 mg Intravenous Solution Reconstituted	5		NDS, PA, QL(15 EA per 14 days), NM
NUZYRA 150 mg Oral Tablet	5		NDS, PA, QL(30 EA per 14 days), NM
<i>tetracycline hcl 250 mg Oral Capsule, 500 mg Oral Capsule</i>	2		
ANTICONVULSANTS			
Anticonvulsants, Other			
BRIVIACT 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet	4		QL(60 EA per 30 days)
BRIVIACT 10 mg/ml Oral Solution	4		QL(600 ML per 30 days)
BRIVIACT 50 mg/5ml Intravenous Solution	4		PA-NSO
DIACOMIT	5		NDS, PA-NSO, NM
<i>divalproex sodium 125 mg Oral Capsule Delayed Release Sprinkle, 125 mg Oral Tablet Delayed Release, 250 mg Oral Tablet Delayed Release, 500 mg Oral Tablet Delayed Release</i>	2	DEPAKOTE	
<i>divalproex sodium er</i>	2	DEPAKOTE ER	
EPIDIOLEX	4		PA-NSO
EPRONTIA	4		PA-NSO, QL(480 ML per 30 days)
<i>felbamate 400 mg Oral Tablet, 600 mg Oral Tablet</i>	2	FELBATOL	
<i>felbamate 600 mg/5ml Oral Suspension</i>	2	FELBATOL	
FINTEPLA	5		NDS, PA-NSO, QL(360 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FYCOMPA 10 mg Oral Tablet, 12 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet, 8 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days)
FYCOMPA 0.5 mg/ml Oral Suspension	4		PA-NSO, QL(720 ML per 30 days)
LAMICTAL XR 21 x 25 MG & 7 x 50 mg Oral Kit, 25 & 50 & 100 mg Oral Kit, 50 & 100 & 200 mg Oral Kit	4		
<i>lamotrigine 100 mg Oral Tablet, 100 mg tab disint, 150 mg Oral Tablet, 200 mg Oral Tablet, 200 mg tab disint, 25 mg Oral Tablet, 25 mg Oral Tablet Chewable, 25 mg tab disint, 5 mg Oral Tablet Chewable, 50 mg tab disint</i>	2	LAMICTAL	
<i>lamotrigine 25 & 50 & 100 mg Oral Kit</i>	2	LAMICTAL ODT	
<i>lamotrigine er 100 mg Oral Tablet Extended Release 24 Hour, 200 mg Oral Tablet Extended Release 24 Hour, 25 mg Oral Tablet Extended Release 24 Hour, 250 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour</i>	2	LAMICTAL	
<i>lamotrigine starter kit-blue</i>	2	LAMICTAL STARTER	
<i>lamotrigine starter kit-green</i>	2	LAMICTAL STARTER	
<i>lamotrigine starter kit-orange</i>	2	LAMICTAL STARTER	
<i>levetiracetam 1000 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	KEPPRA	
<i>levetiracetam 100 mg/ml Oral Solution, 500 mg/5ml Intravenous Solution</i>	2	KEPPRA	
<i>levetiracetam er 500 mg Oral Tablet Extended Release 24 Hour, 750 mg Oral Tablet Extended Release 24 Hour</i>	2	KEPPRA XR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levetiracetam in nacl</i>	2		
SPRITAM	4		ST
SUBVENITE	2		
SUBVENITE STARTER KIT-BLUE	2		
SUBVENITE STARTER KIT-GREEN	2		
SUBVENITE STARTER KIT-ORANGE	2		
<i>topiramate 100 mg Oral Tablet, 15 mg Oral Capsule Sprinkle, 200 mg Oral Tablet, 25 mg Oral Capsule Sprinkle, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	TOPAMAX	
<i>topiramate er 100 mg Oral Capsule ER 24 Hour Sprinkle, 150 mg Oral Capsule ER 24 Hour Sprinkle, 200 mg Oral Capsule ER 24 Hour Sprinkle, 25 mg Oral Capsule ER 24 Hour Sprinkle, 50 mg Oral Capsule ER 24 Hour Sprinkle</i>	2	QUDEXY XR	PA-NSO
TROKENDI XR	4		PA-NSO
<i>valproate sodium 100 mg/ml Intravenous Solution</i>	2	DEPACON	
<i>valproic acid 250 mg Oral Capsule</i>	2	DEPAKENE	
<i>valproic acid 250 mg/5ml Oral Solution</i>	2	DEPAKENE	
XCOPRI 14 x 12.5 MG & 14 x 25 mg Oral Tablet Therapy Pack, 14 x 150 MG & 14 x 200 mg Oral Tablet Therapy Pack, 14 x 50 MG & 14 x 100 mg Oral Tablet Therapy Pack	4		PA-NSO, QL(28 EA per 180 days)
XCOPRI 100 mg Oral Tablet, 50 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days)
XCOPRI 150 mg Oral Tablet, 200 mg Oral Tablet	4		PA-NSO, QL(60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) 50 & 200 mg Oral Tablet Therapy Pack	4		PA-NSO, QL(60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg Oral Tablet Therapy Pack	4		PA-NSO, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XCOPRI (350 MG DAILY DOSE)	4		PA-NSO, QL(60 EA per 30 days)
Calcium Channel Modifying Agents			
CELONTIN	4		
<i>ethosuximide 250 mg Oral Capsule</i>	2	ZARONTIN	
<i>ethosuximide 250 mg/5ml Oral Solution</i>	2	ZARONTIN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents			
<i>clobazam 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	ONFI	QL(60 EA per 30 days)
<i>clobazam 2.5 mg/ml Oral Suspension</i>	2	ONFI	QL(480 ML per 30 days)
<i>diazepam 10 mg Rectal Gel, 2.5 mg Rectal Gel, 20 mg Rectal Gel</i>	2	DIASTAT	
<i>gabapentin 100 mg Oral Capsule, 300 mg Oral Capsule, 400 mg Oral Capsule, 600 mg Oral Tablet, 800 mg Oral Tablet</i>	2	NEURONTIN	
<i>gabapentin 250 mg/5ml Oral Solution, 300 mg/6ml Oral Solution</i>	2	NEURONTIN	
<i>gabapentin 100 mg Oral Capsule</i>	2	NEURONTIN	AL, PA, QL(30 EA per 30 days)
NAYZILAM	3		QL(10 EA per 30 days)
<i>phenobarbital 100 mg Oral Tablet, 15 mg Oral Tablet, 16.2 mg Oral Tablet, 30 mg Oral Tablet, 32.4 mg Oral Tablet, 60 mg Oral Tablet, 64.8 mg Oral Tablet, 97.2 mg Oral Tablet</i>	2		
<i>phenobarbital 20 mg/5ml Oral Elixir, 20 mg/5ml Oral Solution</i>	2		
<i>primidone 250 mg Oral Tablet, 50 mg Oral Tablet</i>	2	MYSOLINE	
SYMPAZAN	4		PA-NSO, QL(60 EA per 30 days)
<i>tiagabine hcl</i>	2	GABITRIL	
VALTOCO 10 MG DOSE	3		QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	3		QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	3		QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	3		QL(10 EA per 30 days)
<i>vigabatrin</i>	5	SABRIL	NDS, PA-NSO, NM
VIGADRONE	5		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Sodium Channel Agents			
APTIOM 200 mg Oral Tablet, 400 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days)
APTIOM 600 mg Oral Tablet, 800 mg Oral Tablet	4		PA-NSO, QL(60 EA per 30 days)
<i>carbamazepine 100 mg Oral Tablet Chewable, 200 mg Oral Tablet</i>	2	TEGRETOL	
<i>carbamazepine 100 mg/5ml Oral Suspension</i>	2	TEGRETOL	
<i>carbamazepine er 100 mg Oral Tablet Extended Release 12 Hour, 200 mg Oral Tablet Extended Release 12 Hour, 400 mg Oral Tablet Extended Release 12 Hour</i>	2	TEGRETOL XR	
DILANTIN 100 mg Oral Capsule, 30 mg Oral Capsule	4		
DILANTIN INFATABS	4		
EPITOL	2		
<i>fosphenytoin sodium 500 mg pe/10ml Injection Solution</i>	2		
<i>fosphenytoin sodium 100 mg pe/2ml Injection Solution</i>	2	CEREBYX	
GIVLAARI	5		NDS, PA, NM
NAGLAZYME	5		NDS, PA, NM
<i>oxcarbazepine 150 mg Oral Tablet, 300 mg Oral Tablet, 600 mg Oral Tablet</i>	2	TRILEPTAL	
<i>oxcarbazepine 300 mg/5ml Oral Suspension</i>	2	TRILEPTAL	
OXTELLAR XR	4		
PEGANONE	3		
PHENYTEK	4		
<i>phenytoin 50 mg Oral Tablet Chewable</i>	2	DILANTIN	
<i>phenytoin 100 mg/4ml Oral Suspension, 125 mg/5ml Oral Suspension</i>	2	DILANTIN	
PHENYTOIN INFATABS	2		
<i>phenytoin sodium 50 mg/ml Injection Solution</i>	2	DILANTIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>phenytoin sodium extended 100 mg Oral Capsule, 200 mg Oral Capsule, 300 mg Oral Capsule</i>	2	DILANTIN	
<i>rufinamide 200 mg Oral Tablet, 400 mg Oral Tablet</i>	2	BANZEL	PA-NSO
<i>rufinamide 40 mg/ml Oral Suspension</i>	2	BANZEL	PA-NSO
VIMPAT 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet	4		QL(60 EA per 30 days)
VIMPAT 10 mg/ml Oral Solution	4		QL(1200 ML per 30 days)
VIMPAT 200 mg/20ml Intravenous Solution	4		PA-NSO
<i>zonisamide 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	ZONEGRAN	
ANTIDEMENTIA AGENTS			
Antidementia Agents, Other			
<i>donepezil hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ARICEPT	QL(30 EA per 30 days)
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	2	ARICEPT ODT	QL(30 EA per 30 days)
<i>ergoloid mesylates 1 mg Oral Tablet</i>	2	HYDERGINE	
Cholinesterase Inhibitors			
<i>donepezil hcl 23 mg Oral Tablet</i>	2	ARICEPT	QL(30 EA per 30 days)
<i>galantamine hydrobromide 12 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml Oral Solution</i>	2	RAZADYNE	
<i>galantamine hydrobromide er</i>	2	RAZADYNE ER	QL(30 EA per 30 days)
<i>rivastigmine</i>	2	EXELON	QL(30 EA per 30 days)
<i>rivastigmine tartrate</i>	2	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist			
<i>memantine hcl 10 mg Oral Tablet, 28 x 5 MG & 21 x 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	NAMENDA	
<i>memantine hcl 10 mg/5ml Oral Solution, 2 mg/ml Oral Solution</i>	2	NAMENDA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>memantine hcl er 14 mg Oral Capsule Extended Release 24 Hour, 21 mg Oral Capsule Extended Release 24 Hour, 28 mg Oral Capsule Extended Release 24 Hour, 7 mg Oral Capsule Extended Release 24 Hour</i>	2	NAMENDA XR	QL(30 EA per 30 days)
ANTIDEPRESSANTS			
Antidepressants, Other			
APLENZIN	4		QL(30 EA per 30 days)
<i>bupropion hcl 100 mg Oral Tablet, 75 mg Oral Tablet</i>	2	WELLBUTRIN	QL(180 EA per 30 days)
<i>bupropion hcl er (sr)</i>	2	WELLBUTRIN SR	QL(60 EA per 30 days)
<i>bupropion hcl er (xl) 450 mg Oral Tablet Extended Release 24 Hour</i>	2	FORFIVO XL	QL(30 EA per 30 days)
<i>bupropion hcl er (xl) 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour</i>	2	WELLBUTRIN XL	QL(30 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	2	LIMBITROL	AL, PA-NSO, PA-HRM
<i>maprotiline hcl</i>	2	LUDIOMIL	
<i>mirtazapine 15 mg Oral Tablet, 15 mg tab disint, 30 mg Oral Tablet, 30 mg tab disint, 45 mg Oral Tablet, 45 mg tab disint, 7.5 mg Oral Tablet</i>	2	REMERON	QL(30 EA per 30 days)
<i>olanzapine-fluoxetine hcl</i>	4	SYMBYAX	QL(30 EA per 30 days)
<i>perphenazine-amitriptyline 2-10 mg Oral Tablet, 2-25 mg Oral Tablet, 4-25 mg Oral Tablet</i>	4	TRIAVIL	AL, PA-NSO, PA-HRM
<i>perphenazine-amitriptyline 4-10 mg Oral Tablet, 4-50 mg Oral Tablet</i>	4	TRIAVIL	PA-NSO, PA-HRM
SPRAVATO (56 MG DOSE)	5		NDS, PA-NSO, QL(16 EA per 28 days), NM
SPRAVATO (84 MG DOSE)	5		NDS, PA-NSO, QL(24 EA per 28 days), NM
ZULRESSO	5		NDS, PA-NSO, NM
Monoamine Oxidase Inhibitors			
EMSAM	5		NDS, QL(30 EA per 30 days), NM
MARPLAN	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>phenelzine sulfate 15 mg Oral Tablet</i>	2	NARDIL	
<i>tranylcypromine sulfate</i>	2	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitors)			
<i>citalopram hydrobromide 40 mg Oral Tablet</i>	1	CELEXA	QL(30 EA per 30 days), GC
<i>citalopram hydrobromide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	CELEXA	QL(45 EA per 30 days), GC
<i>citalopram hydrobromide 10 mg/5ml Oral Solution</i>	2	CELEXA	QL(600 ML per 30 days)
<i>desvenlafaxine er</i>	2	KHEDEZLA	QL(30 EA per 30 days), ST
<i>desvenlafaxine succinate er</i>	2	PRISTIQ	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4		PA-NSO, QL(60 EA per 30 days)
<i>escitalopram oxalate 20 mg Oral Tablet</i>	2	LEXAPRO	QL(30 EA per 30 days)
<i>escitalopram oxalate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	LEXAPRO	QL(45 EA per 30 days)
<i>escitalopram oxalate 5 mg/5ml Oral Solution</i>	2	LEXAPRO	QL(600 ML per 30 days)
FETZIMA	4		PA-NSO, QL(30 EA per 30 days)
FETZIMA TITRATION	4		PA-NSO, QL(28 EA per 180 days)
<i>fluoxetine hcl 90 mg Oral Capsule Delayed Release</i>	2	PROZAC	QL(4 EA per 28 days)
<i>fluoxetine hcl 40 mg Oral Capsule</i>	2	PROZAC	QL(60 EA per 30 days)
<i>fluoxetine hcl 10 mg Oral Capsule, 10 mg Oral Tablet</i>	2	PROZAC	QL(90 EA per 30 days)
<i>fluoxetine hcl 20 mg Oral Capsule, 20 mg Oral Tablet</i>	2	PROZAC	QL(120 EA per 30 days)
<i>fluoxetine hcl 20 mg/5ml Oral Solution</i>	2	PROZAC	QL(600 ML per 30 days)
<i>fluoxetine hcl 60 mg Oral Tablet</i>	4	PROZAC	QL(30 EA per 30 days)
<i>fluoxetine hcl (pmdd) 10 mg Oral Tablet</i>	2	SARAFEM	QL(90 EA per 30 days)
<i>fluoxetine hcl (pmdd) 20 mg Oral Tablet</i>	2	SARAFEM	QL(120 EA per 30 days)
<i>fluvoxamine maleate 25 mg Oral Tablet</i>	2	LUVOX	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fluvoxamine maleate 50 mg Oral Tablet</i>	2	LUVOX	QL(45 EA per 30 days)
<i>fluvoxamine maleate 100 mg Oral Tablet</i>	2	LUVOX	QL(90 EA per 30 days)
<i>fluvoxamine maleate er</i>	2	LUVOX CR	QL(60 EA per 30 days)
<i>nefazodone hcl 100 mg Oral Tablet, 150 mg Oral Tablet, 250 mg Oral Tablet, 50 mg Oral Tablet</i>	2	SERZONE	QL(60 EA per 30 days)
<i>nefazodone hcl 200 mg Oral Tablet</i>	2	SERZONE	QL(90 EA per 30 days)
<i>paroxetine hcl 10 mg/5ml Oral Suspension</i>	2	PAXIL	
<i>paroxetine hcl 20 mg Oral Tablet</i>	2	PAXIL	QL(30 EA per 30 days)
<i>paroxetine hcl 10 mg Oral Tablet, 40 mg Oral Tablet</i>	2	PAXIL	QL(45 EA per 30 days)
<i>paroxetine hcl 30 mg Oral Tablet</i>	2	PAXIL	QL(60 EA per 30 days)
<i>paroxetine hcl er 12.5 mg Oral Tablet Extended Release 24 Hour</i>	2	PAXIL CR	QL(30 EA per 30 days)
<i>paroxetine hcl er 25 mg Oral Tablet Extended Release 24 Hour, 37.5 mg Oral Tablet Extended Release 24 Hour</i>	2	PAXIL CR	QL(60 EA per 30 days)
PEXEVA 20 mg Oral Tablet	4		QL(30 EA per 30 days)
PEXEVA 10 mg Oral Tablet, 40 mg Oral Tablet	4		QL(45 EA per 30 days)
PEXEVA 30 mg Oral Tablet	4		QL(60 EA per 30 days)
<i>sertraline hcl 150 mg Oral Capsule, 200 mg Oral Capsule</i>	1		QL(30 EA per 30 days), GC
<i>sertraline hcl 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	ZOLOFT	QL(45 EA per 30 days), GC
<i>sertraline hcl 100 mg Oral Tablet</i>	1	ZOLOFT	QL(60 EA per 30 days), GC
<i>sertraline hcl 20 mg/ml Oral Concentrate</i>	2	ZOLOFT	QL(300 ML per 30 days)
<i>trazodone hcl 100 mg Oral Tablet, 150 mg Oral Tablet, 50 mg Oral Tablet</i>	1	DESYREL	GC
TRINTELLIX	4		PA-NSO, QL(30 EA per 30 days)
<i>venlafaxine hcl</i>	2	EFFEXOR	QL(90 EA per 30 days)
<i>venlafaxine hcl er 150 mg Oral Tablet Extended Release 24 Hour, 225 mg Oral Tablet Extended</i>	2		QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Release 24 Hour, 37.5 mg Oral Tablet Extended Release 24 Hour, 75 mg Oral Tablet Extended Release 24 Hour</i>			
<i>venlafaxine hcl er 150 mg Oral Capsule Extended Release 24 Hour, 37.5 mg Oral Capsule Extended Release 24 Hour</i>	2	EFFEXOR XR	QL(30 EA per 30 days)
<i>venlafaxine hcl er 75 mg Oral Capsule Extended Release 24 Hour</i>	2	EFFEXOR XR	QL(90 EA per 30 days)
VIIBRYD	4		PA-NSO, QL(30 EA per 30 days)
VIIBRYD STARTER PACK	4		PA-NSO, QL(30 EA per 180 days)
Tricyclics			
<i>amitriptyline hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	ELAVIL	AL, PA-NSO, PA-HRM
<i>amoxapine</i>	2	ASENDIN	PA-NSO, PA-HRM
<i>clomipramine hcl 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	4	ANAFRANIL	AL, PA-NSO, PA-HRM
<i>desipramine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 150 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	NORPRAMIN	
<i>doxepin hcl 10 mg Oral Capsule, 100 mg Oral Capsule, 150 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	SINEQUAN	AL, PA-NSO, PA-HRM
<i>doxepin hcl 10 mg/ml Oral Concentrate</i>	2	SINEQUAN	AL, PA-NSO, PA-HRM
<i>imipramine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	TOFRANIL	AL, PA-NSO, PA-HRM
<i>imipramine pamoate</i>	2	TOFRANIL-PM	AL, PA-NSO, PA-HRM
<i>nortriptyline hcl 10 mg/5ml Oral Solution</i>	2	PAMELOR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>nortriptyline hcl 10 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	PAMELOR	AL
<i>protriptyline hcl</i>	2	VIVACTIL	AL, PA-NSO, PA-HRM
<i>trimipramine maleate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	SURMONTIL	AL, PA-NSO, PA-HRM
ANTIDOTES			
Antidotes			
<i>flumazenil 0.5 mg/5ml Intravenous Solution, 1 mg/10ml Intravenous Solution</i>	2	ROMAZICON	
<i>fomepizole 1.5 gm/1.5ml Intravenous Solution</i>	5	ANTIZOL	NDS, NM
<i>protamine sulfate 10 mg/ml Intravenous Solution</i>	2		PA BvD
ANTIEMETICS			
Antiemetics, Other			
<i>AKYNZEO 300-0.5 mg Oral Capsule</i>	4		PA, QL(2 EA per 28 days)
BONJESTA	4		PA, QL(60 EA per 30 days)
<i>chlorpromazine hcl 100 mg/ml Oral Concentrate, 30 mg/ml Oral Concentrate, 50 mg/2ml Injection Solution</i>	4		
<i>chlorpromazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	4	THORAZINE	
COMPRO	2		
<i>dimenhydrinate 50 mg/ml Injection Solution</i>	2		
<i>doxylamine-pyridoxine</i>	2	DICLEGIS	PA, QL(120 EA per 30 days)
<i>droperidol 2.5 mg/ml Injection Solution</i>	2		
<i>meclizine hcl 12.5 mg Oral Tablet, 25 mg Oral Tablet</i>	2	ANTIVERT	
<i>metoclopramide hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	REGLAN	GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>metoclopramide hcl 10 mg/10ml Oral Solution, 5 mg/5ml Oral Solution, 5 mg/ml Injection Solution</i>	2	REGLAN	
<i>perphenazine 16 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	TRILAFON	
PHENADOZ	2		
<i>prochlorperazine</i>	2	COMPRO	
<i>prochlorperazine edisylate 10 mg/2ml Injection Solution, 50 mg/10ml Injection Solution</i>	2		
<i>prochlorperazine maleate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	COMPAZINE	
<i>promethazine hcl 12.5 mg Oral Tablet, 12.5 mg Rectal Suppository, 25 mg Oral Tablet, 25 mg Rectal Suppository, 50 mg Oral Tablet</i>	2	PHENERGAN	
PROMETHEGAN	2		
<i>scopolamine</i>	2	TRANSDERM-SCOP	
Emetogenic Therapy Adjuncts			
<i>aprepitant 125 mg Oral Capsule, 40 mg Oral Capsule, 80 & 125 mg Oral Capsule, 80 & 125 mg Oral Miscellaneous, 80 mg Oral Capsule</i>	2	EMEND	PA
<i>dronabinol 10 mg Oral Capsule, 2.5 mg Oral Capsule, 5 mg Oral Capsule</i>	2	MARINOL	PA, QL(60 EA per 30 days)
<i>granisetron hcl 1 mg/ml Intravenous Solution, 4 mg/4ml Intravenous Solution</i>	2	KYTRIL	
<i>granisetron hcl 1 mg Oral Tablet</i>	2	KYTRIL	PA BvD
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	2	ZOFRAN ODT	PA BvD
<i>ondansetron hcl 4 mg/2ml Injection Solution, 40 mg/20ml Injection Solution</i>	2	ZOFRAN	
<i>ondansetron hcl 24 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	ZOFRAN	PA BvD
<i>ondansetron hcl 4 mg/5ml Oral Solution</i>	2	ZOFRAN	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>palonosetron hcl 0.25 mg/5ml iv soln pfs</i>	2		PA
<i>palonosetron hcl 0.25 mg/5ml Intravenous Solution</i>	2	ALOXI	PA
VARUBI (180 MG DOSE)	4		PA, QL(4 EA per 28 days)
ANTIFUNGALS			
Antifungals			
ABELCET	4		NDS, PA BvD, NM
AMBISOME	5		NDS, PA BvD, NM
<i>amphotericin b 50 mg Intravenous Solution Reconstituted</i>	2	FUNGIZONE	PA BvD
<i>casprofungin acetate 70 mg Intravenous Solution Reconstituted</i>	4	CANCIDAS	
<i>casprofungin acetate 50 mg Intravenous Solution Reconstituted</i>	5	CANCIDAS	NDS, NM
<i>ciclopirox olamine 0.77 % External Cream</i>	2	LOPROX	
<i>ciclopirox olamine 0.77 % External Suspension</i>	2	LOPROX	
<i>clotrimazole 1 % External Cream</i>	2	LOTRIMIN	
<i>clotrimazole 10 mg Mouth/Throat Troche</i>	2	MYCELEX	
<i>clotrimazole 1 % External Solution</i>	2	MYCELEX	
<i>econazole nitrate 1 % External Cream</i>	2	SPECTAZOLE	
ERAXIS 50 mg Intravenous Solution Reconstituted	4		PA
ERAXIS 100 mg Intravenous Solution Reconstituted	5		NDS, PA, NM
<i>fluconazole 100 mg Oral Tablet, 150 mg Oral Tablet, 200 mg Oral Tablet, 50 mg Oral Tablet</i>	2	DIFLUCAN	
<i>fluconazole 10 mg/ml Oral Suspension Reconstituted, 40 mg/ml Oral Suspension Reconstituted</i>	2	DIFLUCAN	
<i>fluconazole in sodium chloride 100-0.9 mg/50ml-% Intravenous Solution</i>	2		
<i>fluconazole in sodium chloride 200-0.9 mg/100ml-% Intravenous</i>	2	DIFLUCAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Solution, 400-0.9 mg/200ml-% Intravenous Solution</i>			
<i>flucytosine 250 mg Oral Capsule, 500 mg Oral Capsule</i>	5	ANCOBON	NDS, NM
<i>griseofulvin microsize 500 mg Oral Tablet</i>	2	GRIFULVIN V	
<i>griseofulvin microsize 125 mg/5ml Oral Suspension</i>	2	GRIFULVIN V	
<i>griseofulvin ultramicrosize</i>	2	GRIS-PEG	
<i>itraconazole 100 mg Oral Capsule</i>	2	SPORANOX	PA
<i>ketoconazole 2 % External Foam</i>	2	EXTINA	
<i>ketoconazole 200 mg Oral Tablet</i>	2	NIZORAL	
<i>ketoconazole 2 % External Cream</i>	2	NIZORAL	
<i>ketoconazole 2 % External Shampoo</i>	2	NIZORAL	
<i>miconazole 3 200 mg Vaginal Suppository</i>	2	MONISTAT	
<i>naftifine hcl 1 % External Cream, 1 % External Gel, 2 % External Cream</i>	2	NAFTIN	
NAFTIN 2 % External Gel	3		
NAFTIN 1 % External Gel	4		
NOXAFIL 300 mg/16.7ml Intravenous Solution	5		NDS, PA, NM
NOXAFIL 40 mg/ml Oral Suspension	5		NDS, PA, QL(600 ML per 30 days), NM
NYAMYC	2		
<i>nystatin 500000 unit Oral Tablet</i>	2	MYCOSTATIN	
<i>nystatin 100000 unit/gm External Cream, 100000 unit/gm External Ointment, 100000 unit/gm External Powder</i>	2	MYCOSTATIN	
<i>nystatin 100000 unit/ml Mouth/Throat Suspension</i>	2	MYCOSTATIN	
NYSTOP	2		
<i>posaconazole 100 mg Oral Tablet Delayed Release</i>	5	NOXAFIL	NDS, PA, QL(180 EA per 30 days), NM
<i>terbinafine hcl 250 mg Oral Tablet</i>	2	LAMISIL	
<i>terconazole 0.4 % Vaginal Cream, 0.8 % Vaginal Cream</i>	2	TERAZOL	
<i>terconazole 80 mg Vaginal Suppository</i>	2	TERAZOL 3	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>voriconazole 200 mg Oral Tablet, 50 mg Oral Tablet</i>	2	VFEND	
<i>voriconazole 200 mg Intravenous Solution Reconstituted</i>	4	VFEND	PA
<i>voriconazole 40 mg/ml Oral Suspension Reconstituted</i>	5	VFEND	NDS, NM
ANTIGOUT AGENTS			
Antigout Agents			
<i>allopurinol 100 mg Oral Tablet, 300 mg Oral Tablet</i>	1	ZYLOPRIM	GC
<i>colchicine 0.6 mg Oral Tablet</i>	2	COLCRYS	QL(60 EA per 30 days)
<i>colchicine 0.6 mg Oral Capsule</i>	2	MITIGARE	QL(60 EA per 30 days)
<i>colchicine-probenecid</i>	2	COLBENEMID	
<i>febuxostat</i>	2	ULORIC	QL(30 EA per 30 days), ST
<i>probenecid</i>	2	BENEMID	
ANTIMIGRAINE AGENTS			
Calcitonin Gene-related Peptide (cgrp) Receptor Antagonist			
AIMOVIG	3		PA, QL(1 ML per 30 days)
AJOVY	4		(1 syringe), PA, QL(1.5 ML per 30 days)
EMGALITY	3		PA, QL(2 ML per 30 days)
EMGALITY (300 MG DOSE)	3		PA, QL(3 ML per 30 days)
NURTEC	3		PA, QL(18 EA per 30 days)
UBRELVY	3		PA, QL(16 EA per 30 days)
VYEPTI	4		PA, QL(3 ML per 90 days)
Ergot Alkaloids			
<i>dihydroergotamine mesylate 4 mg/ml Nasal Solution</i>	4	MIGRANAL	QL(8 ML per 28 days)
<i>ergotamine-caffeine 1-100 mg Oral Tablet</i>	2	CAFERGOT	QL(40 EA per 28 days)
MIGERGOT	4		QL(20 EA per 28 days)
Serotonin (5-ht) Receptor Agonist			
<i>almotriptan malate</i>	2	AXERT	QL(16 EA per 28 days)
<i>naratriptan hcl</i>	2	AMERGE	QL(16 EA per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>rizatriptan benzoate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	MAXALT	QL(16 EA per 28 days)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	2	MAXALT MLT	QL(16 EA per 28 days)
<i>sumatriptan 20 mg/act Nasal Solution, 5 mg/act Nasal Solution</i>	2	IMITREX	QL(16 EA per 28 days)
<i>sumatriptan succinate 4 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution, 6 mg/0.5ml Subcutaneous Solution Auto-injector, 6 mg/0.5ml Subcutaneous Solution Prefilled Syringe</i>	2	IMITREX	QL(8 ML per 28 days)
<i>sumatriptan succinate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	IMITREX	QL(16 EA per 28 days)
<i>sumatriptan succinate refill</i>	2	IMITREX STATDOSE	QL(8 ML per 28 days)
<i>zolmitriptan 2.5 mg Oral Tablet, 2.5 mg tab disint, 5 mg Oral Tablet, 5 mg tab disint</i>	2	ZOMIG	QL(16 EA per 28 days)
ANTIMYASTHENIC AGENTS			
Parasympathomimetics			
<i>guanidine hcl</i>	2		
<i>pyridostigmine bromide 30 mg Oral Tablet</i>	2		
<i>pyridostigmine bromide 60 mg Oral Tablet</i>	2	MESTINON	
ANTIMYCOBACTERIALS			
Antimycobacterials, Other			
<i>dapsone 100 mg Oral Tablet, 25 mg Oral Tablet</i>	2		
PRIFTIN	3		
<i>rifabutin</i>	2	MYCOBUTIN	
Antituberculars			
CAPASTAT SULFATE	4		
<i>cycloserine 250 mg Oral Capsule</i>	2		
<i>ethambutol hcl 100 mg Oral Tablet, 400 mg Oral Tablet</i>	2	MYAMBUTOL	
<i>isoniazid 100 mg Oral Tablet, 300 mg Oral Tablet</i>	2		
<i>isoniazid 100 mg/ml Injection Solution, 50 mg/5ml Oral Syrup</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PASER	4		
<i>pretomanid</i>	3		PA, QL(30 EA per 30 days)
<i>pyrazinamide 500 mg Oral Tablet</i>	2		
<i>rifampin 150 mg Oral Capsule, 300 mg Oral Capsule, 600 mg Intravenous Solution Reconstituted</i>	2	RIFADIN	
RIFATER	4		
SIRTURO	5		NDS, PA, NM
TRECTOR	4		
ANTINEOPLASTICS			
Alkylating Agents			
BENDEKA	5		NDS, NM
<i>busulfan 6 mg/ml Intravenous Solution</i>	2	BUSULFEX	
<i>carboplatin 150 mg/15ml Intravenous Solution, 450 mg/45ml Intravenous Solution, 50 mg/5ml Intravenous Solution, 600 mg/60ml Intravenous Solution</i>	2	PARAPLATIN	
<i>carmustine</i>	2	BICNU	
<i>cisplatin 50 mg Intravenous Solution Reconstituted</i>	2		
<i>cisplatin 100 mg/100ml Intravenous Solution, 200 mg/200ml Intravenous Solution, 50 mg/50ml Intravenous Solution</i>	2		
<i>cyclophosphamide 1 gm Injection Solution Reconstituted, 2 gm Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2		
<i>cyclophosphamide 1 gm/5ml Intravenous Solution, 2 gm/10ml Intravenous Solution, 500 mg/2.5ml Intravenous Solution</i>	2		
<i>cyclophosphamide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2		PA BvD
<i>cyclophosphamide 25 mg Oral Capsule, 50 mg Oral Capsule</i>	4		PA BvD
<i>dacarbazine</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ifosfamide 1 gm Intravenous Solution Reconstituted, 3 gm Intravenous Solution Reconstituted</i>	2	IFEX	PA BvD
<i>ifosfamide 1 gm/20ml Intravenous Solution, 3 gm/60ml Intravenous Solution</i>	2	IFEX	PA BvD
LEUKERAN	3		
MATULANE	5		NDS, LA, NM
<i>melphalan hcl</i>	2	ALKERAN	
<i>oxaliplatin 100 mg Intravenous Solution Reconstituted, 50 mg Intravenous Solution Reconstituted</i>	2	ELOXATIN	
<i>oxaliplatin 100 mg/20ml Intravenous Solution, 200 mg/40ml Intravenous Solution, 50 mg/10ml Intravenous Solution</i>	2	ELOXATIN	
PEPAXTO	5		NDS, PA-NSO, NM
TEMODAR 100 mg Intravenous Solution Reconstituted	4		
<i>thiotepa 100 mg Injection Solution Reconstituted</i>	2	TEPADINA	
<i>thiotepa 15 mg Injection Solution Reconstituted</i>	2	THIOPLEX	
TREANDA	5		NDS, NM
VALCHLOR	5		NDS, PA-NSO, LA, NM
YONDELIS	5		NDS, PA-NSO, NM
ZANOSAR	4		
ZEPZELCA	5		NDS, PA-NSO, NM
Antiandrogens			
<i>abiraterone acetate 250 mg Oral Tablet</i>	2	ZYTIGA	NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>abiraterone acetate 500 mg Oral Tablet</i>	5	ZYTIGA	NDS, PA-NSO, QL(60 EA per 30 days), NM
<i>bicalutamide</i>	2	CASODEX	QL(30 EA per 30 days)
ERLEADA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>flutamide</i>	2	EULEXIN	
<i>nilutamide</i>	2	NILANDRON	QL(60 EA per 30 days)
NUBEQA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>toremifene citrate</i>	2	FARESTON	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XTANDI 80 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
XTANDI 40 mg Oral Tablet	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
XTANDI 40 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
YONSA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
Antiangiogenic Agents			
POMALYST	5		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
REVLIMID	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
THALOMID	5		NDS, NM
Antiestrogens/modifiers			
EMCYT	3		
FASLODEX	5		NDS, NM
<i>fulvestrant</i>	5	FASLODEX	NDS, NM
SOLTAMOX	4		
<i>tamoxifen citrate 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	NOLVADEX	
Antimetabolites			
ADRUCIL	2		PA BvD
ALIMTA 500 mg Intravenous Solution Reconstituted	5		NDS, NM
ARRANON	5		NDS, PA-NSO, NM
<i>azacitidine 100 mg Injection Suspension Reconstituted</i>	5	VIDAZA	NDS, NM
<i>cladribine</i>	2	LEUSTATIN	PA BvD
<i>cytarabine</i>	2		PA BvD
<i>cytarabine (pf)</i>	2		PA BvD
DROXIA	4		
<i>floxuridine 0.5 gm Injection Solution Reconstituted</i>	2	FUDR	PA BvD
<i>fluorouracil 1 gm/20ml Intravenous Solution, 2.5 gm/50ml Intravenous Solution, 5 gm/100ml Intravenous Solution, 500 mg/10ml Intravenous Solution</i>	2		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
FOLOTYN	5		NDS, NM
<i>gemcitabine hcl 2 gm Intravenous Solution Reconstituted</i>	2		
<i>gemcitabine hcl 1 gm/10ml Intravenous Solution, 1 gm/26.3ml Intravenous Solution, 1.5 gm/15ml Intravenous Solution, 2 gm/20ml Intravenous Solution, 2 gm/52.6ml Intravenous Solution, 200 mg/2ml Intravenous Solution, 200 mg/5.26ml Intravenous Solution</i>	2		
<i>gemcitabine hcl 1 gm Intravenous Solution Reconstituted, 200 mg Intravenous Solution Reconstituted</i>	2	GEMZAR	
<i>hydroxyurea 500 mg Oral Capsule</i>	2	HYDREA	
INQOVI	5		NDS, PA-NSO, QL(5 EA per 28 days), NM
NIPENT	4		
ONUREG	5		NDS, PA-NSO, QL(14 EA per 28 days), NM
PURIXAN	4		
SIKLOS	4		PA
TABLOID	3		
Antineoplastics, Other			
ALIMTA 100 mg Intravenous Solution Reconstituted	5		NDS, NM
<i>arsenic trioxide 10 mg/10ml Intravenous Solution, 12 mg/6ml Intravenous Solution</i>	2	TRISENOX	
ASPARLAS	5		NDS, NM
<i>bleomycin sulfat</i>	2	BLENOXANE	PA BvD
<i>bortezomib 3.5 mg Intravenous Solution Reconstituted</i>	5		NDS, PA-NSO, NM
<i>clofarabine</i>	5	CLOLAR	NDS, PA-NSO, NM
<i>dactinomycin</i>	2	COSMEGEN	
DARZALEX FASPRO	5		NDS, PA-NSO, QL(64.5 ML per 30 days), NM
<i>daunorubicin hcl</i>	2		
<i>decitabine</i>	5	DACOGEN	NDS, PA-NSO, NM
<i>dexrazoxane hcl 500 mg Intravenous Solution Reconstituted</i>	2	TOTECT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>dexrazoxane hcl 250 mg Intravenous Solution Reconstituted</i>	2	ZINECARD	
<i>doxorubicin hcl 10 mg Intravenous Solution Reconstituted</i>	2		PA BvD
<i>doxorubicin hcl 2 mg/ml Intravenous Solution</i>	2	ADRIAMYCIN	PA BvD
<i>doxorubicin hcl liposomal</i>	2	DOXIL	
<i>epirubicin hcl</i>	2	ELLECE	
ERWINASE	5		NDS, PA-NSO, NM
ERWINAZE	5		NDS, PA-NSO, NM
<i>fludarabine phosphate 50 mg/2ml Intravenous Solution</i>	2		
<i>fludarabine phosphate 50 mg Intravenous Solution Reconstituted</i>	2	FLUDARA	
GAVRETO	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
HALAVEN	5		NDS, PA-NSO, NM
<i>idarubicin hcl</i>	2	IDAMYCIN PFS	
IDHIFA	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IMLYGIC 1000000 unit/ml Intralesional Suspension	5		NDS, PA-NSO, QL(4 ML per 180 days), NM
IMLYGIC 100000000 unit/ml Intralesional Suspension	5		NDS, PA-NSO, QL(8 ML per 28 days), NM
IXEMPRA KIT	5		NDS, PA-NSO, NM
KADCYLA	5		NDS, PA-NSO, LA, NM
KISQALI FEMARA (400 MG DOSE)	5		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA (600 MG DOSE)	5		NDS, PA-NSO, QL(91 EA per 28 days), NM
KISQALI FEMARA(200 MG DOSE)	5		NDS, PA-NSO, QL(91 EA per 28 days), NM
KYPROLIS	5		NDS, PA-NSO, NM
<i>levoleucovorin calcium 50 mg Intravenous Solution Reconstituted</i>	2	FUSILEV	
<i>levoleucovorin calcium pf 250 mg/25ml Intravenous Solution</i>	5		NDS, NM
<i>levoleucovorin calcium pf 175 mg/17.5ml Intravenous Solution</i>	5	FUSILEV	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LONSURF 20-8.19 mg Oral Tablet	5		NDS, PA-NSO, QL(80 EA per 28 days), LA, NM
LONSURF 15-6.14 mg Oral Tablet	5		NDS, PA-NSO, QL(100 EA per 28 days), LA, NM
LYNPARZA	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
LYSODREN	3		
MARQIBO	5		NDS, PA-NSO, NM
<i>mitomycin 20 mg Intravenous Solution Reconstituted, 40 mg Intravenous Solution Reconstituted, 5 mg Intravenous Solution Reconstituted</i>	2	MUTAMYCIN	PA BvD
<i>mitoxantrone hcl 25 mg/12.5ml Intravenous Concentrate, 30 mg/15ml Intravenous Concentrate</i>	2		
<i>mitoxantrone hcl 20 mg/10ml Intravenous Concentrate</i>	2	NOVANTRONE	
NINLARO	5		NDS, PA-NSO, QL(3 EA per 28 days), NM
ONCASPAR	5		NDS, NM
ORGOVYX	5		NDS, PA-NSO, QL(64 EA per 30 days), NM
PROLEUKIN	5		NDS, NM
RETEVMO 40 mg Oral Capsule	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
RETEVMO 80 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
RYLAZE	5		NDS, PA-NSO, NM
SYNRIBO	5		NDS, PA-NSO, NM
TUKYSA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
<i>valrubicin</i>	2	VALSTAR	
VALSTAR	4		
<i>vinblastine sulfate</i>	2		PA BvD
<i>vincristine sulfate</i>	2	VINCASAR	PA BvD
<i>vinorelbine tartrate</i>	2	NAVELBINE	
VYXEOS	5		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XPOVIO (100 MG ONCE WEEKLY) 50 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (100 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(20 EA per 28 days), NM
XPOVIO (40 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(4 EA per 28 days), NM
XPOVIO (40 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (40 MG TWICE WEEKLY) 40 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (40 MG TWICE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (60 MG ONCE WEEKLY) 60 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(4 EA per 28 days), NM
XPOVIO (60 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(12 EA per 28 days), NM
XPOVIO (60 MG TWICE WEEKLY)	5		NDS, PA-NSO, QL(24 EA per 28 days), NM
XPOVIO (80 MG ONCE WEEKLY) 40 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(8 EA per 28 days), NM
XPOVIO (80 MG ONCE WEEKLY) 20 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(16 EA per 28 days), NM
XPOVIO (80 MG TWICE WEEKLY)	5		NDS, PA-NSO, QL(32 EA per 28 days), NM
ZALTRAP	5		NDS, PA-NSO, LA, NM
ZOLINZA	5		NDS, QL(120 EA per 30 days), NM
Aromatase Inhibitors, 3rd Generation			
<i>anastrozole 1 mg Oral Tablet</i>	2	ARIMIDEX	
<i>exemestane</i>	2	AROMASIN	
<i>letrozole 2.5 mg Oral Tablet</i>	2	FEMARA	
Enzyme Inhibitors			
ABRAXANE	5		NDS, PA-NSO, NM
<i>docetaxel 200 mg/10ml Intravenous Concentrate</i>	2		
<i>docetaxel 160 mg/16ml Intravenous Solution, 160 mg/8ml Intravenous Concentrate, 20 mg/2ml Intravenous Solution, 20 mg/ml Intravenous Concentrate, 80</i>	2	TAXOTERE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg/4ml Intravenous Concentrate, 80 mg/8ml Intravenous Solution</i>			
ETOPOPHOS	4		
<i>etoposide 1 gm/50ml Intravenous Solution, 100 mg/5ml Intravenous Solution, 500 mg/25ml Intravenous Solution</i>	2	VEPESID	
IBRANCE 100 mg Oral Tablet, 125 mg Oral Tablet, 75 mg Oral Tablet	5		NDS, PA-NSO, QL(21 EA per 28 days), NM
<i>irinotecan hcl 500 mg/25ml Intravenous Solution</i>	2		
<i>irinotecan hcl 100 mg/5ml Intravenous Solution, 300 mg/15ml Intravenous Solution, 40 mg/2ml Intravenous Solution</i>	2	CAMPTOSAR	
JEVTANA	5		NDS, PA-NSO, NM
ONIVYDE	5		NDS, PA-NSO, NM
<i>paclitaxel</i>	2	TAXOL	
TIBSOVO	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
TOPOSAR	2		
<i>topotecan hcl 4 mg/4ml Intravenous Solution</i>	2		
<i>topotecan hcl 4 mg Intravenous Solution Reconstituted</i>	2	HYCAMTIN	
Molecular Target Inhibitors			
ALECENSA	5		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ALIQOPA	5		NDS, PA-NSO, QL(3 EA per 28 days), NM
ALUNBRIG 180 mg Oral Tablet, 90 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
ALUNBRIG 90 & 180 mg Oral Tablet Therapy Pack	5		NDS, PA-NSO, QL(30 EA per 180 days), LA, NM
ALUNBRIG 30 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
AYVAKIT	5		NDS, PA-NSO, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BALVERSA 5 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
BALVERSA 4 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
BALVERSA 3 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
BELEODAQ	5		NDS, PA-NSO, NM
BOSULIF 400 mg Oral Tablet, 500 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
BOSULIF 100 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
BRAFTOVI	5		NDS, PA-NSO, QL(180 EA per 30 days), NM
BRUKINSA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
CABOMETYX 20 mg Oral Tablet, 60 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CABOMETYX 40 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
CALQUENCE	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
CAPRELSA 300 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
CAPRELSA 100 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg Oral Kit	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg Oral Kit	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
COMETRIQ (60 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
COPIKTRA	5		NDS, PA-NSO, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
COTELLIC	5		NDS, PA-NSO, QL(63 EA per 28 days), LA, NM
DAURISMO 100 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
DAURISMO 25 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
ERIVEDGE	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>erlotinib hcl 100 mg Oral Tablet, 150 mg Oral Tablet</i>	5	TARCEVA	NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>erlotinib hcl 25 mg Oral Tablet</i>	5	TARCEVA	NDS, PA-NSO, QL(90 EA per 30 days), NM
<i>everolimus 2.5 mg Oral Tablet</i>	4	AFINITOR	NDS, PA-NSO, QL(28 EA per 28 days), NM
<i>everolimus 10 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	5	AFINITOR	NDS, PA-NSO, QL(28 EA per 28 days), NM
<i>everolimus 3 mg Oral Tablet Soluble, 5 mg Oral Tablet Soluble</i>	5	AFINITOR DISPERZ	NDS, PA-NSO, QL(112 EA per 28 days), NM
EXKIVITY	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
FARYDAK 15 mg Oral Capsule	5		NDS, PA-NSO, QL(6 EA per 21 days), NM
FARYDAK 10 mg Oral Capsule, 20 mg Oral Capsule	5		NDS, PA-NSO, QL(6 EA per 21 days), LA, NM
FOTIVDA	5		NDS, PA-NSO, QL(21 EA per 28 days), NM
GILOTRIF	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IBRANCE 100 mg Oral Capsule, 125 mg Oral Capsule, 75 mg Oral Capsule	5		NDS, PA-NSO, QL(21 EA per 28 days), LA, NM
ICLUSIG 10 mg Oral Tablet, 30 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ICLUSIG 15 mg Oral Tablet, 45 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>imatinib mesylate 400 mg Oral Tablet</i>	2	GLEEVEC	NDS, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>imatinib mesylate 100 mg Oral Tablet</i>	2	GLEEVEC	NDS, QL(90 EA per 30 days), NM
IMBRUVICA 140 mg Oral Tablet, 280 mg Oral Tablet, 420 mg Oral Tablet, 560 mg Oral Tablet, 70 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
IMBRUVICA 140 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
INLYTA 5 mg Oral Tablet	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
INLYTA 1 mg Oral Tablet	5		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
INREBIC	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
IRESSA	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
JAKAFI	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
KISQALI (200 MG DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (400 MG DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
KISQALI (600 MG DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
KOSELUGO 25 mg Oral Capsule	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
KOSELUGO 10 mg Oral Capsule	5		NDS, PA-NSO, QL(240 EA per 30 days), NM
<i>lapatinib ditosylate</i>	5	TYKERB	NDS, PA-NSO, QL(180 EA per 30 days), NM
LENVIMA (10 MG DAILY DOSE)	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (12 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LENVIMA (14 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LENVIMA (18 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (20 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LENVIMA (24 MG DAILY DOSE)	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
LENVIMA (4 MG DAILY DOSE)	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
LENVIMA (8 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
LORBRENA 100 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
LORBRENA 25 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
LUMAKRAS	5		NDS, PA-NSO, QL(240 EA per 30 days), NM
LUMOXITI	5		NDS, PA-NSO, NM
MEKINIST 2 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
MEKINIST 0.5 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
MEKTOVI	5		NDS, PA-NSO, QL(180 EA per 30 days), NM
NERLYNX	5		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
NEXAVAR	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
ODOMZO	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PEMAZYRE	5		NDS, PA-NSO, QL(14 EA per 21 days), NM
PIQRAY (200 MG DAILY DOSE)	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
PIQRAY (250 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
PIQRAY (300 MG DAILY DOSE)	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
QINLOCK	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
<i>romidepsin 10 mg Intravenous Solution Reconstituted</i>	5		NDS, PA-NSO, NM
<i>romidepsin 27.5 mg/5.5ml Intravenous Solution</i>	5		NDS, PA-NSO, NM
ROZLYTREK 100 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ROZLYTREK 200 mg Oral Capsule	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
RUBRACA	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
RYDAPT	5		NDS, PA-NSO, QL(224 EA per 28 days), NM
SCEMBLIX 20 mg Oral Tablet	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
SCEMBLIX 40 mg Oral Tablet	5		NDS, PA-NSO, QL(300 EA per 30 days), NM
SPRYCEL 100 mg Oral Tablet, 140 mg Oral Tablet, 50 mg Oral Tablet, 70 mg Oral Tablet, 80 mg Oral Tablet	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
SPRYCEL 20 mg Oral Tablet	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
STIVARGA	5		NDS, PA-NSO, QL(84 EA per 28 days), LA, NM
<i>sunitinib malate</i>	5	SUTENT	NDS, PA-NSO, QL(30 EA per 30 days), NM
TABRECTA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TAFINLAR	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
TAGRISO	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
TALZENNA 1 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
TALZENNA 0.25 mg Oral Capsule	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
TASIGNA	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
TAZVERIK	5		NDS, PA-NSO, QL(240 EA per 30 days), NM
<i>temsirolimus</i>	5	TORISEL	NDS, PA-NSO, NM
TEPMETKO	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
TRUSELTIQ (100MG DAILY DOSE)	5		NDS, PA-NSO, QL(21 EA per 28 days), NM
TRUSELTIQ (125MG DAILY DOSE)	5		NDS, PA-NSO, QL(42 EA per 28 days), NM
TRUSELTIQ (50MG DAILY DOSE)	5		NDS, PA-NSO, QL(42 EA per 28 days), NM
TRUSELTIQ (75MG DAILY DOSE)	5		NDS, PA-NSO, QL(63 EA per 28 days), NM
TURALIO	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
UKONIQ	5		NDS, PA-NSO, QL(120 EA per 30 days), NM
VENCLEXTA 50 mg Oral Tablet	4		PA-NSO, QL(30 EA per 30 days), LA
VENCLEXTA 10 mg Oral Tablet	4		PA-NSO, QL(60 EA per 30 days), LA
VENCLEXTA 100 mg Oral Tablet	5		NDS, PA-NSO, QL(180 EA per 30 days), LA, NM
VENCLEXTA STARTING PACK	5		NDS, PA-NSO, QL(42 EA per 180 days), LA, NM
VERZENIO	5		NDS, PA-NSO, QL(56 EA per 28 days), LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
VITRAKVI 100 mg Oral Capsule	5		NDS, PA-NSO, QL(60 EA per 30 days), NM
VITRAKVI 25 mg Oral Capsule	5		NDS, PA-NSO, QL(180 EA per 30 days), NM
VITRAKVI 20 mg/ml Oral Solution	5		NDS, PA-NSO, QL(300 ML per 30 days), NM
VIZIMPRO	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
VOTRIENT	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
WELIREG	5		NDS, PA-NSO, QL(90 EA per 30 days), NM
XALKORI	5		NDS, PA-NSO, QL(120 EA per 30 days), LA, NM
XOSPATA	5		NDS, PA-NSO, NM
ZEJULA	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
ZELBORAF	5		NDS, PA-NSO, QL(240 EA per 30 days), LA, NM
ZYDELIG	5		NDS, PA-NSO, QL(60 EA per 30 days), LA, NM
ZYKADIA	5		NDS, PA-NSO, QL(90 EA per 30 days), LA, NM
Monoclonal Antibody/antibody-drug Conjugate			
ADCETRIS	5		NDS, PA-NSO, NM
ARZERRA	5		NDS, PA-NSO, NM
BAVENCIO	5		NDS, PA-NSO, NM
BESPONSA	5		NDS, PA-NSO, NM
BLENREP	5		NDS, PA-NSO, NM
BLINCYTO	5		NDS, PA-NSO, NM
CYRAMZA	5		NDS, PA-NSO, NM
DANYELZA	5		NDS, PA-NSO, NM
DARZALEX	5		NDS, PA-NSO, NM
EMPLICITI	5		NDS, PA-NSO, NM
ENHERTU	5		NDS, PA-NSO, NM
ERBITUX	5		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
GAZYVA	5		NDS, PA-NSO, LA, NM
HERCEPTIN HYLECTA	5		NDS, QL(5 ML per 21 days), NM
HERZUMA	5		NDS, NM
IMFINZI	5		NDS, PA-NSO, NM
JEMPERLI	5		NDS, PA-NSO, NM
KANJINTI	5		NDS, NM
KEYTRUDA	5		NDS, PA-NSO, NM
LARTRUVO	5		NDS, PA-NSO, NM
LIBTAYO	5		NDS, PA-NSO, NM
MARGENZA	5		NDS, PA-NSO, NM
MONJUVI	5		NDS, PA-NSO, NM
MVASI	5		NDS, NM
MYLOTARG	5		NDS, PA-NSO, NM
OGIVRI	5		NDS, NM
ONTRUZANT	5		NDS, NM
OPDIVO	5		NDS, PA-NSO, NM
PADCEV	5		NDS, PA-NSO, NM
PERJETA	5		NDS, NM
PHESGO 60-60-2000 mg-mg-u/ml Subcutaneous Solution	5		NDS, QL(10 ML per 21 days), NM
PHESGO 80-40-2000 mg-mg-u/ml Subcutaneous Solution	5		NDS, QL(15 ML per 21 days), NM
POLIVY 30 mg Intravenous Solution Reconstituted	5		NDS, PA, NM
POLIVY 140 mg Intravenous Solution Reconstituted	5		NDS, PA-NSO, NM
PORTRAZZA	5		NDS, PA-NSO, QL(100 ML per 21 days), LA, NM
RIABNI	5		NDS, PA-NSO, NM
RITUXAN HYCELA 1600-26800 MG -ut/13.4ml Subcutaneous Solution	5		NDS, PA-NSO, QL(13.4 ML per 28 days), NM
RITUXAN HYCELA 1400-23400 MG -ut/11.7ml Subcutaneous Solution	5		NDS, PA-NSO, QL(46.8 ML per 28 days), NM
RUXIENCE	5		NDS, PA-NSO, NM
RYBREVANT	5		NDS, PA-NSO, NM
SARCLISA	5		NDS, PA-NSO, NM
SYLVANT	5		NDS, PA-NSO, NM
TECENTRIQ	5		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TIVDAK	5		NDS, PA-NSO, NM
TRAZIMERA	5		NDS, NM
TRODELVY	5		NDS, PA-NSO, NM
TRUXIMA	5		NDS, PA-NSO, NM
UNITUXIN	5		NDS, PA-NSO, QL(40 ML per 30 days), NM
VECTIBIX	5		NDS, PA-NSO, NM
YERVOY	5		NDS, PA-NSO, LA, NM
ZIRABEV	5		NDS, NM
ZYNLONTA	5		NDS, PA-NSO, NM
Retinoids			
<i>bexarotene 75 mg Oral Capsule</i>	5	TARGRETIN	NDS, NM
PANRETIN	5		NDS, PA-NSO, NM
TARGRETIN 1 % External Gel	5		NDS, PA-NSO, NM
<i>tretinoin 10 mg Oral Capsule</i>	5	VESANOID	NDS, NM
Treatment Adjuncts			
ELITEK	5		NDS, PA, NM
<i>leucovorin calcium 10 mg Oral Tablet, 100 mg Injection Solution Reconstituted, 15 mg Oral Tablet, 200 mg Injection Solution Reconstituted, 25 mg Oral Tablet, 350 mg Injection Solution Reconstituted, 5 mg Oral Tablet, 50 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2		
<i>leucovorin calcium 100 mg/10ml Injection Solution, 500 mg/50ml Injection Solution</i>	2		
<i>mesna 100 mg/ml Intravenous Solution</i>	2	MESNEX	
MESNEX 400 mg Oral Tablet	4		
ANTIPARASITICS			
Anthelmintics			
<i>albendazole 200 mg Oral Tablet</i>	2	ALBENZA	
EMVERM	3		PA
<i>ivermectin 3 mg Oral Tablet</i>	2	STROMEKTOL	
<i>praziquantel 600 mg Oral Tablet</i>	2	BILTRICIDE	
Antiprotozoals			
<i>atovaquone 750 mg/5ml Oral Suspension</i>	2	MEPRON	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>atovaquone-proguanil hcl</i>	2	MALARONE	
<i>chloroquine phosphate 250 mg Oral Tablet</i>	2		
<i>chloroquine phosphate 500 mg Oral Tablet</i>	2	ARALEN	
COARTEM	4		
<i>hydroxychloroquine sulfate 200 mg Oral Tablet</i>	2	PLAQUENIL	
KRINTAFEL	4		
<i>mefloquine hcl</i>	2		
<i>nitazoxanide 500 mg Oral Tablet</i>	2	ALINIA	PA
<i>pentamidine isethionate 300 mg Inhalation Solution Reconstituted</i>	2	NEBUPENT	PA BvD
<i>pentamidine isethionate 300 mg Injection Solution Reconstituted</i>	2	PENTAM	
<i>primaquine phosphate</i>	4		
<i>pyrimethamine 25 mg Oral Tablet</i>	5	DARAPRIM	NDS, PA, NM
<i>quinine sulfate 324 mg Oral Capsule</i>	2	QUALAQUIN	PA
ANTIPARKINSON AGENTS			
Anticholinergics			
<i>benztropine mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	COGENTIN	
<i>trihexyphenidyl hcl 0.4 mg/ml Oral Solution</i>	2		AL, PA-HRM
<i>trihexyphenidyl hcl 2 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ARTANE	AL, PA-HRM
Antiparkinson Agents, Other			
<i>amantadine hcl 50 mg/5ml Oral Solution</i>	2		
<i>amantadine hcl 100 mg Oral Capsule, 100 mg Oral Tablet</i>	2	SYMMETREL	
<i>carbidopa 25 mg Oral Tablet</i>	2	LODOSYN	
<i>carbidopa-levodopa-entacapone</i>	2	STALEVO	
<i>entacapone</i>	2	COMTAN	
NOURIANZ	5		NDS, PA, QL(30 EA per 30 days), NM
ONGENTYS	4		QL(30 EA per 30 days), ST
<i>tolcapone</i>	2	TASMAR	ST
Dopamine Agonists			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
APOKYN	5		NDS, ST, LA, NM
<i>bromocriptine mesylate 2.5 mg Oral Tablet, 5 mg Oral Capsule</i>	2	PARLODEL	
KYNMOBI	5		NDS, QL(150 EA per 30 days), NM
NEUPRO	4		ST
<i>pramipexole dihydrochloride</i>	2	MIRAPEX	
<i>ropinirole hcl</i>	2	REQUIP	
<i>ropinirole hcl er</i>	2	REQUIP XL	
Dopamine Precursors And/or L-amino Acid Decarboxylase Inhibitors			
<i>carbidopa-levodopa 10-100 mg tab disint, 25-100 mg tab disint, 25-250 mg tab disint</i>	2	PARCOPA	
<i>carbidopa-levodopa 10-100 mg Oral Tablet, 25-100 mg Oral Tablet, 25-250 mg Oral Tablet</i>	2	SINEMET	
<i>carbidopa-levodopa er 25-100 mg Oral Tablet Extended Release, 50-200 mg Oral Tablet Extended Release</i>	2	SINEMET CR	
INBRIJA	5		NDS, QL(300 EA per 30 days), NM
Monoamine Oxidase B (mao-b) Inhibitors			
<i>rasagiline mesylate 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	AZILECT	QL(30 EA per 30 days)
<i>selegiline hcl 5 mg Oral Tablet</i>	2		
<i>selegiline hcl 5 mg Oral Capsule</i>	2	ELDEPRYL	
ANTIPSYCHOTICS			
1st Generation/typical			
ADASUVE	4		PA-NSO, QL(1 EA per 7 days)
<i>fluphenazine decanoate 25 mg/ml Injection Solution</i>	2	PROLIXIN	
<i>fluphenazine hcl 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	PROLIXIN	
<i>fluphenazine hcl 2.5 mg/5ml Oral Elixir, 2.5 mg/ml Injection Solution, 5 mg/ml Oral Concentrate</i>	2	PROLIXIN	
<i>haloperidol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 10 mg Oral Tablet,</i>	2	HALDOL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>2 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>			
<i>haloperidol decanoate 100 mg/ml Intramuscular Solution, 50 mg/ml Intramuscular Solution</i>	2	HALDOL	
<i>haloperidol lactate</i>	2	HALDOL	
<i>loxapine succinate</i>	2	LOXITANE	
<i>molindone hcl</i>	2	MOBAN	
<i>pimozide</i>	2	ORAP	
<i>thioridazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	MELLARIL	AL, PA-NSO, PA-HRM
<i>thiothixene</i>	2	NAVANE	
<i>trifluoperazine hcl</i>	2	STELAZINE	
2nd Generation/atypical			
ABILIFY MAINTENA	5		NDS, PA-NSO, QL(1 EA per 28 days), NM
ABILIFY MYCITE	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ABILIFY MYCITE MAINTENANCE KIT	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
ABILIFY MYCITE STARTER KIT	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>aripiprazole 1 mg/ml Oral Solution</i>	2	ABILIFY	
<i>aripiprazole 10 mg Oral Tablet, 15 mg Oral Tablet, 2 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ABILIFY	QL(30 EA per 30 days)
<i>aripiprazole 10 mg tab disint, 15 mg tab disint</i>	5	ABILIFY DISCMELT	NDS, QL(60 EA per 30 days), NM
ARISTADA 441 mg/1.6ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(1.6 ML per 28 days), NM
ARISTADA 662 mg/2.4ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(2.4 ML per 28 days), NM
ARISTADA 882 mg/3.2ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(3.2 ML per 28 days), NM
ARISTADA 1064 mg/3.9ml Intramuscular Prefilled Syringe	5		(1 syringe) NDS, PA-NSO, QL(3.9 ML per 56 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ARISTADA INITIO	5		NDS, PA-NSO, QL(2.4 ML per 180 days), NM
<i>asenapine maleate</i>	2	SAPHRIS	PA-NSO, QL(60 EA per 30 days)
CAPLYTA	4		PA-NSO, QL(30 EA per 30 days)
FANAPT	4		QL(60 EA per 30 days)
FANAPT TITRATION PACK	4		QL(8 EA per 28 days)
INVEGA HAFYERA 1092 mg/3.5ml Intramuscular Suspension Prefilled Syringe	5		PA-NSO, QL(3.5 ML per 180 days)
INVEGA HAFYERA 1560 mg/5ml Intramuscular Suspension Prefilled Syringe	5		PA-NSO, QL(5 ML per 180 days)
INVEGA SUSTENNA 39 mg/0.25ml Intramuscular Suspension Prefilled Syringe	4		PA-NSO, QL(0.25 ML per 28 days)
INVEGA SUSTENNA 78 mg/0.5ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(0.5 ML per 28 days), NM
INVEGA SUSTENNA 117 mg/0.75ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(0.75 ML per 28 days), NM
INVEGA SUSTENNA 156 mg/ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1 ML per 28 days), NM
INVEGA SUSTENNA 234 mg/1.5ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1.5 ML per 28 days), NM
INVEGA TRINZA 273 mg/0.88ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(0.88 ML per 84 days), NM
INVEGA TRINZA 410 mg/1.32ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1.32 ML per 84 days), NM
INVEGA TRINZA 546 mg/1.75ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(1.75 ML per 84 days), NM
INVEGA TRINZA 819 mg/2.63ml Intramuscular Suspension Prefilled Syringe	5		NDS, PA-NSO, QL(2.63 ML per 84 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LATUDA 120 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet	4		QL(30 EA per 30 days)
LATUDA 80 mg Oral Tablet	4		QL(60 EA per 30 days)
LYBALVI	4		PA-NSO, QL(30 EA per 30 days)
NUPLAZID	5		NDS, PA-NSO, QL(30 EA per 30 days), LA, NM
<i>olanzapine 10 mg Oral Tablet, 15 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	ZYPREXA	QL(30 EA per 30 days)
<i>olanzapine 10 mg Intramuscular Solution Reconstituted</i>	2	ZYPREXA	QL(120 EA per 30 days)
<i>olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint</i>	2	ZYPREXA ZYDIS	QL(30 EA per 30 days)
<i>paliperidone er 1.5 mg Oral Tablet Extended Release 24 Hour, 3 mg Oral Tablet Extended Release 24 Hour, 9 mg Oral Tablet Extended Release 24 Hour</i>	2	INVEGA	QL(30 EA per 30 days)
<i>paliperidone er 6 mg Oral Tablet Extended Release 24 Hour</i>	2	INVEGA	QL(60 EA per 30 days)
PERSERIS	5		NDS, PA-NSO, QL(1 EA per 28 days), NM
<i>quetiapine fumarate 300 mg Oral Tablet, 400 mg Oral Tablet</i>	2	SEROQUEL	QL(60 EA per 30 days)
<i>quetiapine fumarate 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	SEROQUEL	QL(90 EA per 30 days)
<i>quetiapine fumarate er 200 mg Oral Tablet Extended Release 24 Hour</i>	2	SEROQUEL XR	QL(30 EA per 30 days)
<i>quetiapine fumarate er 150 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 400 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour</i>	2	SEROQUEL XR	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
REXULTI	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
RISPERDAL CONSTA 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER	4		PA-NSO, QL(2 EA per 28 days)
RISPERDAL CONSTA 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	5		NDS, PA-NSO, QL(2 EA per 28 days), NM
<i>risperidone 0.25 mg Oral Tablet, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint, 2 mg Oral Tablet, 2 mg tab disint, 3 mg Oral Tablet, 3 mg tab disint</i>	2	RISPERDAL	QL(60 EA per 30 days)
<i>risperidone 4 mg Oral Tablet, 4 mg tab disint</i>	2	RISPERDAL	QL(120 EA per 30 days)
<i>risperidone 1 mg/ml Oral Solution</i>	2	RISPERDAL	QL(480 ML per 30 days)
SECUADO	4		PA-NSO, QL(30 EA per 30 days)
VRAYLAR 1.5 & 3 mg Oral Capsule Therapy Pack	4		PA-NSO, QL(7 EA per 180 days)
VRAYLAR 1.5 mg Oral Capsule, 3 mg Oral Capsule, 4.5 mg Oral Capsule, 6 mg Oral Capsule	5		NDS, PA-NSO, QL(30 EA per 30 days), NM
<i>ziprasidone hcl</i>	2	GEODON	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	2	GEODON	QL(60 EA per 30 days)
ZYPREXA RELPREVV 210 mg Intramuscular Suspension Reconstituted	4		PA-NSO, QL(2 EA per 28 days)
ZYPREXA RELPREVV 300 mg Intramuscular Suspension Reconstituted, 405 mg Intramuscular Suspension Reconstituted	5		NDS, PA-NSO, QL(2 EA per 28 days), NM
Treatment-resistant			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>clozapine 100 mg Oral Tablet, 200 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	CLOZARIL	
<i>clozapine 100 mg tab disint, 12.5 mg tab disint, 150 mg tab disint, 200 mg tab disint, 25 mg tab disint</i>	2	FAZACLO	
VERSACLOZ	4		
ANTISPASTICITY AGENTS			
Antispasticity Agents			
<i>baclofen 5 mg Oral Tablet</i>	2		
<i>baclofen 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	LIORESAL	
<i>dantrolene sodium 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	DANTRIUM	
<i>dantrolene sodium 20 mg Intravenous Solution Reconstituted</i>	2	DANTRIUM IV	
REVONTO	2		
<i>tizanidine hcl 2 mg Oral Capsule, 2 mg Oral Tablet, 4 mg Oral Capsule, 4 mg Oral Tablet, 6 mg Oral Capsule</i>	2	ZANAFLEX	
ANTIVIRALS			
Anti-cytomegalovirus (cmv) Agents			
<i>cidofovir 75 mg/ml Intravenous Solution</i>	2	VISTIDE	
<i>ganciclovir sodium 500 mg/10ml Intravenous Solution</i>	2		PA BvD
<i>ganciclovir sodium 500 mg Intravenous Solution Reconstituted</i>	2	CYTOVENE	PA BvD
PREVYMIS 240 mg/12ml Intravenous Solution, 480 mg/24ml Intravenous Solution	5		NDS, PA, NM
PREVYMIS 240 mg Oral Tablet, 480 mg Oral Tablet	5		NDS, PA, QL(30 EA per 30 days), NM
<i>valganciclovir hcl 450 mg Oral Tablet</i>	2	VALCYTE	
Anti-hepatitis B (hbv) Agents			
<i>adefovir dipivoxil</i>	2	HEPSERA	
BARACLUDGE 0.05 mg/ml Oral Solution	5		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>entecavir 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	BARACLUDE	QL(30 EA per 30 days)
<i>lamivudine 300 mg Oral Tablet</i>	2	EPIVIR	QL(30 EA per 30 days)
<i>lamivudine 150 mg Oral Tablet</i>	2	EPIVIR	QL(60 EA per 30 days)
<i>lamivudine 10 mg/ml Oral Solution</i>	2	EPIVIR	QL(960 ML per 30 days)
<i>lamivudine 100 mg Oral Tablet</i>	2	EPIVIR HBV	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate 300 mg Oral Tablet</i>	2	VIREAD	QL(30 EA per 30 days)
VEMLIDY	3		QL(30 EA per 30 days)
VIREAD 150 mg Oral Tablet, 200 mg Oral Tablet, 250 mg Oral Tablet	3		QL(30 EA per 30 days)
VIREAD 40 mg/gm Oral Powder	4		QL(240 GM per 30 days)
Anti-hepatitis C (hcv) Agents			
<i>ledipasvir-sofosbuvir 90-400 mg Oral Tablet</i>	5	HARVONI	NDS, PA, QL(28 EA per 28 days), NM
MAVYRET 100-40 mg Oral Tablet	5		NDS, PA, QL(84 EA per 28 days), NM
MAVYRET 50-20 mg Oral Packet	5		NDS, PA, QL(168 EA per 28 days), NM
<i>ribavirin 200 mg Oral Tablet</i>	2	COPEGUS	
<i>ribavirin 200 mg Oral Capsule</i>	2	REBETOL	
<i>ribavirin 6 gm Inhalation Solution Reconstituted</i>	5	VIRAZOLE	NDS, PA, NM
<i>sofosbuvir-velpatasvir 400-100 mg Oral Tablet</i>	5	EPCLUSA	NDS, PA, QL(28 EA per 28 days), NM
Antiherpetic Agents			
<i>acyclovir 200 mg Oral Capsule, 400 mg Oral Tablet, 800 mg Oral Tablet</i>	2	ZOVIRAX	
<i>acyclovir 200 mg/5ml Oral Suspension</i>	2	ZOVIRAX	
<i>acyclovir sodium</i>	2	ZOVIRAX	PA BvD
<i>famciclovir 125 mg Oral Tablet, 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	FAMVIR	
<i>trifluridine</i>	2	VIROPTIC	
<i>valacyclovir hcl 1 gm Oral Tablet, 500 mg Oral Tablet</i>	2	VALTREX	
Anti-hiv Agents, Integrase Inhibitors (insti)			
BIKTARVY	5		NDS, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
DOVATO	5		NDS, QL(30 EA per 30 days), NM
GENVOYA	5		NDS, QL(30 EA per 30 days), NM
ISENTRESS 25 mg Oral Tablet Chewable	3		QL(180 EA per 30 days)
ISENTRESS 100 mg Oral Packet	4		QL(60 EA per 30 days)
ISENTRESS 400 mg Oral Tablet	5		NDS, QL(120 EA per 30 days), NM
ISENTRESS 100 mg Oral Tablet Chewable	5		NDS, QL(180 EA per 30 days), NM
ISENTRESS HD	5		NDS, QL(60 EA per 30 days), NM
STRIBILD	5		NDS, QL(30 EA per 30 days), NM
SYMTUZA	5		NDS, QL(30 EA per 30 days), NM
TIVICAY 10 mg Oral Tablet	4		QL(240 EA per 30 days)
TIVICAY 25 mg Oral Tablet, 50 mg Oral Tablet	5		NDS, QL(60 EA per 30 days), NM
TIVICAY PD	4		QL(360 EA per 30 days)
<i>vocabria</i>	5		NDS, QL(30 EA per 30 days), NM
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nrti)			
COMPLERA	5		NDS, QL(30 EA per 30 days), NM
EDURANT	5		NDS, QL(30 EA per 30 days), NM
<i>efavirenz 600 mg Oral Tablet</i>	2	SUSTIVA	QL(30 EA per 30 days)
<i>efavirenz 200 mg Oral Capsule</i>	2	SUSTIVA	QL(90 EA per 30 days)
<i>efavirenz 50 mg Oral Capsule</i>	2	SUSTIVA	QL(180 EA per 30 days)
<i>etravirine 100 mg Oral Tablet, 200 mg Oral Tablet</i>	2	INTELENCE	QL(60 EA per 30 days)
INTELENCE 25 mg Oral Tablet	4		QL(120 EA per 30 days)
<i>nevirapine 200 mg Oral Tablet</i>	2	VIRAMUNE	QL(60 EA per 30 days)
<i>nevirapine 50 mg/5ml Oral Suspension</i>	2	VIRAMUNE	QL(1200 ML per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>nevirapine er 400 mg Oral Tablet Extended Release 24 Hour</i>	2	VIRAMUNE XR	QL(30 EA per 30 days)
<i>nevirapine er 100 mg Oral Tablet Extended Release 24 Hour</i>	2	VIRAMUNE XR	QL(90 EA per 30 days)
PIFELTRO	5		NDS, QL(60 EA per 30 days), NM
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti)			
<i>abacavir sulfate 300 mg Oral Tablet</i>	2	ZIAGEN	QL(60 EA per 30 days)
<i>abacavir sulfate 20 mg/ml Oral Solution</i>	2	ZIAGEN	QL(960 ML per 30 days)
<i>abacavir sulfate-lamivudine</i>	2	EPZICOM	QL(30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	TRIZIVIR	NDS, QL(60 EA per 30 days), NM
<i>cabenuva 400 & 600 mg/2ml Intramuscular Suspension Extended Release</i>	5		NDS, QL(4 ML per 28 days), NM
<i>cabenuva 600 & 900 mg/3ml Intramuscular Suspension Extended Release</i>	5		NDS, QL(6 ML per 180 days), NM
CIMDUO	5		NDS, QL(30 EA per 30 days), NM
DELSTRIGO	5		NDS, QL(30 EA per 30 days), NM
DESCOVY	5		NDS, QL(30 EA per 30 days), NM
<i>didanosine 200 mg Oral Capsule Delayed Release, 250 mg Oral Capsule Delayed Release, 400 mg Oral Capsule Delayed Release</i>	2	VIDEX	QL(30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir</i>	5	ATRIPLA	NDS, QL(30 EA per 30 days), NM
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg Oral Tablet</i>	5	SYMFI	NDS, QL(30 EA per 30 days), NM
<i>efavirenz-lamivudine-tenofovir 400-300-300 mg Oral Tablet</i>	5	SYMFI LO	NDS, QL(30 EA per 30 days), NM
<i>emtricitabine 200 mg Oral Capsule</i>	2	EMTRIVA	QL(30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	5	TRUVADA	NDS, QL(30 EA per 30 days), NM
EMTRIVA 10 mg/ml Oral Solution	3		QL(850 ML per 30 days)
JULUCA	5		NDS, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>lamivudine-zidovudine</i>	2	COMBIVIR	QL(60 EA per 30 days)
ODEFSEY	5		NDS, QL(30 EA per 30 days), NM
RETROVIR 10 mg/ml Intravenous Solution	4		
<i>stavudine</i>	2	ZERIT	QL(60 EA per 30 days)
TEMIXYS	5		NDS, QL(30 EA per 30 days), NM
VIDEX	3		QL(1200 ML per 30 days)
<i>zidovudine 300 mg Oral Tablet</i>	2	RETROVIR	QL(60 EA per 30 days)
<i>zidovudine 100 mg Oral Capsule</i>	2	RETROVIR	QL(180 EA per 30 days)
<i>zidovudine 50 mg/5ml Oral Syrup</i>	2	RETROVIR	QL(1920 ML per 30 days)
Anti-hiv Agents, Other			
<i>foscarnet sodium</i>	4	FOSCAVIR	PA BvD
FUZEON	5		NDS, QL(60 EA per 30 days), NM
RUKOBIA	5		NDS, QL(60 EA per 30 days), NM
SELZENTRY 25 mg Oral Tablet	3		QL(240 EA per 30 days)
SELZENTRY 20 mg/ml Oral Solution	4		QL(1800 ML per 30 days)
SELZENTRY 150 mg Oral Tablet, 75 mg Oral Tablet	5		NDS, QL(60 EA per 30 days), NM
SELZENTRY 300 mg Oral Tablet	5		NDS, QL(120 EA per 30 days), NM
TRIUMEQ	5		NDS, QL(30 EA per 30 days), NM
TROGARZO	5		NDS, NM
TYBOST	3		QL(30 EA per 30 days)
Anti-hiv Agents, Protease Inhibitors (pi)			
APTIVUS 250 mg Oral Capsule	4		QL(120 EA per 30 days)
APTIVUS 100 mg/ml Oral Solution	4		QL(380 ML per 30 days)
<i>atazanavir sulfate 300 mg Oral Capsule</i>	2	REYATAZ	QL(30 EA per 30 days)
<i>atazanavir sulfate 150 mg Oral Capsule, 200 mg Oral Capsule</i>	2	REYATAZ	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CRIXIVAN 400 mg Oral Capsule	3		QL(180 EA per 30 days)
CRIXIVAN 200 mg Oral Capsule	3		QL(270 EA per 30 days)
EVOTAZ	5		NDS, QL(30 EA per 30 days), NM
<i>fosamprenavir calcium 700 mg Oral Tablet</i>	2	LEXIVA	QL(120 EA per 30 days)
INVIRASE	5		NDS, QL(120 EA per 30 days), NM
LEXIVA 50 mg/ml Oral Suspension	4		QL(1800 ML per 30 days)
<i>lopinavir-ritonavir 200-50 mg Oral Tablet</i>	2	KALETRA	QL(120 EA per 30 days)
<i>lopinavir-ritonavir 100-25 mg Oral Tablet</i>	2	KALETRA	QL(300 EA per 30 days)
<i>lopinavir-ritonavir 400-100 mg/5ml Oral Solution</i>	2	KALETRA	QL(480 ML per 30 days)
NORVIR 100 mg Oral Packet	3		QL(360 EA per 30 days)
NORVIR 80 mg/ml Oral Solution	3		QL(480 ML per 30 days)
PREZCOBIX	5		NDS, QL(30 EA per 30 days), NM
PREZISTA 75 mg Oral Tablet	4		QL(480 EA per 30 days)
PREZISTA 800 mg Oral Tablet	5		NDS, QL(30 EA per 30 days), NM
PREZISTA 600 mg Oral Tablet	5		NDS, QL(60 EA per 30 days), NM
PREZISTA 150 mg Oral Tablet	5		NDS, QL(180 EA per 30 days), NM
PREZISTA 100 mg/ml Oral Suspension	5		NDS, QL(400 ML per 30 days), NM
REYATAZ 50 mg Oral Packet	4		QL(180 EA per 30 days)
<i>ritonavir 100 mg Oral Tablet</i>	2	NORVIR	QL(360 EA per 30 days)
VIRACEPT 625 mg Oral Tablet	5		NDS, QL(120 EA per 30 days), NM
VIRACEPT 250 mg Oral Tablet	5		NDS, QL(270 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Anti-influenza Agents			
<i>oseltamivir phosphate 45 mg Oral Capsule, 75 mg Oral Capsule</i>	2	TAMIFLU	QL(42 EA per 180 days)
<i>oseltamivir phosphate 30 mg Oral Capsule</i>	2	TAMIFLU	QL(84 EA per 180 days)
<i>oseltamivir phosphate 6 mg/ml Oral Suspension Reconstituted</i>	2	TAMIFLU	QL(540 ML per 180 days)
RELENZA DISKHALER	3		QL(60 EA per 180 days)
<i>rimantadine hcl</i>	2	FLUMADINE	
XOFLUZA (40 MG DOSE)	4		QL(4 EA per 180 days)
XOFLUZA (80 MG DOSE) 1 x 80 mg Oral Tablet Therapy Pack	4		QL(2 EA per 180 days)
XOFLUZA (80 MG DOSE) 2 x 40 mg Oral Tablet Therapy Pack	4		QL(4 EA per 180 days)
Antiviral Agents, Other			
<i>molnupiravir</i>	3		
PAXLOVID	3		
ANXIOLYTICS			
Anxiolytics, Other			
<i>buspirone hcl 10 mg Oral Tablet, 15 mg Oral Tablet, 30 mg Oral Tablet, 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	BUSPAR	
<i>hydroxyzine pamoate 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	VISTARIL	
<i>meprobamate</i>	2		AL, NDS, PA-HRM, NM
<i>oxazepam</i>	2	SERAX	NDS, QL(120 EA per 30 days), NM
Benzodiazepines			
<i>alprazolam 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint</i>	2	NIRAVAM	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg tab disint</i>	2	NIRAVAM	NDS, QL(150 EA per 30 days), NM
<i>alprazolam 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	2	XANAX	NDS, QL(120 EA per 30 days), NM
<i>alprazolam 2 mg Oral Tablet</i>	2	XANAX	NDS, QL(150 EA per 30 days), NM
<i>alprazolam er 0.5 mg Oral Tablet Extended Release 24 Hour, 1 mg</i>	2	XANAX XR	NDS, QL(30 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Oral Tablet Extended Release 24 Hour</i>			
<i>alprazolam er 3 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(90 EA per 30 days), NM
<i>alprazolam er 2 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(150 EA per 30 days), NM
ALPRAZOLAM INTENSOL	3		NDS, QL(300 ML per 30 days), NM
<i>alprazolam xr 0.5 mg Oral Tablet Extended Release 24 Hour, 1 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(30 EA per 30 days), NM
<i>alprazolam xr 3 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(90 EA per 30 days), NM
<i>alprazolam xr 2 mg Oral Tablet Extended Release 24 Hour</i>	2	XANAX XR	NDS, QL(150 EA per 30 days), NM
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg Oral Tablet, 0.5 mg tab disint, 1 mg Oral Tablet, 1 mg tab disint</i>	2	KLONOPIN	NDS, QL(120 EA per 30 days), NM
<i>clonazepam 2 mg Oral Tablet, 2 mg tab disint</i>	2	KLONOPIN	NDS, QL(300 EA per 30 days), NM
<i>clorazepate dipotassium 3.75 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	TRANXENE	NDS, QL(120 EA per 30 days), NM
<i>clorazepate dipotassium 15 mg Oral Tablet</i>	2	TRANXENE	NDS, QL(180 EA per 30 days), NM
<i>diazepam 5 mg/ml Oral Concentrate</i>	2		NDS, QL(240 ML per 30 days), NM
<i>diazepam 10 mg Oral Tablet, 2 mg Oral Tablet, 5 mg Oral Tablet</i>	2	VALIUM	NDS, QL(120 EA per 30 days), NM
<i>diazepam 5 mg/5ml Oral Solution</i>	2	VALIUM	NDS, QL(1200 ML per 30 days), NM
DIAZEPAM INTENSOL	2		NDS, QL(240 ML per 30 days), NM
<i>lorazepam 4 mg/ml Injection Solution</i>	2		NDS, QL(90 ML per 30 days), NM
<i>lorazepam 2 mg/ml Injection Solution</i>	2		NDS, QL(120 ML per 30 days), NM
<i>lorazepam 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	ATIVAN	NDS, NM
<i>lorazepam 2 mg/ml Oral Concentrate</i>	2	LORAZEPAM INTENSOL	NDS, QL(150 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LORAZEPAM INTENSOL	2		NDS, QL(150 ML per 30 days), NM
BIPOLAR AGENTS			
Mood Stabilizers			
<i>carbamazepine er 100 mg Oral Capsule Extended Release 12 Hour, 200 mg Oral Capsule Extended Release 12 Hour, 300 mg Oral Capsule Extended Release 12 Hour</i>	2	CARBATROL	
<i>lithium</i>	2		
<i>lithium carbonate 150 mg Oral Capsule, 600 mg Oral Capsule</i>	2		
<i>lithium carbonate 300 mg Oral Capsule</i>	2	ESKALITH	
<i>lithium carbonate 300 mg Oral Tablet</i>	2	LITHOBID	
<i>lithium carbonate er 450 mg Oral Tablet Extended Release</i>	2	ESKALITH CR	
<i>lithium carbonate er 300 mg Oral Tablet Extended Release</i>	2	LITHOBID	
BLOOD GLUCOSE REGULATORS			
Antidiabetic Agents			
<i>acarbose 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	PRECOSE	QL(90 EA per 30 days), GC
BYDUREON	4		QL(4 EA per 28 days), ST
BYDUREON BCISE	4		(4 pens), QL(3.4 ML per 28 days), ST
BYETTA 10 MCG PEN	4		QL(2.4 ML per 30 days), ST
BYETTA 5 MCG PEN	4		QL(1.2 ML per 30 days), ST
CYCLOSET	4		PA, QL(180 EA per 30 days)
<i>glimepiride 4 mg Oral Tablet</i>	2	AMARYL	QL(60 EA per 30 days)
<i>glimepiride 2 mg Oral Tablet</i>	2	AMARYL	QL(120 EA per 30 days)
<i>glimepiride 1 mg Oral Tablet</i>	2	AMARYL	QL(240 EA per 30 days)
<i>glipizide 10 mg Oral Tablet</i>	1	GLUCOTROL	QL(120 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>glipizide 5 mg Oral Tablet</i>	1	GLUCOTROL	QL(240 EA per 30 days), GC
<i>glipizide er 10 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(60 EA per 30 days), GC
<i>glipizide er 5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(120 EA per 30 days), GC
<i>glipizide er 2.5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(240 EA per 30 days), GC
<i>glipizide xl 10 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(60 EA per 30 days), GC
<i>glipizide xl 5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(120 EA per 30 days), GC
<i>glipizide xl 2.5 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOTROL XL	QL(240 EA per 30 days), GC
<i>glipizide-metformin hcl 2.5-500 mg Oral Tablet, 5-500 mg Oral Tablet</i>	1	METAGLIP	QL(120 EA per 30 days), GC
<i>glipizide-metformin hcl 2.5-250 mg Oral Tablet</i>	1	METAGLIP	QL(240 EA per 30 days), GC
<i>glyburide 5 mg Oral Tablet</i>	2	DIABETA	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide 2.5 mg Oral Tablet</i>	2	DIABETA	AL, PA-HRM, QL(240 EA per 30 days)
<i>glyburide 1.25 mg Oral Tablet</i>	2	DIABETA	AL, PA-HRM, QL(480 EA per 30 days)
<i>glyburide micronized 6 mg Oral Tablet</i>	2	GLYNASE	AL, PA-HRM, QL(60 EA per 30 days)
<i>glyburide micronized 3 mg Oral Tablet</i>	2	GLYNASE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide micronized 1.5 mg Oral Tablet</i>	2	GLYNASE	AL, PA-HRM, QL(240 EA per 30 days)
<i>glyburide-metformin 2.5-500 mg Oral Tablet, 5-500 mg Oral Tablet</i>	2	GLUCOVANCE	AL, PA-HRM, QL(120 EA per 30 days)
<i>glyburide-metformin 1.25-250 mg Oral Tablet</i>	2	GLUCOVANCE	AL, PA-HRM, QL(240 EA per 30 days)
GLYXAMBI	3		QL(30 EA per 30 days)
INVOKAMET	3		QL(60 EA per 30 days)
INVOKAMET XR 150-1000 mg Oral Tablet Extended Release 24 Hour, 150-500 mg Oral Tablet Extended Release 24 Hour, 50-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
INVOKAMET XR 50-500 mg Oral Tablet Extended Release 24 Hour	3		QL(120 EA per 30 days)
INVOKANA	3		QL(30 EA per 30 days)
JARDIANCE	3		QL(30 EA per 30 days)
JENTADUETO	3		QL(60 EA per 30 days)
JENTADUETO XR 5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(30 EA per 30 days)
JENTADUETO XR 2.5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(60 EA per 30 days)
<i>metformin hcl 1000 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(75 EA per 30 days), GC
<i>metformin hcl 850 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(90 EA per 30 days), GC
<i>metformin hcl 500 mg Oral Tablet</i>	1	GLUCOPHAGE	QL(150 EA per 30 days), GC
<i>metformin hcl er 750 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE XR	QL(60 EA per 30 days), GC
<i>metformin hcl er 500 mg Oral Tablet Extended Release 24 Hour</i>	1	GLUCOPHAGE XR	QL(120 EA per 30 days), GC
<i>miglitol</i>	2	GLYSET	QL(90 EA per 30 days)
<i>nateglinide</i>	1	STARLIX	QL(90 EA per 30 days), GC
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3		(1 pen), QL(1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) 4 mg/3ml Subcutaneous Solution Pen-injector	3		(1 pen), QL(3 ML per 28 days)
OZEMPIC (1 MG/DOSE) 2 mg/1.5ml Subcutaneous Solution Pen-injector	3		(2 pens), QL(3 ML per 28 days)
<i>pioglitazone hcl 30 mg Oral Tablet, 45 mg Oral Tablet</i>	1	ACTOS	QL(30 EA per 30 days), GC
<i>pioglitazone hcl 15 mg Oral Tablet</i>	1	ACTOS	QL(90 EA per 30 days), GC
<i>pioglitazone hcl-metformin hcl</i>	2	ACTOPLUS MET	QL(90 EA per 30 days)
<i>repaglinide 0.5 mg Oral Tablet, 1 mg Oral Tablet</i>	1	PRANDIN	QL(120 EA per 30 days), GC
<i>repaglinide 2 mg Oral Tablet</i>	1	PRANDIN	QL(240 EA per 30 days), GC
RYBELSUS 14 mg Oral Tablet, 7 mg Oral Tablet	3		QL(30 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
RYBELSUS 3 mg Oral Tablet	3		QL(30 EA per 180 days)
SYMLINPEN 120	3		PA, QL(10.8 ML per 28 days)
SYMLINPEN 60	3		PA, QL(6 ML per 28 days)
SYNJARDY	3		QL(60 EA per 30 days)
SYNJARDY XR 10-1000 mg Oral Tablet Extended Release 24 Hour, 25-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(30 EA per 30 days)
SYNJARDY XR 12.5-1000 mg Oral Tablet Extended Release 24 Hour, 5-1000 mg Oral Tablet Extended Release 24 Hour	3		QL(60 EA per 30 days)
<i>tolbutamide</i>	1	ORINASE	QL(180 EA per 30 days), GC
TRADJENTA	3		QL(30 EA per 30 days)
TRULICITY	3		QL(2 ML per 28 days)
VICTOZA	3		QL(9 ML per 30 days)
XULTOPHY	3		QL(15 ML per 30 days), ST
Glycemic Agents			
BAQSIMI ONE PACK	3		
BAQSIMI TWO PACK	3		
<i>diazoxide 50 mg/ml Oral Suspension</i>	2	PROGLYCEM	
GLUCAGEN DIAGNOSTIC	3		
GLUCAGEN HYPOKIT	3		
<i>glucagon emergency 1 mg/ml Injection Solution Reconstituted</i>	3		
<i>glucagon emergency 1 mg Injection Kit</i>	3	GLUCAGON EMERGENCY	
<i>glucagon hcl (diagnostic)</i>	3		
GVOKE HYPOPEN 1-PACK	3		
GVOKE HYPOPEN 2-PACK	3		
GVOKE KIT	3		
GVOKE PFS	3		
KORLYM	5		NDS, PA, QL(120 EA per 30 days), LA, NM
Insulins			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HUMULIN R U-500 (CONCENTRATED)	4		SI, PA
HUMULIN R U-500 KWIKPEN	4		SI, PA
LANTUS	3		SI
LANTUS SOLOSTAR	3		SI
LEVEMIR	3		SI
LEVEMIR FLEXTOUCH	3		SI
NOVOLIN 70/30	3		SI
NOVOLIN 70/30 FLEXPEN	3		SI
NOVOLIN 70/30 FLEXPEN RELION	3		SI
NOVOLIN 70/30 RELION	3		SI
NOVOLIN N	3		SI
NOVOLIN N FLEXPEN	3		SI
NOVOLIN N FLEXPEN RELION	3		SI
NOVOLIN N RELION	3		SI
NOVOLIN R	3		SI
NOVOLIN R FLEXPEN	3		SI
NOVOLIN R FLEXPEN RELION	3		SI
NOVOLIN R RELION	3		SI
NOVOLOG	3		SI
NOVOLOG 70/30 FLEXPEN RELION	3		SI
NOVOLOG FLEXPEN	3		SI
NOVOLOG FLEXPEN RELION	3		SI
NOVOLOG MIX 70/30	3		SI
NOVOLOG MIX 70/30 FLEXPEN	3		SI
NOVOLOG MIX 70/30 RELION	3		SI
NOVOLOG PENFILL	3		SI
NOVOLOG RELION	3		SI
TOUJEO MAX SOLOSTAR	3		SI
TOUJEO SOLOSTAR	3		SI
TRESIBA	3		SI
TRESIBA FLEXTOUCH	3		SI
BLOOD PRODUCTS AND MODIFIERS			
Anticoagulants			
BEVYXXA	4		QL(30 EA per 30 days)
ELIQUIS 2.5 mg Oral Tablet	3		QL(60 EA per 30 days)
ELIQUIS 5 mg Oral Tablet	3		QL(120 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ELIQUIS DVT/PE STARTER PACK 5 mg Oral Tablet Therapy Pack	3		QL(74 EA per 180 days)
<i>enoxaparin sodium 30 mg/0.3ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(8.4 ML per 14 days)
<i>enoxaparin sodium 40 mg/0.4ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(11.2 ML per 14 days)
<i>enoxaparin sodium 60 mg/0.6ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(16.8 ML per 14 days)
<i>enoxaparin sodium 120 mg/0.8ml Subcutaneous Solution, 80 mg/0.8ml Subcutaneous Solution</i>	2	LOVENOX	(28 syringes), QL(22.4 ML per 14 days)
<i>enoxaparin sodium 100 mg/ml Subcutaneous Solution, 300 mg/3ml Injection Solution</i>	2	LOVENOX	QL(28 ML per 14 days)
<i>enoxaparin sodium 150 mg/ml Subcutaneous Solution</i>	4	LOVENOX	QL(28 ML per 14 days)
<i>fondaparinux sodium 2.5 mg/0.5ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes)
<i>fondaparinux sodium 5 mg/0.4ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes), QL(5.6 ML per 14 days)
<i>fondaparinux sodium 7.5 mg/0.6ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes), QL(8.4 ML per 14 days)
<i>fondaparinux sodium 10 mg/0.8ml Subcutaneous Solution</i>	4	ARIXTRA	(14 syringes), QL(11.2 ML per 14 days)
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% Intravenous Solution, 25000-0.45 ut/250ml-% Intravenous Solution</i>	2		
<i>heparin sod (porcine) in d5w 100 unit/ml Intravenous Solution, 40-5 unit/ml-% Intravenous Solution</i>	2		
<i>heparin sodium (porcine) 10000 unit/ml Injection Solution</i>	2		
<i>heparin sodium (porcine) 1000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 5000 unit/ml Injection Solution</i>	2		PA BvD
<i>heparin sodium (porcine) 5000 unit/0.5ml Injection Solution Prefilled Syringe</i>	2		PA BvD
<i>heparin sodium (porcine) pf 5000 unit/0.5ml Injection Solution</i>	2		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>heparin sodium (porcine) pf 5000 unit/ml Injection Solution</i>	2		PA BvD
JANTOVEN	1		GC
PRADAXA	4		QL(60 EA per 30 days), ST
<i>warfarin sodium 1 mg Oral Tablet, 10 mg Oral Tablet, 2 mg Oral Tablet, 2.5 mg Oral Tablet, 3 mg Oral Tablet, 4 mg Oral Tablet, 5 mg Oral Tablet, 6 mg Oral Tablet, 7.5 mg Oral Tablet</i>	1	COUMADIN	GC
XARELTO 10 mg Oral Tablet, 15 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet	3		
XARELTO STARTER PACK	3		
Blood Products And Modifiers, Other			
ADAKVEO	5		NDS, PA, NM
<i>anagrelide hcl</i>	2	AGRYLIN	
ARANESP (ALBUMIN FREE) 10 mcg/0.4ml Injection Solution Prefilled Syringe, 100 mcg/0.5ml Injection Solution Prefilled Syringe, 100 mcg/ml Injection Solution, 150 mcg/0.3ml Injection Solution Prefilled Syringe, 200 mcg/0.4ml Injection Solution Prefilled Syringe, 200 mcg/ml Injection Solution, 25 mcg/0.42ml Injection Solution Prefilled Syringe, 25 mcg/ml Injection Solution, 300 mcg/0.6ml Injection Solution Prefilled Syringe, 300 mcg/ml Injection Solution, 40 mcg/0.4ml Injection Solution Prefilled Syringe, 40 mcg/ml Injection Solution, 500 mcg/ml Injection Solution Prefilled Syringe, 60 mcg/0.3ml Injection Solution Prefilled Syringe, 60 mcg/ml Injection Solution	4		PA
EMPAVELI	5		NDS, PA, NM
EPOGEN	3		PA, QL(12 ML per 28 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LEUKINE	5		NDS, PA, NM
MOZOBIL	5		NDS, NM
MULPLETA	5		NDS, PA, QL(7 EA per 30 days), NM
NEULASTA ONPRO	5		NDS, PA, NM
NIVESTYM	5		NDS, PA, NM
NPLATE	5		NDS, PA, LA, NM
OXBRYTA	5		NDS, PA, QL(150 EA per 30 days), NM
PROCRIT 40000 unit/ml Injection Solution	4		PA, QL(6 ML per 28 days)
PROCRIT 10000 unit/ml Injection Solution, 2000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 3000 unit/ml Injection Solution, 4000 unit/ml Injection Solution	4		PA, QL(12 ML per 28 days)
PROMACTA	5		NDS, PA, NM
REBLOZYL	5		NDS, PA, NM
RETACRIT 40000 unit/ml Injection Solution	3		PA, QL(6 ML per 28 days)
RETACRIT 10000 unit/ml Injection Solution, 2000 unit/ml Injection Solution, 20000 unit/ml Injection Solution, 3000 unit/ml Injection Solution, 4000 unit/ml Injection Solution	3		PA, QL(12 ML per 28 days)
UDENYCA	5		NDS, PA, QL(1.2 ML per 28 days), NM
ZARXIO	5		NDS, PA, NM
ZIEXTENZO	5		NDS, PA, QL(1.2 ML per 28 days), NM
Hemostasis Agents			
<i>aminocaproic acid 250 mg/ml Intravenous Solution</i>	2		
<i>tranexamic acid 1000 mg/10ml Intravenous Solution</i>	2	CYKLOKAPRON	
<i>tranexamic acid 650 mg Oral Tablet</i>	2	LYSTEDA	
Platelet Modifying Agents			
<i>aspirin-dipyridamole er</i>	2	AGGRENOX	
BRILINTA	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CABLIVI	5		NDS, PA, QL(28 EA per 28 days), NM
<i>cilostazol</i>	2	PLETAL	
<i>clopidogrel bisulfate 75 mg Oral Tablet</i>	1	PLAVIX	GC
<i>dipyridamole 25 mg Oral Tablet, 50 mg Oral Tablet, 75 mg Oral Tablet</i>	2	PERSANTINE	
DOPTELET	5		NDS, PA, QL(10 EA per 30 days), NM
DOPTELET	5		NDS, PA, QL(15 EA per 30 days), NM
DOPTELET	5		NDS, PA, QL(60 EA per 30 days), NM
<i>prasugrel hcl</i>	1	EFFIENT	QL(30 EA per 30 days), GC
TAVALISSE	5		NDS, PA, QL(60 EA per 30 days), NM
ZONTIVITY	4		PA
CARDIOVASCULAR AGENTS			
Alpha-adrenergic Agonists			
<i>clonidine</i>	2	CATAPRES-TTS	
<i>clonidine hcl 0.1 mg Oral Tablet, 0.2 mg Oral Tablet, 0.3 mg Oral Tablet</i>	1	CATAPRES	GC
<i>droxidopa 100 mg Oral Capsule</i>	5	NORTHERA	NDS, PA, QL(90 EA per 30 days), NM
<i>droxidopa 200 mg Oral Capsule, 300 mg Oral Capsule</i>	5	NORTHERA	NDS, PA, QL(180 EA per 30 days), NM
<i>midodrine hcl</i>	2	PROAMATINE	
<i>phenylephrine hcl 10 mg/ml Intravenous Solution</i>	2		
Alpha-adrenergic Blocking Agents			
<i>doxazosin mesylate 1 mg Oral Tablet, 2 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	2	CARDURA	
<i>prazosin hcl 1 mg Oral Capsule, 2 mg Oral Capsule, 5 mg Oral Capsule</i>	2	MINIPRESS	
<i>terazosin hcl</i>	1	HYTRIN	GC
Angiotensin II Receptor Antagonists			
<i>candesartan cilexetil 32 mg Oral Tablet</i>	1	ATACAND	QL(30 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>candesartan cilexetil 16 mg Oral Tablet, 4 mg Oral Tablet, 8 mg Oral Tablet</i>	1	ATACAND	QL(60 EA per 30 days), GC
EDARBI	4		QL(30 EA per 30 days)
<i>eprosartan mesylate</i>	2	TEVETEN	QL(45 EA per 30 days)
<i>irbesartan</i>	1	AVAPRO	QL(30 EA per 30 days), GC
<i>losartan potassium 100 mg Oral Tablet</i>	1	COZAAR	QL(45 EA per 30 days), GC
<i>losartan potassium 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	COZAAR	QL(60 EA per 30 days), GC
<i>olmesartan medoxomil 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	BENICAR	QL(30 EA per 30 days), GC
<i>olmesartan medoxomil 5 mg Oral Tablet</i>	1	BENICAR	QL(60 EA per 30 days), GC
<i>telmisartan</i>	1	MICARDIS	QL(30 EA per 30 days), GC
<i>valsartan 320 mg Oral Tablet</i>	1	DIOVAN	QL(30 EA per 30 days), GC
<i>valsartan 160 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	DIOVAN	QL(60 EA per 30 days), GC
Angiotensin-converting Enzyme (ace) Inhibitors			
<i>benazepril hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	LOTENSIN	QL(60 EA per 30 days), GC
<i>captopril 100 mg Oral Tablet, 12.5 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	CAPOTEN	GC
<i>enalapril maleate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	VASOTEC	QL(60 EA per 30 days), GC
<i>enalaprilat</i>	2		QL(120 ML per 30 days)
<i>fosinopril sodium</i>	1	MONOPRIL	QL(60 EA per 30 days), GC
<i>lisinopril 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 30 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZESTRIL	QL(60 EA per 30 days), GC
<i>moexipril hcl</i>	1	UNIVASC	GC
<i>perindopril erbumine</i>	2	ACEON	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>quinapril hcl</i>	1	ACCUPRIL	QL(60 EA per 30 days), GC
<i>ramipril</i>	1	ALTACE	QL(60 EA per 30 days), GC
<i>trandolapril</i>	1	MAVIK	QL(60 EA per 30 days), GC
Antiarrhythmics			
<i>amiodarone hcl 450 mg/9ml Intravenous Solution</i>	2		
<i>amiodarone hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 400 mg Oral Tablet</i>	2	CORDARONE	
<i>amiodarone hcl 150 mg/3ml Intravenous Solution, 900 mg/18ml Intravenous Solution</i>	2	CORDARONE	
<i>disopyramide phosphate</i>	2	NORPACE	
<i>dofetilide</i>	2	TIKOSYN	
<i>flecainide acetate</i>	2	TAMBOCOR	
<i>lidocaine hcl (cardiac) 50 mg/5ml iv soln pfs</i>	2		
<i>lidocaine hcl (cardiac) pf 100 mg/5ml Intravenous Solution, 50 mg/5ml iv soln pfs</i>	2		
<i>lidocaine in d5w 8-5 mg/ml-% Intravenous Solution</i>	2		
<i>mexiletine hcl 150 mg Oral Capsule, 200 mg Oral Capsule, 250 mg Oral Capsule</i>	2	MEXITIL	
MULTAQ	3		
PACERONE	2		
<i>procainamide hcl 100 mg/ml Injection Solution, 500 mg/ml Injection Solution</i>	2	PRONESTYL	
<i>propafenone hcl</i>	2	RYTHMOL	
<i>propafenone hcl er</i>	2	RYTHMOL SR	
<i>quinidine gluconate er</i>	2		
<i>quinidine sulfate 200 mg Oral Tablet, 300 mg Oral Tablet</i>	2		
<i>sotalol hcl 120 mg Oral Tablet, 160 mg Oral Tablet, 240 mg Oral Tablet, 80 mg Oral Tablet</i>	2	BETAPACE	
<i>sotalol hcl (af)</i>	2	BETAPACE AF	

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Beta-adrenergic Blocking Agents			
<i>acebutolol hcl 200 mg Oral Capsule, 400 mg Oral Capsule</i>	1	SECTRAL	GC
<i>atenolol 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	TENORMIN	GC
<i>betaxolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	KERLONE	
<i>bisoprolol fumarate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ZEBETA	
<i>carvedilol</i>	1	COREG	GC
<i>labetalol hcl 100 mg Oral Tablet, 200 mg Oral Tablet, 300 mg Oral Tablet</i>	2	NORMODYNE	
<i>labetalol hcl 5 mg/ml Intravenous Solution</i>	2	NORMODYNE	
<i>metoprolol succinate er</i>	1	TOPROL	GC
<i>metoprolol tartrate 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	1	LOPRESSOR	GC
<i>metoprolol tartrate 5 mg/5ml Intravenous Solution</i>	2	LOPRESSOR	
<i>nadolol 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	2	CORGARD	
<i>pindolol</i>	2	VISKEN	
<i>propranolol hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 60 mg Oral Tablet, 80 mg Oral Tablet</i>	2	INDERAL	
<i>propranolol hcl 1 mg/ml Intravenous Solution, 20 mg/5ml Oral Solution, 40 mg/5ml Oral Solution</i>	2	INDERAL	
<i>propranolol hcl er</i>	2	INDERAL LA	
<i>timolol maleate 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	2	BLOCADREN	
TOPROL XL 100 mg Oral Tablet Extended Release 24 Hour, 25 mg Oral Tablet Extended Release 24 Hour	1		GC
Calcium Channel Blocking Agents, Dihydropyridines			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>amlodipine besylate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	1	NORVASC	GC
<i>felodipine er</i>	1	PLENDIL	GC
<i>isradipine</i>	2	DYNACIRC	
<i>nicardipine hcl 20 mg Oral Capsule, 30 mg Oral Capsule</i>	2	CARDENE	
<i>nicardipine hcl 2.5 mg/ml Intravenous Solution</i>	2	CARDENE	
<i>nifedipine er</i>	2	ADALAT CC	
<i>nifedipine er osmotic release</i>	2	PROCARDIA XL	
<i>nimodipine 30 mg Oral Capsule</i>	2	NIMOTOP	
<i>nisoldipine er</i>	2	SULAR	
Calcium Channel Blocking Agents, Nondihydropyridines			
CARTIA XT	2		
<i>diltiazem hcl 125 mg/25ml Intravenous Solution, 25 mg/5ml Intravenous Solution</i>	2		
<i>diltiazem hcl 100 mg Intravenous Solution Reconstituted, 120 mg Oral Tablet, 30 mg Oral Tablet, 60 mg Oral Tablet, 90 mg Oral Tablet</i>	2	CARDIZEM	
<i>diltiazem hcl 50 mg/10ml Intravenous Solution</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg Oral Capsule Extended Release 12 Hour, 60 mg Oral Capsule Extended Release 12 Hour, 90 mg Oral Capsule Extended Release 12 Hour</i>	2	CARDIZEM	
<i>diltiazem hcl er 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour</i>	2	DILACOR XR	
<i>diltiazem hcl er beads</i>	2	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule</i>	2	CARDIZEM CD	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</i>			
<i>diltiazem hcl er coated beads 180 mg Oral Tablet Extended Release 24 Hour, 240 mg Oral Tablet Extended Release 24 Hour, 300 mg Oral Tablet Extended Release 24 Hour, 360 mg Oral Tablet Extended Release 24 Hour, 420 mg Oral Tablet Extended Release 24 Hour</i>	2	CARDIZEM LA	
<i>dilt-xr</i>	2	DILACOR XR	
MATZIM LA	2		
TAZTIA XT	2		
TIADYLT ER	2		
<i>verapamil hcl 120 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	2	CALAN	
<i>verapamil hcl 2.5 mg/ml Intravenous Solution</i>	2	ISOPTIN	
<i>verapamil hcl er 120 mg Oral Tablet Extended Release, 180 mg Oral Tablet Extended Release, 240 mg Oral Tablet Extended Release</i>	2	CALAN	
<i>verapamil hcl er 100 mg Oral Capsule Extended Release 24 Hour, 120 mg Oral Capsule Extended Release 24 Hour, 180 mg Oral Capsule Extended Release 24 Hour, 200 mg Oral Capsule Extended Release 24 Hour, 240 mg Oral Capsule Extended Release 24 Hour, 300 mg Oral Capsule Extended Release 24 Hour, 360 mg Oral Capsule Extended Release 24 Hour</i>	2	VERELAN	
Cardiovascular Agents, Other			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>acetazolamide 125 mg Oral Tablet, 250 mg Oral Tablet</i>	2	DIAMOX	
<i>acetazolamide sodium</i>	2	DIAMOX	
ALDACTAZIDE 50-50 mg Oral Tablet	4		
<i>aliskiren fumarate</i>	2	TEKTURNA	QL(30 EA per 30 days)
<i>amiloride-hydrochlorothiazide</i>	2	MODURETIC	
<i>amlodipine besy-benazepril hcl</i>	1	LOTREL	GC
<i>amlodipine besylate-valsartan</i>	2	EXFORGE	
<i>amlodipine-atorvastatin</i>	2	CADUET	QL(30 EA per 30 days)
<i>amlodipine-olmesartan</i>	2	AZOR	QL(30 EA per 30 days)
<i>amlodipine-valsartan-hctz</i>	2	EXFORGE HCT	
<i>atenolol-chlorthalidone</i>	1	TENORETIC	GC
<i>atropine sulfate 0.25 mg/5ml Injection Solution Prefilled Syringe</i>	2		
<i>benazepril-hydrochlorothiazide</i>	1	LOTENSIN HCT	QL(60 EA per 30 days), GC
<i>bisoprolol-hydrochlorothiazide</i>	1	ZIAC	GC
<i>candesartan cilexetil-hctz 32-12.5 mg Oral Tablet, 32-25 mg Oral Tablet</i>	2	ATACAND HCT	QL(30 EA per 30 days)
<i>candesartan cilexetil-hctz 16-12.5 mg Oral Tablet</i>	2	ATACAND HCT	QL(60 EA per 30 days)
<i>captopril-hydrochlorothiazide</i>	1	CAPOZIDE	GC
CORLANOR 5 mg Oral Tablet, 7.5 mg Oral Tablet	4		PA, QL(60 EA per 30 days)
DIGITEK	2		
<i>digox</i>	2	LANOXIN	
<i>digoxin 125 mcg Oral Tablet, 250 mcg Oral Tablet</i>	2	LANOXIN	
<i>digoxin 0.25 mg/ml Injection Solution</i>	2	LANOXIN	
<i>digoxin 0.05 mg/ml Oral Solution</i>	4	LANOXIN	
<i>dobutamine hcl 250 mg/20ml Intravenous Solution</i>	2		PA BvD
<i>dobutamine in d5w 1-5 mg/ml-% Intravenous Solution, 2 mg/ml Intravenous Solution, 4-5 mg/ml-% Intravenous Solution</i>	2		PA BvD
EDARBYCLOR	4		QL(30 EA per 30 days)
<i>enalapril-hydrochlorothiazide</i>	1	VASERETIC	QL(60 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ENTRESTO 97-103 mg Oral Tablet	3		QL(60 EA per 30 days)
ENTRESTO 49-51 mg Oral Tablet	3		QL(90 EA per 30 days)
ENTRESTO 24-26 mg Oral Tablet	3		QL(180 EA per 30 days)
<i>fosinopril sodium-hctz</i>	2	MONOPRIL-HCT	QL(120 EA per 30 days)
<i>hydrochlorothiazide 25 mg Oral Tablet</i>	1	HYDRODIURIL	GC
<i>irbesartan-hydrochlorothiazide</i>	1	AVALIDE	QL(30 EA per 30 days), GC
LANOXIN 125 mcg Oral Tablet, 250 mcg Oral Tablet, 62.5 mcg Oral Tablet	4		
<i>lisinopril-hydrochlorothiazide</i>	1	ZESTORETIC	QL(60 EA per 30 days), GC
<i>losartan potassium-hctz</i>	1	HYZAAR	QL(30 EA per 30 days), GC
<i>metoprolol-hydrochlorothiazide</i>	2	LOPRESSOR HCT	
<i>metyrosine</i>	5	DEMSEER	NDS, PA, NM
<i>milrinone lactate</i>	2		PA BvD
<i>milrinone lactate in dextrose</i>	2		PA BvD
<i>olmesartan medoxomil-hctz</i>	1	BENICAR HCT	QL(30 EA per 30 days), GC
<i>olmesartan-amlodipine-hctz</i>	2	TRIBENZOR	QL(30 EA per 30 days)
<i>pentoxifylline er</i>	2	TRENTAL	
<i>propranolol-hctz</i>	2	INDERIDE	
<i>quinapril-hydrochlorothiazide</i>	1	ACCURETIC	QL(60 EA per 30 days), GC
<i>ranolazine er</i>	2	RANEXA	
<i>spironolactone-hctz 25-25 mg Oral Tablet</i>	2	ALDACTAZIDE	
TEKTURNA HCT	4		
<i>telmisartan-amlodipine</i>	2	TWYNSTA	QL(30 EA per 30 days)
<i>telmisartan-hctz</i>	2	MICARDIS-HCT	QL(30 EA per 30 days)
<i>triamterene-hctz 37.5-25 mg Oral Capsule</i>	1	DYAZIDE	GC
<i>triamterene-hctz 37.5-25 mg Oral Tablet, 75-50 mg Oral Tablet</i>	1	MAXZIDE	GC
<i>valsartan-hydrochlorothiazide 160-25 mg Oral Tablet, 320-12.5 mg Oral Tablet, 320-25 mg Oral Tablet</i>	1	DIOVAN HCT	QL(30 EA per 30 days), GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>valsartan-hydrochlorothiazide 160-12.5 mg Oral Tablet, 80-12.5 mg Oral Tablet</i>	1	DIOVAN HCT	QL(60 EA per 30 days), GC
VERQUVO	4		PA, QL(30 EA per 30 days)
Diuretics, Loop			
<i>bumetanide 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	BUMEX	
<i>bumetanide 0.25 mg/ml Injection Solution</i>	2	BUMEX	
<i>furosemide 20 mg Oral Tablet, 40 mg Oral Tablet, 80 mg Oral Tablet</i>	1	LASIX	GC
<i>furosemide 10 mg/ml Injection Solution, 10 mg/ml Oral Solution, 8 mg/ml Oral Solution</i>	2	LASIX	
<i>torseamide 10 mg Oral Tablet, 100 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	2	DEMADEX	
Diuretics, Potassium-sparing			
<i>amiloride hcl 5 mg Oral Tablet</i>	2	MIDAMOR	
<i>eplerenone</i>	2	INSPRA	
<i>spironolactone 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	ALDACTONE	
Diuretics, Thiazide			
<i>chlorothiazide sodium</i>	2	DIURIL	
<i>chlorthalidone 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	HYGROTON	
<i>hydrochlorothiazide 50 mg Oral Tablet</i>	1	HYDRODIURIL	GC
<i>hydrochlorothiazide 12.5 mg Oral Capsule, 12.5 mg Oral Tablet</i>	1	MICROZIDE	GC
<i>indapamide</i>	1	LOZOL	GC
<i>metolazone</i>	2	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives			
<i>fenofibrate 150 mg Oral Capsule, 50 mg Oral Capsule</i>	2	LIPOFEN	
<i>fenofibrate 134 mg Oral Capsule, 145 mg Oral Tablet, 160 mg Oral Tablet, 200 mg Oral Capsule, 48 mg Oral Tablet, 54 mg Oral Tablet, 67 mg Oral Capsule</i>	2	TRICOR	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>fenofibrate micronized 130 mg Oral Capsule, 43 mg Oral Capsule</i>	2	ANTARA	
<i>fenofibrate micronized 134 mg Oral Capsule, 200 mg Oral Capsule, 67 mg Oral Capsule</i>	2	TRICOR	
<i>fenofibric acid 105 mg Oral Tablet, 35 mg Oral Tablet</i>	2	FIBRICOR	
<i>fenofibric acid 135 mg Oral Capsule Delayed Release, 45 mg Oral Capsule Delayed Release</i>	2	TRILIPIX	
<i>gemfibrozil 600 mg Oral Tablet</i>	1	LOPID	GC
Dyslipidemics, Hmg Coa Reductase Inhibitors			
<i>atorvastatin calcium 80 mg Oral Tablet</i>	1	LIPITOR	QL(30 EA per 30 days), GC
<i>atorvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	LIPITOR	QL(45 EA per 30 days), GC
<i>fluvastatin sodium</i>	2	LESCOL	QL(60 EA per 30 days)
<i>lovastatin 10 mg Oral Tablet, 20 mg Oral Tablet</i>	1	MEVACOR	QL(45 EA per 30 days), GC
<i>lovastatin 40 mg Oral Tablet</i>	1	MEVACOR	QL(60 EA per 30 days), GC
<i>pravastatin sodium 80 mg Oral Tablet</i>	1	PRAVACHOL	QL(30 EA per 30 days), GC
<i>pravastatin sodium 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PRAVACHOL	QL(45 EA per 30 days), GC
<i>rosuvastatin calcium 40 mg Oral Tablet</i>	1	CRESTOR	QL(30 EA per 30 days), GC
<i>rosuvastatin calcium 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	1	CRESTOR	QL(45 EA per 30 days), GC
<i>simvastatin 80 mg Oral Tablet</i>	1	ZOCOR	QL(30 EA per 30 days), GC
<i>simvastatin 10 mg Oral Tablet, 20 mg Oral Tablet, 40 mg Oral Tablet, 5 mg Oral Tablet</i>	1	ZOCOR	QL(45 EA per 30 days), GC
Dyslipidemics, Other			
<i>cholestyramine 4 gm Oral Packet</i>	2	QUESTRAN	
<i>cholestyramine 4 gm/dose Oral Powder</i>	2	QUESTRAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>cholestyramine light 4 gm Oral Packet</i>	2	QUESTRAN LIGHT	
<i>cholestyramine light 4 gm/dose Oral Powder</i>	2	QUESTRAN LIGHT	
<i>colesevelam hcl</i>	2	WELCHOL	
<i>colestipol hcl 1 gm Oral Tablet, 5 gm Oral Packet</i>	2	COLESTID	
<i>colestipol hcl 5 gm Oral Granules</i>	2	COLESTID	
EVKEEZA	5		NDS, PA, NM
<i>ezetimibe</i>	1	ZETIA	GC
<i>ezetimibe-simvastatin</i>	1	VYTORIN	QL(30 EA per 30 days), GC
<i>icosapent ethyl 1 gm Oral Capsule</i>	2	VASCEPA	QL(120 EA per 30 days)
JUXTAPID 10 mg Oral Capsule, 40 mg Oral Capsule, 5 mg Oral Capsule, 60 mg Oral Capsule	5		NDS, PA, QL(30 EA per 30 days), LA, NM
JUXTAPID 20 mg Oral Capsule, 30 mg Oral Capsule	5		NDS, PA, QL(60 EA per 30 days), LA, NM
NEXLETOL	3		PA, QL(30 EA per 30 days)
NEXLIZET	3		PA, QL(30 EA per 30 days)
<i>niacin er (antihyperlipidemic)</i>	2	NIASPAN	QL(60 EA per 30 days)
NIACOR	2		
<i>omega-3-acid ethyl esters</i>	2	LOVAZA	QL(120 EA per 30 days)
PRALUENT	3		PA, QL(2 ML per 28 days)
PREVALITE 4 gm Oral Packet	2		
PREVALITE 4 gm/dose Oral Powder	2		
REPATHA	3		PA, QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3		PA, QL(3.5 ML per 28 days)
REPATHA SURECLICK	3		PA, QL(3 ML per 28 days)
VASCEPA 0.5 gm Oral Capsule	4		QL(240 EA per 30 days)
Vasodilators, Direct-acting Arterial			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydralazine hcl 10 mg Oral Tablet, 100 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	APRESOLINE	
<i>hydralazine hcl 20 mg/ml Injection Solution</i>	2	APRESOLINE	
<i>minoxidil 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	2	LONITEN	
Vasodilators, Direct-acting Arterial/ Venous			
<i>isosorbide dinitrate</i>	1	ISORDIL TITRADOSE	GC
<i>isosorbide mononitrate</i>	1	MONOKET	GC
<i>isosorbide mononitrate er</i>	1	IMDUR	GC
NITRO-BID	4		
NITRO-DUR 0.3 mg/hr Transdermal Patch 24 Hour, 0.8 mg/hr Transdermal Patch 24 Hour	4		
<i>nitroglycerin 5 mg/ml Intravenous Solution</i>	2	NITRO-BID	
<i>nitroglycerin 0.1 mg/hr Transdermal Patch 24 Hour, 0.2 mg/hr Transdermal Patch 24 Hour, 0.4 mg/hr Transdermal Patch 24 Hour, 0.6 mg/hr Transdermal Patch 24 Hour</i>	2	NITRO-DUR	
<i>nitroglycerin 0.4 mg/spray Translingual Solution</i>	2	NITROLINGUAL	
<i>nitroglycerin 0.3 mg Sublingual Tablet Sublingual, 0.4 mg Sublingual Tablet Sublingual, 0.6 mg Sublingual Tablet Sublingual</i>	2	NITROSTAT	
<i>nitroglycerin in d5w 100-5 mcg/ml-% Intravenous Solution</i>	2		
NITROSTAT	3		
RECTIV	4		
CENTRAL NERVOUS SYSTEM AGENTS			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
<i>amphetamine-dextroamphet er</i>	2	ADDERALL XR	NDS, NM
<i>amphetamine-dextroamphetamine</i>	2	ADDERALL	NDS, NM
<i>dextroamphetamine sulfate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	DEXTROSTAT	NDS, NM
<i>dextroamphetamine sulfate 5 mg/5ml Oral Solution</i>	2	PROCENTRA	NDS, NM
<i>dextroamphetamine sulfate er</i>	2	DEXEDRINE	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
<i>atomoxetine hcl</i>	2	STRATTERA	PA
<i>dexmethylphenidate hcl</i>	2	FOCALIN	NDS, NM
<i>dexmethylphenidate hcl er</i>	2	FOCALIN XR	NDS, NM
<i>guanfacine hcl er</i>	2	INTUNIV	PA
<i>methylphenidate hcl 10 mg Oral Tablet Chewable, 2.5 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable</i>	2	METHYLIN	NDS, NM
<i>methylphenidate hcl 10 mg/5ml Oral Solution, 5 mg/5ml Oral Solution</i>	2	METHYLIN	NDS, NM
<i>methylphenidate hcl 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	2	RITALIN	NDS, NM
<i>methylphenidate hcl er 18 mg Oral Tablet Extended Release 24 Hour, 27 mg Oral Tablet Extended Release 24 Hour, 36 mg Oral Tablet Extended Release 24 Hour, 54 mg Oral Tablet Extended Release 24 Hour, 72 mg Oral Tablet Extended Release</i>	2		NDS, NM
<i>methylphenidate hcl er 18 mg Oral Tablet Extended Release, 27 mg Oral Tablet Extended Release, 36 mg Oral Tablet Extended Release, 54 mg Oral Tablet Extended Release</i>	2	CONCERTA	NDS, NM
<i>methylphenidate hcl er 10 mg Oral Tablet Extended Release, 20 mg Oral Tablet Extended Release</i>	2	RITALIN SR	NDS, NM
<i>methylphenidate hcl er (cd)</i>	2	METADATE CD	NDS, NM
Central Nervous System, Other			
AUSTEDO	5		NDS, PA, QL(120 EA per 30 days), NM
<i>caffeine citrate 20 mg/ml Oral Solution, 60 mg/3ml Intravenous Solution, 60 mg/3ml Oral Solution</i>	2		
EVRYSDI	5		NDS, PA, NM
EXONDYS 51	5		NDS, PA, LA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
INGREZZA 40 & 80 mg Oral Capsule Therapy Pack	5		NDS, PA, QL(28 EA per 180 days), NM
INGREZZA 40 mg Oral Capsule, 60 mg Oral Capsule, 80 mg Oral Capsule	5		NDS, PA, QL(30 EA per 30 days), NM
NUEDEXTA	4		PA, QL(60 EA per 30 days)
RADICAVA	5		NDS, PA, QL(2800 ML per 28 days), NM
<i>riluzole 50 mg Oral Tablet</i>	2	RILUTEK	
<i>tetrabenazine</i>	5	XENAZINE	NDS, QL(120 EA per 30 days), NM
TIGLUTIK	5		NDS, PA, QL(600 ML per 30 days), NM
VYONDYS 53	5		NDS, PA, NM
Fibromyalgia Agents			
<i>duloxetine hcl 20 mg Oral Capsule Delayed Release Particles, 30 mg Oral Capsule Delayed Release Particles, 60 mg Oral Capsule Delayed Release Particles</i>	2	CYMBALTA	QL(60 EA per 30 days)
<i>duloxetine hcl 40 mg Oral Capsule Delayed Release Particles</i>	2	IRENKA	QL(60 EA per 30 days)
<i>pregabalin 100 mg Oral Capsule, 150 mg Oral Capsule, 200 mg Oral Capsule, 225 mg Oral Capsule, 25 mg Oral Capsule, 300 mg Oral Capsule, 50 mg Oral Capsule, 75 mg Oral Capsule</i>	2	LYRICA	
<i>pregabalin 20 mg/ml Oral Solution</i>	2	LYRICA	
<i>pregabalin er 330 mg Oral Tablet Extended Release 24 Hour</i>	2	LYRICA CR	NDS, PA, QL(60 EA per 30 days), NM
<i>pregabalin er 165 mg Oral Tablet Extended Release 24 Hour, 82.5 mg Oral Tablet Extended Release 24 Hour</i>	2	LYRICA CR	NDS, PA, QL(90 EA per 30 days), NM
SAVELLA	3		
SAVELLA TITRATION PACK	3		
Multiple Sclerosis Agents			
AUBAGIO 7 mg Oral Tablet	5		NDS, QL(28 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
AUBAGIO 14 mg Oral Tablet	5		NDS, QL(30 EA per 30 days), NM
AVONEX PEN	5		NDS, QL(1 EA per 28 days), NM
AVONEX PEN	5		NDS, QL(1 ML per 28 days), NM
AVONEX PREFILLED	5		NDS, QL(1 EA per 28 days), NM
AVONEX PREFILLED	5		NDS, QL(1 ML per 28 days), NM
BAFIERTAM	5		NDS, QL(120 EA per 30 days), ST, NM
BETASERON	5		NDS, QL(14 EA per 28 days), NM
<i>dalfampridine er</i>	2	AMPYRA	NDS, QL(60 EA per 30 days), NM
<i>dimethyl fumarate 120 mg Oral Capsule Delayed Release, 240 mg Oral Capsule Delayed Release</i>	5	TECFIDERA	NDS, QL(60 EA per 30 days), NM
<i>dimethyl fumarate starter pack</i>	5	TECFIDERA STARTER PACK	NDS, QL(120 EA per 180 days), NM
EXTAVIA	5		NDS, QL(14 EA per 28 days), NM
GILENYA	5		NDS, QL(30 EA per 30 days), NM
<i>glatiramer acetate 40 mg/ml Subcutaneous Solution Prefilled Syringe</i>	5	COPAXONE	NDS, QL(12 ML per 28 days), NM
<i>glatiramer acetate 20 mg/ml Subcutaneous Solution Prefilled Syringe</i>	5	COPAXONE	NDS, QL(30 ML per 30 days), NM
KESIMPTA	5		NDS, QL(1.2 ML per 28 days), NM
MAVENCLAD (10 TABS)	5		NDS, PA, NM
MAVENCLAD (4 TABS)	5		NDS, PA, NM
MAVENCLAD (5 TABS)	5		NDS, PA, NM
MAVENCLAD (6 TABS)	5		NDS, PA, NM
MAVENCLAD (7 TABS)	5		NDS, PA, NM
MAVENCLAD (8 TABS)	5		NDS, PA, QL(16 EA per 301 days), NM
MAVENCLAD (9 TABS)	5		NDS, PA, QL(18 EA per 301 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MAYZENT 2 mg Oral Tablet	5		NDS, QL(30 EA per 30 days), NM
MAYZENT 0.25 mg Oral Tablet	5		NDS, QL(150 EA per 30 days), NM
MAYZENT STARTER PACK 12 x 0.25 mg Oral Tablet Therapy Pack	5		NDS, QL(12 EA per 180 days), NM
OCREVUS	5		NDS, PA, QL(20 ML per 180 days), NM
PLEGRIDY	5		NDS, QL(1 ML per 28 days), NM
PLEGRIDY STARTER PACK	5		NDS, QL(1 ML per 28 days), NM
PONVORY	5		NDS, QL(30 EA per 30 days), NM
PONVORY STARTER PACK	5		NDS, QL(14 EA per 180 days), NM
REBIF	5		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE	5		NDS, QL(6 ML per 28 days), NM
REBIF REBIDOSE TITRATION PACK	5		NDS, QL(4.2 ML per 28 days), NM
REBIF TITRATION PACK	5		NDS, QL(4.2 ML per 28 days), NM
TYSABRI	5		NDS, PA, LA, NM
VUMERITY	5		NDS, QL(120 EA per 30 days), ST, NM
VUMERITY (STARTER)	5		NDS, QL(120 EA per 30 days), ST, NM
ZEPOSIA	5		NDS, QL(30 EA per 30 days), NM
ZEPOSIA 7-DAY STARTER PACK	5		NDS, QL(7 EA per 180 days), NM
ZEPOSIA STARTER KIT	5		NDS, QL(37 EA per 180 days), NM
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
<i>cevimeline hcl</i>	2	EVOXAC	
<i>chlorhexidine gluconate 0.12 % Mouth/Throat Solution</i>	2	PERIOGARD	
DENTA 5000 PLUS	2		
DENTAGEL	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
KEPIVANCE	5		NDS, NM
ORALONE	2		
PAROEX	2		
<i>pilocarpine hcl 5 mg Oral Tablet, 7.5 mg Oral Tablet</i>	2	SALAGEN	
<i>sf</i>	2		
<i>sf 5000 plus</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 1.1 % Dental Gel</i>	2		
<i>sodium fluoride 1.1 % Dental Cream</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 enamel 1.1-5 % Dental Gel</i>	2		
<i>sodium fluoride 5000 plus</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 ppm 1.1 % Dental Gel, 1.1 % Dental Paste</i>	2		
<i>sodium fluoride 5000 ppm 1.1 % Dental Cream</i>	2	PREVIDENT 5000 PLUS	
<i>sodium fluoride 5000 sensitive 1.1-5 % Dental Gel</i>	2		
<i>triamcinolone acetonide 0.1 % Mouth/Throat Paste</i>	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS			
Acne And Rosacea Agents			
<i>acitretin 25 mg Oral Capsule</i>	2	SORIATANE	PA
<i>acitretin 10 mg Oral Capsule, 17.5 mg Oral Capsule</i>	2	SORIATANE	PA, QL(60 EA per 30 days)
<i>adapalene 0.1 % External Cream, 0.3 % External Gel</i>	2	DIFFERIN	
<i>adapalene 0.1 % External Gel</i>	2	DIFFERIN	(Rx product only)
<i>adapalene-benzoyl peroxide 0.1-2.5 % External Gel</i>	2	EPIDUO	
AMNESTEEM	2		
<i>azelaic acid 15 % External Gel</i>	2	FINACEA	
<i>benzoyl peroxide-erythromycin</i>	2	BENZAMYCIN	
CLARAVIS	2		
<i>clindamycin phos-benzoyl perox 1-5 % External Gel</i>	2	BENZACLIN	
<i>clindamycin phos-benzoyl perox 1.2-5 % External Gel</i>	2	DUAC	
FABIOR	4		PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>isotretinoin 10 mg Oral Capsule, 20 mg Oral Capsule, 30 mg Oral Capsule, 40 mg Oral Capsule</i>	2	ABSORICA	
<i>metronidazole 0.75 % External Gel, 1 % External Gel</i>	2	METROGEL	
<i>metronidazole 0.75 % External Lotion</i>	2	METROLOTION	
MYORISAN	2		
ROSADAN 0.75 % (cream) External Kit	2		
<i>tazarotene 0.1 % External Cream</i>	2	TAZORAC	
TAZORAC 0.05 % External Cream, 0.05 % External Gel, 0.1 % External Gel	4		PA
<i>tretinoin 0.05 % External Gel</i>	2	ATRALIN	PA
<i>tretinoin 0.01 % External Gel, 0.025 % External Cream, 0.025 % External Gel, 0.05 % External Cream, 0.1 % External Cream</i>	2	RETIN-A	PA
<i>tretinoin microsphere 0.04 % External Gel, 0.1 % External Gel</i>	4	RETIN-A	PA
<i>tretinoin microsphere pump</i>	4	RETIN-A	PA
ZENATANE	2		
Dermatitis And Pruritus Agents			
ALA SCALP	2		
<i>ala-cort 1 % External Cream</i>	2	ALA-CORT	
ALA-SCALP	2		
<i>alclometasone dipropionate</i>	2	ACLOVATE	
<i>amcinonide 0.1 % External Cream, 0.1 % External Ointment</i>	2	CYCLOCORT	
<i>amcinonide 0.1 % External Lotion</i>	2	CYCLOCORT	
<i>ammonium lactate 12 % External Cream, 12 % External Lotion</i>	2	LAC-HYDRIN	
<i>betamethasone dipropionate 0.05 % External Cream</i>	2	DIPROSONE	
<i>betamethasone dipropionate 0.05 % External Lotion</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % External Gel, 0.05 % External Ointment</i>	2	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % External Lotion</i>	2	DIPROLENE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>betamethasone valerate 0.1 % External Cream, 0.1 % External Ointment</i>	2	BETA-VAL	
<i>betamethasone valerate 0.1 % External Lotion</i>	2	BETA-VAL	
BYLVAY 1200 mcg Oral Capsule	5		NDS, PA, QL(150 EA per 30 days), NM
BYLVAY 400 mcg Oral Capsule	5		NDS, PA, QL(450 EA per 30 days), NM
BYLVAY (PELLETS) 600 mcg Oral Capsule Sprinkle	5		NDS, PA, QL(300 EA per 30 days), NM
BYLVAY (PELLETS) 200 mcg Oral Capsule Sprinkle	5		NDS, PA, QL(900 EA per 30 days), NM
<i>calcipotriene-betameth diprop 0.005-0.064 % External Ointment</i>	4	TACLONEX	QL(400 GM per 28 days)
<i>clobetasol prop emollient base</i>	2	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate 0.05 % External Solution</i>	2	CLOBEX	QL(50 ML per 30 days)
<i>clobetasol propionate 0.05 % External Ointment</i>	2	CLOBEX	QL(120 GM per 30 days)
<i>clobetasol propionate 0.05 % External Lotion, 0.05 % External Shampoo</i>	2	CLODAN	QL(118 ML per 30 days)
<i>clobetasol propionate 0.05 % External Liquid</i>	2	CLODAN	QL(125 ML per 30 days)
<i>clobetasol propionate 0.05 % External Foam</i>	2	OLUX	QL(100 GM per 30 days)
<i>clobetasol propionate 0.05 % External Gel</i>	2	TEMOVATE	QL(120 GM per 30 days)
<i>clobetasol propionate 0.05 % External Cream</i>	2	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate e</i>	2	TEMOVATE-E	QL(120 GM per 30 days)
<i>clobetasol propionate emulsion</i>	2	OLUX-E	QL(100 GM per 30 days)
<i>clocortolone pivalate</i>	2	CLODERM	
<i>desonide 0.05 % External Cream, 0.05 % External Ointment</i>	2	DESOWEN	
<i>desonide 0.05 % External Lotion</i>	2	DESOWEN	
<i>desoximetasone 0.05 % External Cream, 0.05 % External Gel, 0.05</i>	2	TOPICORT	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
% External Ointment, 0.25 % External Cream, 0.25 % External Ointment			
<i>diflorasone diacetate</i>	2	PSORCON	
EPIFOAM	3		
EUCRISA	4		PA
<i>fluocinolone acetonide 0.01 % External Cream, 0.025 % External Cream, 0.025 % External Ointment</i>	2	SYNALAR	
<i>fluocinolone acetonide 0.01 % External Solution</i>	2	SYNALAR	
<i>fluocinolone acetonide body</i>	2	DERMA-SMOOTH/FS	
<i>fluocinolone acetonide scalp</i>	2	DERMA-SMOOTH/FS	
<i>fluocinonide 0.05 % External Cream, 0.05 % External Gel, 0.05 % External Ointment</i>	2	LIDEX	QL(120 GM per 30 days)
<i>fluocinonide 0.05 % External Solution</i>	2	LIDEX	QL(120 ML per 30 days)
<i>fluocinonide emulsified base</i>	2	LIDEX-E	QL(120 GM per 30 days)
<i>fluticasone propionate 0.005 % External Ointment, 0.05 % External Cream</i>	2	CUTIVATE	
<i>fluticasone propionate 0.05 % External Lotion</i>	2	CUTIVATE	
<i>halobetasol propionate 0.05 % External Cream, 0.05 % External Ointment</i>	2	ULTRAVATE	QL(100 GM per 30 days)
<i>hydrocortisone 1 % External Cream</i>	2	ALA-CORT	
<i>hydrocortisone 1 % External Ointment, 2.5 % External Cream, 2.5 % External Ointment</i>	2	HYTONE	
<i>hydrocortisone 2.5 % External Lotion</i>	2	HYTONE	
<i>hydrocortisone (perianal) 2.5 % External Cream</i>	2	ANUSOL HC	
<i>hydrocortisone (perianal) 1 % External Cream</i>	2	PROCTOCORT	
<i>hydrocortisone butyr lipo base</i>	2	LOCOID LIPOCREAM	
<i>hydrocortisone butyrate 0.1 % External Cream, 0.1 % External Ointment</i>	2	LOCOID	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydrocortisone butyrate 0.1 % External Solution</i>	2	LOCOID	
<i>hydrocortisone valerate</i>	2	WESTCORT	
<i>mometasone furoate 0.1 % External Cream, 0.1 % External Ointment</i>	2	ELOCON	
<i>mometasone furoate 0.1 % External Solution</i>	2	ELOCON	
<i>pimecrolimus</i>	2	ELIDEL	PA
<i>prednicarbate</i>	2	DERMATOP	
PROCTOFOAM HC 1-1 % External Foam	4		
PROCTO-MED HC 2.5 % External Cream	2		
PROCTO-PAK 1 % External Cream	2		
PROCTOSOL HC 2.5 % External Cream	2		
PROCTOZONE-HC 2.5 % External Cream	2		
<i>selenium sulfide 2.5 % External Lotion</i>	2	SELSUN	
<i>tacrolimus 0.03 % External Ointment, 0.1 % External Ointment</i>	2	PROTOPIC	QL(60 GM per 30 days)
<i>triamcinolone acetonide 0.025 % External Ointment, 0.1 % External Ointment, 0.5 % External Ointment</i>	2	KENALOG	
<i>triamcinolone acetonide 0.025 % External Lotion, 0.1 % External Lotion</i>	2	KENALOG	
<i>triamcinolone acetonide 0.05 % External Ointment</i>	2	TRIANEX	
<i>triamcinolone acetonide 0.025 % External Cream, 0.1 % External Cream, 0.5 % External Cream</i>	2	TRIDERM	
<i>triamcinolone in absorbbase</i>	2	TRIANEX	
TRIDERM	2		
Dermatological Agents, Other			
<i>betamethasone valerate 0.12 % External Foam</i>	2	LUXIQ	
<i>calcipotriene 0.005 % External Solution</i>	2	DOVONEX	QL(60 ML per 30 days)

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>calcipotriene 0.005 % External Cream, 0.005 % External Ointment</i>	2	DOVONEX	QL(120 GM per 30 days)
CALCITRENE	2		
<i>calcitriol 3 mcg/gm External Ointment</i>	2	VECTICAL	
<i>clotrimazole-betamethasone 1-0.05 % External Cream</i>	2	LOTRISONE	
<i>clotrimazole-betamethasone 1-0.05 % External Lotion</i>	2	LOTRISONE	
CONDYLOX	3		
<i>fluorouracil 0.5 % External Cream</i>	2	CARAC	
<i>fluorouracil 5 % External Cream</i>	2	EFUDEX	
<i>fluorouracil 2 % External Solution, 5 % External Solution</i>	2	EFUDEX	
<i>imiquimod 5 % External Cream</i>	2	ALDARA	
<i>imiquimod 3.75 % External Cream</i>	2	ZYCLARA	
<i>imiquimod pump</i>	2	ZYCLARA	
LEVULAN KERASTICK	4		
<i>methoxsalen rapid</i>	2	OXSORALEN-ULTRA	
<i>nystatin-triamcinolone</i>	2	MYCOLOG	
OTEZLA 30 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM
PICATO 0.05 % External Gel	4		QL(2 EA per 30 days)
PICATO 0.015 % External Gel	4		QL(3 EA per 30 days)
<i>podofilox 0.5 % External Solution</i>	2	CONDYLOX	
REGRANEX	5		NDS, PA, QL(30 GM per 30 days), NM
SANTYL	3		PA, QL(90 GM per 30 days)
<i>silver sulfadiazine 1 % External Cream</i>	2	SILVADENE	
SSD	2		
TOLAK	4		
UVADEX	4		
ZYCLARA PUMP 2.5 % External Cream	4		
Pediculicides/scabicides			
<i>lindane</i>	2		
<i>malathion</i>	2	OVIDE	
<i>permethrin 5 % External Cream</i>	2	ELIMITE	
<i>spinosad</i>	2		
Topical Anti-infectives			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>acyclovir 5 % External Ointment</i>	2	ZOVIRAX	
<i>acyclovir 5 % External Cream</i>	2	ZOVIRAX	QL(5 GM per 30 days)
<i>ciclopirox 0.77 % External Gel</i>	2	LOPROX	
<i>ciclopirox 1 % External Shampoo</i>	2	LOPROX	
<i>ciclopirox 8 % External Solution</i>	2	PENLAC	
<i>clindamycin phosphate 1 % External Gel</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Gel, 1 % External Lotion, 1 % External Solution</i>	2	CLEOCIN-T	
<i>clindamycin phosphate 1 % External Foam</i>	2	EVOCLIN	
DENAVIR	4		QL(5 GM per 30 days)
<i>ery</i>	2		
<i>erythromycin 2 % External Solution</i>	2	ERYDERM	
<i>erythromycin 2 % External Gel</i>	2	ERYGEL	
<i>gentamicin sulfate 0.1 % External Cream, 0.1 % External Ointment</i>	2	GARAMYCIN	
<i>mupirocin 2 % External Ointment</i>	2	BACTROBAN	
<i>mupirocin calcium</i>	2	BACTROBAN	
ELECTROLYTES/MINERALS/METALS/VITAMINS			
Electrolyte/mineral Replacement			
<i>calcium chloride 10 % Intravenous Solution</i>	2		
<i>calcium gluconate 10 % Intravenous Solution</i>	2		
CARBAGLU	5		NDS, PA, NM
<i>dextrose 5%/electrolyte #48</i>	2		
<i>dextrose in lactated ringers</i>	2		
<i>fluoritab</i>	2		
<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% Intravenous Solution, 20-5-0.2 meq/l-%-% Intravenous Solution, 20-5-0.225 meq/l-%-% Intravenous Solution, 20-5-0.45 meq/l-%-% Intravenous Solution, 20-5-0.9 meq/l-%-% Intravenous Solution, 30-5-0.45 meq/l-%-% Intravenous Solution, 40-5-0.45 meq/l-%-% Intravenous Solution, 40-5-0.9 meq/l-%-% Intravenous Solution</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>kcl-lactated ringers-d5w</i>	2		
KLOR-CON 8 meq Oral Tablet Extended Release	3		
KLOR-CON 10	3		
KLOR-CON M10	2		
KLOR-CON M15	2		
KLOR-CON M20	2		
KLOR-CON SPRINKLE 8 meq Oral Capsule Extended Release	2		
<i>magnesium sulfate 2 gm/50ml Intravenous Solution, 20 gm/500ml Intravenous Solution, 4 gm/100ml Intravenous Solution, 4 gm/50ml Intravenous Solution, 40 gm/1000ml Intravenous Solution, 50 % Injection Solution</i>	2		
<i>magnesium sulfate in d5w</i>	2		
OSMOPREP	4		
<i>potassium acetate 2 meq/ml Intravenous Solution</i>	2		
<i>potassium chloride 20 meq Oral Packet</i>	2		
<i>potassium chloride 10 meq/100ml Intravenous Solution, 10 meq/50ml Intravenous Solution, 2 meq/ml Intravenous Solution, 20 meq/100ml Intravenous Solution, 20 meq/50ml Intravenous Solution, 40 meq/100ml Intravenous Solution</i>	2		
<i>potassium chloride 10 % Oral Solution, 20 MEQ/15ML (10%) Oral Solution, 40 MEQ/15ML (20%) Oral Solution</i>	2	K-SOL	
<i>potassium chloride crys er 10 meq Oral Tablet Extended Release</i>	2		
<i>potassium chloride crys er 15 meq Oral Tablet Extended Release, 20 meq Oral Tablet Extended Release</i>	2	KLOR-CON	
<i>potassium chloride er 20 meq Oral Tablet Extended Release</i>	2	K-TAB	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>potassium chloride er 10 meq Oral Tablet Extended Release, 8 meq Oral Tablet Extended Release</i>	2	KLOR-CON	
<i>potassium chloride er 10 meq Oral Capsule Extended Release, 8 meq Oral Capsule Extended Release</i>	2	MICRO-K	
<i>potassium chloride in dextrose</i>	2		
<i>potassium chloride in nacl</i>	2		
<i>potassium citrate er</i>	2	UROCIT-K	
PR NATAL 440 EC	2		
<i>ringers</i>	2		
<i>sodium acetate 2 meq/ml Intravenous Solution</i>	2		
<i>sodium chloride 0.45 % Intravenous Solution, 0.9 % Intravenous Solution, 2.5 meq/ml Injection Solution, 3 % Intravenous Solution, 5 % Intravenous Solution</i>	2		
<i>sodium chloride (pf)</i>	2		
<i>sodium fluoride 2.2 (1 F) mg Oral Tablet, 2.2 (1 F) mg Oral Tablet Chewable</i>	2		
<i>sodium fluoride 0.55 (0.25 F) mg Oral Tablet Chewable, 1.1 (0.5 F) mg Oral Tablet Chewable</i>	2	LURIDE	
<i>sodium fluoride 1.1 (0.5 F) mg/ml Oral Solution</i>	2	LURIDE	
<i>sodium phosphates 45 mmole/15ml Intravenous Solution</i>	2		
SUPREP BOWEL PREP KIT	4		
Electrolyte/mineral/metal Modifiers			
<i>deferasirox 125 mg Oral Tablet Soluble, 250 mg Oral Tablet Soluble, 500 mg Oral Tablet Soluble</i>	5	EXJADE	NDS, PA, NM
<i>deferasirox 180 mg Oral Tablet, 360 mg Oral Tablet, 90 mg Oral Tablet</i>	5	JADENU	NDS, PA, NM
<i>deferasirox 180 mg Oral Packet, 360 mg Oral Packet, 90 mg Oral Packet</i>	5	JADENU SPRINKLE	NDS, PA, NM
<i>deferasirox granules</i>	5	JADENU SPRINKLE	NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>deferiprone 500 mg Oral Tablet</i>	5	FERRIPROX	NDS, PA, NM
<i>deferoxamine mesylate</i>	2	DESFERAL	PA BvD
FERRIPROX 1000 mg Oral Tablet	5		NDS, PA, LA, NM
FERRIPROX TWICE-A-DAY	5		NDS, PA, LA, NM
JYNARQUE 45 & 15 mg Oral Tablet Therapy Pack, 60 & 30 mg Oral Tablet Therapy Pack, 90 & 30 mg Oral Tablet Therapy Pack	5		NDS, PA, QL(56 EA per 28 days), NM
JYNARQUE 15 mg Oral Tablet, 30 mg Oral Tablet	5		NDS, PA, QL(120 EA per 30 days), NM
<i>penicillamine 250 mg Oral Tablet</i>	2	DEPEN TITRATABS	
<i>trientine hcl</i>	5	SYPRINE	NDS, PA, NM
Electrolytes/minerals/metals/vitamins			
AMINOSYN II	4		PA BvD
AMINOSYN-PF	4		PA BvD
AMINOSYN-PF 7%	4		PA BvD
<i>azeschew prenatal/postnatal</i>	2		
<i>azesco</i>	2		
CLINISOL SF	4		PA BvD
CLINOLIPID	4		PA BvD
<i>c-nate dha</i>	2		
<i>complete natal dha 29-1-200 & 200 mg Oral Miscellaneous</i>	2		
<i>completenate</i>	2		
<i>dextrose 5 % Intravenous Solution</i>	2		
<i>dextrose 10 % Intravenous Solution, 20 % Intravenous Solution, 250 mg/ml Intravenous Solution, 40 % Intravenous Solution, 50 % Intravenous Solution, 70 % Intravenous Solution</i>	2		PA BvD
<i>dextrose-nacl</i>	2		
<i>dextrose-sodium chloride 2.5-0.45 % Intravenous Solution, 5-0.225 % Intravenous Solution, 5-0.3 % Intravenous Solution, 5-0.45 % Intravenous Solution, 5-0.9 % Intravenous Solution</i>	2		
DOJOLVI	5		NDS, PA, NM
INTRALIPID 20 % Intravenous Emulsion	3		PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
INTRALIPID 30 % Intravenous Emulsion	4		PA BvD
<i>jenliva prenatal/postnatal</i>	2		
<i>kosher prenatal plus iron</i>	2		
<i>levocarnitine 330 mg Oral Tablet</i>	2	CARNITOR	
<i>levocarnitine 1 gm/10ml Oral Solution</i>	2	CARNITOR	PA BvD
<i>levocarnitine sf</i>	2	CARNITOR	PA BvD
<i>m-natal plus</i>	2		
<i>mynatal plus</i>	2		
<i>mynatal-z</i>	2		
<i>mynate 90 plus</i>	2		
<i>neonatal + dha</i>	2		
<i>neonatal 19</i>	2		
<i>neonatal complete</i>	2		
<i>neonatal fe</i>	2		
NUTRILIPID	4		PA BvD
<i>one vite womens plus</i>	2		
<i>pnv tabs 20-1</i>	2		
<i>pnv tabs 29-1</i>	2		
<i>pnv-dha</i>	2		
<i>pnv-dha plus</i>	2		
<i>pnv-dha+docusate</i>	2		
<i>pnv-omega</i>	2		
<i>pnv-select</i>	2		
<i>pregen dha</i>	2		
<i>pregenna</i>	2		
PREMASOL	4		PA BvD
<i>prena 1 true</i>	2		
<i>prena1</i>	2		
<i>prena1 pearl</i>	2		
<i>prenaissance</i>	2		
<i>prenaissance plus</i>	2		
<i>prenara</i>	2		
<i>prenatal 27-1 mg Oral Tablet</i>	2		
<i>prenatal 19 Oral Tablet Chewable, 29-1 mg Oral Tablet, 29-1 mg Oral Tablet Chewable</i>	2		
<i>prenatal plus</i>	2		
<i>prenatal plus iron</i>	2		
<i>prenatal vitamin plus low iron</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>prenatvite complete</i>	2		
<i>prenatvite plus</i>	2		
<i>prenatvite rx</i>	2		
<i>preplus</i>	2		
<i>pretab</i>	2		
PROSOL	4		PA BvD
<i>relnate dha</i>	2		
<i>se-natal 19</i>	2		
<i>thrivite rx</i>	2		
TRAVASOL	4		PA BvD
<i>trinatal rx 1</i>	2		
<i>trinaz</i>	2		
<i>tristart dha</i>	2		
<i>tri-tabs dha</i>	2		
TROPHAMINE	3		PA BvD
<i>virt-c dha</i>	2		
<i>virt-nate dha</i>	2		
<i>virt-pn dha</i>	2		
<i>virt-pn plus</i>	2		
<i>vol-plus</i>	2		
<i>vol-tab rx</i>	2		
<i>vp-pnv-dha</i>	2		
<i>westab plus</i>	2		
<i>westgel dha</i>	2		
<i>zalvit</i>	2		
Phosphate Binders			
AURYXIA	5		NDS, PA, QL(360 EA per 30 days), NM
<i>calcium acetate 667 mg Oral Tablet</i>	2	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Tablet</i>	2	ELIPHOS	
<i>calcium acetate (phos binder) 667 mg Oral Capsule</i>	2	PHOSLO	
FOSRENOL 1000 mg Oral Packet, 750 mg Oral Packet	3		
<i>lanthanum carbonate 1000 mg Oral Tablet Chewable, 500 mg Oral Tablet Chewable, 750 mg Oral Tablet Chewable</i>	2	FOSRENOL	
<i>sevelamer carbonate</i>	2	REVELA	
VELPHORO	5		NDS, ST, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Potassium Binders			
KIONEX	2		
LOKELMA 5 gm Oral Packet	4		PA, QL(30 EA per 30 days)
LOKELMA 10 gm Oral Packet	4		PA, QL(34 EA per 30 days)
<i>sodium polystyrene sulfonate Oral Powder</i>	2	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml Oral Suspension, 30 gm/120ml Rectal Suspension, 50 gm/200ml Rectal Suspension</i>	2	SPS	
SPS	2		
VELTASSA	4		PA, QL(30 EA per 30 days)
GASTROINTESTINAL AGENTS			
Anti-constipation Agents			
<i>constulose</i>	2	CONSTULOSE	
<i>enulose</i>	2	CONSTULOSE	
GAVILYTE-C	2		
GAVILYTE-G	2		
GAVILYTE-N WITH FLAVOR PACK	2		
<i>generlac</i>	2	CONSTULOSE	
<i>lactulose 10 gm/15ml Oral Solution, 20 gm/30ml Oral Solution</i>	2	CONSTULOSE	
<i>lactulose encephalopathy</i>	2	CONSTULOSE	
LINZESS	3		QL(30 EA per 30 days)
<i>lubiprostone</i>	2	AMITIZA	QL(60 EA per 30 days)
MOVANTI-K	3		QL(30 EA per 30 days)
MOVIPREP	4		
<i>peg 3350-kcl-na bicarb-nacl</i>	2	NULYTELY	
<i>peg-3350/electrolytes</i>	2	GOLYTELY	
<i>peg-3350/electrolytes/ascorbat</i>	2	MOVIPREP	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm Oral Solution Reconstituted</i>	2	MOVIPREP	
PLENVU	4		
RELISTOR 8 mg/0.4ml Subcutaneous Solution	4		PA, QL(12 ML per 30 days)
RELISTOR 12 mg/0.6ml Subcutaneous Solution	4		(1 per day), PA, QL(18 ML per 30 days)
TRILYTE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Anti-diarrheal Agents			
<i>alosetron hcl</i>	2	LOTRONEX	QL(60 EA per 30 days)
<i>diphenoxylate-atropine 2.5-0.025 mg Oral Tablet</i>	2	LOMOTIL	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml Oral Liquid</i>	2	LOMOTIL	
<i>loperamide hcl 2 mg Oral Capsule</i>	2	IMODIUM	
XERMELO	5		NDS, PA, QL(90 EA per 30 days), LA, NM
XIFAXAN	4		PA
Antispasmodics, Gastrointestinal			
<i>atropine sulfate 1 mg/10ml Injection Solution Prefilled Syringe</i>	2		
<i>dicyclomine hcl 10 mg Oral Capsule, 20 mg Oral Tablet</i>	2	BENTYL	
<i>dicyclomine hcl 10 mg/5ml Oral Solution</i>	2	BENTYL	
<i>glycopyrrolate 0.2 mg/ml Injection Solution, 0.4 mg/2ml Injection Solution, 1 mg/5ml Injection Solution</i>	2		
<i>glycopyrrolate 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	ROBINUL	
<i>glycopyrrolate 4 mg/20ml Injection Solution</i>	2	ROBINUL	
<i>methscopolamine bromide 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	PAMINE	
<i>propantheline bromide 15 mg Oral Tablet</i>	2	PRO-BANTHINE	
Gastrointestinal Agents, Other			
CLENPIQ	4		
GATTEX	5		NDS, PA, LA, NM
PREPOPIK	4		
<i>ursodiol 300 mg Oral Capsule</i>	2	ACTIGALL	
<i>ursodiol 250 mg Oral Tablet, 500 mg Oral Tablet</i>	2	URSO	
Histamine2 (h2) Receptor Antagonists			
<i>cimetidine 200 mg Oral Tablet, 300 mg Oral Tablet, 400 mg Oral Tablet, 800 mg Oral Tablet</i>	2	TAGAMET	
<i>cimetidine hcl</i>	2	TAGAMET	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>famotidine 200 mg/20ml Intravenous Solution, 40 mg/4ml Intravenous Solution</i>	2		
<i>famotidine 20 mg Oral Tablet, 40 mg Oral Tablet</i>	1	PEPCID	GC
<i>famotidine 20 mg/2ml Intravenous Solution, 40 mg/5ml Oral Suspension Reconstituted</i>	2	PEPCID	
<i>famotidine premixed</i>	2	PEPCID	
<i>nizatidine 150 mg Oral Capsule, 300 mg Oral Capsule</i>	2	AXID	
<i>nizatidine 15 mg/ml Oral Solution</i>	2	AXID	
Protectants			
<i>misoprostol 100 mcg Oral Tablet, 200 mcg Oral Tablet</i>	2	CYTOTEC	
<i>sucralfate 1 gm Oral Tablet</i>	2	CARAFATE	
<i>sucralfate 1 gm/10ml Oral Suspension</i>	2	CARAFATE	
Proton Pump Inhibitors			
<i>esomeprazole magnesium 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release</i>	2	NEXIUM	
<i>esomeprazole magnesium 10 mg Oral Packet, 20 mg Oral Packet, 40 mg Oral Packet</i>	2	NEXIUM	ST
<i>esomeprazole sodium</i>	2	NEXIUM	PA
<i>lansoprazole 15 mg Oral Capsule Delayed Release, 30 mg Oral Capsule Delayed Release</i>	2	PREVACID	
<i>omeprazole 10 mg Oral Capsule Delayed Release, 20 mg Oral Capsule Delayed Release, 40 mg Oral Capsule Delayed Release</i>	1	PRILOSEC	GC
<i>pantoprazole sodium 20 mg Oral Tablet Delayed Release, 40 mg Oral Tablet Delayed Release</i>	1	PROTONIX	GC
<i>pantoprazole sodium 40 mg Intravenous Solution Reconstituted</i>	2	PROTONIX	
<i>rabeprazole sodium 20 mg Oral Tablet Delayed Release</i>	2	ACIPHEX	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>amondys 45</i>	5		NDS, PA, NM
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
ALDURAZYME	5		NDS, PA, NM
ARALAST NP	5		NDS, PA, NM
CEREZYME	5		NDS, PA, NM
CHOLBAM	5		NDS, PA, NM
CREON	3		
<i>cromolyn sodium 100 mg/5ml Oral Concentrate</i>	2	GASTROCROM	
CRYSVITA 10 mg/ml Subcutaneous Solution	5		NDS, PA, QL(2 ML per 28 days), NM
CRYSVITA 30 mg/ml Subcutaneous Solution	5		NDS, PA, QL(6 ML per 28 days), NM
CRYSVITA 20 mg/ml Subcutaneous Solution	5		NDS, PA, QL(8 ML per 28 days), NM
CYSTAGON	4		LA
ELAPRASE	5		NDS, PA, NM
ELELYSO	5		NDS, PA, LA, NM
ENDARI	5		NDS, PA, QL(180 EA per 30 days), NM
FABRAZYME	5		NDS, PA, NM
FIRDAPSE	5		NDS, PA, QL(240 EA per 30 days), NM
GALAFOLD	5		NDS, PA, QL(14 EA per 28 days), NM
GAMIFANT	5		NDS, PA, NM
MEPSEVII	5		NDS, PA, NM
<i>miglustat</i>	5	ZAVESCA	NDS, PA, QL(90 EA per 30 days), NM
NEXVIAZYME	5		NDS, PA, NM
NITYR	5		NDS, PA, NM
NULIBRY	5		NDS, PA, NM
ONPATTRO	5		NDS, PA, QL(15 ML per 21 days), NM
OXLUMO	5		NDS, PA, NM
PALYNZIQ 2.5 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4.5 ML per 30 days), NM
PALYNZIQ 10 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(15 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PALYNZIQ 20 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(90 ML per 30 days), NM
PROCYSBI 300 mg Oral Packet, 75 mg Oral Packet	5		NDS, PA, NM
PROCYSBI 25 mg Oral Capsule Delayed Release, 75 mg Oral Capsule Delayed Release	5		NDS, PA, LA, NM
PROLASTIN-C	5		NDS, PA, LA, NM
RAVICTI	5		NDS, PA, QL(525 ML per 30 days), LA, NM
REVCOVI	5		NDS, PA, NM
<i>sapropterin dihydrochloride 100 mg Oral Packet, 100 mg Oral Tablet, 500 mg Oral Packet</i>	5	KUVAN	NDS, PA, NM
<i>sodium phenylbutyrate 500 mg Oral Tablet</i>	5	BUPHENYL	NDS, NM
<i>sodium phenylbutyrate 3 gm/tsp Oral Powder</i>	5	BUPHENYL	NDS, NM
STRENSIQ	5		NDS, PA, LA, NM
TEGSEDI	5		NDS, PA, QL(6 ML per 28 days), NM
VILTEPSO	5		NDS, PA, NM
VPRIV	5		NDS, PA, LA, NM
VYNDAMAX	5		NDS, PA, QL(30 EA per 30 days), NM
VYNDAQEL	5		NDS, PA, QL(120 EA per 30 days), NM
ZENPEP	3		
ZOKINVY	5		NDS, PA, NM
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
<i>flavoxate hcl</i>	2		
MYRBETRIQ 25 mg Oral Tablet Extended Release 24 Hour, 50 mg Oral Tablet Extended Release 24 Hour	3		QL(30 EA per 30 days)
MYRBETRIQ 8 mg/ml Oral Suspension Reconstituted ER	3		PA, QL(300 ML per 30 days)
<i>oxybutynin chloride 5 mg Oral Tablet</i>	2	DITROPAN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>oxybutynin chloride 5 mg/5ml Oral Syrup</i>	2	DITROPAN	
<i>oxybutynin chloride er</i>	2	DITROPAN	
<i>solifenacin succinate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	VESICARE	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	2	DETROL	
<i>tolterodine tartrate er</i>	2	DETROL LA	QL(30 EA per 30 days)
<i>tropium chloride</i>	2	SANCTURA	
<i>tropium chloride er</i>	2	SANCTURA XR	
Benign Prostatic Hypertrophy Agents			
<i>alfuzosin hcl er</i>	1	UROXATRAL	GC
<i>dutasteride 0.5 mg Oral Capsule</i>	2	AVODART	
<i>finasteride 5 mg Oral Tablet</i>	1	PROSCAR	GC
<i>tadalafil 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	CIALIS	PA, QL(30 EA per 30 days)
<i>tamsulosin hcl</i>	1	FLOMAX	GC
Genitourinary Agents, Other			
<i>bethanechol chloride 10 mg Oral Tablet, 25 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	2	URECHOLINE	
ELMIRON	3		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (adrenal)			
<i>betamethasone dipropionate 0.05 % External Ointment</i>	2	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % External Cream</i>	2	DIPROLENE	
<i>betamethasone sod phos & acet 6 (3-3) mg/ml Injection Suspension</i>	2	CELESTONE SOLUSPAN	
<i>cortisone acetate 25 mg Oral Tablet</i>	2	CORTONE	
<i>dexamethasone 1 mg Oral Tablet, 1.5 mg (21) Oral Tablet Therapy Pack, 1.5 mg (35) Oral Tablet Therapy Pack, 2 mg Oral Tablet</i>	2		
<i>dexamethasone 0.5 mg/5ml Oral Solution</i>	2		
<i>dexamethasone 0.5 mg/5ml Oral Elixir</i>	2	BAYCADRON	
<i>dexamethasone 0.5 mg Oral Tablet, 0.75 mg Oral Tablet, 1.5 mg</i>	2	DECADRON	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Oral Tablet, 4 mg Oral Tablet, 6 mg Oral Tablet</i>			
<i>dexamethasone 1.5 mg (51) Oral Tablet Therapy Pack</i>	2	DEXPAK 13 DAY	
DEXAMETHASONE INTENSOL	4		
<i>dexamethasone sod phosphate pf 10 mg/ml Injection Solution</i>	2		
<i>dexamethasone sodium phosphate 100 mg/10ml Injection Solution, 120 mg/30ml Injection Solution, 20 mg/5ml Injection Solution, 4 mg/ml Injection Solution</i>	2		
<i>dexamethasone sodium phosphate 10 mg/ml Injection Solution</i>	2	HEXADROL	
EMFLAZA 36 mg Oral Tablet	5		NDS, PA, LA, NM
EMFLAZA 22.75 mg/ml Oral Suspension	5		NDS, PA, LA, NM
EMFLAZA 18 mg Oral Tablet	5		NDS, PA, QL(30 EA per 30 days), LA, NM
EMFLAZA 30 mg Oral Tablet, 6 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), LA, NM
<i>fludrocortisone acetate 0.1 mg Oral Tablet</i>	2	FLORINEF	
<i>hydrocortisone 10 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet</i>	2	CORTEF	
<i>methylprednisolone 16 mg Oral Tablet, 32 mg Oral Tablet, 4 mg Oral Tablet, 4 mg Oral Tablet Therapy Pack, 8 mg Oral Tablet</i>	2	MEDROL	
<i>methylprednisolone acetate 40 mg/ml Injection Suspension, 80 mg/ml Injection Suspension</i>	2	DEPO-MEDROL	
<i>methylprednisolone sodium succ 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted</i>	2	SOLU-MEDROL	
<i>prednisolone 15 mg/5ml Oral Solution</i>	2	PRELONE	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>prednisolone sodium phosphate 25 mg/5ml Oral Solution</i>	2		PA BvD
<i>prednisolone sodium phosphate 10 mg tab disint, 15 mg tab disint, 30 mg tab disint</i>	2	ORAPRED	PA BvD
<i>prednisolone sodium phosphate 15 mg/5ml Oral Solution</i>	2	ORAPRED	PA BvD
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml Oral Solution</i>	2	PEDIAPRED	PA BvD
<i>prednisone 10 mg (21) Oral Tablet Therapy Pack, 10 mg (48) Oral Tablet Therapy Pack, 5 mg (21) Oral Tablet Therapy Pack, 5 mg (48) Oral Tablet Therapy Pack</i>	2		
<i>prednisone 1 mg Oral Tablet, 10 mg Oral Tablet, 2.5 mg Oral Tablet, 20 mg Oral Tablet, 5 mg Oral Tablet, 50 mg Oral Tablet</i>	2		PA BvD
<i>prednisone 5 mg/5ml Oral Solution</i>	2		PA BvD
SOLU-CORTEF	3		
SOLU-MEDROL 1000 mg Injection Solution Reconstituted, 125 mg Injection Solution Reconstituted, 40 mg Injection Solution Reconstituted, 500 mg Injection Solution Reconstituted	3		
<i>triamcinolone acetonide 40 mg/ml Injection Suspension</i>	2	KENALOG	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (pituitary)			
<i>desmopressin ace spray refrig</i>	2	MINIRIN	
<i>desmopressin acetate 0.1 mg Oral Tablet, 0.2 mg Oral Tablet</i>	2	DDAVP	
<i>desmopressin acetate 4 mcg/ml Injection Solution</i>	2	DDAVP	
<i>desmopressin acetate pf</i>	2	DDAVP PF	
<i>desmopressin acetate spray</i>	2	DDVAP	
INCRELEX	5		NDS, NM
LUPRON DEPOT-PED (1-MONTH) 11.25 mg Intramuscular Kit, 15 mg Intramuscular Kit	5		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LUPRON DEPOT-PED (3-MONTH) 11.25 mg (ped) Intramuscular Kit	5		NDS, NM
NOCDURNA	4		PA, QL(30 EA per 30 days)
NORDITROPIN FLEXPRO 10 mg/1.5ml Subcutaneous Solution Pen-injector, 15 mg/1.5ml Subcutaneous Solution Pen-injector, 30 mg/3ml Subcutaneous Solution Pen-injector, 5 mg/1.5ml Subcutaneous Solution Pen-injector	4		PA
ORLISSA 150 mg Oral Tablet	5		NDS, PA, QL(30 EA per 30 days), NM
ORLISSA 200 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM
SEROSTIM	5		NDS, PA, NM
VASOSTRICT 20 unit/ml Intravenous Solution	4		
ZORBTIVE	5		NDS, PA, NM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			
Anabolic Steroids			
ANADROL-50	3		
<i>oxandrolone 10 mg Oral Tablet, 2.5 mg Oral Tablet</i>	2	OXANDRIN	
Androgens			
ANDRODERM	4		
<i>danazol 100 mg Oral Capsule, 200 mg Oral Capsule, 50 mg Oral Capsule</i>	2	DANOCRINE	
<i>methitest</i>	4		
<i>testosterone 1.62 % Transdermal Gel, 12.5 MG/ACT (1%) Transdermal Gel, 20.25 MG/1.25GM (1.62%) Transdermal Gel, 20.25 MG/ACT (1.62%) Transdermal Gel, 25 MG/2.5GM (1%) Transdermal Gel, 40.5 MG/2.5GM (1.62%) Transdermal Gel, 50 MG/5GM (1%) Transdermal Gel</i>	2	ANDROGEL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>testosterone 10 MG/ACT (2%) Transdermal Gel</i>	2	FORTESTA	
<i>testosterone cypionate 100 mg/ml Intramuscular Solution, 200 mg/ml Injection Solution, 200 mg/ml Intramuscular Solution</i>	2	DEPO- TESTOSTERONE	
<i>testosterone enanthate 200 mg/ml Intramuscular Solution</i>	2	DELATESTRYL	
Estrogens			
DOTTI	2		
<i>estradiol 0.025 mg/24hr Transdermal Patch Weekly, 0.0375 mg/24hr Transdermal Patch Weekly, 0.05 mg/24hr Transdermal Patch Weekly, 0.06 mg/24hr Transdermal Patch Weekly, 0.075 mg/24hr Transdermal Patch Weekly, 0.1 mg/24hr Transdermal Patch Weekly</i>	2	CLIMARA	
<i>estradiol 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	ESTRACE	
<i>estradiol 0.1 mg/gm Vaginal Cream</i>	2	ESTRACE	
<i>estradiol 10 mcg Vaginal Tablet</i>	2	VAGIFEM	
<i>estradiol 0.025 mg/24hr Transdermal Patch Twice Weekly, 0.0375 mg/24hr Transdermal Patch Twice Weekly, 0.05 mg/24hr Transdermal Patch Twice Weekly, 0.075 mg/24hr Transdermal Patch Twice Weekly, 0.1 mg/24hr Transdermal Patch Twice Weekly</i>	2	VIVELLE-DOT	
<i>estradiol valerate 20 mg/ml Intramuscular Oil, 40 mg/ml Intramuscular Oil</i>	2	DELESTROGEN	
ESTRING	4		
FEMRING	4		QL(1 EA per 90 days)
LYLLANA	2		
MENEST	4		
MYFEMBREE	5		NDS, PA, QL(28 EA per 28 days), NM
ORIAHNN	5		NDS, PA, QL(56 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PREMARIN 0.3 mg Oral Tablet, 0.45 mg Oral Tablet, 0.625 mg Oral Tablet, 0.9 mg Oral Tablet, 1.25 mg Oral Tablet, 25 mg Injection Solution Reconstituted	3		
PREMARIN 0.625 mg/gm Vaginal Cream	3		
YUVAFEM	2		
Hormonal Agents, Stimulant/ Replacement/ Modifying (sex Hormones/ Modifiers)			
AFIRMELLE	2		
ALTAVERA	2		
<i>alyacen 1/35</i>	2		
<i>alyacen 7/7/7</i>	2		
AMABELZ	2		
AMETHIA	2		
AMETHIA LO	2		
APRI	2		
ARANELLE	2		
ASHLYNA	2		
AUBRA	2		
AUBRA EQ	2		
AUROVELA 1.5/30	2		
AUROVELA 1/20	2		
AUROVELA 24 FE	2		
AUROVELA FE 1.5/30	2		
AUROVELA FE 1/20	2		
AVIANE	2		
AYUNA	2		
AZURETTE	2		
BALZIVA	2		
BEKYREE	2		
BLISOVI 24 FE	2		
BLISOVI FE 1.5/30	2		
BLISOVI FE 1/20	2		
<i>briellyn</i>	2		
CAMRESE	2		
CAMRESE LO	2		
CAZIAN	2		
<i>chorionic gonadotropin 10000 unit Intramuscular Solution Reconstituted</i>	4	PREGNYL	PA

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
CRYSSELLE-28	2		
CYCLAFEM 1/35	2		
CYCLAFEM 7/7/7	2		
CYRED	2		
CYRED EQ	2		
DASETTA 1/35	2		
DASETTA 7/7/7	2		
DAYSEE	2		
DELYLA	2		
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) Oral Tablet</i>	2	BEKYREE 28 DAY	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg Oral Tablet</i>	2	DESOGEN	
DOLISHALE	2		
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg Oral Tablet</i>	2	BEYAZ	
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg Oral Tablet</i>	2	SAFYRAL	
<i>drospirenone-ethinyl estradiol 3-0.03 mg Oral Tablet</i>	2	YASMIN	
<i>drospirenone-ethinyl estradiol 3-0.02 mg Oral Tablet</i>	2	YAZ	
ELINEST	2		
ELURYNG	2		
EMOQUETTE	2		
ENPRESSE-28	2		
ENSKYCE	2		
ESTARYLLA	2		
<i>estradiol-norethindrone acet 0.5-0.1 mg Oral Tablet, 1-0.5 mg Oral Tablet</i>	2	ACTIVELLA	
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg Oral Tablet</i>	2	DEMULEN 1/35-28	
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg Oral Tablet</i>	2	DEMULEN 1/50-28	
<i>etonogestrel-ethinyl estradiol</i>	2	NUVARING	
FALMINA	2		
FAYOSIM	2		
FEMYNOR	2		
FYAVOLV	2		
GEMMILY	2		
GIANVI	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HAILEY 1.5/30	2		
HAILEY 24 FE	2		
ICLEVIA	2		
INTROVALE	2		
ISIBLOOM	2		
JAIMIESS	2		
JASMIEL	2		
JINTELI	2		
JOLESSA	2		
JULEBER	2		
JUNEL 1.5/30	2		
JUNEL 1/20	2		
JUNEL FE 1.5/30	2		
JUNEL FE 1/20	2		
JUNEL FE 24	2		
KAITLIB FE	2		
KALLIGA	2		
KARIVA	2		
KELNOR 1/35	2		
KELNOR 1/50	2		
KURVELO	2		
LARIN 1.5/30	2		
LARIN 1/20	2		
LARIN 24 FE	2		
LARIN FE 1.5/30	2		
LARIN FE 1/20	2		
LARISSIA	2		
LAYOLIS FE	2		
LEENA	2		
LESSINA	2		
LEVONEST	2		
<i>levonorgest-eth est & eth est</i>	2	QUARTETTE	
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg Oral Tablet</i>	2	LOSEASONIQUE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg Oral Tablet</i>	2	SEASONALE	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg Oral Tablet</i>	2	SEASONIQUE	
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg Oral Tablet</i>	2	ALESSE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levonorgestrel-ethinyl estrad 90-20 mcg Oral Tablet</i>	2	AMETHYST 28 DAY	
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg Oral Tablet</i>	2	NORDETTE	
<i>levonorg-eth estrad triphasic</i>	2	ENPRESSE 28 DAY	
LEVORA 0.15/30 (28)	2		
LILLOW	2		
LOJAIMIESS	2		
LOPREEZA	2		
LORYNA	2		
LOW-OGESTREL	2		
LO-ZUMANDIMINE	2		
LUTERA	2		
<i>marlissa</i>	2	NORDETTE	
<i>methylergonovine maleate 0.2 mg/ml Injection Solution</i>	2		
MICROGESTIN 1.5/30	2		
MICROGESTIN 1/20	2		
MICROGESTIN 24 FE	2		
MICROGESTIN FE 1.5/30	2		
MICROGESTIN FE 1/20	2		
MILI	2		
MIMVEY	2		
MONO-LINYAH	2		
NECON 0.5/35 (28)	2		
NIKKI	2		
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Tablet</i>	2	LOESTRIN 24 FE	
<i>norethin ace-eth estrad-fe 1.5-30 mg-mcg Oral Tablet</i>	2	LOESTRIN FE 1.5/30	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg Oral Tablet</i>	2	LOESTRIN FE 1/20	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) Oral Capsule</i>	2	TAYTULLA	
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg Oral Tablet</i>	2	LOESTRIN 1.5/30	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg Oral Tablet</i>	2	LOESTRIN 1/20	
<i>norethindrone-eth estradiol 1-5 mg-mcg Oral Tablet</i>	2	FEMHRT 1/5	
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg Oral Tablet</i>	2	FEMHRT LOW DOSE	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>norgestimate-eth estradiol</i>	2	ORTHO-CYCLEN (28)	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg Oral Tablet</i>	2	ORTHO TRI-CYCLEN	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg Oral Tablet</i>	2	ORTHO TRI-CYCLEN LO	
NORTREL 0.5/35 (28)	2		
NORTREL 1/35 (21)	2		
NORTREL 1/35 (28)	2		
NORTREL 7/7/7	2		
NYLIA 1/35	2		
NYMYO	2		
OCELLA	2		
OGESTREL	2		
ORSYTHIA	2		
PHILITH	2		
PIMTREA	2		
PIRMELLA 1/35	2		
PIRMELLA 7/7/7	2		
PORTIA-28	2		
PREMPHASE	3		
PREMPRO	3		
PREVIFEM	2		
RECLIPSEN	2		
RIVELSA	2		
SETLAKIN	2		
SIMLIYA	2		
SIMPESSE	2		
SPRINTEC 28	2		
SRONYX	2		
SYEDA	2		
TARINA 24 FE	2		
TARINA FE 1/20	2		
TARINA FE 1/20 EQ	2		
TAYSOFY	2		
TILIA FE	2		
TRI FEMYNOR	2		
TRI-ESTARYLLA	2		
TRI-LEGEST FE	2		
TRI-LINYAH	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TRI-LO-ESTARYLLA	2		
TRI-LO-MARZIA	2		
TRI-LO-MILI	2		
TRI-LO-SPRINTEC	2		
TRI-MILI	2		
TRI-NYMYO	2		
TRI-PREVIFEM	2		
TRI-SPRINTEC	2		
TRIVORA (28)	2		
TRI-VYLIBRA	2		
TRI-VYLIBRA LO	2		
TYBLUME 0.1-20 mg-mcg Oral Tablet Chewable	2		
TYDEMY	2		
VELIVET	2		
VESTURA	2		
VIENVA	2		
<i>viorele</i>	2	BEKYREE 28 DAY	
VOLNEA	2		
VYFEMLA	2		
VYLIBRA	2		
WERA	2		
WYMZYA FE	2		
XULANE	2		
ZAFEMY	2		
ZARAH	2		
ZOVIA 1/35 (28)	2		
ZOVIA 1/35E (28)	2		
ZUMANDIMINE	2		
Progestins			
CAMILA	2		
CRINONE	4		PA
DEBLITANE	2		
DEPO-PROVERA 400 mg/ml Intramuscular Suspension	4		
ELLA	3		
ERRIN	2		
HEATHER	2		
<i>hydroxyprogesterone caproate 1.25 gm/5ml Intramuscular Solution</i>	5	DELALUTIN	NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>hydroxyprogesterone caproate 250 mg/ml Intramuscular Oil</i>	5	MAKENA	NDS, NM
INCASSIA	2		
JENCYCLA	2		
LYLEQ	2		
LYZA	2		
<i>medroxyprogesterone acetate 150 mg/ml Intramuscular Suspension, 150 mg/ml Intramuscular Suspension Prefilled Syringe</i>	2	DEPO-PROVERA	
<i>medroxyprogesterone acetate 10 mg Oral Tablet, 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	PROVERA	
<i>megestrol acetate 20 mg Oral Tablet, 40 mg Oral Tablet</i>	2	MEGACE	
<i>megestrol acetate 40 mg/ml Oral Suspension, 400 mg/10ml Oral Suspension, 625 mg/5ml Oral Suspension</i>	2	MEGACE	
NORA-BE	2		
<i>norethindrone 0.35 mg Oral Tablet</i>	2	NOR-QD	
<i>norethindrone acetate 5 mg Oral Tablet</i>	2	AYGESTIN	
NORLYDA	2		
NORLYROC	2		
<i>progesterone 50 mg/ml Intramuscular Oil</i>	2		
<i>progesterone 100 mg Oral Capsule, 200 mg Oral Capsule</i>	2	PROMETRIUM	
SHAROBEL	2		
TULANA	2		
Selective Estrogen Receptor Modifying Agents			
DUAVEE	4		PA
<i>raloxifene hcl</i>	2	EVISTA	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (thyroid)			
EUTHYROX	2		
LEVO-T	4		
<i>levothyroxine sodium 100 mcg Intravenous Solution Reconstituted, 200 mcg Intravenous Solution</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>Reconstituted, 500 mcg Intravenous Solution Reconstituted</i>			
<i>levothyroxine sodium 100 mcg/5ml Intravenous Solution, 200 mcg/5ml Intravenous Solution, 500 mcg/5ml Intravenous Solution</i>	2		
<i>levothyroxine sodium 100 mcg Oral Tablet, 112 mcg Oral Tablet, 125 mcg Oral Tablet, 137 mcg Oral Tablet, 150 mcg Oral Tablet, 175 mcg Oral Tablet, 200 mcg Oral Tablet, 25 mcg Oral Tablet, 300 mcg Oral Tablet, 50 mcg Oral Tablet, 75 mcg Oral Tablet, 88 mcg Oral Tablet</i>	1	SYNTHROID	GC
LEVOXYL	4		
<i>liothyronine sodium 25 mcg Oral Tablet, 5 mcg Oral Tablet, 50 mcg Oral Tablet</i>	2	CYTOMEL	
<i>liothyronine sodium 10 mcg/ml Intravenous Solution</i>	2	TRIOSTAT	
SYNTHROID	4		
UNITHROID	4		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
Hormonal Agents, Suppressant (pituitary)			
<i>cabergoline</i>	2	DOSTINEX	
ELIGARD	4		
FENSOLVI (6 MONTH)	5		NDS, PA, QL(1 EA per 168 days), NM
FIRMAGON	4		
FIRMAGON (240 MG DOSE)	4		
<i>lanreotide acetate 120 mg/0.5ml Subcutaneous Solution</i>	5		NDS, NM
<i>leuprolide acetate 1 mg/0.2ml Injection Kit</i>	2	LUPRON	
LUPRON DEPOT (1-MONTH)	5		NDS, NM
LUPRON DEPOT (3-MONTH)	5		NDS, NM
LUPRON DEPOT (4-MONTH)	5		NDS, NM
LUPRON DEPOT (6-MONTH)	5		NDS, NM
LUPRON DEPOT-PED (1-MONTH) 7.5 mg Intramuscular Kit	5		NDS, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
LUPRON DEPOT-PED (3-MONTH) 30 mg (ped) Intramuscular Kit	5		NDS, NM
<i>octreotide acetate 100 mcg/ml Subcutaneous Solution Prefilled Syringe, 50 mcg/ml Subcutaneous Solution Prefilled Syringe, 500 mcg/ml Subcutaneous Solution Prefilled Syringe</i>	2		
<i>octreotide acetate 100 mcg/ml Injection Solution, 200 mcg/ml Injection Solution, 50 mcg/ml Injection Solution, 500 mcg/ml Injection Solution</i>	2	SANDOSTATIN	
<i>octreotide acetate 1000 mcg/ml Injection Solution</i>	5	SANDOSTATIN	NDS, NM
SIGNIFOR	5		NDS, PA, QL(60 ML per 30 days), LA, NM
SIGNIFOR LAR	5		NDS, PA, QL(1 EA per 28 days), LA, NM
SOMATULINE DEPOT	5		NDS, NM
SOMAVERT	5		NDS, LA, NM
SUPPRELIN LA	5		NDS, PA, NM
SYNAREL	5		NDS, NM
TRELSTAR MIXJECT	5		NDS, NM
TRIPTODUR	5		NDS, PA, QL(1 EA per 168 days), NM
VANTAS	4		
ZOLADEX	4		
HORMONAL AGENTS, SUPPRESSANT (THYROID)			
Antithyroid Agents			
<i>methimazole 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	TAPAZOLE	
<i>propylthiouracil 50 mg Oral Tablet</i>	2		
IMMUNOLOGICAL AGENTS			
Angioedema Agents			
CINRYZE	5		NDS, PA, QL(20 EA per 30 days), LA, NM
HAEGARDA	5		NDS, PA, QL(24 EA per 28 days), LA, NM
<i>icatibant acetate</i>	5	FIRAZYR	NDS, PA, QL(18 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ORLADEYO	5		NDS, PA, QL(28 EA per 28 days), NM
TAKHZYRO 300 mg/2ml Subcutaneous Solution	5		NDS, PA, QL(4 ML per 28 days), NM
Immunoglobulins			
ASCENIV	5		NDS, PA, NM
BIVIGAM	5		NDS, PA, NM
CUTAQUIG	5		NDS, PA, NM
CUVITRU	5		NDS, PA, NM
FLEBOGAMMA DIF	5		NDS, PA, NM
GAMASTAN	3		PA
GAMMAGARD	5		NDS, PA, NM
GAMMAGARD S/D LESS IGA	5		NDS, PA, NM
GAMMAPLEX 10 gm/100ml Intravenous Solution, 20 gm/200ml Intravenous Solution, 5 gm/50ml Intravenous Solution	5		NDS, PA, NM
GAMUNEX-C	5		NDS, PA, NM
HIZENTRA	5		NDS, PA, NM
HYQVIA	5		NDS, PA, LA, NM
PANZYGA	5		NDS, PA, NM
PRIVIGEN	5		NDS, PA, NM
XEMBIFY	5		NDS, PA, NM
Immunological Agents, Other			
ARCALYST	5		NDS, PA, LA, NM
AVSOLA	5		NDS, PA, NM
COSENTYX	5		NDS, PA, NM
COSENTYX (300 MG DOSE)	5		NDS, PA, NM
COSENTYX SENSOREADY (300 MG)	5		NDS, PA, NM
COSENTYX SENSOREADY PEN	5		NDS, PA, NM
DUPIXENT 100 mg/0.67ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(1.34 ML per 28 days), NM
DUPIXENT 200 mg/1.14ml Subcutaneous Solution Pen-injector, 200 mg/1.14ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4.56 ML per 28 days), NM
DUPIXENT 300 mg/2ml Subcutaneous Solution Pen-	5		NDS, PA, QL(8 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
injector, 300 mg/2ml Subcutaneous Solution Prefilled Syringe			
ILARIS	5		NDS, PA, QL(2 ML per 28 days), LA, NM
INFLECTRA	5		NDS, PA, NM
<i>leflunomide 10 mg Oral Tablet, 20 mg Oral Tablet</i>	2	ARAVA	
OLUMIANT	5		NDS, PA, QL(30 EA per 30 days), NM
ORENCIA 50 mg/0.4ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(1.6 ML per 28 days), NM
ORENCIA 87.5 mg/0.7ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(2.8 ML per 28 days), NM
ORENCIA 125 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4 ML per 28 days), NM
ORENCIA CLICKJECT	5		NDS, PA, QL(4 ML per 28 days), NM
RIDAURA	3		
RINVOQ 15 mg Oral Tablet Extended Release 24 Hour	5		NDS, PA, QL(30 EA per 30 days), NM
SAPHNELO	5		NDS, PA, QL(2 ML per 28 days), NM
SIMPONI 100 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(4 ML per 28 days), NM
SKYRIZI	5		NDS, PA, QL(1 ML per 28 days), NM
SKYRIZI (150 MG DOSE)	5		NDS, PA, QL(1 EA per 28 days), NM
SKYRIZI PEN	5		NDS, PA, QL(1 ML per 28 days), NM
STELARA 45 mg/0.5ml Subcutaneous Solution, 45 mg/0.5ml Subcutaneous Solution Prefilled Syringe, 90 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, NM
XELJANZ 10 mg Oral Tablet, 5 mg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
XELJANZ 1 mg/ml Oral Solution	5		NDS, PA, QL(300 ML per 30 days), NM
XELJANZ XR 11 mg Oral Tablet Extended Release 24 Hour	5		NDS, PA, QL(30 EA per 30 days), NM
XOLAIR 150 mg Subcutaneous Solution Reconstituted	5		NDS, PA, NM
XOLAIR 150 mg/ml Subcutaneous Solution Prefilled Syringe, 75 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, NM
Immunostimulants			
ACTIMMUNE	5		NDS, LA, NM
BESREMI	5		NDS, PA-NSO, QL(2 ML per 28 days), NM
INTRON A 10000000 unit Injection Solution Reconstituted, 18000000 unit Injection Solution Reconstituted, 50000000 unit Injection Solution Reconstituted	3		
INTRON A 10000000 unit/ml Injection Solution, 6000000 unit/ml Injection Solution	3		
PEGASYS 180 mcg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, QL(2 ML per 28 days), NM
PEGASYS 180 mcg/ml Subcutaneous Solution	5		NDS, QL(4 ML per 28 days), NM
PEGASYS PROCLICK 180 mcg/0.5ml Subcutaneous Solution Auto-injector	5		NDS, QL(2 ML per 28 days), NM
PEGINTRON	5		NDS, QL(2 EA per 28 days), NM
Immunosuppressants			
ACTEMRA 162 mg/0.9ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(3.6 ML per 28 days), NM
ACTEMRA 200 mg/10ml Intravenous Solution, 400 mg/20ml Intravenous Solution, 80 mg/4ml Intravenous Solution	5		NDS, PA, QL(40 ML per 30 days), NM
ACTEMRA ACTPEN	5		NDS, PA, QL(3.6 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ASTAGRAF XL	4		PA-NSO
ATGAM	3		
AZASAN	4		PA BvD
<i>azathioprine 100 mg Oral Tablet, 75 mg Oral Tablet</i>	2	AZASAN	PA BvD
<i>azathioprine 50 mg Oral Tablet</i>	2	IMURAN	PA BvD
<i>azathioprine sodium</i>	2	IMURAN	PA BvD
BENLYSTA 120 mg Intravenous Solution Reconstituted, 400 mg Intravenous Solution Reconstituted	5		NDS, PA, LA, NM
BENLYSTA 200 mg/ml Subcutaneous Solution Auto-injector, 200 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(8 ML per 28 days), NM
CIMZIA	5		NDS, PA, QL(3 EA per 28 days), NM
CIMZIA PREFILLED	5		NDS, PA, QL(3 EA per 28 days), NM
CIMZIA STARTER KIT	5		NDS, PA, QL(3 EA per 28 days), NM
<i>cyclosporine 100 mg Oral Capsule, 25 mg Oral Capsule</i>	2	SANDIMMUNE	PA BvD
<i>cyclosporine 50 mg/ml Intravenous Solution</i>	2	SANDIMMUNE	PA BvD
<i>cyclosporine modified 100 mg Oral Capsule, 25 mg Oral Capsule, 50 mg Oral Capsule</i>	2	NEORAL	PA BvD
<i>cyclosporine modified 100 mg/ml Oral Solution</i>	2	NEORAL	PA BvD
ENBREL 25 mg Subcutaneous Solution Reconstituted	5		NDS, PA, QL(8 EA per 28 days), NM
ENBREL 25 mg/0.5ml Subcutaneous Solution, 25 mg/0.5ml Subcutaneous Solution Prefilled Syringe, 50 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(8 ML per 28 days), NM
ENBREL MINI	5		NDS, PA, QL(8 ML per 28 days), NM
ENBREL SURECLICK	5		NDS, PA, QL(8 ML per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ENSPRYNG	5		NDS, PA, QL(3 ML per 28 days), NM
ENVARUSUS XR	4		PA BvD
<i>everolimus 2 mg Oral Tablet Soluble</i>	5	AFINITOR DISPERZ	NDS, PA-NSO, QL(112 EA per 28 days), NM
<i>everolimus 0.25 mg Oral Tablet, 0.5 mg Oral Tablet, 0.75 mg Oral Tablet</i>	2	ZORTRESS	PA-NSO
<i>everolimus 1 mg Oral Tablet</i>	5	ZORTRESS	NDS, PA-NSO, NM
GENGRAF 100 mg Oral Capsule, 25 mg Oral Capsule	2		PA BvD
GENGRAF 100 mg/ml Oral Solution	2		PA BvD
HUMIRA 10 mg/0.1ml Subcutaneous Prefilled Syringe Kit, 20 mg/0.2ml Subcutaneous Prefilled Syringe Kit, 20 mg/0.4ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(2 EA per 28 days), NM
HUMIRA 40 mg/0.4ml Subcutaneous Prefilled Syringe Kit, 40 mg/0.8ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(2 EA per 28 days), NM
HUMIRA PEDIATRIC CROHNS START 80 mg/0.8ml Subcutaneous Prefilled Syringe Kit	5		NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN 80 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN 40 mg/0.4ml Subcutaneous Pen-injector Kit, 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Pen-injector Kit	5		(1 starter kit) NDS, PA, QL(3 EA per 28 days), NM
HUMIRA PEN-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(6 EA per 28 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
HUMIRA PEN-PEDIATRIC UC START	5		(1 starter kit) NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-PS/UV/ADOL HS START 40 mg/0.8ml Subcutaneous Pen-injector Kit	5		NDS, PA, QL(4 EA per 28 days), NM
HUMIRA PEN-PSOR/UVEIT STARTER	5		NDS, PA, QL(3 EA per 28 days), NM
KEVZARA	5		NDS, PA, QL(2.28 ML per 28 days), NM
KINERET	5		NDS, PA, NM
LUPKYNIS	5		NDS, PA, QL(180 EA per 30 days), NM
<i>mercaptopurine 50 mg Oral Tablet</i>	2	PURINETHOL	
<i>methotrexate 2.5 mg Oral Tablet</i>	2		
<i>methotrexate (anti-rheumatic)</i>	2	RHEUMATREX	
<i>methotrexate sodium 2.5 mg Oral Tablet</i>	2		
<i>methotrexate sodium 250 mg/10ml Injection Solution, 50 mg/2ml Injection Solution</i>	2		
<i>methotrexate sodium 1 gm Injection Solution Reconstituted</i>	2		PA BvD
<i>methotrexate sodium (pf)</i>	2		
<i>mycophenolate mofetil 250 mg Oral Capsule, 500 mg Intravenous Solution Reconstituted, 500 mg Oral Tablet</i>	2	CELLCEPT	PA BvD
<i>mycophenolate mofetil 200 mg/ml Oral Suspension Reconstituted</i>	2	CELLCEPT	PA BvD
<i>mycophenolate mofetil hcl</i>	2	CELLCEPT	PA BvD
<i>mycophenolate sodium</i>	2	MYFORTIC	PA BvD
NULOJIX	5		NDS, PA-NSO, NM
OTEZLA 10 & 20 & 30 mg Oral Tablet Therapy Pack	5		NDS, PA, QL(60 EA per 30 days), NM
PROGRAF 0.2 mg Oral Packet, 1 mg Oral Packet	4		PA BvD
PROGRAF 5 mg/ml Intravenous Solution	4		PA BvD
RENFLEXIS	5		NDS, PA, NM
REZUROCK	5		NDS, PA, QL(60 EA per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
SANDIMMUNE 100 mg/ml Oral Solution	4		PA BvD
SIMPONI 50 mg/0.5ml Subcutaneous Solution Auto-injector, 50 mg/0.5ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(0.5 ML per 28 days), NM
SIMPONI 100 mg/ml Subcutaneous Solution Auto-injector	5		NDS, PA, QL(4 ML per 28 days), NM
SIMULECT	5		NDS, PA BvD, NM
<i>sirolimus 0.5 mg Oral Tablet, 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	RAPAMUNE	PA BvD
<i>sirolimus 1 mg/ml Oral Solution</i>	2	RAPAMUNE	PA BvD
<i>tacrolimus 0.5 mg Oral Capsule, 1 mg Oral Capsule, 5 mg Oral Capsule</i>	2	PROGRAF	PA BvD
THYMOGLOBULIN	5		NDS, NM
XATMEP	4		PA-NSO
XELJANZ XR 22 mg Oral Tablet Extended Release 24 Hour	5		NDS, PA, QL(30 EA per 30 days), NM
Vaccines			
ACTHIB	6		GC
ADACEL	6		GC
<i>bcg vaccine</i>	6		GC
BEXSERO	6		GC
BOOSTRIX	6		GC
DAPTACEL	6		GC
DENGVAXIA	6		GC
<i>diphtheria-tetanus toxoids dt</i>	6		GC
ENGERIX-B 10 mcg/0.5ml Injection Suspension, 20 mcg/ml Injection Suspension	6		PA BvD, GC
GARDASIL 9	6		GC
HAVRIX	6		GC
HIBERIX	6		GC
IMOVAX RABIES	6		PA BvD, GC
INFANRIX	6		GC
IPOL	6		GC
IXIARO	6		GC
KINRIX	6		GC
MENACTRA Intramuscular Solution	6		GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MENQUADFI Intramuscular Solution	6		GC
MENVEO	6		GC
M-M-R II	6		GC
PEDIARIX	6		GC
PEDVAX HIB	6		GC
PENTACEL	6		GC
<i>prehevbrio</i>	6		GC
PROQUAD	6		GC
QUADRACEL Intramuscular Suspension	6		GC
RBAVERT	6		PA BvD, GC
RECOMBIVAX HB	6		PA BvD, GC
ROTARIX	6		GC
ROTATEQ	6		GC
SHINGRIX	6		QL(2 EA per 999 days), GC
TDVAX	6		GC
TENIVAC	6		GC
<i>tetanus-diphtheria toxoids td 2-2 If/0.5ml Intramuscular Suspension</i>	6		GC
TICE BCG	4		
TRUMENBA	6		GC
TWINRIX 720-20 Intramuscular Suspension, 720-20 elu-mcg/ml Intramuscular Suspension Prefilled Syringe	6		GC
TYPHIM VI	6		GC
VAQTA	6		GC
VARIVAX	6		GC
VARIZIG	4		
VAXELIS	6		GC
YF-VAX	6		GC
ZOSTAVAX	6		GC
INFLAMMATORY BOWEL DISEASE AGENTS			
Aminosalicylates			
<i>balsalazide disodium</i>	2	COLAZAL	
DIPENTUM	4		
<i>mesalamine 800 mg Oral Tablet Delayed Release</i>	2	ASACOL HD	
<i>mesalamine 1000 mg Rectal Suppository</i>	2	CANASA	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mesalamine 400 mg Oral Capsule Delayed Release</i>	2	DELZICOL	
<i>mesalamine 1.2 gm Oral Tablet Delayed Release</i>	2	LIALDA	
<i>mesalamine 4 gm Rectal Enema</i>	2	ROWASA	
<i>mesalamine-cleanser</i>	2	ROWASA	
PENTASA	4		
<i>sulfasalazine 500 mg Oral Tablet, 500 mg Oral Tablet Delayed Release</i>	2	AZULFIDINE	
Glucocorticoids			
<i>budesonide 3 mg Oral Capsule Delayed Release Particles</i>	2	ENTOCORT	
<i>budesonide er 9 mg Oral Tablet Extended Release 24 Hour</i>	2	UCERIS	PA, QL(30 EA per 30 days)
COLOCORT	2		
<i>hydrocortisone 100 mg/60ml Rectal Enema</i>	2	CORTENEMA	
IRRIGATING SOLUTIONS			
Irrigating Solutions			
<i>acetic acid 0.25 % Irrigation Solution</i>	2		
<i>ringers irrigation</i>	2		
<i>sorbitol 3 % Irrigation Solution, 3.3 % Irrigation Solution</i>	2		
<i>sorbitol-mannitol</i>	2		
<i>sterile water for irrigation</i>	2		
<i>water for irrigation, sterile</i>	2		
MEDICAL DEVICES AND SUPPLIES			
Medical Devices And Supplies			
<i>1st tier unifine pentips</i>	2		
<i>1st tier unifine pentips plus</i>	2		
ABOUTTIME PEN NEEDLE	2		
ADVOCATE ALCOHOL PREP PADS	2		
ADVOCATE INSULIN PEN NEEDLES	2		
ADVOCATE INSULIN SYRINGE	2		
ALCOH-GLOVE CONTOURED WIPE	2		
<i>alcohol pads</i>	2		
<i>alcohol prep</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>alcohol preps</i>	2		
<i>alcohol swabs</i>	2		
ALCOHOL SWABSTICK	2		
<i>alcohol wipes</i>	2		
<i>alcoh-wipe</i>	2		
APLICARE ALCOHOL SWABSTICK	2		
ASSURE ID INSULIN SAFETY SYR	2		
ASSURE ID SAFETY PEN NEEDLES	2		
<i>aum mini pen needles</i>	2		
<i>aurora pen needles</i>	2		
<i>aurora unifine pentips</i>	2		
<i>autopen</i>	3		
BAND-AID GAUZE SMALL	2		
BD AUTOSHIELD	2		
BD AUTOSHIELD DUO	2		
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	2		
BD INSULIN SYRINGE	2		
BD INSULIN SYRINGE HALF-UNIT	2		
BD INSULIN SYRINGE MICROFINE	2		
BD INSULIN SYRINGE U/F	2		
BD INSULIN SYRINGE U/F 1/2UNIT	2		
BD INSULIN SYRINGE U-500	2		
BD INSULIN SYRINGE ULTRAFINE	2		
BD PEN	3		
BD PEN MINI	3		
BD PEN NEEDLE MICRO U/F	2		
BD PEN NEEDLE MINI U/F	2		
BD PEN NEEDLE NANO 2ND GEN	2		
BD PEN NEEDLE NANO U/F	2		
BD PEN NEEDLE ORIGINAL U/F	2		
BD PEN NEEDLE SHORT U/F	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
BD SAFETYGLIDE INSULIN SYRINGE	2		
BD SAFETY-LOK INSULIN SYRINGE	2		
BD SWAB SINGLE USE REGULAR	2		
BD SWABS SINGLE USE BUTTERFLY	2		
BD VEO INSULIN SYR U/F 1/2UNIT	2		
BD VEO INSULIN SYRINGE U/F	2		
BIOGUARD GAUZE SPONGES 2"X2" Pad	2		
CAREFINE PEN NEEDLES	2		
<i>careone insulin syringe</i>	2		
<i>careone unifine pentips</i>	2		
<i>careone unifine pentips plus</i>	2		
CARETOUCH ALCOHOL PREP	2		
CARETOUCH INSULIN SYRINGE	2		
CARETOUCH PEN NEEDLES	2		
CEQR SIMPLICITY 2U	3		
CLEVER CHOICE COMFORT EZ	2		
<i>clickfine pen needles 31G X 6 MM Miscellaneous, 31G X 8 MM Miscellaneous, 32G X 4 MM Miscellaneous</i>	2		
CLICKFINE PEN NEEDLES	2		
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 0.3 ml Miscellaneous, 29G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 0.3 ml Miscellaneous, 30G X 5/16" 0.5 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	2		
COMFORT EZ INSULIN SYRINGE	2		
COMFORT EZ MICRO PEN NEEDLES	2		
COMFORT EZ PEN NEEDLES	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
COMFORT EZ SHORT PEN NEEDLES	2		
COMFORT TOUCH ALCOHOL PREP	2		
COMFORT TOUCH INSULIN PEN NEED	2		
CURITY ALCOHOL PREPS	2		
CURITY ALCOHOL SWABS	2		
CURITY ALL PURPOSE SPONGES 2"X2" Pad	2		
CURITY GAUZE 2"X2" Pad	2		
CURITY GAUZE SPONGE 2"X2" Pad	2		
CURITY SPONGES 2"X2" Pad	2		
<i>cvs alcohol prep pads</i>	2		
<i>cvs gauze 2"X2" Pad</i>	2		
<i>cvs isopropyl alcohol wipes</i>	2		
<i>cvs prep</i>	2		
DERMACEA GAUZE SPONGE 2"X2" Pad	2		
DERMACEA IV DRAIN SPONGES 2"X2" Pad	2		
DERMACEA IV SPONGES	2		
DERMACEA NON-WOVEN SPONGES 2"X2" Pad	2		
DERMACEA TYPE VII GAUZE 2"X2" Pad	2		
DIATHRIVE PEN NEEDLE	2		
DROPLET INSULIN SYRINGE	2		
DROPLET MICRON	2		
DROPLET PEN NEEDLES	2		
DROPSAFE ALCOHOL PREP	2		
<i>dropsafe safety pen needles</i>	2		
<i>drug mart unifine pentips</i>	2		
<i>drug mart unifine pentips plus</i>	2		
<i>easy comfort alcohol pads</i>	2		
<i>easy comfort insulin syringe</i>	2		
<i>easy comfort pen needles</i>	2		
<i>easy glide pen needles</i>	2		
EASY TOUCH ALCOHOL PREP MEDIUM	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EASY TOUCH FLIPLOCK INSULIN SYR	2		
EASY TOUCH INSULIN SAFETY SYR	2		
EASY TOUCH INSULIN SYRINGE	2		
EASY TOUCH PEN NEEDLES	2		
EASY TOUCH SAFETY PEN NEEDLES	2		
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ml Miscellaneous, 30G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous	2		
<i>elite-thin insulin syringe</i>	2		
<i>eq1 alcohol swabs</i>	2		
<i>eq1 gauze 2"X2" Pad</i>	2		
<i>eq1 insulin syringe</i>	2		
<i>essentra wipes 9x9" 70 % Sheet</i>	2		
EXCILON IV SPONGES	2		
EXEL COMFORT POINT INSULIN SYR	2		
EXEL COMFORT POINT PEN NEEDLE	2		
FIFTY50 ALCOHOL PREP	2		
FIFTY50 PEN NEEDLES	2		
FIFTY50 SUPERIOR COMFORT SYR	2		
<i>freds pharmacy unifine pentip+</i>	2		
<i>freds pharmacy unifine pentips</i>	2		
FREESTYLE PRECISION INS SYR	2		
<i>gauze pads 2"X2" Pad</i>	2		
<i>gauze type vii medi-pak</i>	2		
<i>global alcohol prep ease</i>	2		
<i>global ease inject pen needles</i>	2		
<i>global easy glide insulin syr</i>	2		
<i>global easy glide pen needles</i>	2		
<i>global inject ease insulin syr</i>	2		
<i>global insulin syringes</i>	2		
GLUCOPRO INSULIN SYRINGE	2		
<i>gnp alcohol swabs</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>gnp clickfine pen needles</i>	2		
<i>gnp insulin syringe</i>	2		
<i>gnp insulin syringes</i>	2		
<i>gnp insulin syringes 28gx1/2"</i>	2		
<i>gnp insulin syringes 29gx1/2"</i>	2		
<i>gnp insulin syringes 30gx5/16"</i>	2		
<i>gnp insulin syringes 31gx5/16"</i>	2		
<i>gnp ulticare pen needles</i>	2		
GNP ULTIGUARD SAFEPACK NEEDLE	2		
<i>gnp ultra com insulin syringe</i>	2		
<i>goodsense clickfine pen needle</i>	2		
GOODSENSE PEN NEEDLE PENFINE	2		
<i>healthwise insulin syr/needle</i>	2		
<i>healthwise micron pen needles</i>	2		
<i>healthwise mini pen needles</i>	2		
<i>healthwise pen needles</i>	2		
<i>healthwise short pen needles</i>	2		
<i>healthwise unifine pentips</i>	2		
<i>healthy accents unifine pentip</i>	2		
<i>h-e-b incontrol alcohol</i>	2		
<i>h-e-b incontrol pen needles</i>	2		
H-E-B INCONTROL UNIFINE PENTIP	2		
<i>hm sterile alcohol prep</i>	2		
<i>hm sterile pads 2"X2" Pad</i>	2		
HM ULTICARE INSULIN SYRINGE	2		
HM ULTICARE MINI PEN NEEDLES	2		
HM ULTICARE SHORT PEN NEEDLES	2		
INPEN 100-BLUE-LILLY	3		
INPEN 100-BLUE-NOVO	3		
INPEN 100-GRAY-LILLY	3		
INPEN 100-GREY-NOVO	3		
INPEN 100-PINK-LILLY	3		
INPEN 100-PINK-NOVO	3		
<i>insulin syringe</i>	2		
<i>insulin syringe/needle</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>insulin syringe-needle u-100 29G X 1/2" 0.5 ml Miscellaneous, 29G X 1/2" 1 ml Miscellaneous, 30G X 5/16" 0.3 ml Miscellaneous, 30G X 5/16" 0.5 ml Miscellaneous, 30G X 5/16" 1 ml Miscellaneous, 31G X 1/4" 0.3 ml Miscellaneous, 31G X 1/4" 0.5 ml Miscellaneous, 31G X 1/4" 1 ml Miscellaneous, 31G X 5/16" 0.3 ml Miscellaneous, 31G X 5/16" 0.5 ml Miscellaneous, 31G X 5/16" 1 ml Miscellaneous</i>	2		
<i>insupen pen needles</i>	2		
INSUPEN SENSITIVE	2		
INSUPEN ULTRAFIN	2		
<i>isopropyl alcohol 70 % External Miscellaneous</i>	2		
<i>isopropyl alcohol wipes</i>	2		
<i>iv prep wipes</i>	2		
J & J GAUZE 2"X2" Pad	2		
KENDALL HYDROPHILIC FOAM DRESS 2"X2" Pad	2		
KENDALL HYDROPHILIC FOAM PLUS 2"X2" Pad	2		
<i>kinray insulin syringe</i>	2		
<i>kmart valu insulin syringe 29g</i>	2		
<i>kmart valu insulin syringe 30g</i>	2		
<i>kroger insulin syringe</i>	2		
<i>kroger pen needles</i>	2		
<i>leader insulin syringe</i>	2		
LEADER UNIFINE PENTIPS	2		
LEADER UNIFINE PENTIPS PLUS	2		
LITETOUCH INSULIN SYRINGE	2		
LITETOUCH PEN NEEDLES	2		
<i>longs insulin syringe</i>	2		
MAGELLAN INSULIN SAFETY SYR	2		
MARATHON MEDICAL PENTIPS	2		
MAXICOMFORT II PEN NEEDLE	2		
MAXI-COMFORT INSULIN SYRINGE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
MAXI-COMFORT SAFETY PEN NEEDLE	2		
MAXICOMFORT SYR 27G X 1/2"	2		
<i>medic insulin syringe</i>	2		
<i>medicine shoppe pen needles</i>	2		
<i>medpura alcohol pads</i>	2		
<i>meijer alcohol swabs</i>	2		
<i>meijer pen needles</i>	2		
MICRODOT PEN NEEDLE	2		
MIRASORB SPONGES 2"X2"			
Miscellaneous	2		
<i>mm insulin syringe/needle</i>	2		
MM PEN NEEDLES	2		
MONOJECT INSULIN SYRINGE	2		
MONOJECT ULTRA COMFORT SYRINGE	2		
<i>ms insulin syringe</i>	2		
NOVOFINE AUTOCOVER PEN NEEDLE	2		
NOVOFINE PEN NEEDLE	2		
NOVOFINE PLUS PEN NEEDLE	2		
NOVOPEN ECHO	3		
NOVOTWIST PEN NEEDLE	2		
OMNIPOD 5 PACK	3		
OMNIPOD DASH 5 PACK PODS	3		
OMNIPOD DASH SYSTEM	3		
OMNIPOD STARTER	3		
<i>pc unifine pentips</i>	2		
<i>pen needles</i>	2		
<i>pen needles 1/2"</i>	2		
<i>pen needles 3/16"</i>	2		
<i>pen needles 5/16"</i>	2		
PENTIPS	2		
PHARMACIST CHOICE ALCOHOL	2		
PRECISION SUREDOSE PLUS SYR	2		
PRECISION SURE-DOSE SYRINGE	2		
<i>preferred plus insulin syringe</i>	2		
<i>preferred plus unifine pentips</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
PREVENT DROPSAFE PEN NEEDLES	2		
PREVENT SAFETY PEN NEEDLES	2		
<i>pro comfort alcohol</i>	2		
PRO COMFORT INSULIN SYRINGE	2		
<i>pro comfort pen needles</i>	2		
PRODIGY INSULIN SYRINGE	2		
<i>pure comfort alcohol prep</i>	2		
<i>pure comfort pen needle</i>	2		
<i>px extra short pen needles</i>	2		
<i>px insulin syringe</i>	2		
<i>px mini pen needles</i>	2		
<i>px pen needle</i>	2		
<i>px shortlength pen needles</i>	2		
<i>qc alcohol swabs</i>	2		
<i>qc border island gauze</i>	2		
<i>qc pen needles</i>	2		
<i>qc sterile pads 2"X2" Pad</i>	2		
<i>qc unifine pentips</i>	2		
<i>ra alcohol swabs</i>	2		
<i>ra insulin syringe</i>	2		
<i>ra isopropyl alcohol wipes</i>	2		
<i>ra pen needles</i>	2		
<i>ra sterile 2"X2" Pad</i>	2		
<i>reality insulin syringe</i>	2		
<i>reality swabs</i>	2		
RELION ALCOHOL SWABS	2		
RELION INSULIN SYRINGE	2		
RELION MINI PEN NEEDLES	2		
RELION PEN NEEDLES	2		
RELION SHORT PEN NEEDLES	2		
RESTORE CONTACT LAYER 2"X2" Pad	2		
SAFESNAP INSULIN SYRINGE	2		
<i>safety insulin syringes</i>	2		
<i>saps care alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health alcohol prep</i>	2		
<i>saps health care alcohol prep</i>	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>sb alcohol prep</i>	2		
<i>sb insulin syringe</i>	2		
SECURESAFE INSULIN SYRINGE	2		
SECURESAFE SAFETY PEN NEEDLES	2		
SHOPKO ALCOHOL SWABS	2		
SHOPKO UNIFINE PENTIPS	2		
SHOPKO UNIFINE PENTIPS PLUS	2		
<i>sm alcohol prep Pad, 70 % Pad</i>	2		
<i>sm gauze 2"X2" Pad</i>	2		
<i>sm sterile 2"X2" Pad</i>	2		
<i>sterile 2"X2" Pad</i>	2		
<i>sterile gauze 2"X2" Pad</i>	2		
<i>sure comfort alcohol prep</i>	2		
<i>sure comfort insulin syringe</i>	2		
<i>sure comfort pen needles</i>	2		
SURE-FINE PEN NEEDLES	2		
SURE-JECT INSULIN SYRINGE	2		
SURE-PREP ALCOHOL PREP	2		
<i>surgical gauze sponge</i>	2		
<i>techlite insulin syringe</i>	2		
TECHLITE PEN NEEDLES	2		
<i>tgt alcohol swabs</i>	2		
THERAGAUZE 2"X2" Pad	2		
<i>todays health mini pen needles</i>	2		
<i>todays health pen needles</i>	2		
<i>todays health short pen needle</i>	2		
<i>topcare clickfine pen needles</i>	2		
<i>topcare ultra comfort ins syr</i>	2		
<i>true comfort alcohol prep pads</i>	2		
<i>true comfort insulin syringe</i>	2		
<i>true comfort pen needles</i>	2		
<i>true comfort pro alcohol prep</i>	2		
<i>true comfort pro insulin syr</i>	2		
<i>true comfort pro pen needles</i>	2		
TRUEPLUS 5-BEVEL PEN NEEDLES	2		
TRUEPLUS INSULIN SYRINGE	2		
TRUEPLUS PEN NEEDLES	2		
ULTICARE ALCOHOL SWABS	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ULTICARE INSULIN SAFETY SYR	2		
ULTICARE INSULIN SYRINGE	2		
ULTICARE MICRO PEN NEEDLES	2		
ULTICARE MINI PEN NEEDLES	2		
ULTICARE PEN NEEDLES 29G X 12.7MM Miscellaneous, 31G X 5 MM Miscellaneous	2		
ULTICARE SHORT PEN NEEDLES	2		
<i>ultiguard safepack pen needle</i>	2		
ULTIGUARD SAFEPACK SYR/NEEDLE	2		
<i>ultilet alcohol swabs</i>	2		
ULTILET INSULIN SYRINGE	2		
ULTILET INSULIN SYRINGE SHORT	2		
ULTILET PEN NEEDLE	2		
<i>ultra comfort insulin syringe</i>	2		
ULTRA FLO INSULIN PEN NEEDLES	2		
ULTRA FLO INSULIN SYR 1/2 UNIT	2		
ULTRA FLO INSULIN SYRINGE	2		
ULTRA THIN PEN NEEDLES	2		
<i>ultra-care alcohol prep pads</i>	2		
<i>ultracare insulin syringe</i>	2		
<i>ultracare pen needles</i>	2		
<i>ultra-comfort insulin syringe</i>	2		
ULTRA-THIN II INS SYR SHORT	2		
ULTRA-THIN II INSULIN SYRINGE	2		
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM Miscellaneous, 31G X 6 MM Miscellaneous	2		
ULTRA-THIN II PEN NEEDLE SHORT	2		
ULTRA-THIN II PEN NEEDLES	2		
UNIFINE PEN NEEDLES	2		
UNIFINE PENTIPS	2		
UNIFINE PENTIPS PLUS	2		
UNIFINE SAFECONTROL PEN NEEDLE	2		
UNIFINE ULTRA PEN NEEDLE	2		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>value health insulin syringe</i>	2		
<i>valumark pen needles</i>	2		
VANISHPOINT INSULIN SYRINGE	2		
V-GO 20	3		
V-GO 30	3		
V-GO 40	3		
VIDA MIA UNIFINE PENTIPS	2		
<i>vp insulin syringe</i>	2		
WEBCOL ALCOHOL PREP LARGE	2		
WEBCOL ALCOHOL PREP MEDIUM	2		
<i>wegmans unifine pentips plus</i>	2		
<i>zevrx pen needles</i>	2		
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
<i>alendronate sodium 35 mg Oral Tablet, 70 mg Oral Tablet</i>	1	FOSAMAX	QL(4 EA per 28 days), GC
<i>alendronate sodium 10 mg Oral Tablet, 5 mg Oral Tablet</i>	1	FOSAMAX	QL(30 EA per 30 days), GC
<i>alendronate sodium 70 mg/75ml Oral Solution</i>	2	FOSAMAX	
<i>calcitonin (salmon) 200 unit/act Nasal Solution</i>	2	MIACALCIN	
<i>calcitonin (salmon) 200 unit/ml Injection Solution</i>	2	MIACALCIN	PA BvD
<i>calcitriol 1 mcg/ml Intravenous Solution</i>	2	CALCIJEX	PA BvD
<i>calcitriol 0.25 mcg Oral Capsule, 0.5 mcg Oral Capsule</i>	2	ROCALTROL	PA BvD
<i>calcitriol 1 mcg/ml Oral Solution</i>	2	ROCALTROL	PA BvD
<i>cinacalcet hcl 60 mg Oral Tablet, 90 mg Oral Tablet</i>	2	SENSIPAR	PA BvD
<i>cinacalcet hcl 30 mg Oral Tablet</i>	2	SENSIPAR	PA BvD, QL(60 EA per 30 days)
<i>doxercalciferol 0.5 mcg Oral Capsule, 1 mcg Oral Capsule, 2.5 mcg Oral Capsule</i>	4	HECTOROL	PA BvD
<i>doxercalciferol 4 mcg/2ml Intravenous Solution</i>	4	HECTOROL	PA BvD

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
EVENITY	5		(2 syringes) NDS, PA, QL(2.34 ML per 30 days), NM
FOSAMAX PLUS D	3		
<i>ibandronate sodium 150 mg Oral Tablet</i>	2	BONIVA	
<i>ibandronate sodium 3 mg/3ml Intravenous Solution</i>	2	BONIVA	PA
MIACALCIN 200 unit/ml Injection Solution	3		PA BvD
NATPARA	5		NDS, PA, QL(2 EA per 28 days), LA, NM
<i>pamidronate disodium 30 mg Intravenous Solution Reconstituted, 90 mg Intravenous Solution Reconstituted</i>	2		PA BvD
<i>pamidronate disodium 30 mg/10ml Intravenous Solution, 6 mg/ml Intravenous Solution, 90 mg/10ml Intravenous Solution</i>	2		PA BvD
<i>paricalcitol 1 mcg Oral Capsule, 2 mcg Oral Capsule, 4 mcg Oral Capsule</i>	2	ZEMPLAR	PA BvD
<i>paricalcitol 5 mcg/ml Intravenous Solution</i>	3	ZEMPLAR	PA BvD
<i>paricalcitol 2 mcg/ml Intravenous Solution</i>	4	ZEMPLAR	PA BvD
PROLIA	4		PA, QL(1 ML per 180 days)
<i>risedronate sodium 150 mg Oral Tablet, 30 mg Oral Tablet, 35 mg Oral Tablet, 5 mg Oral Tablet</i>	2	ACTONEL	
<i>risedronate sodium 35 mg Oral Tablet Delayed Release</i>	2	ATELVIA	QL(4 EA per 28 days)
<i>teriparatide (recombinant) 620 mcg/2.48ml Subcutaneous Solution Pen-injector</i>	5		(1 pen) NDS, PA, QL(2.48 ML per 28 days), NM
TYMLOS	5		(1 pen) NDS, PA, QL(1.56 ML per 30 days), NM
XGEVA	5		NDS, PA-NSO, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>zoledronic acid 5 mg/100ml Intravenous Solution</i>	2	RECLAST	PA BvD
<i>zoledronic acid 4 mg/100ml Intravenous Solution, 4 mg/5ml Intravenous Concentrate</i>	2	ZOMETA	PA BvD
OPHTHALMIC AGENTS			
Ophthalmic Agents, Other			
AKTEN	4		
<i>atropine sulfate 1 % Ophthalmic Solution</i>	2	ISOPTO ATROPINE	
BLEPHAMIDE	4		
BLEPHAMIDE S.O.P.	3		
<i>cyclopentolate hcl 0.5 % Ophthalmic Solution, 1 % Ophthalmic Solution, 2 % Ophthalmic Solution</i>	2	CYCLOGYL	
<i>cyclosporine 0.05 % Ophthalmic Emulsion</i>	2		
CYSTARAN	5		NDS, LA, NM
<i>dorzolamide hcl-timolol mal</i>	2	COSOPT	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Ointment</i>	2	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 Ophthalmic Suspension</i>	2	MAXITROL	
<i>neomycin-polymyxin-gramicidin</i>	2	NEOSPORIN	
<i>neomycin-polymyxin-hc 3.5-10000-1 Ophthalmic Suspension</i>	2	CORTISPORIN	
OXERVATE	5		NDS, PA, QL(56 ML per 28 days), NM
<i>polymyxin b-trimethoprim</i>	2	POLYTRIM	
PRED-G	4		
<i>proparacaine hcl 0.5 % Ophthalmic Solution</i>	2	ALCAINE	
RESTASIS	4		
RESTASIS MULTIDOSE	4		
RESTASIS MULTIDOSE	4		
ROCKLATAN	3		ST
<i>sulfacetamide-prednisolone 10-0.23 % Ophthalmic Solution</i>	2	VASOCIDIN	
TEPEZZA	5		NDS, PA, NM
TOBRADEX 0.3-0.1 % Ophthalmic Ointment	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TOBRADEX ST	4		
<i>tobramycin-dexamethasone 0.3-0.1 % Ophthalmic Suspension</i>	2	TOBRADEX	
<i>tropicamide 0.5 % Ophthalmic Solution</i>	2		
<i>tropicamide 1 % Ophthalmic Solution</i>	2	MYDRIACYL	
Ophthalmic Anti-allergy Agents			
ALOCRIAL	4		
ALOMIDE	4		
ALTAFRIN	2		
<i>azelastine hcl 0.05 % Ophthalmic Solution</i>	2	OPTIVAR	
<i>cromolyn sodium 4 % Ophthalmic Solution</i>	2	OPTICROM	
<i>epinastine hcl</i>	2	ELESTAT	
<i>olopatadine hcl 0.2 % Ophthalmic Solution</i>	2	PATADAY	RX Only
<i>olopatadine hcl 0.1 % Ophthalmic Solution</i>	2	PATANOL	RX Only
Ophthalmic Anti-infectives			
<i>ak-poly-bac</i>	2	POLYSPORIN	
AZASITE	4		
<i>bacitracin 500 unit/gm Ophthalmic Ointment</i>	2	BACI-IM	
<i>bacitracin-polymyxin b 500-10000 unit/gm Ophthalmic Ointment</i>	2	POLYSPORIN	
<i>bacitra-neomycin-polymyxin-hc</i>	2	CORTISPORIN	
<i>erythromycin 5 mg/gm Ophthalmic Ointment</i>	2	ILOTYCIN	
<i>gatifloxacin 0.5 % Ophthalmic Solution</i>	2	ZYMAXID	
GENTAK	2		
<i>gentamicin sulfate 0.3 % Ophthalmic Solution</i>	2	GARAMYCIN	
<i>levofloxacin 0.5 % Ophthalmic Solution</i>	2	QUIXIN	
<i>moxifloxacin hcl 0.5 % Ophthalmic Solution</i>	2	VIGAMOX	
<i>moxifloxacin hcl (2x day)</i>	2	MOXEZA	
NATACYN	4		
<i>neomycin-bacitracin zn-polymyx</i>	2	NEOSPORIN	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
NEO-POLYCIN HC	2		
<i>ofloxacin 0.3 % Ophthalmic Solution</i>	2	OCUFLOX	
POLYCIN	2		
<i>sulfacetamide sodium 10 % Ophthalmic Solution</i>	2	BLEPH-10	
<i>sulfacetamide sodium 10 % Ophthalmic Ointment</i>	2	SODIUM SULAMYD	
<i>tobramycin 0.3 % Ophthalmic Solution</i>	2	TOBEX	
ZIRGAN	4		
Ophthalmic Anti-inflammatories			
ALREX	4		
<i>bromfenac sodium (once-daily)</i>	2	BROMDAY	
<i>dexamethasone sodium phosphate 0.1 % Ophthalmic Solution</i>	2	MAXIDEX	
<i>diclofenac sodium 0.1 % Ophthalmic Solution</i>	2	VOLTAREN	
<i>difluprednate</i>	2	DUREZOL	
FLAREX	4		
<i>fluorometholone 0.1 % Ophthalmic Suspension</i>	2	FML	
<i>flurbiprofen sodium</i>	2	OCUFEN	
FML	4		
FML FORTE	4		
<i>ketorolac tromethamine 0.5 % Ophthalmic Solution</i>	2	ACULAR	
<i>ketorolac tromethamine 0.4 % Ophthalmic Solution</i>	2	ACULAR LS	
<i>loteprednol etabonate 0.5 % Ophthalmic Suspension</i>	2	LOTEMAX	
MAXIDEX	4		
<i>prednisolone acetate 1 % Ophthalmic Suspension</i>	2	PRED FORTE	
<i>prednisolone sodium phosphate 1 % Ophthalmic Solution</i>	2		
XIIDRA	4		
Ophthalmic Beta-adrenergic Blocking Agents			
<i>betaxolol hcl 0.5 % Ophthalmic Solution</i>	2	BETOPTIC	
BETOPTIC-S	4		
<i>carteolol hcl</i>	1	OCUPRESS	GC

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>levobunolol hcl</i>	2	BETAGAN	
<i>timolol maleate 0.25 % Ophthalmic Solution, 0.5 % Ophthalmic Solution</i>	1	TIMOPTIC	GC
<i>timolol maleate 0.25 % Ophthalmic Gel Forming Solution, 0.5 % Ophthalmic Gel Forming Solution</i>	2	TIMOPTIC XE	
<i>timolol maleate (once-daily)</i>	1	ISTALOL	GC
Ophthalmic Intraocular Pressure Lowering Agents, Other			
<i>acetazolamide er</i>	2	DIAMOX	
ALPHAGAN P 0.1 % Ophthalmic Solution	3		
<i>apraclonidine hcl 0.5 % Ophthalmic Solution</i>	2	IOPIDINE	
<i>brimonidine tartrate 0.2 % Ophthalmic Solution</i>	2	ALPHAGAN	
<i>brimonidine tartrate 0.15 % Ophthalmic Solution</i>	2	ALPHAGAN P	
<i>brimonidine tartrate-timolol</i>	2		
<i>brinzolamide</i>	2	AZOPT	
COMBIGAN	3		
<i>dorzolamide hcl 2 % Ophthalmic Solution</i>	2	TRUSOPT	
<i>methazolamide 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	NEPTAZANE	
PHOSPHOLINE IODIDE	4		
<i>pilocarpine hcl 1 % Ophthalmic Solution, 2 % Ophthalmic Solution, 4 % Ophthalmic Solution</i>	2	ISOPTOCARPINE	
SIMBRINZA	3		
Ophthalmic Prostaglandin And Prostanoid Analogs			
<i>latanoprost 0.005 % Ophthalmic Solution</i>	1	XALATAN	GC
LUMIGAN	3		
RHOPRESSA	3		ST
<i>travoprost (bak free)</i>	2	TRAVATAN Z	ST
VYZULTA	3		
XELPROS	3		ST
ZIOPTAN	3		
OTIC AGENTS			
Otic Agents			
<i>acetic acid 2 % Otic Solution</i>	2	VOSOL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>ciprofloxacin hcl 0.2 % Otic Solution</i>	2	CETRAXAL	
<i>ciprofloxacin-dexamethasone</i>	2	CIPRODEX	
<i>fluocinolone acetonide 0.01 % Otic Oil</i>	2	DERMOTIC	
<i>hydrocortisone-acetic acid</i>	2	ACETASOL HC	
<i>neomycin-polymyxin-hc 1 % Otic Solution, 3.5-10000-1 Otic Solution, 3.5-10000-1 Otic Suspension</i>	2	CORTISPORIN	
<i>ofloxacin 0.3 % Otic Solution</i>	2	FLOXIN	
RESPIRATORY TRACT/ PULMONARY AGENTS			
Antihistamines			
<i>azelastine hcl 0.1 % Nasal Solution, 137 mcg/spray Nasal Solution</i>	2	ASTELIN	
<i>azelastine hcl 0.15 % Nasal Solution</i>	2	ASTEPRO	
<i>cetirizine hcl 1 mg/ml Oral Solution, 5 mg/5ml Oral Solution</i>	2	ZYRTEC	(Rx product only)
<i>cyproheptadine hcl 4 mg Oral Tablet</i>	2	PERIACTIN	AL, PA-HRM
<i>cyproheptadine hcl 2 mg/5ml Oral Syrup</i>	2	PERIACTIN	AL, PA-HRM
<i>desloratadine 5 mg Oral Tablet</i>	2	CLARINEX	QL(30 EA per 30 days)
<i>diphenhydramine hcl 50 mg/ml Injection Solution</i>	2	BENADRYL	
<i>hydroxyzine hcl 10 mg Oral Tablet, 25 mg Oral Tablet, 50 mg Oral Tablet</i>	2	ATARAX	
<i>hydroxyzine hcl 10 mg/5ml Oral Syrup</i>	2	ATARAX	
<i>levocetirizine dihydrochloride 5 mg Oral Tablet</i>	2	XYZAL	(Rx product only)
<i>olopatadine hcl 0.6 % Nasal Solution</i>	2	PATANASE	
<i>promethazine hcl 6.25 mg/5ml Oral Solution, 6.25 mg/5ml Oral Syrup</i>	2	PHENERGAN	AL, PA-HRM
Anti-inflammatories, Inhaled Corticosteroids			
ARNUITY ELLIPTA	3		
ASMANEX (120 METERED DOSES)	4		ST

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ASMANEX (14 METERED DOSES)	4		ST
ASMANEX (30 METERED DOSES)	4		ST
ASMANEX (60 METERED DOSES)	4		ST
ASMANEX HFA	4		ST
BECONASE AQ	4		PA
<i>budesonide 0.25 mg/2ml Inhalation Suspension, 0.5 mg/2ml Inhalation Suspension, 1 mg/2ml Inhalation Suspension</i>	2	PULMICORT	PA BvD
FLOVENT DISKUS	3		
FLOVENT HFA	3		
<i>flunisolide 25 MCG/ACT (0.025%) Nasal Solution</i>	2	NASALIDE	
<i>fluticasone propionate 50 mcg/act Nasal Suspension</i>	2	FLONASE	(Rx product only)
<i>mometasone furoate 50 mcg/act Nasal Suspension</i>	2	NASONEX	
PULMICORT FLEXHALER	3		
QVAR REDHALER	3		
Antileukotrienes			
<i>montelukast sodium 10 mg Oral Tablet, 4 mg Oral Packet, 4 mg Oral Tablet Chewable, 5 mg Oral Tablet Chewable</i>	2	SINGULAIR	
<i>zafirlukast</i>	2	ACCOLATE	
<i>zileuton er</i>	4	ZYFLO CR	QL(120 EA per 30 days)
Bronchodilators, Anticholinergic			
ATROVENT HFA	3		
INCRUSE ELLIPTA	3		
<i>ipratropium bromide 0.03 % Nasal Solution, 0.06 % Nasal Solution</i>	2	ATROVENT	
<i>ipratropium bromide 0.02 % Inhalation Solution</i>	2	ATROVENT	PA BvD
SPIRIVA HANDIHALER	3		
SPIRIVA RESPIMAT	3		
TUDORZA PRESSAIR	4		ST
YUPELRI	5		NDS, PA BvD, QL(90 ML per 30 days), NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
Bronchodilators, Sympathomimetic			
<i>albuterol sulfate 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</i>	2	ACCUNEB	PA BvD
<i>albuterol sulfate 2 mg Oral Tablet, 4 mg Oral Tablet</i>	2	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml Oral Syrup</i>	2	PROVENTIL	
<i>albuterol sulfate 2.5 mg/0.5ml Inhalation Nebulization Solution</i>	2	PROVENTIL	PA BvD
<i>albuterol sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution, (5 MG/ML) 0.5% Inhalation Nebulization Solution</i>	2	PROVENTIL	PA BvD
<i>albuterol sulfate er</i>	2	VOSPIRE ER	
<i>albuterol sulfate hfa</i>	2	PROAIR HFA	
<i>arformoterol tartrate</i>	2	BROVANA	PA
BREO ELLIPTA	3		
DULERA	4		
<i>epinephrine 0.3 mg/0.3ml Injection Solution Auto-injector</i>	2	ADRENACLICK	QL(4 EA per 30 days)
<i>epinephrine 0.15 mg/0.3ml Injection Solution Auto-injector</i>	2	EPIPEN JR	QL(4 EA per 30 days)
<i>fluticasone-salmeterol 113-14 mcg/act Inhalation Aerosol Powder Breath Activated, 232-14 mcg/act Inhalation Aerosol Powder Breath Activated, 55-14 mcg/act Inhalation Aerosol Powder Breath Activated</i>	2	AIRDUO	QL(1 EA per 30 days)
<i>formoterol fumarate 20 mcg/2ml Inhalation Nebulization Solution</i>	2	PERFOROMIST	PA
<i>levalbuterol hcl 1.25 mg/0.5ml Inhalation Nebulization Solution</i>	2	XOPENEX	PA BvD
<i>levalbuterol hcl 0.31 mg/3ml Inhalation Nebulization Solution, 0.63 mg/3ml Inhalation Nebulization Solution, 1.25 mg/3ml Inhalation Nebulization Solution</i>	2	XOPENEX	PA BvD
<i>levalbuterol tartrate</i>	2	XOPENEX HFA	
PROAIR RESPICLICK	3		
SEREVENT DISKUS	3		

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
STRIVERDI RESPIMAT	3		
<i>terbutaline sulfate 2.5 mg Oral Tablet, 5 mg Oral Tablet</i>	2	BRETHINE	
<i>terbutaline sulfate 1 mg/ml Injection Solution</i>	2	BRETHINE	
Cystic Fibrosis Agents			
BETHKIS	5		NDS, PA, QL(224 ML per 56 days), LA, NM
CAYSTON	5		NDS, PA, QL(84 ML per 28 days), LA, NM
KALYDECO	5		NDS, PA, QL(60 EA per 30 days), NM
ORKAMBI 100-125 mg Oral Packet, 150-188 mg Oral Packet	5		NDS, PA, QL(60 EA per 30 days), NM
ORKAMBI 100-125 mg Oral Tablet, 200-125 mg Oral Tablet	5		NDS, PA, QL(120 EA per 30 days), LA, NM
PULMOZYME 2.5 mg/2.5ml Inhalation Solution	5		NDS, PA, NM
SYMDEKO	5		NDS, PA, QL(60 EA per 30 days), NM
TOBI PODHALER	5		NDS, PA, QL(224 EA per 56 days), NM
<i>tobramycin 300 mg/4ml Inhalation Nebulization Solution</i>	5	BETHKIS	NDS, PA, QL(224 ML per 56 days), NM
<i>tobramycin 300 mg/5ml Inhalation Nebulization Solution</i>	5	TOBI	NDS, PA, QL(280 ML per 56 days), NM
TRIKAFTA	5		NDS, PA, QL(90 EA per 30 days), NM
Phosphodiesterase Inhibitors, Airways Disease			
<i>aminophylline 25 mg/ml Intravenous Solution</i>	2		
DALIRESP	4		PA, QL(30 EA per 30 days)
ELIXOPHYLLIN	2		
<i>theophylline 80 mg/15ml Oral Solution</i>	2		
<i>theophylline er 300 mg Oral Tablet Extended Release 12 Hour, 450 mg Oral Tablet Extended Release 12 Hour</i>	2	THEO-DUR	
<i>theophylline er 400 mg Oral Tablet Extended Release 24 Hour, 600</i>	2	UNIPHYL	

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>mg Oral Tablet Extended Release 24 Hour</i>			
<i>theophylline in d5w</i>	2		
Pulmonary Antihypertensives			
ADEMPAS	5		NDS, PA, QL(90 EA per 30 days), LA, NM
ALYQ	2		PA, QL(60 EA per 30 days)
<i>ambrisentan</i>	5	LETAIRIS	NDS, PA, QL(30 EA per 30 days), NM
<i>bosentan 125 mg Oral Tablet, 62.5 mg Oral Tablet</i>	5	TRACLEER	NDS, PA, QL(60 EA per 30 days), NM
<i>epoprostenol sodium</i>	2	FLOLAN	PA, LA
OPSUMIT	5		NDS, PA, QL(30 EA per 30 days), NM
<i>sildenafil citrate 20 mg Oral Tablet</i>	2	REVATIO	PA
<i>sildenafil citrate 10 mg/12.5ml Intravenous Solution</i>	2	REVATIO	PA
<i>sildenafil citrate 10 mg/ml Oral Suspension Reconstituted</i>	5	REVATIO	NDS, PA, NM
<i>tadalafil (pah)</i>	2	ADCIRCA	PA, QL(60 EA per 30 days)
TRACLEER 32 mg Oral Tablet Soluble	5		NDS, PA, QL(112 EA per 28 days), NM
TYVASO	5		NDS, PA, QL(81.2 ML per 28 days), LA, NM
TYVASO REFILL	5		NDS, PA, QL(81.2 ML per 28 days), LA, NM
TYVASO STARTER	5		NDS, PA, QL(81.2 ML per 28 days), LA, NM
UPTRAVI 1000 mcg Oral Tablet, 1200 mcg Oral Tablet, 1400 mcg Oral Tablet, 1600 mcg Oral Tablet, 400 mcg Oral Tablet, 600 mcg Oral Tablet, 800 mcg Oral Tablet	5		NDS, PA, QL(60 EA per 30 days), LA, NM
UPTRAVI 200 mcg Oral Tablet	5		NDS, PA, QL(140 EA per 28 days), LA, NM
UPTRAVI 200 & 800 mcg Oral Tablet Therapy Pack	5		NDS, PA, QL(200 EA per 180 days), LA, NM
VENTAVIS	5		NDS, PA, LA, NM
Pulmonary Fibrosis Agents			

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
ESBRIET 801 mg Oral Tablet	5		NDS, PA, QL(90 EA per 30 days), LA, NM
ESBRIET 267 mg Oral Capsule, 267 mg Oral Tablet	5		NDS, PA, QL(270 EA per 30 days), LA, NM
OFEV	5		NDS, PA, QL(60 EA per 30 days), LA, NM
Respiratory Tract Agents, Other			
<i>acetylcysteine 200 mg/ml Intravenous Solution</i>	2	ACETADOTE	PA BvD
<i>acetylcysteine 10 % Inhalation Solution, 20 % Inhalation Solution</i>	2	MUCOMYST	PA BvD
ADVAIR HFA	3		
ANORO ELLIPTA	3		
BREZTRI AEROSPHERE	3		QL(10.7 GM per 28 days)
<i>budesonide-formoterol fumarate</i>	2	SYMBICORT	ST
COMBIVENT RESPIMAT	3		
<i>cromolyn sodium 20 mg/2ml Inhalation Nebulization Solution</i>	2	INTAL	PA BvD
FASENRA	5		NDS, PA, QL(1 ML per 28 days), NM
FASENRA PEN	5		NDS, PA, QL(1 ML per 28 days), NM
<i>fluticasone-salmeterol 100-50 mcg/dose Inhalation Aerosol Powder Breath Activated, 250-50 mcg/dose Inhalation Aerosol Powder Breath Activated, 500-50 mcg/dose Inhalation Aerosol Powder Breath Activated</i>	2	ADVAIR DISKUS	QL(60 EA per 30 days)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml Inhalation Solution</i>	2	DUONEB	PA BvD
NUCALA 100 mg/ml Subcutaneous Solution Auto-injector, 100 mg/ml Subcutaneous Solution Prefilled Syringe	5		NDS, PA, QL(3 ML per 28 days), NM
NUCALA 100 mg Subcutaneous Solution Reconstituted	5		NDS, PA, QL(3 EA per 28 days), LA, NM
<i>remdesivir 100 mg Intravenous Solution Reconstituted</i>	5		NDS, NM
STIOLTO RESPIMAT	3		
SYNAGIS	5		NDS, PA, NM

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Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
TRELEGY ELLIPTA	3		QL(60 EA per 30 days)
VEKLURY 100 mg Intravenous Solution Reconstituted	5		NDS, NM
VEKLURY 100 mg/20ml Intravenous Solution	5		NDS, NM
WIXELA INHUB	2		QL(60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
<i>chlorzoxazone 500 mg Oral Tablet</i>	2	PARAFON FORTE	
<i>cyclobenzaprine hcl 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	FLEXERIL	
<i>metaxalone</i>	2	SKELAXIN	
<i>methocarbamol 500 mg Oral Tablet, 750 mg Oral Tablet</i>	2	ROBAXIN	
<i>methocarbamol 1000 mg/10ml Injection Solution</i>	2	ROBAXIN	
<i>orphenadrine citrate 30 mg/ml Injection Solution</i>	2	NORFLEX	
<i>orphenadrine citrate er</i>	2	NORFLEX	
SLEEP DISORDER AGENTS			
Sleep Promoting Agents			
<i>doxepin hcl 3 mg Oral Tablet, 6 mg Oral Tablet</i>	2	SILENOR	QL(30 EA per 30 days)
<i>estazolam</i>	2	PROSOM	NDS, QL(30 EA per 30 days), NM
<i>eszopiclone 1 mg Oral Tablet, 2 mg Oral Tablet</i>	2	LUNESTA	AL, PA-HRM, QL(30 EA per 30 days)
HETLIOZ	5		NDS, PA, QL(30 EA per 30 days), LA, NM
HETLIOZ LQ	5		NDS, PA, QL(150 ML per 30 days), NM
<i>ramelteon</i>	2	ROZEREM	QL(30 EA per 30 days)
<i>temazepam 15 mg Oral Capsule, 30 mg Oral Capsule, 7.5 mg Oral Capsule</i>	2	RESTORIL	NDS, QL(30 EA per 30 days), NM
<i>zaleplon</i>	2	SONATA	AL, PA-HRM, QL(30 EA per 30 days)
<i>zolpidem tartrate 10 mg Oral Tablet, 5 mg Oral Tablet</i>	2	AMBIEN	AL, PA-HRM, QL(30 EA per 30 days)
<i>zolpidem tartrate er</i>	2	AMBIEN CR	AL, PA-HRM, QL(30 EA per 30 days)
Wakefulness Promoting Agents			

¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Reference Name	Requirements/Limits ¹
<i>armodafinil</i>	2	NUVIGIL	PA
<i>modafinil</i>	2	PROVIGIL	PA
SUNOSI	4		PA, QL(30 EA per 30 days)
XYREM	5		NDS, PA, QL(540 ML per 30 days), LA, NM
XYWAV	5		NDS, PA, QL(540 ML per 30 days), NM

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ABILIFY MYCITE	66
ABILIFY MYCITE MAINTENANCE KIT	66
ABILIFY MYCITE STARTER KIT	66
<i>abiraterone acetate</i>	48
ABOUTTIME PEN NEEDLE	141
ABRAXANE	53
<i>acamprosate calcium</i>	19
<i>acarbose</i>	78
<i>acebutolol hcl</i>	89
<i>acetaminophen-codeine</i>	15
<i>acetaminophen-codeine #2</i>	15
<i>acetaminophen-codeine #3</i>	15
<i>acetaminophen-codeine #4</i>	16
<i>acetazolamide</i>	92
<i>acetazolamide er</i>	157
<i>acetazolamide sodium</i>	92
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<i>adapalene</i>	102
<i>adapalene-benzoyl peroxide</i>	102
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<i>adefovir dipivoxil</i>	70
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<i>albuterol sulfate hfa</i>	160
<i>alclometasone dipropionate</i>	103
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<i>amlodipine-olmesartan</i>	92	ASMANEX (30 METERED DOSES)	159
<i>amlodipine-valsartan-hctz</i>	92	ASMANEX (60 METERED DOSES)	159
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<i>autopen</i>	142	BD PEN	142
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<i>baclofen</i>	70	BESPONSA	61
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¹You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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This formulary was updated on February 23, 2022. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711, 8 a.m. to 8 p.m. (7 days a week, Oct. – Mar.) or 8 a.m. to 8 p.m. (Mon. – Fri., April – Sept.) or 8 a.m. to 2 p.m. (Sat, April- Sept.) or visit www.GeisingerGold.com