Network Health Medicare Advantage Plans

Network*Cares* Pharmacy (PPO SNP)
Network Health Medicare Explore (HMO)

2019 Formulary

(List of Covered Drugs)

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

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This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Network Health Medicare Advantage Plans' customer services, at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit networkhealth.com.

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 Network Health Insurance Corporation. When it refers to "plan" or "our plan," it means Network Health Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/22/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Network Health Medicare Advantage Plans 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 Network Health Medicare Advantage Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

- **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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Network Health Medicare Advantage Plans’ Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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.

The enclosed formulary is current as of 10/22/2019. 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. In limited instances, our plan may make changes to the formulary during the year which would reduce or discontinue coverage of a drug. Examples of this include removing dosage forms from the formulary, changing a preferred drug to a non-preferred drug even though a less expensive generic drug is not available and adding new prior authorization. If you are taking a medication that is affected by one of these changes you will receive notification in your monthly Part D Explanation of Benefits (EOB) and a separate letter will be mailed to you notifying you of the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on page number 9. 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 110. 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?

Network Health Medicare Advantage Plans 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:** Network Health Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Health Medicare Advantage Plans limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Network Health Medicare Advantage Plans 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Network Health Medicare Advantage Plans 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 Network Health Medicare Advantage Plans' formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Network Health Medicare Advantage Plans does not cover your drug, you have two options:

- You can ask customer service 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 Network Health Medicare Advantage Plans' 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 if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Network Health Medicare Advantage Plans 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, tiering or utilization restriction exception. **When you request a formulary tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can get an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

For more detailed information about your Network Health Medicare Advantage Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Network Health Medicare Advantage Plans, 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.

Network Health Medicare Advantage Plans' Formulary

The formulary below 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

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

The information in the Requirements/Limits column tells you if Network Health Medicare Advantage Plans has any special requirements for coverage of your drug.

Legend

PA	Prior Authorization
STEP	Step Therapy
QL	Quantity Limit
B/D PA	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call customer service at 800-316-3107, 24 hours a day/seven days a week. TTY users should call 800-899-2114.

Network*Cares*

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost-share may be less. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	**One Month**	**Three Months**	**One Month**	**Three Months**
Tier 1*	$0, $1.25, $3.40, $4, 15%	$0, $1.25, $3.40, $10, 15%	$0, $1.25, $3.40, $6, 15%	$0, $1.25, $3.40, $15, 15%
Tier 2*	$0, $1.25, $3.40, $8, 15%	$0, $1.25, $3.40, $20, 15%	$0, $1.25, $3.40, $14, 15%	$0, $1.25, $3.40, $35, 15%
Tier 3*	$0, $1.25, $3.40, $3.80, $8.50, $42, 15%	$0, $1.25, $3.40, $3.80, $8.50, $105, 15%	$0, $1.25, $3.40, $3.80, $8.50, $47, 15%	$0, $1.25, $3.40, $3.80, $8.50, $118, 15%
Tier 4*	$0, $1.25, $3.40, $3.80, $8.50, $84, 15%	$0, $1.25, $3.40, $3.80, $8.50, $210, 15%	$0, $1.25, $3.40, $3.80, $8.50, $91, 15%	$0, $1.25, $3.40, $3.80, $8.50, $228, 15%
Tier 5*	$0, $1.25, $3.40, $3.80, $8.50, 15%, 25%	N/A	$0, $1.25, $3.40, $3.80, $8.50, 15%, 25%	N/A

*During the deductible stage, you pay the full cost of your drugs. You stay in this stage until you have paid $400 for your drugs. Depending on your income level, your actual deductible and cost-share amounts may be less.

Network Health Medicare Explore

This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, you will pay the following cost-share. For more information, consult your Evidence of Coverage.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	**One Month**	**Three Months**	**One Month**	**Three Months**
Tier 1	$2	$5	$4	$10
Tier 2	$8	$20	$14	$35
Tier 3*	$42	$105	$47	$118
Tier 4*	$84	$210	$91	$228
Tier 5*	$28%	N/A	28%	N/A

*During the deductible stage, you pay the full cost of your drugs. You stay in this stage until you have paid $260 for your drugs. Depending on your income level, your actual deductible and cost-share amounts may be less.

Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA
AMBISOME	5	B/D PA
amphotericin b 50 mg vial	4	B/D PA
CANCIDAS	5	B/D PA
caspofungin acetate	5	B/D PA
clotrimazole 10 mg troche	2	
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	5	
ERAXIS (WATER DILUENT)	5	
fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	2	
fluconazole in dextrose, iso-osmotic	2	
fluconazole in sodium chloride, iso-osmotic (in 200mg/0.1l pggybk btl, in 200mg/0.1l piggyback, in 400mg/0.2l pggybk btl, in 400mg/0.2l piggyback)	2	
flucytosine (250 mg capsule, 500 mg capsule)	5	
griseofulvin ultramicrosize	4	
griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)	2	
itraconazole 100 mg capsule	2	PA
itraconazole 10 mg/ml solution	5	PA
ketoconazole 200 mg tablet	2	
MYCAMINE	5	
NOXAFIL 40 MG/ML SUSPENSION	5	QL (600 PER 30 DAYS)
NOXAFIL DR 100 MG TABLET	5	QL (240 PER 30 DAYS)
nystatin (150mm unit powder(ea), 500mm unit powder(ea), 500k unit tablet, 100000/ml oral susp)	2	
ORAVIG	4	
posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)	5	
SPORANOX 10 MG/ML SOLUTION	5	PA
terbinafine hcl 250 mg tablet	2	
TOLSURA	5	PA
voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)	5	
voriconazole 200 mg vial	2	
ANTIVIRALS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
abacavir sulfate (20 mg/ml solution, 300 mg tablet)	2	
abacavir sulfate/lamivudine	5	
abacavir sulfate/lamivudine/zidovudine	5	
acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)	2	
acyclovir sodium (50 mg/ml vial, 500 mg vial)	2	B/D PA
adefovir dipivoxil	5	
amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)	2	
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	
atazanavir sulfate	5	
ATRIPLA	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
BIKTARVY	5	
cidofovir 75 mg/ml vial	5	B/D PA
CIMDUO	5	
COMPLERA	5	
CRIXIVAN	3	
DELSTRIGO	5	
DESCOVY	5	
didanosine	2	
DOVATO	5	
EDURANT	5	
efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)	2	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
entecavir	5	
EPCLUSA	5	PA; QL (28 PER 28 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	3	
EVOTAZ	5	
famciclovir 125 mg tablet	2	QL (10 PER 5)
famciclovir 250 mg tablet	2	QL (60 PER 30)
famciclovir 500 mg tablet	2	QL (30 PER 10)
fosamprenavir calcium	5	QL (180 PER 30 DAYS)
FUZEON 90 MG VIAL	5	
ganciclovir sodium (500mg/10ml vial, 500 mg vial)	2	B/D PA
GENVOYA	5	
HARVONI 90-400 MG TABLET	5	PA; QL (28 PER 28 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 25 MG TABLET	3	
INVIRASE	5	
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD	5	
JULUCA	5	
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	
lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)	2	
lamivudine/zidovudine	2	
ledipasvir/sofosbuvir	5	PA; QL (28 PER 28 DAYS)
LEXIVA 50 MG/ML SUSPENSION	3	
lopinavir/ritonavir	5	
MAVYRET	5	PA; QL (84 PER 28 DAYS)
MODERIBA	4	
nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet)	2	
nevirapine 400 mg tab er 24h	4	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	4	
ODEFSEY	5	
oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)	2	
PIFELTRO	5	
PREVYMIS (240 MG/12 ML VIAL, 240 MG TABLET, 480 MG TABLET, 480 MG/24 ML VIAL)	5	
PREZCOBIX	5	
PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	5	
PREZISTA (75 MG TABLET, 150 MG TABLET)	4	
REBETOL 40 MG/ML SOLUTION	4	
RELENZA	4	
RESCRIPTOR	4	
RETROVIR 200 MG/20 ML VIAL	3	
REYATAZ 50 MG POWDER PACKET	5	
RIBASPHERE 200 MG CAPSULE	2	
RIBASPHERE 600 MG TABLET	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
RIBASPHERE RIBAPAK	5	
RIBATAB 600-600 MG DOSEPACK	5	
ribavirin (200 mg capsule, 200 mg tablet)	2	
ribavirin 6 g vial-neb	5	
rimantadine hcl	2	
ritonavir	3	
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	
SELZENTRY 25 MG TABLET	4	
sofosbuvir/velpatasvir	5	PA; QL (28 PER 28 DAYS)
SOVALDI 400 MG TABLET	5	PA; QL (28 PER 28 DAYS)
stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	2	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
SYNAGIS	5	LA
tenofovir disoproxil fumarate	5	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	
TIVICAY 10 MG TABLET	4	
TRIUMEQ	5	
TROGARZO	5	
TRUVADA	5	
TYBOST	3	
valacyclovir hcl 1000 mg tablet	2	QL (120 PER 30 DAYS)
valacyclovir hcl 500 mg tablet	2	QL (60 PER 30)
valganciclovir hcl 50 mg/ml soln recon	5	QL (1080 PER 30 DAYS)
valganciclovir hcl 450 mg tablet	5	QL (120 PER 30 DAYS)
VEMLIDY	5	QL (30 PER 30 DAYS)
VIDEX	4	
VIDEX EC 125 MG CAPSULE	4	
VIEKIRA PAK	5	PA
VIRACEPT	5	
VIRAMUNE 50 MG/5 ML SUSP	4	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	
VITEKTA	5	
VOSEVI	5	PA; QL (28 PER 28 DAYS)
XOFLUZA	3	
ZEPATIER	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ZIAGEN 20 MG/ML SOLUTION	4	
zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)	2	
CEPHALOSPORINS		
AVYCAZ	5	
cefaclor (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 375 mg/5ml susp recon, 500 mg tab er 12h, 500 mg capsule)	2	
cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)	2	
cefazolin sodium (1 g vial, 1 g vial port, 10 g vial, 20 g vial, 100 g bulkbaginj, 300g bulkbaginj, 500 mg vial)	3	
cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml froz.piggy, sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 2 g/50 ml piggyback)	3	
cefazolin sodium/dextrose,iso 2 g/100 ml froz.piggy	4	
cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)	2	
cefepime hcl (1 g vial, 2 g vial)	2	
cefepime hcl in dextrose 5 % in water	2	
cefepime hcl in iso-osmotic dextrose	2	
cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)	2	
cefotaxime sodium	3	
cefotetan disodium	2	
cefotetan disodium in iso-osmotic dextrose	2	
cefoxitin sodium	3	
cefoxitin sodium/dextrose, iso-osmotic	3	
cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)	2	
cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)	2	
ceftazidime (1 g vial, 2 g vial, 6 g vial)	3	
ceftazidime in dextrose 5% and water	3	
ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium in iso-osmotic dextrose (in 1 g/50 ml piggyback, in 1 g/50 ml froz.piggy, in 2 g/50 ml piggyback, in 2 g/50 ml froz.piggy)	3	
cefuroxime axetil	2	
cefuroxime sodium	3	
cephalexin (125 mg/5ml susp recon, 250 mg tablet, 250 mg capsule, 250 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 750 mg capsule)	2	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	4	
TAZICEF (1 GRAM VIAL, 1 GM ADD-VANTAGE VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	4	
TEFLARO	5	
ZERBAXA	5	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)	2	
azithromycin (500 mg vial port, 500 mg vial)	3	
clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet)	2	
DIFICID	5	PA; QL (20 PER 10)
E.E.S. 400	2	
ERY-TAB DR 250 MG TABLET	4	
ERY-TAB DR 333 MG TABLET	2	
ERY-TAB DR 500 MG TABLET	3	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	
ERYTHROCIN STEARATE	2	
erythromycin base (250 mg capsule dr, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)	2	
erythromycin base 250 mg tablet	4	
erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)	2	
MISCELLANEOUS ANTIINFECTIVES		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
albendazole 200 mg tablet	5	QL (120 PER 30 DAYS)
ALBENZA	5	QL (120 PER 30 DAYS)
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3	
amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)	3	
ARIKAYCE	5	LA
atovaquone	5	
atovaquone/proguanil hcl	2	
AZACTAM-ISO-OSMOTIC DEXTROSE	4	
aztreonam	3	
BACIIM	2	
bacitracin 50000 unit vial	2	
benznidazole	3	
BETHKIS	5	B/D PA; QL (224 PER 28)
BILTRICIDE	4	
CAPASTAT SULFATE	4	
CAYSTON	5	LA
chloramphenicol sod succinate	2	
chloroquine phosphate (250 mg tablet, 500 mg tablet)	2	

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN 900 MG-D5W-GALAXY	4	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	2	
clindamycin palmitate hcl	2	
clindamycin phosphate (150 mg/ml vial, 300 mg/2ml vial port, 600 mg/4ml vial port, 900mg/6ml vial port)	3	
clindamycin phosphate in 0.9 % sodium chloride	3	
clindamycin phosphate/dextrose 5 % in water	3	
COARTEM	3	
colistin (colistimethate na) 150 mg vial	2	
cycloserine 250 mg capsule	4	
DALVANCE	5	
dapsone (25 mg tablet, 100 mg tablet)	3	
daptomycin	5	
DARAPRIM	3	
DORIBAX 500 MG VIAL	4	
doripenem	4	
EMVERM	5	
ertapenem sodium	3	
ethambutol hcl	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)	3	
gentamicin sulfate in sodium chloride, iso-osmotic (in 60 mg/50ml piggyback, in 80 mg/50ml piggyback, in 80mg/100ml piggyback, in 100mg/0.1l piggyback, in 100mg/50ml piggyback, in 120mg/0.1l piggyback)	3	
gentamicin sulfate/pf 20 mg/2 ml vial	3	
hydroxychloroquine sulfate 200 mg tablet	2	
imipenem/cilastatin sodium	3	
INVANZ (1 GM VIAL, 1 GM ADD-VANTAGE VIAL)	4	
isoniazid (50 mg/5 ml solution, 100 mg/ml vial, 100 mg tablet, 300 mg tablet)	2	
ivermectin 3 mg tablet	2	
KITABIS PAK	5	
KRINTAFEL	4	
LINCOCIN	4	
lincomycin hcl 300 mg/ml vial	2	
linezolid (100 mg/5ml susp recon, 600 mg tablet)	5	
linezolid in 0.9 % sodium chloride	5	
linezolid in dextrose 5 % in water	5	
mefloquine hcl	2	
meropenem	4	
meropenem in 0.9 % sodium chloride	4	
METRO IV	4	
metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)	2	
metronidazole in sodium chloride	4	
NEBUPENT	4	B/D PA
neomycin sulfate 500 mg tablet	2	
ORBACTIV	5	
paromomycin sulfate 250 mg capsule	4	
PASER	4	
PENTAM 300	4	
pentamidine isethionate 300 mg vial	3	
polymyxin b sulfate	2	
praziquantel 600 mg tablet	3	
PRIFTIN	3	
primaquine phosphate	4	
pyrazinamide 500 mg tablet	2	
quinine sulfate 324 mg capsule	2	
rifabutin	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
rifampin (150 mg capsule, 300 mg capsule, 600 mg vial)	2	
RIFATER	4	
SIRTURO	5	LA
SIVEXTRO (200 MG VIAL, 200 MG TABLET)	5	
SOLOSEC	4	
streptomycin sulfate 1 g vial	4	
SYNERCID	5	
tigecycline	5	
tinidazole (250 mg tablet, 500 mg tablet)	2	
TOBI PODHALER	5	QL (224 PER 28)
tobramycin in 0.225 % sodium chloride	5	B/D PA; QL (280 PER 28)
tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)	4	
TRECATOR	4	
TYGACIL	5	
VABOMERE	4	
XIFAXAN 200 MG TABLET	3	QL (9 PER 3)
XIFAXAN 550 MG TABLET	5	QL (60 PER 30 DAYS)
ZEMDRI	5	
ZYVOX 600 MG/300 ML-D5W	5	
PENICILLINS		
amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)	2	
amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)	2	
ampicillin sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial port, sodium/sulbactam 1.5 g vial, sodium/sulbactam 3 g vial, sodium/sulbactam 3 g vial port, sodium/sulbactam 15 g vial)	3	
ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)	2	
AUGMENTIN 125-31.25 MG/5 ML	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
dicloxacillin sodium	2	
nafcillin in dextrose, iso-osmotic	4	
nafcillin sodium 10 g vial	5	
nafcillin sodium (1 g vial port, 1 g vial, 2 g vial port, 2 g vial)	4	
oxacillin sodium 10 g vial	5	
oxacillin sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial)	4	
oxacillin sodium in iso-osmotic dextrose	4	
penicillin g potassium	3	
penicillin g potassium/dextrose-water	3	
penicillin g procaine	3	
penicillin g sodium	3	
penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)	2	
PFIZERPEN	3	
piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 g vial port, sodium/tazobactam 2.25 g vial, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 13.5 g vial, sodium/tazobactam 40.5 g vial)	3	
QUINOLONES		
AVELOX ABC PACK	4	
BAXDELA (300 MG VIAL, 450 MG TABLET)	5	
ciprofloxacin	2	
ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)	2	
ciprofloxacin lactate	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ciprofloxacin lactate/dextrose 5 % in water	3	
levofloxacin (250mg/10ml solution, 250 mg tablet, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)	2	
levofloxacin 25 mg/ml vial	3	
levofloxacin/dextrose 5 % in water	3	
moxifloxacin hcl 400 mg tablet	2	
moxifloxacin hcl in sodium acetate and sulfate,water,iso-osm	4	
moxifloxacin hcl in sodium chloride, iso-osmotic	4	
ofloxacin (300 mg tablet, 400 mg tablet)	2	
SULFA'S / RELATED AGENTS		
sulfadiazine 500 mg tablet	4	
sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 80-16mg/ml vial, sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp, sulfamethoxazole/trimethoprim 800-160 mg tablet)	2	
SULFATRIM	2	
TETRACYCLINES		
demeclocycline hcl	4	
DOXY 100	2	
doxycycline hyclate (20 mg tablet, 50 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg vial)	2	
doxycycline hyclate (50 mg tablet dr, 200 mg tablet dr)	3	
doxycycline hyclate (75 mg tablet dr, 100 mg tablet dr, 150 mg tablet dr)	4	
doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet, 150 mg capsule)	2	
doxycycline monohydrate 75 mg capsule	4	
minocycline hcl (45 mg tab er 24h, 135 mg tab er 24h)	4	
minocycline hcl (50 mg tablet, 50 mg capsule, 75 mg capsule, 75 mg tablet, 90 mg tab er 24h, 100 mg capsule, 100 mg tablet)	2	
MONDOXYNE NL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
NUZYRA (100 MG VIAL, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD, 150 MG TABLET)	5	
OKEBO 75 MG CAPSULE	4	
ORACEA	4	
tetracycline hcl 250 mg capsule	2	
tetracycline hcl 500 mg capsule	4	
VIBRAMYCIN 50 MG/5 ML SYRUP	4	
XERAVA	5	
URINARY TRACT AGENTS		
methenamine hippurate	2	
methenamine mandelate (1 g tablet, 500 mg tablet)	2	
MONUROL	4	
nitrofurantoin 25 mg/5 ml oral susp	2	
nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	
nitrofurantoin monohydrate/macrocrystals	2	
PRIMSOL	3	
trimethoprim 100 mg tablet	2	
VANCOMYCIN		
vancomycin hcl (1.25 g vial, 125 mg capsule, 250 mg vial)	4	
vancomycin hcl 250 mg capsule	5	
vancomycin hcl (1 g vial, 1 g vial port, 1.5 g vial, 5 g vial, 10 g vial, 100 g bulkbaginj, 500 mg vial, 500 mg vial port, 750 mg vial port, 750 mg vial)	3	
vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 750mg/.15l froz.piggy, vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 500mg/0.1l froz.piggy)	3	
vancomycin/0.9 % sod chloride 750 mg/250 plast. bag	4	
vancomycin in 5 % dextrose in water (in 5 % 750mg/.15l froz.piggy, in 5 % 1g/200ml froz.piggy, in 5 % 500mg/0.1l froz.piggy)	3	
vancomycin hcl in 5 % dextrose 1.25 g/250 plast. bag	4	
VIBATIV	4	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl	5	B/D PA
ELITEK	5	
KEPIVANCE	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
KHAPZORY	5	B/D PA
leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)	2	
leucovorin calcium (10 mg/ml vial, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)	2	B/D PA
levoleucovorin calcium (10 mg/ml vial, 50 mg vial, 175 mg vial)	5	
mesna	2	B/D PA
MESNEX 400 MG TABLET	5	
TOTECT	5	B/D PA
XGEVA	5	B/D PA
ZINECARD 250 MG VIAL	5	B/D PA
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone acetate	5	QL (120 PER 30 DAYS)
ABRAXANE	5	B/D PA
ADRIAMYCIN (10 MG VIAL, 10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG/25 ML VIAL, 200 MG/100 ML VIAL)	2	B/D PA
ADRUCIL	2	B/D PA
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA; QL (240 PER 30 DAYS)
ALIMTA	5	B/D PA
ALIQOPA	5	B/D PA; LA
ALKERAN 2 MG TABLET	4	B/D PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA; QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA; LA; QL (180 PER 30 DAYS)
anastrozole 1 mg tablet	2	
ARRANON	5	B/D PA
ASTAGRAF XL	4	B/D PA
AVASTIN	5	B/D PA
azacitidine	5	B/D PA
AZASAN	3	B/D PA
azathioprine 50 mg tablet	2	B/D PA
azathioprine sodium	2	B/D PA
BALVERSA	5	PA; LA
BAVENCIO	5	
BELEODAQ	5	B/D PA
bexarotene	5	
bicalutamide	2	
BICNU	5	B/D PA
bleomycin sulfate	2	B/D PA
bortezomib	5	B/D PA
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA; QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF 100 MG TABLET	5	PA; QL (180 PER 30 DAYS)
BRAFTOVI	5	PA
busulfan	5	
BUSULFEX	5	B/D PA
CABOMETYX (20 MG TABLET, 60 MG TABLET)	5	PA; LA; QL (30 PER 30 DAYS)
CABOMETYX 40 MG TABLET	5	PA; LA; QL (60 PER 30 DAYS)
CALQUENCE	5	PA; LA; QL (60 PER 30 DAYS)
CAPRELSA	5	LA
carboplatin (10 mg/ml vial, 150 mg vial)	2	B/D PA
carmustine	5	B/D PA
cisplatin	2	B/D PA
cladribine	5	B/D PA
clofarabine	5	
COMETRIQ	5	
COPIKTRA	5	PA; LA
COSMEGEN	5	B/D PA
COTELLIC	5	PA; LA; QL (63 PER 21 DAYS)
cyclophosphamide (25 mg capsule, 50 mg capsule)	4	B/D PA
cyclophosphamide (1 g vial, 2 g vial, 500 mg vial)	2	B/D PA
cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5ml ampul)	2	B/D PA
cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule)	2	B/D PA
CYRAMZA	5	B/D PA
cytarabine	2	B/D PA
cytarabine/pf	2	B/D PA
dacarbazine	2	B/D PA
dactinomycin	5	B/D PA
DARZALEX	5	B/D PA; LA
daunorubicin hcl (5 mg/ml vial, 20 mg vial)	2	B/D PA
DAURISMO	5	PA
decitabine	5	B/D PA
docetaxel (20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8ml vial, 160mg/16ml vial, 200mg/10ml vial)	5	B/D PA
doxorubicin hcl (2 mg/ml vial, 10 mg vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg vial, 50 mg/25ml vial)	2	B/D PA
doxorubicin hcl pegylated liposomal	5	B/D PA
DROXIA	3	
ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT)	3	
ELLENCE	5	B/D PA
EMCYT	3	
EMPLICITI	5	B/D PA
ENVARSUS XR	4	B/D PA
epirubicin hcl 200mg/0.1l vial	2	B/D PA
ERBITUX 100 MG/50 ML VIAL	5	B/D PA
ERIVEDGE	5	QL (28 PER 28 DAYS)
ERLEADA	5	PA
erlotinib hcl (100 mg tablet, 150 mg tablet)	5	PA; QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tablet	5	PA; QL (90 PER 30 DAYS)
ERWINAZE	5	B/D PA
ETOPOPHOS	3	B/D PA
etoposide 20 mg/ml vial	2	B/D PA
exemestane	2	
FARESTON	5	
FARYDAK	5	
FASLODEX	5	B/D PA
FIRMAGON	4	B/D PA
floxuridine 500 mg vial	2	B/D PA
fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)	2	B/D PA
fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)	2	B/D PA
flutamide	2	
FOLOTYN	5	B/D PA
fulvestrant	5	B/D PA
gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 200 mg vial, 200mg/5.26 vial)	5	B/D PA
GENGRAF 25 MG CAPSULE	2	B/D PA
GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)	4	B/D PA
GILOTRIF	5	PA
GLEOSTINE	4	
HALAVEN	5	B/D PA
HERCEPTIN 150 MG VIAL	5	
HERCEPTIN 440 MG VIAL	5	B/D PA
HERCEPTIN HYLECTA	5	
hydroxyurea 500 mg capsule	2	
IBRANCE	5	QL (30 PER 30 DAYS)
ICLUSIG	5	PA; QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
idarubicin hcl	2	B/D PA
IDHIFA	5	PA; LA; QL (30 PER 30 DAYS)
ifosfamide (1 g/20 ml vial, 1 g vial, 3 g/60 ml vial, 3 g vial)	2	B/D PA
imatinib mesylate	5	PA; QL (90 PER 30 DAYS)
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	5	QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE	5	QL (240 PER 30 DAYS)
IMBRUVICA (420 MG TABLET, 560 MG TABLET)	5	QL (30 PER 30 DAYS)
IMBRUVICA 280 MG TABLET	5	QL (60 PER 30 DAYS)
IMFINZI	5	LA
INFUGEM	5	B/D PA
INLYTA	5	QL (120 PER 30 DAYS)
INREBIC	5	
IRESSA	5	PA; QL (60 PER 30 DAYS)
irinotecan hcl	2	B/D PA
ISTODAX	5	B/D PA
IXEMPRA	5	B/D PA
JAKAFI	5	QL (60 PER 30 DAYS)
JEVTANA	5	B/D PA
KADCYLA	5	B/D PA
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	B/D PA
KISQALI	5	QL (90 PER 30 DAYS)
KISQALI FEMARA CO-PACK	5	QL (91 PER 28 DAYS)
KYPROLIS	5	B/D PA
LARTRUVO 190 MG/19 ML VIAL	5	LA
LARTRUVO 500 MG/50 ML VIAL	5	B/D PA; LA
LENVIMA	5	
letrozole 2.5 mg tablet	2	
LEUKERAN	3	
leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial)	2	
LIBTAYO	5	
LONSURF 15 MG-6.14 MG TABLET	5	PA; QL (300 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA; QL (240 PER 30 DAYS)
LORBRENA	5	PA
LUMOXITI	5	PA
LUPRON DEPOT	5	
LUPRON DEPOT (LUPANETA)	5	
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA	5	PA; QL (120 PER 30 DAYS)
LYSODREN	3	
MARQIBO	4	
MATULANE	5	
megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp, 625mg/5ml oral susp)	2	
MEKINIST	5	PA
MEKTOVI	5	PA; LA
melphalan	3	B/D PA
melphalan hcl	5	B/D PA
mercaptopurine 50 mg tablet	2	
methotrexate 250 mg/10 ml vial - 1655959	2	B/D PA
methotrexate 250 mg/10ml - 1946772	2	B/D PA
methotrexate sodium 2.5 mg tablet	2	B/D PA
methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)	2	B/D PA
mitomycin (5 mg vial, 20 mg vial, 40 mg vial)	2	B/D PA
mitoxantrone hcl	2	B/D PA
MUSTARGEN	3	B/D PA
mycophenolate mofetil 200 mg/ml susp recon	5	B/D PA
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	2	B/D PA
mycophenolate mofetil hcl	2	B/D PA
mycophenolate sodium	2	B/D PA
MYLOTARG	5	B/D PA
NERLYNX	5	PA; LA; QL (240 PER 30 DAYS)
NEXAVAR	5	PA; LA
nilutamide	5	
NINLARO	5	QL (3 PER 28 DAYS)
NIPENT	5	B/D PA
NUBEQA	5	PA
NULOJIX	5	B/D PA
octreotide acetate (50 mcg/ml vial, 50 mcg/ml ampul, 50 mcg/ml syringe, 100 mcg/ml ampul, 100 mcg/ml vial, 100 mcg/ml syringe, 200 mcg/ml vial)	2	
octreotide acetate (500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)	5	
ODOMZO	5	LA; QL (30 PER 30 DAYS)
ONCASPAR	5	B/D PA
ONIVYDE	4	B/D PA
OPDIVO	5	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial)	3	B/D PA
paclitaxel	2	B/D PA
PERJETA	5	B/D PA
PIQRAY	5	PA
POLIVY	5	PA
POMALYST	5	QL (90 PER 30 DAYS)
POTELIGEO	5	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	4	B/D PA
PURIXAN	5	
RAPAMUNE 1 MG/ML ORAL SOLN	4	B/D PA
REVLIMID	5	LA; QL (28 PER 28 DAYS)
RITUXAN 100 MG/10 ML VIAL	5	
RITUXAN 500 MG/50 ML VIAL	5	B/D PA
RITUXAN 10 MG/ML VIAL - 1657864	5	B/D PA
RITUXAN HYCELA	5	B/D PA
romidepsin	5	B/D PA
RUBRACA (200 MG TABLET, 300 MG TABLET)	5	PA; QL (120 PER 30 DAYS)
RYDAPT	5	PA; QL (240 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	4	B/D PA
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	
SIGNIFOR LAR	5	
SIKLOS	5	
SIMULECT 20 MG VIAL	3	B/D PA
sirolimus 1 mg/ml solution	4	B/D PA
sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	2	B/D PA
SOLTAMOX	3	
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	5	
SPRYCEL (20 MG TABLET, 50 MG TABLET)	5	PA; QL (90 PER 30 DAYS)
SPRYCEL (70 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA; QL (30 PER 30 DAYS)
SPRYCEL 80 MG TABLET	5	PA; QL (60 PER 30 DAYS)
STIVARGA	5	PA; QL (112 PER 28 DAYS)
SUPPRELIN LA	4	
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE)	5	QL (28 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
SUTENT 37.5 MG CAPSULE	5	QL (56 PER 28 DAYS)
SYLVANT	5	B/D PA
SYNRIBO	5	B/D PA
TABLOID	3	
tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	2	B/D PA
TAFINLAR	5	PA
TAGRISSO	5	PA; LA; QL (30 PER 30 DAYS)
TALZENNA	5	PA
tamoxifen citrate (10 mg tablet, 20 mg tablet)	2	
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	PA; QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	5	PA; QL (90 PER 30 DAYS)
TARGRETIN 1% GEL	5	
TASIGNA	5	PA; QL (120 PER 30 DAYS)
TECENTRIQ	5	B/D PA; LA
temsirolimus	5	B/D PA
THALOMID	5	
thiotepa 15 mg vial	5	B/D PA
TIBSOVO	5	PA
TOPOSAR	2	B/D PA
topotecan hcl (4 mg/4 ml vial, 4 mg vial)	5	B/D PA
toremifene citrate	5	
TORISEL	5	B/D PA
TREANDA (25 MG VIAL, 100 MG VIAL)	5	B/D PA
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	B/D PA
tretinoin 10 mg capsule	5	
TREXALL	3	B/D PA
TRIPTODUR	5	PA
TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	5	B/D PA
TURALIO	5	PA
TYKERB	5	PA; LA
valrubicin	3	B/D PA
VECTIBIX 100 MG/5 ML VIAL	5	B/D PA
VELCADE	5	B/D PA
VENCLEXTA 10 MG TABLET	4	PA; LA; QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA; LA; QL (120 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	4	PA; LA; QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA; LA
VERZENIO	5	LA; QL (60 PER 30 DAYS)
vinblastine sulfate	2	B/D PA
VINCASAR PFS	2	B/D PA
vincristine sulfate	2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
vinorelbine tartrate	2	B/D PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA; LA
VIZIMPRO	5	PA; QL (30 PER 30 DAYS)
VOTRIENT	5	QL (120 PER 30 DAYS)
VYXEOS	5	B/D PA
XALKORI	5	PA
XATMEP	5	B/D PA
XERMELO	5	
XOSPATA	5	PA; LA
XPOVIO	5	LA
XTANDI	5	QL (120 PER 30 DAYS)
YERVOY	5	B/D PA
YONDELIS	5	B/D PA
YONSA	5	
ZALTRAP	5	B/D PA
ZANOSAR	3	B/D PA
ZEJULA	5	PA; LA; QL (90 PER 30 DAYS)
ZELBORAF	5	PA; QL (240 PER 30 DAYS)
ZOLADEX	4	B/D PA
ZOLINZA	5	
ZORTRESS	5	B/D PA
ZYDELIG	5	QL (60 PER 30 DAYS)
ZYKADIA (150 MG TABLET, 150 MG CAPSULE)	5	PA; QL (150 PER 30 DAYS)
ZYTIGA	5	QL (120 PER 30 DAYS)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30); STEP
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30); STEP
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	STEP
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS); STEP
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS); STEP
BRIVIACT 50 MG/5 ML VIAL	4	STEP
carbamazepine (100 mg tab er 12h, 100 mg cpmp 12hr, 100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet, 200 mg tab er 12h, 200 mg cpmp 12hr, 300 mg cpmp 12hr, 400 mg tab er 12h)	2	
CELONTIN	3	STEP
clobazam 2.5 mg/ml oral susp	3	QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
clobazam (10 mg tablet, 20 mg tablet)	3	QL (60 PER 30 DAYS)
clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)	3	
DIASTAT	4	
DIASTAT ACUDIAL	4	
diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)	3	
DILANTIN 30 MG CAPSULE	3	STEP
divalproex sodium (125 mg tablet dr, 125 mg cap dr spr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tablet dr, 500 mg tab er 24h)	2	
EPIDIOLEX	5	PA; LA
EPITOL	2	
EQUETRO	4	STEP
ethosuximide (250 mg/5ml solution, 250 mg capsule)	2	
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)	4	
fosphenytoin sodium	2	
FYCOMPA 0.5 MG/ML ORAL SUSP	5	STEP
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	STEP
gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg/6ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)	2	
GRALISE	4	
LAMICTAL XR (BLUE)	4	STEP
LAMICTAL XR (GREEN)	4	STEP
LAMICTAL XR (ORANGE)	4	STEP
lamotrigine (25 mg tab er 24, 25 mg tab rapdis, 50 mg tab rapdis, 50 mg tab er 24, 100 mg tab er 24, 100 mg tab rapdis, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24)	4	
lamotrigine (5 mg tb chw dsp, 25(84)-100 tab ds pk, 25 mg tablet, 25(42)-100 tab ds pk, 25mg (35) tab ds pk, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet, 300 mg tab er 24)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg/5ml solution, 500 mg tablet, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)	2	
levetiracetam in sodium chloride, iso-osmotic	4	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (120 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
LYRICA CR	4	PA; QL (30 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	
ONFI (10 MG TABLET, 20 MG TABLET)	5	QL (60 PER 30 DAYS)
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)	2	
OXTELLAR XR	4	STEP
PEGANONE	3	
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)	3	
phenobarbital sodium	3	
phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)	2	
phenytoin sodium 50 mg/ml vial	2	
phenytoin sodium extended	2	
pregabalin (225 mg capsule, 300 mg capsule)	2	QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	2	QL (120 PER 30 DAYS)
pregabalin 20 mg/ml solution	2	QL (900 PER 30 DAYS)
primidone (50 mg tablet, 250 mg tablet)	2	
QUDEXY XR	4	PA
ROWEEPRA	2	
ROWEEPRA XR	2	
SABRIL 500 MG TABLET	5	LA; QL (180 PER 30 DAYS)
SPRITAM	4	STEP
SYMPAZAN	5	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
tiagabine hcl	3	
topiramate (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)	4	PA
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	2	PA
TROKENDI XR	4	PA
valproic acid 250 mg capsule	2	
valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500 mg/5ml vial, salt) 500mg/10ml solution)	2	
vigabatrin 500 mg powd pack	5	LA; QL (180 PER 30 DAYS)
vigabatrin 500 mg tablet	5	LA
VIMPAT 150 MG TABLET	3	STEP
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 200 MG/20 ML VIAL, 200 MG TABLET)	4	STEP
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	PA
ANTIPARKINSONISM AGENTS		
APOKYN	5	LA

Drug Name	Drug Tier	Requirements/ Limits
benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg/2 ml vial, 2 mg/2 ml ampul, 2 mg tablet)	2	
bromocriptine mesylate 5 mg capsule	4	
bromocriptine mesylate 2.5 mg tablet	2	
carbidopa 25 mg tablet	4	
carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 50mg-200mg tablet er)	2	
carbidopa/levodopa/entacapone	4	
DUOPA	4	B/D PA
entacapone	2	
GOCOVRI ER 137 MG CAPSULE	5	QL (60 PER 30 DAYS)
GOCOVRI ER 68.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
INBRIJA	5	
NEUPRO	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
OSMOLEX ER	4	
pramipexole di-hcl 1.5 mg tab er 24h	4	
pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.375 mg tab er 24h, 0.5 mg tablet, 0.75 mg tab er 24h, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)	2	
rasagiline mesylate (0.5 mg tablet, 1 mg tablet)	3	
ropinirole hcl 12 mg tab er 24h	4	
ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tablet, 4 mg tab er 24h, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h)	2	
RYTARY	4	
selegiline hcl (5 mg tablet, 5 mg capsule)	2	
tolcapone	5	
XADAGO	5	
ZELAPAR	5	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA; QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA; QL (2 PER 30 DAYS)
AIMOVIG AUTOINJECTOR (2 PACK)	4	PA; QL (2 PER 30 DAYS)
AJOVY	4	PA; QL (1 PER 30 DAYS)
almotriptan malate	2	QL (9 PER 30)
dihydroergotamine mesylate 1 mg/ml ampul	2	
dihydroergotamine mesylate 0.5mg/spry spray/pump	5	QL (8 PER 28)
eletriptan hydrobromide	2	QL (9 PER 30 DAYS)
EMGALITY PEN	4	PA; QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	4	PA; QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	4	PA; QL (3 PER 30 DAYS)
ERGOMAR	4	
ergotamine tartrate/caffeine	2	
frovatriptan succinate	2	QL (27 PER 28)
MIGERGOT	2	
naratriptan hcl	2	QL (9 PER 30)
ONZETRA XSAIL	4	QL (32 PER 28); STEP
RELPAX	4	QL (9 PER 30); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
rizatriptan benzoate (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)	2	QL (36 PER 28)
sumatriptan 20 mg spray	4	QL (12 PER 30)
sumatriptan 5 mg spray	4	QL (36 PER 30)
sumatriptan succinate (4 mg/0.5ml pen injctr, 4 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial)	3	QL (8 PER 28)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	QL (9 PER 30)
sumatriptan succinate/naproxen sodium	2	QL (18 PER 30 DAYS)
TREXIMET 10-60 MG TABLET	4	QL (18 PER 28 DAYS); STEP
ZEMBRACE SYMTOUCH	5	STEP
zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)	2	QL (9 PER 30)
ZOMIG (2.5 MG SPRAY, 5 MG SPRAY)	4	QL (18 PER 28); STEP
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; LA; QL (60 PER 30 DAYS)
AUBAGIO	5	PA; QL (30 PER 30 DAYS)
AUSTEDO	5	PA; LA
dalfampridine 10 mg tab er 12h	5	PA; QL (60 PER 30 DAYS)
donepezil hcl 23 mg tablet	4	STEP
donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)	2	
EXONDYS 51	5	PA
FIRDAPSE	5	PA
galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)	2	
GILENYA 0.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
glatiramer acetate	5	
GLATOPA	5	
HORIZANT	4	STEP
INGREZZA	5	LA; QL (30 PER 30 DAYS)
INGREZZA INITIATION PACK	5	LA; QL (28 PER 28 DAYS)
KEVEYIS	5	
LUCEMYRA	5	PA
MAVENCLAD	5	PA; LA
MAYZENT (0.25 MG TABLET, 2 MG TABLET)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
memantine hcl (2 mg/ml solution, 5 mg tablet, 7 mg cap spr 24, 10 mg tablet, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)	2	PA
memantine hcl 5 mg-10 mg tab ds pk	4	PA
NAMENDA XR TITRATION PACK	4	PA
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	4	PA
NUEDEXTA	3	PA
OCREVUS	5	PA; LA
ONPATTRO	5	PA; LA
RADICAVA	5	
rivastigmine	2	
rivastigmine tartrate	2	
RUZURGI	5	PA
TECFIDERA	5	
TEGSEDI	5	PA; LA
tetrabenazine 12.5 mg tablet	5	PA; QL (90 PER 30 DAYS)
tetrabenazine 25 mg tablet	5	PA; QL (120 PER 30 DAYS)
TYSABRI	5	PA; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen (10 mg tablet, 20 mg tablet)	2	
baclofen 5 mg tablet	4	
baclofen (20k mcg/20 vial, 10000/20ml vial, 40000/20ml vial)	4	B/D PA
chlorzoxazone	3	PA
cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)	3	PA
dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	
GABLOFEN (MCG/20 ML VIAL, MCG/20 ML SYRG)	4	B/D PA
LIORESAL INTRATHECAL	4	B/D PA
MESTINON 60 MG/5 ML SYRUP	5	
orphenadrine citrate 100 mg tablet er	3	PA
orphenadrine citrate (30 mg/ml ampul, 30 mg/ml vial)	3	
pyridostigmine bromide 60 mg/5 ml syrup	5	
pyridostigmine bromide (60 mg tablet, 180 mg tablet er)	2	
pyridostigmine bromide 30 mg tablet	4	
tizanidine hcl (2 mg tablet, 4 mg tablet)	2	
NARCOTIC ANALGESICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ABSTRAL	5	PA; QL (120 PER 30 OVER TIME)
acetaminophen with codeine 120-12mg/5 solution	2	QL (4500 PER 30 OVER TIME)
acetaminophen with codeine 300mg/12.5 solution	2	QL (4500 PER 30)
acetaminophen with codeine 300mg-60mg tablet	2	QL (180 PER 30 OVER TIME)
acetaminophen with codeine phosphate (300mg-30mg tablet, 300mg-15mg tablet)	2	QL (360 PER 30 OVER TIME)
acetaminophen/caff/dihydrocod 320.5-30mg capsule	2	QL (300 PER 30 OVER TIME)
ALLZITAL	4	QL (360 PER 30)
aspirin/caffeine/dihydrocodeine bitartrate	2	QL (300 PER 30 OVER TIME)
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM)	4	QL (60 PER 30 OVER TIME)
BELBUCA (750 MCG FILM, 900 MCG FILM)	3	QL (60 PER 30 OVER TIME)
BUPRENEX	4	QL (266 PER 30 OVER TIME)
buprenorphine (5 mcg/hr patch tdwk, 10 mcg/hr patch tdwk, 15 mcg/hr patch tdwk, 20 mcg/hr patch tdwk)	3	QL (4 PER 28 OVER TIME)
buprenorphine 7.5 mcg/hr patch tdwk	3	QL (4 PER 28 DAYS)
buprenorphine hcl (0.3 mg/ml cartridge, 0.3 mg/ml vial)	2	QL (266 PER 30 OVER TIME)
buprenorphine hcl (2 mg tab subl, 8 mg tab subl)	2	
BUTRANS	4	QL (4 PER 28 OVER TIME)
codeine sulfate	2	QL (180 PER 30 OVER TIME)
DURAMORPH 10 MG/10 ML AMPUL	2	QL (2000 PER 30 OVER TIME)
DURAMORPH 5 MG/10 ML AMPUL	2	QL (4000 PER 30 OVER TIME)
EMBEDA (ER 20-0.8 MG CAPSULE, ER 30-1.2 MG CAPSULE, ER 50-2 MG CAPSULE)	4	QL (90 PER 30 OVER TIME)
EMBEDA (ER 60-2.4 MG CAPSULE, ER 80-3.2 MG CAPSULE, ER 100-4 MG CAPSULE)	5	QL (90 PER 30 OVER TIME)
ENDOCET	2	QL (360 PER 30 OVER TIME)
fentanyl (12 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)	2	QL (10 PER 30 OVER TIME)
fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72)	4	QL (10 PER 30 OVER TIME)
fentanyl 25 mcg/hr patch td72	2	QL (10 PER 30 DAYS)
fentanyl 87.5mcg/hr patch td72	5	QL (10 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
fentanyl citrate (100 mcg tablet eff, 200 mcg lozenge hd, 200 mcg tablet eff, 400 mcg lozenge hd, 400 mcg tablet eff, 600 mcg tablet eff, 600 mcg lozenge hd, 800 mcg tablet eff, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)	5	PA; QL (120 PER 30 OVER TIME)
fentanyl citrate/pf (citrate/pf 50 mcg/ml ampul, citrate/pf 50 mcg/ml vial, citrate/pf 100mcg/2ml cartridge, citrate/pf 100mcg/2ml syringe)	2	QL (400 PER 30 OVER TIME)
FENTORA	5	PA; QL (120 PER 30 OVER TIME)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 5-163/7.5 solution, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10-325/15 solution)	2	QL (5550 PER 30 OVER TIME)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet)	2	QL (390 PER 30 OVER TIME)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)	2	QL (360 PER 30 OVER TIME)
hydrocodone/ibuprofen	2	QL (50 PER 30 OVER TIME)
hydromorphone hcl (1 mg/ml syringe, 1 mg/ml cartridge, 1 mg/ml ampul)	2	QL (300 PER 30 DAYS)
hydromorphone hcl (4 mg/ml cartridge, 4 mg/ml ampul)	2	QL (75 PER 30 OVER TIME)
hydromorphone hcl 1 mg/ml liquid	2	QL (2400 PER 30 OVER TIME)
hydromorphone hcl (2 mg/ml syringe, 2 mg/ml cartridge)	2	QL (1200 PER 30 OVER TIME)
hydromorphone hcl 0.5mg/.5ml syringe	4	QL (300 PER 30 DAYS)
hydromorphone hcl (16 mg tab er 24h, 32 mg tab er 24h)	5	QL (60 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h)	2	QL (60 PER 30 OVER TIME)
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	2	QL (180 PER 30 OVER TIME)
hydromorphone hcl (2 mg/ml ampul, 2 mg/ml vial)	2	QL (150 PER 30 DAYS)
hydromorphone hcl/pf (hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial)	2	QL (150 PER 30 OVER TIME)
hydromorphone hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)	2	QL (240 PER 30 OVER TIME)
hydromorphone hcl/pf 1 mg/ml vial	4	QL (2400 PER 30 OVER TIME)
hydromorphone hcl/pf 4 mg/ml vial	2	QL (75 PER 30 OVER TIME)
HYSINGLA ER (ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	4	QL (60 PER 30 OVER TIME)
HYSINGLA ER (ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	5	QL (60 PER 30 OVER TIME)
HYSINGLA ER 20 MG TABLET	4	QL (150 PER 30 OVER TIME)
ibuprofen/oxycodone hcl	2	QL (28 PER 30 OVER TIME)
KADIAN (ER 40 MG CAPSULE, ER 200 MG CAPSULE)	4	QL (90 PER 30 OVER TIME)
LAZANDA 100 MCG NASAL SPRAY	5	PA; QL (45 PER 30 OVER TIME)
LAZANDA 300 MCG NASAL SPRAY	5	PA; QL (23 PER 30 OVER TIME)
LAZANDA 400 MCG NASAL SPRAY	5	PA; QL (30 PER 30 OVER TIME)
levorphanol tartrate (2 mg tablet, 3 mg tablet)	5	QL (120 PER 30 OVER TIME)
LORCET	2	QL (360 PER 30 OVER TIME)
LORCET HD	2	QL (360 PER 30 OVER TIME)
LORCET PLUS	2	QL (360 PER 30 OVER TIME)
LORTAB 10 MG-300 MG/15 ML ELXR	4	QL (6000 PER 30 OVER TIME)
LORTAB (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	2	QL (360 PER 30 OVER TIME)
MARGESIC	2	QL (360 PER 30 OVER TIME)
methadone hcl 10 mg/5 ml solution	2	QL (600 PER 30 OVER TIME)
methadone hcl 5 mg/5 ml solution	2	QL (1200 PER 30 OVER TIME)
methadone hcl 10 mg/ml syringe	2	QL (160 PER 30)
methadone hcl (10 mg/ml oral conc, 10 mg tablet)	2	QL (120 PER 30 OVER TIME)
methadone hcl 5 mg tablet	2	QL (240 PER 30 OVER TIME)
methadone hcl 10 mg/ml vial	2	QL (150 PER 30 OVER TIME)
METHADONE INTENSOL	2	QL (120 PER 30 OVER TIME)
METHADOSE 10 MG/ML ORAL CONC	2	QL (120 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
MORPHABOND ER (ER 15 MG TABLET, ER 30 MG TABLET)	4	QL (120 PER 30 OVER TIME)
MORPHABOND ER 100 MG TABLET	5	QL (60 PER 30 OVER TIME)
MORPHABOND ER 60 MG TABLET	4	QL (100 PER 30 OVER TIME)
morphine sulfate (10 mg cap er pel, 20 mg cap er pel, 30 mg cap er pel, 50 mg cap er pel, 60 mg cap er pel, 80 mg cap er pel, 100 mg cap er pel)	2	QL (90 PER 30 OVER TIME)
morphine sulfate 40 mg cap er pel	3	QL (90 PER 30 OVER TIME)
morphine sulfate 10 mg/ml cartridge	4	QL (200 PER 30 DAYS)
morphine sulfate 2 mg/ml cartridge	2	QL (1000 PER 30 DAYS)
morphine sulfate 4 mg/ml cartridge	2	QL (500 PER 30 DAYS)
morphine sulfate (30 mg cpmp 24hr, 90 mg cpmp 24hr, 100 mg tablet er, 120 mg cpmp 24hr)	2	QL (60 PER 30 OVER TIME)
morphine sulfate (45 mg cpmp 24hr, 60 mg cpmp 24hr, 75 mg cpmp 24hr)	4	QL (60 PER 30 OVER TIME)
morphine sulfate (10 mg/5 ml solution, 20 mg/5 ml solution, 100 mg/5ml solution)	2	QL (900 PER 30 OVER TIME)
morphine sulfate 10 mg/ml syringe	4	QL (200 PER 30 OVER TIME)
morphine sulfate 8 mg/ml syringe	4	QL (250 PER 30 OVER TIME)
morphine sulfate (15 mg tablet, 30 mg tablet)	2	QL (180 PER 30 OVER TIME)
morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 200 mg tablet er)	2	QL (120 PER 30 OVER TIME)
morphine sulfate 10 mg/ml vial	2	QL (200 PER 30 DAYS)
morphine sulfate 2 mg/ml vial	4	QL (1000 PER 30 OVER TIME)
morphine sulfate/0.9% nacl/pf 5 mg/ml plast. bag	4	
morphine sulfate/pf 150mg/30ml pca vial	2	QL (400 PER 30 OVER TIME)
morphine sulfate/pf (sulfate/pf 1 mg/ml vial, sulfate/pf 30 mg/30ml pca vial)	2	QL (2000 PER 30 DAYS)
morphine sulfate/pf 0.5 mg/ml vial	2	QL (4000 PER 30 OVER TIME)
nalbuphine hcl (10 mg/ml vial, 10 mg/ml ampul)	2	QL (200 PER 30 OVER TIME)
nalbuphine hcl (20 mg/ml vial, 20 mg/ml ampul)	2	QL (100 PER 30 OVER TIME)
OPANA ER (ER 5 MG TABLET, ER 10 MG TABLET, ER 15 MG TABLET)	4	QL (90 PER 30 OVER TIME)
oxycodone hcl 5 mg/5 ml solution	4	QL (1200 PER 30 OVER TIME)
oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h)	4	QL (90 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl 80 mg tab er 12h	4	QL (60 PER 30 OVER TIME)
oxycodone hcl (10mg/0.5ml syringe, 10 mg tablet, 15 mg tablet, 20 mg/ml oral conc, 20 mg tablet, 30 mg tablet)	2	QL (180 PER 30 OVER TIME)
oxycodone hcl (5 mg capsule, 5 mg tablet)	2	QL (360 PER 30 OVER TIME)
oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)	2	QL (360 PER 30 OVER TIME)
oxycodone hcl/aspirin	2	QL (360 PER 30 OVER TIME)
OXYCONTIN (ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	3	QL (90 PER 30 OVER TIME)
OXYCONTIN ER 80 MG TABLET	3	QL (60 PER 30 OVER TIME)
oxymorphone hcl (15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h)	4	QL (90 PER 30 OVER TIME)
oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 40 mg tab er 12h)	2	QL (90 PER 30 OVER TIME)
oxymorphone hcl 10 mg tablet	4	QL (360 PER 30 OVER TIME)
oxymorphone hcl 5 mg tablet	2	QL (180 PER 30 OVER TIME)
PRIMLEV	4	QL (360 PER 30 OVER TIME)
REPREXAIN 2.5-200 MG TABLET	2	QL (50 PER 30 DAYS)
ROXYBOND (15 MG TABLET, 30 MG TABLET)	4	QL (180 PER 30 OVER TIME)
ROXYBOND 5 MG TABLET	4	QL (360 PER 30 OVER TIME)
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY)	5	PA; QL (120 PER 30 OVER TIME)
SUBSYS 1,200 MCG SPRAY	5	PA; QL (56 PER 30 OVER TIME)
SUBSYS 1,600 MCG SPRAY	5	PA; QL (42 PER 30 OVER TIME)
SYNALGOS-DC	4	QL (300 PER 30 OVER TIME)
TREZIX	4	QL (300 PER 30 OVER TIME)
VICODIN ES	2	QL (390 PER 30 OVER TIME)
VICODIN HP	4	QL (390 PER 30 OVER TIME)
XTAMPZA ER	4	QL (90 PER 30 OVER TIME)
ZAMICET	2	QL (5550 PER 30 OVER TIME)
ZOHYDRO ER	4	QL (90 PER 30 OVER TIME)
NON-NARCOTIC ANALGESICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
BUNAVAIL (4.2-0.7 MG FILM, 6.3-1 MG FILM)	4	QL (60 PER 30)
BUNAVAIL 2.1-0.3 MG FILM	4	QL (30 PER 30)
buprenorphine hcl/naloxone hcl (/naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film)	2	QL (90 PER 30 DAYS)
buprenorphine hcl/naloxone hcl 12 mg-3 mg film	2	QL (60 PER 30 DAYS)
buprenorphine hcl/naloxone hcl 2 mg-0.5mg film	2	QL (360 PER 30 DAYS)
buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl	2	QL (360 PER 30)
buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl	2	QL (90 PER 30)
butorphanol tartrate 10 mg/ml spray	2	QL (5 PER 28 OVER TIME)
butorphanol tartrate 1 mg/ml vial	2	QL (857 PER 30 OVER TIME)
butorphanol tartrate 2 mg/ml vial	2	QL (428 PER 30 OVER TIME)
CAMBIA	4	QL (9 PER 30)
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)	2	
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	QL (30 PER 30 OVER TIME)
diclofenac epolamine	4	PA
diclofenac potassium	2	
diclofenac sodium 1.5 % drops	4	QL (300 PER 28 DAYS)
diclofenac sodium (1 % gel (gram), 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)	2	
diclofenac sodium/misoprostol	2	
diflunisal	2	
etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tablet, 500 mg tab er 24h, 600 mg tab er 24h)	2	
EVZIO 2 MG AUTO-INJECTOR	4	
fenoprofen calcium 400 mg capsule	4	
fenoprofen calcium 600 mg tablet	2	
FLECTOR	4	PA
flurbiprofen (50 mg tablet, 100 mg tablet)	2	
IBU	2	
ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)	2	
INDOCIN 25 MG/5 ML SUSPENSION	4	PA
INDOCIN 50 MG SUPPOSITORY	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ketoprofen (25 mg capsule, 200 mg cap24h pel)	2	
KLOFENSAID II	4	QL (300 PER 28 DAYS)
meclofenamate sodium 100 mg capsule	4	
meclofenamate sodium 50 mg capsule	2	
mefenamic acid 250 mg capsule	2	
meloxicam (7.5 mg tablet, 15 mg tablet)	2	
nabumetone (500 mg tablet, 750 mg tablet)	2	
NALFON 400 MG CAPSULE	4	
naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)	2	
naltrexone hcl 50 mg tablet	2	
NAPRELAN CR 750 MG TABLET	4	
naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet dr, 500 mg tablet)	2	
naproxen sodium (275 mg tablet, 375 mg tbmp 24hr, 500 mg tbmp 24hr, 550 mg tablet)	2	
NARCAN 4 MG NASAL SPRAY	3	
NUCYNTA 100 MG TABLET	4	QL (181 PER 30 OVER TIME)
NUCYNTA 50 MG TABLET	4	QL (362 PER 30 OVER TIME)
NUCYNTA 75 MG TABLET	4	QL (242 PER 30 OVER TIME)
NUCYNTA ER	4	QL (60 PER 30 OVER TIME)
oxaprozin	2	
piroxicam (10 mg capsule, 20 mg capsule)	2	
salsalate (500 mg tablet, 750 mg tablet)	2	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM)	4	QL (90 PER 30)
SUBOXONE 12 MG-3 MG SL FILM	4	QL (60 PER 30)
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (360 PER 30)
sulindac (150 mg tablet, 200 mg tablet)	2	
TIVORBEX	4	PA
tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)	2	
tramadol hcl (100 mg cpbp 25-75, 200 mg cpbp 25-75, 300 mg cpbp 17-83)	4	QL (30 PER 30 OVER TIME)
tramadol hcl (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tbmp 24hr)	2	QL (30 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
tramadol hcl (100 mg tbmp 24hr, 200 mg tbmp 24hr, 300 mg tab er 24h)	2	QL (30 PER 30)
tramadol hcl 50 mg tablet	2	QL (240 PER 30 OVER TIME)
tramadol hcl/acetaminophen	2	QL (240 PER 30 OVER TIME)
VIMOVO	4	
VIVITROL	5	
VIVLODEX	4	
ZIPSOR	4	
ZORVOLEX	4	
ZUBSOLV (1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET)	4	QL (90 PER 30)
ZUBSOLV (2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET)	4	QL (30 PER 30)
ZUBSOLV 0.7-0.18 MG TABLET SL	4	QL (30 PER 30 DAYS)
ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG VL, ER 400 MG SYR)	5	
ABILIFY MYCITE	5	QL (30 PER 30 DAYS)
ADASUVE	4	
ADZENYS ER	4	
ADZENYS XR-ODT	4	

Drug Name	Drug Tier	Requirements/ Limits
alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tab er 24h, 0.5 mg tablet, 1 mg tablet, 1 mg tab rapdis, 1 mg tab er 24h, 2 mg tab rapdis, 2 mg tablet, 2 mg tab er 24h, 3 mg tab er 24h)	3	
ALPRAZOLAM INTENSOL	3	
amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	3	PA
amoxapine	2	
amphetamine sulfate	3	PA
APTENSIO XR	4	
aripiprazole 1 mg/ml solution	2	QL (750 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	2	QL (30 PER 30 DAYS)
aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)	2	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
armodafinil	3	PA
atomoxetine hcl	2	
BELSOMRA	4	STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl (75 mg tablet, 100 mg tablet, 150 mg tab er 24h, 150 mg tab er 12h, 300 mg tab er 24h)	2	
bupropion hcl (100 mg tab sr 12h, 150 mg tab sr 12h, 200 mg tab sr 12h)	1	
buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	2	
BUTISOL SODIUM	4	
chlorpromazine hcl (25 mg/ml ampul, 100 mg tablet)	4	
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 200 mg tablet)	2	
citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)	2	
citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
clomipramine hcl (25 mg capsule, 50 mg capsule)	3	PA
clomipramine hcl 75 mg capsule	4	PA
clonidine hcl 0.1 mg tab er 12h	2	
clorazepate dipotassium	3	
clozapine (12.5 mg tab rapdis, 25 mg tablet, 25 mg tab rapdis, 50 mg tablet, 100 mg tablet, 100 mg tab rapdis, 200 mg tablet)	2	
clozapine (150 mg tab rapdis, 200 mg tab rapdis)	4	
COTEMPLA XR-ODT	4	
DAYTRANA	4	
desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	2	
desvenlafaxine (50 mg tab er 24h, 50 mg tab er 24, 100 mg tab er 24h, 100 mg tab er 24)	4	
desvenlafaxine succinate	2	
dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)	2	
dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 20 mg cpbp 50-50)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet, dextroamphetamine/amphetamine 30 mg cap er 24h)	2	
dextroamphetamine sulfate (10 mg capsule er, 15 mg capsule er)	4	
dextroamphetamine sulfate (5 mg/5 ml solution, 5 mg tablet, 5 mg capsule er, 10 mg tablet)	2	
diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg/ml cartridge, 5 mg/ml syringe, 5 mg tablet, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet)	3	
doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	3	PA
duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 40 mg capsule dr, 60 mg capsule dr)	2	
DYANAVEL XR	4	
EDLUAR	4	STEP
EMSAM	5	QL (30 PER 30 DAYS)
ergoloid mesylates 1 mg tablet	2	
escitalopram oxalate 5 mg/5 ml solution	2	
escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
eszopiclone	3	STEP
EVEKEO	4	PA
EVEKEO ODT	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET, TITRATION PACK)	4	STEP
FAZACLO (150 MG ODT, 200 MG ODT)	4	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	
fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)	1	
fluoxetine hcl (20 mg/5 ml solution, 90 mg capsule dr)	2	
fluoxetine hcl 60 mg tablet	4	
fluphenazine decanoate 25 mg/ml vial	2	
fluphenazine hcl (1 mg tablet, 2.5 mg/5ml elixir, 2.5 mg tablet, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)	2	
fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)	4	
fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	
FORFIVO XL	4	
GEODON 20 MG/ML VIAL	4	
guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	3	
guanidine hcl	2	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
haloperidol decanoate (50 mg/ml vial, 50 mg/ml ampul, 100 mg/ml ampul, 100 mg/ml vial)	2	
haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial, 5 mg/ml syringe, 5 mg/ml ampul)	2	
HETLIOZ	5	PA; QL (30 PER 30 DAYS)
imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	3	PA
imipramine pamoate	4	PA
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA TRINZA	5	
KHEDEZLA	4	
LATUDA	5	QL (30 PER 30 DAYS); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate (150 mg capsule, 300 mg tablet er, 300 mg tablet, 300 mg capsule, 450 mg tablet er, 600 mg capsule)	2	
lithium citrate	2	
lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml syringe, 2 mg/ml vial, 2 mg/ml cartridge, 2 mg/ml oral conc, 2 mg tablet, 4 mg/ml cartridge, 4 mg/ml vial)	3	
LORAZEPAM INTENSOL	3	
loxapine succinate	2	
maprotiline hcl	2	
MARPLAN	3	
METADATE ER	2	
methamphetamine hcl	2	PA
methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24)	2	QL (30 PER 30)
methylphenidate hcl 36 mg tab er 24	2	QL (60 PER 30 DAYS)
methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg cpbp 30-70, 10 mg tab chew, 10 mg cpbp 50-50, 20 mg cpbp 30-70, 20 mg tablet, 20 mg cpbp 50-50, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 30-70, 60 mg cpbp 50-50)	2	
methylphenidate hcl (10 mg tablet er, 10 mg/5 ml solution, 20 mg tablet er, 72 mg tab er 24)	4	
mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)	1	
mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)	2	
modafinil	3	PA
molindone hcl	2	
MYDAYIS	4	
nefazodone hcl	2	
nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)	1	
nortriptyline hcl 10 mg/5 ml solution	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
nortriptyline hcl 20 mg/10ml solution	4	
NUPLAZID 34 MG CAPSULE	5	PA; QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET	5	PA; QL (60 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)	2	QL (30 PER 30 DAYS)
olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)	3	QL (30 PER 30 DAYS)
olanzapine 10 mg vial	2	
olanzapine/fluoxetine hcl (olanzapine/fluoxetine 3 mg-25 mg capsule, olanzapine/fluoxetine 12mg-25mg capsule)	2	STEP
olanzapine/fluoxetine hcl (olanzapine/fluoxetine 6mg-50mg capsule, olanzapine/fluoxetine 6mg-25mg capsule, olanzapine/fluoxetine 12mg-50mg capsule)	4	STEP
oxazepam	3	
paliperidone (3 mg tab er 24, 9 mg tab er 24)	4	QL (30 PER 30 DAYS); STEP
paliperidone 1.5 mg tab er 24	2	STEP
paliperidone 6 mg tab er 24	4	QL (60 PER 30 DAYS); STEP
paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	2	
paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
paroxetine mesylate	2	
PAXIL 10 MG/5 ML SUSPENSION	4	
pentobarbital sodium 50 mg/ml vial	2	
perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	2	
PERSERIS	5	STEP
PEXEVA	4	
phenelzine sulfate 15 mg tablet	2	
pimozide	2	
PROCENTRA	2	
protriptyline hcl	2	
quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)	2	QL (30 PER 30 DAYS); STEP
quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	2	QL (60 PER 30 DAYS); STEP
quetiapine fumarate (300 mg tablet, 400 mg tablet)	2	QL (60 PER 30 DAYS)
quetiapine fumarate (50 mg tablet, 100 mg tablet, 200 mg tablet)	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
quetiapine fumarate 25 mg tablet	2	QL (120 PER 30 DAYS)
QUILLICHEW ER	4	
QUILLIVANT XR	4	
ramelteon	3	
REXULTI	5	QL (30 PER 30 DAYS); STEP
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR)	3	
RISPERDAL CONSTA (37.5 MG SYR, 50 MG SYR)	5	
risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 1 mg tablet, 2 mg tablet, 2 mg tab rapdis, 3 mg tablet, 4 mg tablet)	2	
risperidone (3 mg tab rapdis, 4 mg tab rapdis)	4	
ROZEREM	4	
SAPHRIS	4	STEP
SECONAL SODIUM	3	
sertraline hcl 20 mg/ml oral conc	2	
sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
SILENOR	4	
SUNOSI	4	PA; QL (30 PER 30 DAYS)
temazepam	3	
thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	2	
thiothixene	2	
tranylcypromine sulfate	4	
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)	1	
trifluoperazine hcl	2	
trimipramine maleate	3	PA
TRINTELLIX	4	
venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)	2	
venlafaxine hcl (37.5 mg tab er 24, 75 mg tab er 24, 150 mg tab er 24)	4	
VERSACLOZ	5	STEP
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	3	
VRAYLAR 1.5 MG-3 MG PACK	4	STEP
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CAPSULE, 20 MG CHEWABLE TABLET, 30 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CHEWABLE TABLET, 40 MG CAPSULE, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)	3	
XYREM	5	PA; LA; QL (540 PER 30 DAYS)
zaleplon	3	STEP
ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	
ZENZEDI (5 MG TABLET, 10 MG TABLET)	2	
ziprasidone hcl	2	
zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)	3	STEP
zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)	3	PA; QL (20 PER 30)
ZYPREXA RELPREVV (300 MG VL KIT, 405 MG VL KIT)	5	
ZYPREXA RELPREVV 210 MG VL KIT	3	

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

adenosine (3 mg/ml syringe, 3 mg/ml vial)	2	
amiodarone hcl (100 mg tablet, 150 mg/3ml syringe, 200 mg tablet, 400 mg tablet)	2	
amiodarone hcl 50 mg/ml vial	2	B/D PA
dofetilide	2	
flecainide acetate	2	
ibutilide fumarate	2	
lidocaine hcl in dextrose 5% in water/pf	2	
lidocaine hcl/pf (hcl/pf 20 mg/ml ampul, hcl/pf 20 mg/ml vial, hcl/pf 50 mg/5 ml syringe, hcl/pf 100 mg/5ml syringe)	2	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	2	
MULTAQ	3	
NEXTERONE	4	B/D PA
NORPACE CR	4	
PACERONE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
procainamide hcl (100 mg/ml vial, 500 mg/ml vial)	2	
propafenone hcl 225 mg cap er 12h	4	
propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)	2	
quinidine gluconate (80 mg/ml vial, 324 mg tablet er)	2	
quinidine sulfate (200 mg tablet, 300 mg tablet)	2	
SORINE	2	
sotalol hcl	2	
SOTYLIZE	4	
ANTIHYPERTENSIVE THERAPY		
acebutolol hcl (200 mg capsule, 400 mg capsule)	2	
ALDACTAZIDE 50-50 TABLET	4	STEP
aliskiren hemifumarate	4	
amiloride hcl 5 mg tablet	2	
amiloride hcl/hydrochlorothiazide	2	
amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	
amlodipine besylate/benazepril hcl	2	
amlodipine besylate/olmesartan medoxomil	2	
amlodipine besylate/valsartan	2	
amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiazid 10mg-160mg tablet, amlodipine/valsartan/hcthiazid 10-320-25 tablet, amlodipine/valsartan/hcthiazid 10-160-25 tablet)	4	
amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hcthiazid 5-160-25mg tablet, amlodipine/valsartan/hcthiazid 5-160-12.5 tablet)	2	
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
atenolol/chlorthalidone	2	
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
benazepril hcl/hydrochlorothiazide (benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10-12.5mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet)	2	
betaxolol hcl (10 mg tablet, 20 mg tablet)	2	
BIDIL	3	
bisoprolol fumarate	2	
bisoprolol fumarate/hydrochlorothiazide	2	
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)	2	
BYSTOLIC	4	
candesartan cilexetil	1	
candesartan cilexetil/hydrochlorothiazide	2	
captopril (12.5 mg tablet, 50 mg tablet, 100 mg tablet)	4	
captopril 25 mg tablet	1	
captopril/hydrochlorothiazide	2	
CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	4	
CARDIZEM LA 120 MG TABLET	4	
CARDURA XL	4	
CAROSPIR	5	STEP
CARTIA XT	2	
carvedilol	2	
carvedilol phosphate	3	
chlorothiazide	2	
chlorothiazide sodium	2	
chlorthalidone	2	
clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk)	2	
clonidine 0.3mg/24hr patch tdwk	4	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	2	
DEMSER	5	
DILT-XR	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl (5 mg/ml vial, 30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 100 mg vial port, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg tab er 24h, 180 mg cap sa 24h, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)	2	
DIURIL	4	
doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)	2	
DUTOPROL	4	
DYRENIUM 100 MG CAPSULE	3	
DYRENIUM 50 MG CAPSULE	4	
EDARBI	4	
EDARBYCLOR	4	
enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
enalapril maleate/hydrochlorothiazide (enalapril/hydrochlorothiazide 5mg-12.5mg tablet, enalapril/hydrochlorothiazide 10 mg-25mg tablet)	2	
enalaprilat dihydrate	2	
EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3	
eplerenone	2	STEP
eprosartan mesylate	2	
esmolol hcl in sodium chloride, iso-osmotic	2	
ethacrynate sodium	5	
ethacrynic acid	3	
felodipine	2	
fosinopril sodium	1	
fosinopril sodium/hydrochlorothiazide	2	
furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
furosemide (10 mg/ml syringe, 10 mg/ml solution, 10 mg/ml vial, 40mg/5ml solution)	2	
hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)	1	
indapamide	2	
INNOPRAN XL	3	
irbesartan	1	
irbesartan/hydrochlorothiazide	1	
isradipine	2	
labetalol hcl (5 mg/ml vial, 20 mg/4 ml syringe, 20 mg/4 ml cartridge, 100 mg tablet, 200 mg tablet, 300 mg tablet)	2	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
lisinopril/hydrochlorothiazide	1	
losartan potassium	1	
losartan potassium/hydrochlorothiazide	1	
mannitol (20 % iv soln, 25 % vial)	2	
MATZIM LA	2	
metolazone	2	
metoprolol succinate	1	
metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml cartridge, 5 mg/5 ml vial, 37.5 mg tablet, 75 mg tablet)	2	
metoprolol tartrate/hydrochlorothiazide	2	
minoxidil (2.5 mg tablet, 10 mg tablet)	2	
moexipril hcl	1	
nadolol (20 mg tablet, 40 mg tablet)	2	
nadolol 80 mg tablet	4	
nadolol/bendroflumethiazide	2	
nicardipine hcl (20 mg capsule, 25 mg/10ml vial, 25 mg/10ml ampul, 30 mg capsule)	2	
NIFEDICAL XL	2	
nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tablet er, 60 mg tab er 24, 90 mg tab er 24, 90 mg tablet er)	2	
nimodipine	5	
nisoldipine (8.5mg tab er 24h, 17 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)	2	
nisoldipine 20 mg tab er 24h	4	
nitroprusside sodium	2	
olmesartan medoxomil	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	2	
olmesartan medoxomil/hydrochlorothiazide	2	
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5	
ORENITRAM ER 0.125 MG TABLET	4	
OSMITROL (15% IV SOLUTION, 20% IV SOLUTION)	2	
perindopril erbumine	1	
phenoxybenzamine hcl 10 mg capsule	5	
pindolol	2	
prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)	2	
propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg/5 ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg tablet, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)	2	
propranolol hcl/hydrochlorothiazide	2	
QBRELIS	4	
quinapril hcl	1	
quinapril hcl/hydrochlorothiazide	1	
ramipril	1	
REMODULIN	5	B/D PA; LA
RESECTISOL	4	
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	
spironolactone/hydrochlorothiazide	2	
TAZTIA XT	2	
TEKTURNA	4	
TEKTURNA HCT	4	
telmisartan (40 mg tablet, 80 mg tablet)	1	
telmisartan 20 mg tablet	2	
telmisartan/amlodipine besylate	2	
telmisartan/hydrochlorothiazide	2	
terazosin hcl	2	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
torsemide	2	
trandolapril	1	
trandolapril/verapamil hcl	2	
treprostinil sodium	5	B/D PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
triamterene (50 mg capsule, 100 mg capsule)	3	
triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 75 mg-50mg tablet)	2	
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	LA
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	1	
valsartan 320 mg tablet	2	
valsartan/hydrochlorothiazide	2	
VELETRI	2	
verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml vial, 2.5 mg/ml syringe, 40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)	2	
CARDIAC GLYCOSIDES		
DIGITEK	2	
DIGOX	2	
digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg/ml ampul, 250 mcg tablet, 250 mcg/ml syringe)	2	
LANOXIN 62.5 MCG TABLET	3	
LANOXIN PEDIATRIC	3	
COAGULATION THERAPY		
AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET)	3	
AMICAR 1,000 MG TABLET	4	
aminocaproic acid (250 mg/ml vial, 250 mg/ml solution, 500 mg tablet, 1000 mg tablet)	2	
ANDEXXA 200 MG VIAL	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
argatroban	5	
argatroban in 0.9 % sodium chloride (in 0.9 % 250 mg/250 iv soln, in 0.9 % 50 mg/50ml vial, in 0.9 % 125 mg/125 vial)	5	
argatroban in sodium chloride, iso-osmotic	5	
aspirin/dipyridamole	2	
BEVYXXA	4	
BRILINTA	3	
CABLIVI 11 MG KIT	5	PA
CABLIVI 11 MG VIAL	5	
cilostazol	2	
clopidogrel bisulfate 75 mg tablet	2	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	2	
DOPTELET	5	LA
ELIQUIS (2.5 MG TABLET, 5 MG STARTER PACK, 5 MG TABLET)	3	
enoxaparin sodium (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)	4	
fondaparinux sodium (5mg/0.4ml syringe, 7.5mg/0.6 syringe, 10mg/0.8ml syringe)	5	
fondaparinux sodium 2.5 mg/0.5 syringe	2	QL (15 PER 30)
FRAGMIN (10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML, 95,000 UNITS/3.8 ML VL)	5	
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)	4	QL (6 PER 30)
FRAGMIN 7,500 UNITS/0.3 ML SYR	5	QL (9 PER 30)
heparin sodium,porcine (1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)	2	
heparin sodium,porcine in 0.45 % sodium chloride (in 25000/500 iv soln, in 25000/250 iv soln)	2	
heparin sodium,porcine in 0.9 % sodium chloride/pf	2	
heparin sodium,porcine/dextrose 5 % in water	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
heparin sodium,porcine/pf (sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml vial, sodium,porcine/pf 5000/0.5ml cartridge)	2	
JANTOVEN	1	
MULPLETA	5	
NOCTIVA	4	
pentoxifylline 400 mg tablet er	2	
PRADAXA	4	
prasugrel hcl	2	
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	5	PA; LA
SAVAYSA	4	
TAVALISSE	5	PA; LA; QL (60 PER 30 DAYS)
ticlopidine hcl	2	
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK)	3	
ZONTIVITY	4	

Drug Name	Drug Tier	Requirements/ Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	4	
amlodipine besylate/atorvastatin calcium (amlodipine/atorvastatin 2.5mg-20mg tablet, amlodipine/atorvastatin 5 mg-20 mg tablet, amlodipine/atorvastatin 5 mg-80 mg tablet, amlodipine/atorvastatin 5 mg-10 mg tablet, amlodipine/atorvastatin 5 mg-40 mg tablet, amlodipine/atorvastatin 10 mg-80mg tablet, amlodipine/atorvastatin 10 mg-20mg tablet, amlodipine/atorvastatin 10 mg-40mg tablet, amlodipine/atorvastatin 10 mg-10mg tablet)	4	
amlodipine besylate/atorvastatin calcium (amlodipine/atorvastatin 2.5mg-40mg tablet, amlodipine/atorvastatin 2.5mg-10mg tablet)	2	
ANDEXXA 100 MG VIAL	5	
ANTARA	4	
atorvastatin calcium	1	
cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powd pack)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)	2	
colesevelam hcl (3.75 g powd pack, 625 mg tablet)	3	
colestipol hcl (1 g tablet, 5 g packet, 5 g granules)	2	
ezetimibe	2	
ezetimibe/simvastatin	2	
fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet, 150 mg capsule)	4	
fenofibrate (54 mg tablet, 160 mg tablet)	2	
fenofibrate nanocrystallized (48 mg tablet, 145mg tablet)	2	
fenofibrate nanocrystallized 160 mg tablet	4	
fenofibrate,micronized	2	
fenofibric acid	2	
fenofibric acid (choline)	2	
fluvastatin sodium (20 mg capsule, 40 mg capsule, 80 mg tab er 24h)	2	
gemfibrozil 600 mg tablet	2	
JUXTAPID	5	PA; LA
KYNAMRO	5	PA; LA
LIPOFEN	4	
LIVALO	4	
lovastatin	1	
niacin (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)	2	
NIACOR	4	
omega-3 acid ethyl esters	4	
PRALUENT 150 MG/ML PEN	5	PA; QL (2 PER 28)
PRALUENT 75 MG/ML PEN	5	PA; QL (4 PER 28)
PRALUENT 150 MG/ML SYRINGE	5	PA; QL (2 PER 28)
PRALUENT 75 MG/ML SYRINGE	5	PA; QL (4 PER 28)
pravastatin sodium	1	
PREVALITE (PACKET, POWDER)	2	
REPATHA PUSHTRONEX	5	PA; QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	5	PA; QL (3 PER 30)
REPATHA SYRINGE	5	PA; QL (3 PER 30)
rosuvastatin calcium	1	
simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
TRIGLIDE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
VASCEPA	3	
WELCHOL (3.75G PACKET, 625 MG TABLET)	4	
ZYPITAMAG	4	QL (30 PER 30 DAYS)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR 5 MG/5 ML ORAL SOLN	4	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	4	QL (60 PER 30 DAYS)
dobutamine hcl	2	
dobutamine hcl in dextrose 5 % in water	2	
dopamine hcl (200 mg/5ml vial, 400 mg/5ml vial, 400mg/10ml vial, 800mg/5ml vial)	2	
dopamine hcl in dextrose 5 % in water	2	
ENTRESTO	3	
milrinone lactate	2	
norepinephrine bitartrate (1 mg/ml ampul, 1 mg/ml vial)	2	
RANEXA	4	
ranolazine	3	
VECAMYL	5	
VYNDAQEL	5	PA
NITRATES		
DILATRATE-SR	4	
GONITRO	4	
isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)	2	
isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	2	
MINITRAN	4	
NITRO-BID	2	
NITRO-DUR	4	
nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)	2	
nitroglycerin 50 mg/10ml vial	2	B/D PA
nitroglycerin in 5 % dextrose in water (in 5 % 50mg/250ml infus. btl, in 5 % 100mg/250 infus. btl, in 5 % 25mg/250ml infus. btl)	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	5	
calcipotriene 0.005 % cream (g)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene (0.005 % oint. (g), 0.005 % solution)	2	
calcipotriene/betamethasone dipropionate	2	
calcitriol 3 mcg/g oint. (g)	4	
COSENTYX (2 SYRINGES)	5	PA
COSENTYX PEN	5	PA
COSENTYX PEN (2 PENS)	5	PA
COSENTYX SYRINGE	5	PA
DUPIXENT 300 MG/2 ML SYRINGE	5	PA
ENSTILAR	5	
EPIFOAM	4	
ILUMYA	5	PA
PRAMOSONE (1%-1% CREAM, 1% LOTION, 2.5%-1% LOTION)	4	
selenium sulfide 2.5 % lotion	2	
SILIQ	5	PA
SKYRIZI (2 SYRINGES) KIT	5	PA; QL (1 PER 84 DAYS)
SORILUX	4	
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	5	PA
TACLONEX 0.005%-0.064% SUSPENS	4	
TALTZ AUTOINJECTOR	5	PA
TALTZ AUTOINJECTOR (2 PACK)	5	PA
TALTZ AUTOINJECTOR (3 PACK)	5	PA
TALTZ SYRINGE	5	PA
TALTZ SYRINGE (2 PACK)	5	PA
TALTZ SYRINGE (3 PACK)	5	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	5	PA
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate (12 % lotion, 12 % cream (g))	2	
CONDYLOX 0.5% GEL	4	
diclofenac sodium 3 % gel (gram)	4	PA; QL (100 PER 30 DAYS)
doxepin hcl 5 % cream (g)	5	PA
ELIDEL	3	
EUCRISA	4	
fluorouracil 0.5 % cream (g)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
fluorouracil (2 % solution, 5 % solution, 5 % cream (g))	2	
imiquimod 5 % cream pack	3	
imiquimod 3.75 % crm md pmp	5	
methoxsalen 10 mg cap lq rap	5	
PANRETIN	5	PA
PICATO	5	
pimecrolimus	2	
podofilox 0.5 % solution	2	
PRUDOXIN	4	PA
REGRANEX	5	
tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))	2	
TOLAK	4	
UVADEX	3	B/D PA
VALCHLOR	5	
VEREGEN	4	
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM PUMP, 3.75% CREAM)	5	
THERAPY FOR ACNE		
ABSORICA	5	
ACANYA	4	
ACZONE 7.5% GEL PUMP	4	
adapalene (0.1 % gel (gram), 0.1 % cream (g))	2	PA
adapalene (0.3 % gel (gram), 0.3 % gel w/pump)	4	PA
adapalene 0.1 % med. swab	3	PA
adapalene 0.1 % solution	5	PA
adapalene/benzoyl peroxide	3	PA
AKTIPAK	4	
ALTRENO	4	PA
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE)	4	
AMNESTEEM 40 MG CAPSULE	2	
AVITA 0.025% CREAM	2	PA
AVITA 0.025% GEL	4	PA
azelaic acid 15 % gel (gram)	2	
AZELEX	4	
CLARAVIS (10 MG CAPSULE, 30 MG CAPSULE)	2	
CLARAVIS (20 MG CAPSULE, 40 MG CAPSULE)	4	
CLINDACIN ETZ 1% PLEDGET	4	
CLINDACIN P	4	
CLINDAGEL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (1 % foam, 1 % gel daily)	4	
clindamycin phosphate (1 % lotion, 1 % med. swab, 1 % gel (gram), 1 % solution)	2	
clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 % gel (gram), phos/benzoyl 1 % gel w/pump)	4	
clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1.2(1)%-5% gel (gram), phos/benzoyl 1.2%-2.5% gel w/pump)	2	
clindamycin phosphate/tretinoin	2	PA
CLINDESSE	4	
dapsone 5 % gel (gram)	4	
DIFFERIN 0.1% LOTION	4	PA
EPIDUO FORTE	4	PA
ERY	2	
ERYGEL	2	
erythromycin base in ethanol (in 2 % solution, in 2 % gel (gram), in 2 % med. swab)	2	
erythromycin base/benzoyl peroxide	2	
FABIOR	4	PA
FINACEA (FOAM, GEL)	3	
isotretinoin (20 mg capsule, 30 mg capsule, 40 mg capsule)	2	
isotretinoin 10 mg capsule	4	
metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel w/pump, 1 % gel (gram))	2	
MIRVASO (GEL, GEL PUMP)	4	PA
MYORISAN	2	
NEUAC GEL	2	
NORITATE	4	
ONEXTON 1.2%-3.75% GEL	4	
RETIN-A MICRO PUMP (PUMP 0.06% GEL, PUMP 0.08% GEL)	4	PA
RHOFADE	4	PA
ROSADAN (CREAM, GEL)	2	
SOOLANTRA	4	
tazarotene 0.1 % cream (g)	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))	2	PA
tretinoin microspheres (0.04 % gel w/pump, 0.04 % gel (gram), 0.1 % gel (gram), 0.1 % gel w/pump)	4	PA
ZENATANE (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	2	
ZENATANE 10 MG CAPSULE	4	
TOPICAL ANESTHETICS		
GLYDO	2	
lidocaine 5 % adh. patch	2	PA
lidocaine 5 % oint. (g)	4	QL (110 PER 30 DAYS)
lidocaine hcl (2 % jelly(ml), 2 % solution, 2 % jel/pf app, 4 % solution, 5 mg/ml vial, 10 mg/ml vial, 20 mg/ml vial, 40 mg/ml solution)	2	
lidocaine hcl/epinephrine (hcl/epinephrine 0.5-1:200k vial, hcl/epinephrine 1%-1:100k vial, hcl/epinephrine 1.5-1:200k ampul, hcl/epinephrine 1.5-1:200k vial, hcl/epinephrine 2 %-1:100k vial, hcl/epinephrine 2%-1:200k vial)	2	
lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul, hcl/pf 15 mg/ml ampul, hcl/pf 40 mg/ml ampul)	2	
lidocaine/prilocaine 2.5 %-2.5% cream (g)	2	
PLIAGLIS	4	
XYLOCAINE 2%-EPI 1:100,000	2	
ZTLIDO	4	PA
TOPICAL ANTIBACTERIALS		
CENTANY	4	
CORTISPORIN (CREAM, OINTMENT)	4	
gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))	2	
mafenide acetate 50 g packet	4	
mupirocin 2 % oint. (g)	2	
mupirocin calcium	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
NEO-SYNALAR 0.5%-0.025% CREAM	4	
silver sulfadiazine 1 % cream (g)	2	
SSD	2	
sulfacetamide sodium 10 % suspension	2	
SULFAMYLON 8.5% CREAM	4	
XEPI	4	
TOPICAL ANTIFUNGALS		
CICLODAN 8% SOLUTION	2	
ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)	2	
ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)	2	
clotrimazole (1 % cream (g), 1 % solution)	2	
clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % lotion, clotrimazole/betamethasone 1 % cream (g))	2	
econazole nitrate 1 % cream (g)	4	
ERTACZO	4	
EXELDERM (CREAM, SOLUTION)	4	
JUBLIA	4	
KERYDIN	4	
ketoconazole (2 % cream (g), 2 % foam, 2 % shampoo)	2	
luliconazole	4	
LUZU	4	
MENTAX	4	
naftifine hcl 1 % cream (g)	4	
naftifine hcl 2 % cream (g)	2	
NAFTIN (1% GEL, 2% GEL)	4	
NYAMYC	2	
NYATA 100,000 UNIT/GM POWDER	2	
nystatin (100000/g powder, 100000/g cream (g), 100000/g oint. (g))	2	
nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g))	2	
NYSTOP	2	
oxiconazole nitrate	2	
OXISTAT 1% LOTION	4	
TOPICAL ANTIVIRALS		
acyclovir 5 % cream (g)	4	QL (5 PER 30 DAYS)
acyclovir 5 % oint. (g)	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
DENAVIR	5	QL (5 PER 30 DAYS)
XERESE	4	
ZOVIRAX 5% CREAM	5	QL (5 PER 30 DAYS)
TOPICAL CORTICOSTEROIDS		
ALA-CORT	2	
alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))	2	
amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))	4	
APEXICON E	2	
BESER	4	
betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))	2	
betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % lotion)	2	
betamethasone valerate 0.12 % foam	4	
betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))	2	
BRYHALI	4	
CAPEX SHAMPOO	4	
clobetasol propionate (0.05 % solution, 0.05 % spray, 0.05 % cream (g), 0.05 % gel (gram))	2	
clobetasol propionate (0.05 % lotion, 0.05 % shampoo, 0.05 % foam, 0.05 % oint. (g))	4	
clobetasol propionate/emoll 0.05 % cream (g)	2	
clobetasol propionate/emoll 0.05 % foam	4	
clocortolone pivalate	4	
CLODAN 0.05% SHAMPOO	4	
CORDRAN	4	
DESONATE	4	
desonide (0.05 % lotion, 0.05 % cream (g))	4	
desonide 0.05 % oint. (g)	2	
desoximetasone (0.05 % gel (gram), 0.25 % spray, 0.25 % cream (g))	2	
desoximetasone (0.05 % cream (g), 0.05 % oint. (g), 0.25 % oint. (g))	4	
diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))	4	
DUOBRII	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))	3	
fluocinolone acetonide/shower cap	3	
fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g), 0.1 % cream (g))	2	
fluocinonide/emollient base	2	
flurandrenolide (0.05 % lotion, 0.05 % cream (g))	2	
flurandrenolide 0.05 % oint. (g)	3	
fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))	2	
fluticasone propionate 0.05 % lotion	4	
halcinonide	3	
halobetasol propionate (0.05 % foam, 0.05 % oint. (g), 0.05 % cream (g))	3	
HALOG (CREAM, OINTMENT)	4	
hydrocortisone (1 % oint. (g), 1 % cream (g), 2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g))	2	
hydrocortisone butyrate 0.1 % cream (g)	4	
hydrocortisone butyrate 0.1 % lotion	3	
hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution)	2	
hydrocortisone butyrate/emollient base	4	
hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))	2	
hydrocortisone/mineral oil/petrolatum,white	2	
IMPOYZ	4	
LEXETTE	5	
mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)	2	
NOLIX 0.05% CREAM	5	
NOLIX 0.05% LOTION	2	
PANDEL	4	
prednicarbate (0.1 % cream (g), 0.1 % oint. (g))	2	
SERNIVO	5	
TEXACORT	4	
TOPICORT 0.25% SPRAY	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.147mg/g aerosol, 0.5 % oint. (g), 0.5 % cream (g))	2	
TRIANEX	2	
TRIDERM	2	
TOPICAL ENZYMES		
SANTYL	4	
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN	5	
EURAX (CREAM, LOTION)	3	
lindane 1 % shampoo	2	
malathion	2	
permethrin 5 % cream (g)	2	
SKLICE	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
XENICAL	4	PA
IRRIGATING SOLUTIONS		
mannitol/sorbitol solution	4	
neomycin sulfate/polymyxin b sulfate (/polymyxin 40-200k/ml ampul, /polymyxin 40-200k/ml vial)	2	
ringer's solution irrig soln	2	
ringer's solution,lactated irrig soln	2	
TIS-U-SOL PENTALYTE	2	
MISCELLANEOUS AGENTS		
0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt)	2	
acamprosate calcium	2	
acetic acid 0.25 % irrig soln	2	
ADAGEN	5	
alendronate sodium 40 mg tablet	2	QL (30 PER 30)
anagrelide hcl	2	
ARALAST NP	5	LA
AURYXIA	5	
BESPONSA	5	B/D PA
caffeine citrate (60 mg/3 ml vial, 60 mg/3 ml solution)	2	
CARBAGLU	5	LA
CETYLEV 2.5 GM EFF TABLET	5	
CETYLEV 500 MG EFF TABLET	4	
cevimeline hcl	2	
CHEMET	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%-5% SOLUTION	3	B/D PA
CLINIMIX E 2.75%-5% SOLUTION	3	B/D PA
CLINIMIX N9G20E	4	B/D PA
deferasirox	5	
dextrose 10 % and 0.2 % sodium chloride	2	
dextrose 10 % and 0.45 % sodium chloride	2	
dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)	2	
dextrose 2.5 % and 0.45 % sodium chloride	2	
dextrose 5 % and 0.2 % sodium chloride	2	
dextrose 5 % and 0.3 % sodium chloride	2	
dextrose 5 % and 0.45 % sodium chloride	2	
dextrose 5 % and 0.9 % sodium chloride	2	
dextrose 5 % in lactated ringers	2	
dextrose 5 % in water (5 % in 5 % iv soln, 5 % in pgy vl prt, 5 % in pggybk prt, 5 % in 5 % vial)	2	
dextrose 50 % in water (50 % in 50 % iv soln, 50 % in 50 % vial, 50 % in 50 % syringe)	2	
dextrose 70 % in water	2	
disulfiram (250 mg tablet, 500 mg tablet)	2	
ELOCTATE (4,000, 5,000, 6,000)	4	
ENDARI	5	PA
etidronate disodium 400 mg tablet	2	
EXJADE	5	LA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	5	
GALAFOLD	5	PA; LA
GLASSIA	5	LA
INCRELEX	5	LA
JADENU	5	
JADENU SPRINKLE	5	
KIONEX 15 GM/60 ML SUSPENSION	2	
lanthanum carbonate	3	
levocarnitine 330 mg tablet	2	
levocarnitine (with sugar)	2	
LITHOSTAT	4	
LOKELMA	3	
midodrine hcl	2	
NITYR	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
NOCDURNA	4	QL (30 PER 30 DAYS)
NORTHERA (200 MG CAPSULE, 300 MG CAPSULE)	5	QL (180 PER 30 DAYS)
NORTHERA 100 MG CAPSULE	5	QL (90 PER 30 DAYS)
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	LA
PALYNZIQ	5	PA; LA
PANHEMATIN 350 MG VIAL	5	
PARSABIV	5	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	2	
PROLASTIN C	5	LA
RAVICTI	5	QL (525 PER 30 DAYS)
RENAGEL	4	
REVCOVI	5	PA
riluzole	2	PA
risedronate sodium 30 mg tablet	2	QL (30 PER 30)
sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)	5	
sevelamer carbonate 800 mg tablet	4	
sevelamer hcl	3	
sodium benzoate/sodium phenylacetate	3	
sodium chloride irrigating solution	2	
sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)	5	
sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)	2	
SOLIRIS	5	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	2	
THIOLA	5	
THIOLA EC	5	
THROMBIN-JMI 5,000 UNIT EPIST	4	
TIGLUTIK	5	PA
trientine hcl	5	QL (240 PER 30 DAYS)
ULTOMIRIS	5	
VELPHORO	5	
VELTASSA	3	
water for irrigation,sterile	2	
XURIDEN	5	
ZEMAIRA	5	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pggybk btl, acid/mannitol-water 5 mg/100ml piggyback)	2	
SMOKING DETERRENTS		
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	3	
NICOTROL	3	
NICOTROL NS	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)	2	QL (60 PER 30 DAYS)
BACTROBAN NASAL	4	
chlorhexidine gluconate 0.12 % mouthwash	2	
DENTA 5000 PLUS	2	
DENTAGEL	2	
fluoride (sodium) 1.1 % gel (gram)	2	
FLUORIDEX	4	
ipratropium bromide 21 mcg spray	2	QL (60 PER 30)
ipratropium bromide 42 mcg spray	2	QL (45 PER 30)
olopatadine hcl 0.6 % spray/pump	2	QL (30.5 PER 30 DAYS)
PAROEX	2	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
triamcinolone acetonide 0.1 % paste (g)	2	
XHANCE	4	
MISCELLANEOUS OTIC PREPARATIONS		
ACETASOL HC	2	
acetic acid 2 % solution	2	
ciprofloxacin hcl 0.2 % droperette	2	
FLAC OTIC OIL	2	
fluocinolone acetonide oil	2	
hydrocortisone/acetic acid	2	
ofloxacin 0.3 % drops	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
CIPRODEX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
COLY-MYCIN S	4	
neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)	2	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA
cortisone acetate 25 mg tablet	2	
DECADRON 0.5 MG/5 ML ELIXIR	2	
DELTASONE	2	
DEPO-MEDROL	4	
dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	2	
DEXAMETHASONE INTENSOL	2	
dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)	2	
dexamethasone sodium phosphate/pf	2	
DEXPAK	4	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5	PA
fludrocortisone acetate 0.1 mg tablet	2	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
KENALOG-10	4	
KENALOG-40	4	
KENALOG-80	4	
MEDROL 2 MG TABLET	4	
methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)	2	
methylprednisolone acetate	2	
methylprednisolone sodium succinate (40 mg vial, 125 mg vial, 1000 mg vial)	2	
MILLIPRED	4	
MILLIPRED DP	2	
prednisolone 15 mg/5 ml solution	2	
prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg/5 ml solution, 15 mg/5 ml solution, 15 mg tab rapdis, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate 10 mg tab rapdis	4	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)	2	
PREDNISONE INTENSOL	2	
SOLU-CORTEF (100 MG, 250 MG)	4	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 2,000 MG VIAL)	4	
triamcinolone acetonide (10 mg/ml vial, 40 mg/ml vial)	2	
ZILRETTA	4	
ANTITHYROID AGENTS		
methimazole (5 mg tablet, 10 mg tablet)	2	
propylthiouracil 50 mg tablet	2	
DIABETES THERAPY		
acarbose 100 mg tablet	2	QL (90 PER 30)
acarbose 25 mg tablet	2	QL (360 PER 30)
acarbose 50 mg tablet	2	QL (180 PER 30)
ADLYXIN	4	QL (6 PER 28 DAYS); STEP
ADMELOG	4	PA
ADMELOG SOLOSTAR	4	PA
AFREZZA (4 /8 /12, 4 CARTRIDGE, 8 CARTRIDGE, 12 CARTRIDGE, 90-4 / 90-8, 90-8 / 90-12)	4	
alcohol antiseptic pads	3	
alogliptin benzoate	4	QL (30 PER 30); STEP
alogliptin benzoate/metformin hcl	4	QL (60 PER 30); STEP
alogliptin benzoate/pioglitazone hcl	4	QL (30 PER 30); STEP
APIDRA 100 UNITS/ML VIAL	4	PA
APIDRA SOLOSTAR	4	PA
AVANDIA (2 MG TABLET, 4 MG TABLET)	4	QL (60 PER 30)
BAQSIMI	4	
BASAGLAR KWIKPEN U-100	3	
BYDUREON BCISE	3	QL (4 PER 28 DAYS); STEP
BYDUREON PEN	3	QL (4 PER 28); STEP
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 PER 30); STEP
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 PER 30); STEP
CYCLOSET	4	QL (180 PER 30)
FARXIGA 10 MG TABLET	3	QL (30 PER 30)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
FARXIGA 5 MG TABLET	3	QL (60 PER 30)
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
gauze pads & dressings - pads 2x2	3	
glimepiride 1 mg tablet	1	QL (240 PER 30)
glimepiride 2 mg tablet	1	QL (120 PER 30)
glimepiride 4 mg tablet	1	QL (60 PER 30)
glipizide 10 mg tab er 24	1	QL (60 PER 30)
glipizide (2.5 mg tab er 24, 5 mg tablet)	1	QL (240 PER 30)
glipizide (5 mg tab er 24, 10 mg tablet)	1	QL (120 PER 30)
glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)	1	QL (120 PER 30)
glipizide/metformin hcl 2.5-250 mg tablet	1	QL (240 PER 30)
GLUCAGEN	3	
GLUCAGON EMERGENCY KIT	3	
GLYXAMBI	4	QL (30 PER 30); STEP
HUMALOG (100 UNITS/ML CARTRIDGE, 100 UNIT/ML VIAL)	4	PA
HUMALOG JUNIOR KWIKPEN	4	PA
HUMALOG KWIKPEN U-100	4	PA
HUMALOG KWIKPEN U-200	4	PA
HUMALOG MIX 50-50	4	PA
HUMALOG MIX 50-50 KWIKPEN	4	PA
HUMALOG MIX 75-25	4	PA
HUMALOG MIX 75-25 KWIKPEN	4	PA
HUMULIN 70-30	4	PA
HUMULIN 70/30 KWIKPEN	4	PA
HUMULIN N	4	PA
HUMULIN N KWIKPEN	4	PA
HUMULIN R	4	PA
HUMULIN R U-500	3	PA
HUMULIN R U-500 KWIKPEN	3	PA
insulin admin. supplies	4	
insulin lispro (100/ml insuln pen, 100/ml vial)	4	
insulin pen needle	3	
insulin pump cartridge	4	
insulin syringe (disp) u-100 0.3 ml	3	
insulin syringe (disp) u-100 1 ml	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
insulin syringe (disp) u-100 1/2 ml	3	
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 PER 30)
INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30)
INVOKAMET XR (50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKANA 100 MG TABLET	3	QL (90 PER 30)
INVOKANA 300 MG TABLET	3	QL (30 PER 30)
isopropyl alcohol 0.7 ml/ml medicated pad	3	
JANUMET	3	QL (60 PER 30)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30)
JANUVIA	3	QL (30 PER 30)
JARDIANCE	3	QL (30 PER 30)
JENTADUETO	4	QL (60 PER 30); STEP
JENTADUETO XR 2.5 MG-1,000 MG	4	QL (60 PER 30); STEP
JENTADUETO XR 5 MG-1,000 MG TB	4	QL (30 PER 30); STEP
KAZANO	4	QL (60 PER 30); STEP
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30)
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	4	STEP
LEVEMIR FLEXTOUCH	4	STEP
metformin er 500 mg (generic glucophage xr 500 mg)	1	QL (120 PER 30)
metformin hcl (750 mg tab er 24h, 1000 mg tablet)	1	QL (75 PER 30)
metformin hcl 500 mg tab er 24h	1	QL (120 PER 30)
metformin hcl 500 mg tablet	1	QL (150 PER 30)
metformin hcl 850 mg tablet	1	QL (90 PER 30)
miglitol 100 mg tablet	2	QL (90 PER 30)
miglitol 25 mg tablet	2	QL (360 PER 30)
miglitol 50 mg tablet	2	QL (180 PER 30)
MYXREDLIN	4	
nateglinide 120 mg tablet	2	QL (90 PER 30)
nateglinide 60 mg tablet	2	QL (180 PER 30)
needles, insulin disp., safety	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
NESINA	4	QL (30 PER 30); STEP
NOVOLIN 70-30	3	
NOVOLIN N	3	
NOVOLIN R	3	
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70-30	3	
NOVOLOG MIX 70-30 FLEXPEN	3	
ONGLYZA	3	QL (30 PER 30)
OSENI	4	QL (30 PER 30); STEP
OZEMPIC 0.25-0.5 MG DOSE PEN	4	QL (1.5 PER 30 DAYS); STEP
OZEMPIC 1 MG DOSE PEN	4	QL (3 PER 30 DAYS); STEP
pen needle, diabetic (pen 31 g x1/4" dis needle, pen 31 gx3/16" dis needle, pen 31 gx5/16" dis needle, pen 32 gx3/16" dis needle, pen 32 gx 1/4" dis needle, pen 32gx 5/32" dis needle, pen 33 g x1/4" dis needle, pen 33 gx5/32" dis needle, pen 33 gx3/16" dis needle)	3	
pen needle, diabetic, safety	3	
pioglitazone hcl	2	QL (30 PER 30)
pioglitazone hcl/glimepiride	4	QL (30 PER 30)
pioglitazone hcl/metformin hcl	2	QL (90 PER 30)
PROGLYCEM	3	
QTERN	3	QL (30 PER 30 DAYS)
repaglinide 0.5 mg tablet	2	QL (960 PER 30)
repaglinide 1 mg tablet	2	QL (480 PER 30)
repaglinide 2 mg tablet	2	QL (240 PER 30)
repaglinide/metformin hcl	2	QL (150 PER 30)
RIOMET	4	QL (765 PER 30)
SEGLUROMET (2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET)	4	PA; QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TABLET	4	PA; QL (120 PER 30 DAYS)
SOLIQUA 100-33	4	QL (15 PER 25 DAYS)
STEGLATRO 15 MG TABLET	4	PA; QL (30 PER 30 DAYS)
STEGLATRO 5 MG TABLET	4	PA; QL (60 PER 30 DAYS)
STEGLUJAN	4	PA; QL (30 PER 30 DAYS)
sub-q insulin delivery device, 20 unit,disposable	4	
sub-q insulin delivery device, 30 unit, disposable	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
sub-q insulin delivery device, 40 unit, disposable	4	
subcutaneous insulin pump	4	
SYMLINPEN 120	5	QL (18.9 PER 30)
SYMLINPEN 60	5	QL (10.5 PER 30)
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	4	QL (60 PER 30)
SYNJARDY 5-500 MG TABLET	4	QL (120 PER 30)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	4	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	4	QL (30 PER 30 DAYS)
syringe with needle,disposable,insulin 1 ml (syringe 27gx1/2" disp syrin, syringe 28 gx5/16" disp syrin, syringe 28gx1/2" disp syrin, syringe 29 g x1/2" disp syrin, syringe 29gx 5/16" disp syrin, syringe 30 gx5/16" disp syrin, syringe 30gx1/2" disp syrin, syringe 31 gx5/16" disp syrin, syringe 31gx15/64" disp syrin)	3	
syringe with needle,insulin,0.3 ml (ml 29 g x1/2" disp syrin, ml 30gx1/2" disp syrin, ml 30 gx5/16" disp syrin, ml 31 gx5/16" disp syrin, ml 31gx15/64" disp syrin)	3	
syringe with needle,insulin,0.5 ml (ml 27gx1/2" disp syrin, ml 28gx1/2" disp syrin, ml 29 g x1/2" disp syrin, ml 30 gx5/16" disp syrin, ml 31 gx5/16" disp syrin, ml 32 gx5/16" disp syrin)	3	
syringe, insulin u-500 with needle, disposable, 0.5 ml	3	
TAPERDEX 6 DAY 1.5 MG TABLET	4	
tolbutamide	2	QL (180 PER 30)
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	4	QL (30 PER 30); STEP
TRESIBA	4	STEP
TRESIBA FLEXTOUCH U-100	4	STEP
TRESIBA FLEXTOUCH U-200	4	STEP
TRULICITY	4	QL (2 PER 28); STEP
VICTOZA 2-PAK	3	QL (9 PER 30); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
VICTOZA 3-PAK	3	QL (9 PER 30); STEP
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30)
XIGDUO XR (5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30)
XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	5	QL (15 PER 30 DAYS)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	
ANADROL-50	5	PA
ANDRODERM	4	PA
ANDROGEL (1.62%(1.25G) GEL PCKT, 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	3	PA
ANDROXY	2	
AVEED	4	
cabergoline	2	
calcitonin,salmon,synthetic	2	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution, 1 mcg/ml ampul)	2	
CERDELGA	5	
CEREZYME 400 UNITS VIAL	5	
chorionic gonadotropin, human 10000 unit vial	4	PA
cinacalcet hcl 30 mg tablet	3	B/D PA; QL (60 PER 30 DAYS)
cinacalcet hcl 60 mg tablet	5	B/D PA; QL (60 PER 30 DAYS)
cinacalcet hcl 90 mg tablet	5	B/D PA; QL (120 PER 30 DAYS)
danazol (50 mg capsule, 100 mg capsule)	2	
danazol 200 mg capsule	4	
DDAVP 10 MCG/0.1 ML SOLUTION	4	
DEPO-TESTOSTERONE 100 MG/ML VL	4	
desmopressin acetate 10/spray spray/pump	4	
desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml vial, 4 mcg/ml ampul)	2	
desmopressin acetate (non-refrigerated)	4	
doxercalciferol (1 mcg capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)	2	
doxercalciferol 0.5 mcg capsule	4	
ELAPRASE	5	
ELELYSO	5	
FABRAZYME	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
FORTESTA	4	PA
JYNARQUE (15 MG TABLET, 30 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	5	LA
KANUMA	5	
KORLYM	5	PA; QL (120 PER 30 DAYS)
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA
LUMIZYME	5	
METHITEST	4	
methyltestosterone 10 mg capsule	2	
MIACALCIN 400 UNIT/2 ML VIAL	4	
miglustat	5	LA
MYALEPT	5	PA; LA
NAGLAZYME	5	LA
NATESTO	4	PA
NATPARA	5	PA; LA
NOVAREL	4	PA
oxandrolone 10 mg tablet	5	PA
oxandrolone 2.5 mg tablet	2	PA
pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)	2	
paricalcitol (1 mcg capsule, 4 mcg capsule)	2	
paricalcitol (2 mcg/ml vial, 2 mcg capsule, 5 mcg/ml vial)	4	
PREGNYL	4	PA
RAYALDEE	5	QL (60 PER 30 DAYS)
SAMSCA	5	PA; QL (60 PER 30 DAYS)
SENSIPAR 30 MG TABLET	3	B/D PA; QL (60 PER 30)
SENSIPAR 60 MG TABLET	5	B/D PA; QL (60 PER 30 DAYS)
SENSIPAR 90 MG TABLET	5	B/D PA; QL (120 PER 30 DAYS)
SOMAVERT	5	
STIMATE	3	
STRENSIQ	5	LA
STRIANT	4	PA
SYNAREL	5	
TESTIM	4	PA
TESTOPEL	3	PA
testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
testosterone 25mg(1%) gel packet	2	PA
testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 30mg/1.5ml sol md pmp)	3	PA
testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)	2	
testosterone enanthate 200 mg/ml vial	2	
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKT)	4	PA
VPRIV	5	
ZAVESCA	5	LA
zoledronic acid 4 mg/5 ml vial	2	B/D PA
zoledronic acid in mannitol and 0.9 % sodium chloride	4	
zoledronic acid/mannitol-water 4 mg/100ml pggybk btl	2	B/D PA
ZOMETA 4 MG/100 ML INJECTION	5	B/D PA
THYROID HORMONES		
ARMOUR THYROID	3	
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1	
levothyroxine sodium (200 mcg vial, 500 mcg vial)	2	
levothyroxine sodium 100 mcg vial	4	
LEVOXYL	2	
liothyronine sodium (5 mcg tablet, 10 mcg/ml vial, 25 mcg tablet, 50 mcg tablet)	2	
NP THYROID	2	
thyroid,pork (15 mg tablet, 120 mg tablet)	4	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	2	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml syringe)	2	
CUVPOSA	4	
dicyclomine hcl (10 mg/ml vial, 10 mg/ml ampul, 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)	3	
diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)	2	
GLYCATE	4	
glycopyrrolate (0.2 mg/ml vial, 1 mg tablet, 2 mg tablet)	2	
loperamide hcl 2 mg capsule	2	
methscopolamine bromide (2.5 mg tablet, 5 mg tablet)	2	
MYTESI	4	
paregoric	2	
propantheline bromide 15 mg tablet	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO 235-0.25 MG VIAL	5	
alosetron hcl	5	
ALOXI 0.25 MG/5 ML VIAL	5	
AMITIZA	3	
ANALPRAM HC 1% CREAM	4	
ANZEMET 100 MG TABLET	4	B/D PA; QL (4 PER 28)
ANZEMET 50 MG TABLET	4	B/D PA; QL (8 PER 28)
aprepitant 125mg-80mg cap ds pk	3	B/D PA; QL (12 PER 28 DAYS)
aprepitant 125 mg capsule	3	B/D PA; QL (4 PER 28 DAYS)
aprepitant 40 mg capsule	3	B/D PA
aprepitant 80 mg capsule	3	B/D PA; QL (8 PER 28 DAYS)
APRISO	3	
ASACOL HD	4	
balsalazide disodium	2	
BONJESTA	4	
budesonide (3 mg capdr - er, 9 mg tabdr - er)	5	
CANASA	3	
CESAMET	5	B/D PA
CHENODAL	5	LA
CHOLBAM	5	
CIMZIA (200 MG VIAL KIT, 200 MG/ML STARTER KIT, 200 MG/ML SYRINGE KIT)	5	PA
CINVANTI	4	
CLENPIQ	4	
COLOCORT	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
COMPRO	2	
CONSTULOSE	2	
CORTIFOAM	3	
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE)	3	
CREON DR 36,000 UNITS CAPSULE	5	
cromolyn sodium 20 mg/ml oral conc	2	
CYSTADANE	5	
DELZICOL	3	
DIPENTUM	5	
dronabinol (2.5 mg capsule, 5 mg capsule)	4	B/D PA
dronabinol 10 mg capsule	5	B/D PA
droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)	2	
EMEND 125 MG POWDER PACKET	4	B/D PA; QL (4 PER 28 DAYS)
EMEND 150 MG VIAL	4	
ENTEREG	4	
ENTYVIO	5	PA
ENULOSE	2	
fosaprepitant dimeglumine	3	
GATTEX	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-H AND BISACODYL	2	
GAVILYTE-N	2	
GENERLAC	2	
GOLYTELY PACKET	4	
granisetron hcl 1 mg tablet	2	B/D PA; QL (56 PER 28)
granisetron hcl (1 mg/ml(1) vial, 1 mg/ml vial)	2	
granisetron hcl/pf	2	
hydrocortisone (1 % crm/pe app, 2.5 % crm/pe app, 100mg/60ml enema)	2	
hydrocortisone/pramoxine 1 %-1 % cream/appl	2	
INFLECTRA	5	
KRISTALOSE	4	
lactulose (10 g/15 ml solution, 10 g packet, 20 g/30 ml solution)	2	
LIALDA	3	
LINZESS	3	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	2	
mesalamine (1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 1000 mg supp.rect)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
mesalamine 800 mg tablet dr	4	
mesalamine with cleansing wipes	2	
metoclopramide hcl (5 mg tab rapdis, 5 mg tablet, 5 mg/ml vial, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution, 10 mg/2 ml syringe, 10 mg tab rapdis)	2	
MOTEGRITY	4	QL (30 PER 30 DAYS)
MOVANTIK	4	
MOVIPREP	4	
OCALIVA	5	PA
ondansetron	2	B/D PA
ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet, 24 mg tablet)	2	B/D PA
ondansetron hcl 2 mg/ml vial	2	
ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml vial, hcl/pf 4 mg/2 ml syringe)	2	
OSMOPREP	4	
palonosetron hcl (0.25mg/5ml syringe, 0.25mg/5ml vial)	4	
palonosetron hcl 0.25mg/2ml vial	5	
PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP)	4	
PANCREAZE DR 21,000 UNIT CAP	3	
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride	2	
PENTASA	3	
PERTZYE (DR 16,000 CAPSULE, DR 24,000 CAPSULE)	5	
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE)	4	
PLENVU	4	
PREPOPIK	4	
prochlorperazine	2	
prochlorperazine edisylate (5 mg/ml vial, 10 mg/2 ml vial)	2	
prochlorperazine maleate (5 mg tablet, 10 mg tablet)	2	
PROCTO-MED HC	2	
PROCTO-PAK	2	
PROCTOFOAM-HC	4	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
RECTIV	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	5	
REMICADE	5	
RENFLEXIS	5	
SANCUSO	5	QL (4 PER 28)
scopolamine	2	
sodium chloride/sodium bicarbonate/potassium chloride/peg	2	
SUCRAID	5	
sulfasalazine (500 mg tablet, 500 mg tablet dr)	2	
SUPREP	4	
SUSTOL	5	
SYMPROIC	4	
SYNDROS	5	B/D PA
TRILYTE WITH FLAVOR PACKETS	2	
TRULANCE	4	
UCERIS 2 MG RECTAL FOAM	4	
UCERIS 9 MG ER TABLET	5	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	2	
VARUBI 90 MG TABLET	3	B/D PA; QL (4 PER 28)
VARUBI 166.5 MG/92.5 ML VIAL	3	
VIBERZI	5	
VIOKACE	4	
ZELNORM	4	
ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE)	4	
ZENPEP DR 40,000 UNIT CAPSULE	5	
ZUPLENZ	4	B/D PA
ULCER THERAPY		
CARAFATE 1 GM/10 ML SUSP	4	
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	2	
cimetidine hcl	2	
DEXILANT	4	QL (30 PER 30 DAYS)
esomeprazole magnesium	2	
esomeprazole sodium	2	
esomeprazole strontium 49.3 mg capsule dr	4	
famotidine (10 mg/ml vial, 20 mg tablet, 40mg/5ml oral susp, 40 mg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
famotidine in sodium chloride, iso-osmotic/pf	2	
famotidine/pf	2	
lansoprazole (15 mg capsule dr, 15 mg tab rap dr, 30 mg tab rap dr, 30 mg capsule dr)	2	
lansoprazole/amoxicillin trihydrate/clarithromycin	2	
misoprostol (100 mcg tablet, 200 mcg tablet)	2	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	4	
nizatidine (150 mg capsule, 300 mg capsule)	2	
nizatidine 150mg/10ml solution	4	
OMECLAMOX-PAK	4	
omeprazole (20 mg capsule dr, 40 mg capsule dr)	1	
omeprazole 10 mg capsule dr	1	QL (30 PER 30)
omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 20mg-1.1g capsule, omeprazole/sodium 40-1680mg packet, omeprazole/sodium 40mg-1.1g capsule)	4	
pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)	1	
pantoprazole sodium 40 mg vial	2	
PRILOSEC (DR 2.5 MG SUSPENSION, DR 10 MG SUSPENSION)	4	PA
PROTONIX 40 MG SUSPENSION	4	PA
PYLERA	4	
rabeprazole sodium 10 mg cap dr spr	4	
rabeprazole sodium 20 mg tablet dr	2	
ranitidine hcl (15 mg/ml syrup, 25 mg/ml vial, 50 mg/2 ml vial, 150 mg capsule, 150 mg tablet, 300 mg tablet, 300 mg capsule)	2	
sucralfate 1 g tablet	2	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA
ARANESP (10 MCG/0.4 ML SYRINGE, 40 MCG/0.4 ML SYRINGE)	3	PA; QL (1.6 PER 28)

Drug Name	Drug Tier	Requirements/ Limits
ARANESP (150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	5	PA
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA; QL (2 PER 28)
ARANESP 25 MCG/0.42 ML SYRING	3	PA; QL (1.68 PER 28)
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA; QL (1.2 PER 28)
ARANESP (25 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA; QL (4 PER 28)
ARANESP (60 MCG/ML VIAL, 100 MCG/ML VIAL)	5	PA; QL (4 PER 28)
ARCALYST	5	PA
AVONEX (SYR 30 MCG, SYR 30 MCG KT)	5	
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	5	
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5	
EGRIFTA	5	PA
EPOGEN (10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL)	4	PA; QL (24 PER 28)
EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA; QL (12 PER 28)
EPOGEN 20,000 UNITS/ML VIAL	5	PA; QL (12 PER 28)
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	5	
FULPHILA	5	
GENOTROPIN (MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
GENOTROPIN MINIQUICK 0.2 MG	4	PA
GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	B/D PA
LEUKINE 250 MCG VIAL	5	
MOZOBIL	5	B/D PA
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	5	
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ	5	PA
NUTROPIN AQ NUSPIN	5	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	5	
PEGASYS PROCLICK 180 MCG/0.5	5	
PEGINTRON	5	
PEGINTRON REDIPEN	5	
PLEGRIDY	5	
PLEGRIDY PEN	5	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA; QL (12 PER 28)
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
PROCRIT 10,000 UNITS/ML VIAL	4	PA; QL (12 PER 28)
PROLEUKIN	5	PA; B/D PA
REBIF	5	
REBIF REBIDOSE	5	
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL)	3	PA; QL (12 PER 28 DAYS)
RETACRIT 10,000 UNIT/ML VIAL	4	PA; QL (12 PER 28 DAYS)
RETACRIT 40,000 UNIT/ML VIAL	5	PA
SAIZEN (5 MG VIAL, 8.8 MG VIAL, 8.8 MG CLICK.EASY CARTG)	5	PA
SAIZEN-SAIZENPREP	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
SEROSTIM	5	PA
SYLATRON	5	
SYLATRON 4-PACK (200 MCG, 300 MCG)	5	
UDENYCA	5	
ZARXIO	5	
ZOMACTON 10 MG VIAL	5	PA
ZOMACTON 5 MG VIAL	3	PA
ZORBTIVE	5	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
ATGAM	5	B/D PA
bcg live	3	
bcg vaccine, live/pf	3	
BEXSERO	4	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
BOTOX	4	PA
CARIMUNE NF NANOFILTERED	5	PA
CUTAQUIG	5	PA
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL)	5	PA; LA
CYTOGAM	4	
DAPTACEL DTAP	3	
DYSPORT	4	PA
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	B/D PA
ENGERIX-B PEDIATRIC-ADOLESCENT (10 MCG/0.5 ML PED VL, PEDI 10 MCG/0.5 SYRN)	3	B/D PA
FLEBOGAMMA DIF 10% VIAL	5	PA
FLEBOGAMMA DIF 5% VIAL	5	B/D PA
fomepizole 1 g/ml vial	2	
GAMASTAN	4	PA
GAMASTAN S-D	4	PA
GAMASTAN S-D VIAL (RXCUI 1809038)	4	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA
GAMMAKED	5	PA
GAMMAPLEX (5 GRAM/50 ML VIAL, 5 GRAM/100 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
GAMMAPLEX 2.5 GRAM/50 ML VIAL	5	
GAMUNEX-C	5	PA
GARDASIL	3	
GARDASIL 9 (9 VIAL, 9 SYRINGE)	3	
GRASTEK	4	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL, 1,440 UNITS/ML SYRINGE)	3	
HIBERIX	4	
HIZENTRA	5	PA
HYPERHEP B S-D (NEONATAL SYRIN., SYRINGE, VIAL)	5	
HYPERRAB	4	
HYPERRHO S-D	5	
HYQVIA	5	B/D PA
IMOVAX RABIES VACCINE	3	
INFANRIX DTAP (SYRINGE, VIAL)	3	
IPOL	3	
IXIARO	4	
KEDRAB	4	
KINRIX (TIP-LOK SYRINGE, VIAL)	4	
M-M-R II VACCINE	3	
MENACTRA VIAL	3	
MENHIBRIX	4	
MENOMUNE-A-C-Y-W-135	3	
MENVEO A-C-Y-W-135-DIP	4	
MYOBLOC	4	
NABI-HB	5	
OCTAGAM	5	PA
ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT)	4	
PANZYGA	5	PA
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB	3	
PRIVIGEN	5	PA
PROQUAD	3	
QUADRACEL DTAP-IPV	4	
RABAVERT	3	
RAGWITEK	4	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	B/D PA
ROTARIX VACCINE SUSPENSION	4	
ROTATEQ	3	
SHINGRIX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
STAMARIL	3	
TENIVAC (SYRINGE, VIAL)	4	
tetanus and diphtheria toxoids, adult	3	
tetanus,diphtheria toxd ped/pf 5-25/0.5ml vial	3	
THYMOGLOBULIN	5	B/D PA
TRUMENBA	4	
TWINRIX VACCINE SYRINGE	3	
TYPHIM VI (25 MCG/0.5 ML SYRNG, 25 MCG/0.5 ML AL)	3	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE	3	
VARIZIG (125 UNIT/1.2 ML VIAL, 125 UNIT VIAL)	5	
XEOMIN (50 VIAL, 100 VIAL)	4	PA
XEOMIN 200 UNIT VIAL	5	PA
YF-VAX	3	
ZINPLAVA	5	
ZOSTAVAX	3	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol (100 mg tablet, 300 mg tablet)	2	
allopurinol sodium	5	
ALOPRIM	2	
colchicine (0.6 mg capsule, 0.6 mg tablet)	4	
COLCRYS	3	
DUZALLO	4	
febuxostat	2	
MITIGARE	4	
probenecid	2	
probenecid/colchicine	2	
ULORIC	3	
OSTEOPOROSIS THERAPY		
alendronate sodium 70 mg/75ml solution	2	QL (375 PER 30)
alendronate sodium (35 mg tablet, 70 mg tablet)	1	QL (5 PER 30)
alendronate sodium (5 mg tablet, 10 mg tablet)	2	QL (30 PER 30)
BINOSTO	4	QL (5 PER 30); STEP
EVENITY	4	STEP
EVENITY (2 SYRINGES)	4	STEP
FORTEO	5	QL (2.4 PER 28 DAYS); STEP
FOSAMAX PLUS D	4	QL (5 PER 30); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)	2	STEP
ibandronate sodium 150 mg tablet	2	QL (1 PER 30)
PROLIA	4	STEP
raloxifene hcl	2	
risedronate sodium (35 mg tablet dr, 35 mg tablet)	2	QL (5 PER 30)
risedronate sodium 150 mg tablet	2	QL (1 PER 30)
risedronate sodium 5 mg tablet	2	QL (30 PER 30)
TYMLOS	5	QL (1.56 PER 30 DAYS); STEP
OTHER RHEUMATOLOGICALS		
ACTEMRA (80 MG/4 ML VIAL, 162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	5	PA
ACTEMRA ACTPEN	5	PA
BENLYSTA (120 MG VIAL, 200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT, 400 MG VIAL)	5	
CUPRIMINE	5	
DEPEN	5	
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE)	5	PA; QL (2 PER 28)
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA; QL (4 PER 28)
HUMIRA PEDIATRIC CROHN'S	5	PA; QL (6 PER 28)
HUMIRA PEN	5	PA; QL (4 PER 28)
HUMIRA PEN CROHN'S-UC-HS	5	PA; QL (6 PER 28)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; QL (4 PER 28 DAYS)
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING)	5	PA; QL (2 PER 28 DAYS)
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA; QL (4 PER 28 DAYS)
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA; QL (2 PER 30 DAYS)
HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA; QL (3 PER 30 DAYS)
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA; QL (4 PER 28 DAYS)
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA; QL (3 PER 28 OVER TIME)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (3 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA
KINERET	5	PA
leflunomide	2	
OLUMIANT	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	PA
ORENCIA CLICKJECT	5	PA
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	PA
OTREXUP	4	
penicillamine 250 mg capsule	5	
RASUVO	4	
RIDAURA	5	
RINVOQ ER	5	PA
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3	
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA; QL (1 PER 28)
SIMPONI (50 MG/0.5 ML SYRINGE, 50 MG/0.5 ML PEN INJEC)	5	PA; QL (0.5 PER 28)
SIMPONI ARIA	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ALORA	3	
AMABELZ	2	
ANGELIQ	4	
BIJUVA	4	
CAMILA	2	
CLIMARA PRO	4	
COMBIPATCH	4	
CRINONE	4	PA
DEBLITANE	2	
DEPO-ESTRADIOL	4	
DEPO-PROVERA 400 MG/ML VIAL	4	
DEPO-SUBQ PROVERA 104	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 1 MG GEL PACKET)	4	QL (30 PER 30)
DIVIGEL 0.75 MG GEL PACKET	4	QL (30 PER 30 DAYS)
DOTTI	2	
DUAVEE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
ELESTRIN	4	
ERRIN	2	
estradiol (0.01 % cream/appl, .025mg/24h patch tdwk, .025mg/24h patch tdsw, .0375mg/24 patch tdwk, .0375mg/24 patch tdsw, 0.05mg/24h patch tdsw, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, .075mg/24h patch tdsw, 0.1mg/24hr patch tdwk, 0.1mg/24hr patch tdsw, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)	2	
estradiol valerate (20 mg/ml vial, 40 mg/ml vial)	2	
estradiol/norethindrone acetate	2	
ESTRING	4	
EVAMIST	4	
FEMRING	4	
FYAVOLV	2	
HEATHER	2	
hydroxyprogesterone caproate 250 mg/ml vial	5	
hydroxyprogesterone caproate/pf	5	
IMVEXXY (4 MCG STARTER PACK, 4 MCG MAINTENANCE PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	4	
INCASSIA	2	
JENCYCLA	2	
JEVANTIQUE LO	2	
JINTELI	2	
LOPREEZA	2	
LYZA	2	
medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml vial, 150 mg/ml syringe)	2	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	4	
MENOSTAR	4	
MIMVEY	2	
MIMVEY LO	2	
MINIVELLE	4	
NORA-BE	2	
norethindrone 0.35 mg tablet	2	
norethindrone acetate 5 mg tablet	2	
norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
NORLYDA	2	
NORLYROC	2	
PREFEST	3	
PREMARIN VAGINAL CREAM-APPL	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL)	3	
PREMPHASE	4	
PREMPRO	4	
progesterone 50 mg/ml vial	2	
progesterone, micronized (100 mg capsule, 200 mg capsule)	2	
SHAROBEL	2	
YUVAFEM	2	
MISCELLANEOUS OB/GYN		
AVC	4	
CLEOCIN 100 MG VAGINAL OVULE	4	
clindamycin phosphate 2 % cream/appl	2	
clomiphene citrate 50 mg tablet	2	PA
GYNAZOLE 1	4	
KYLEENA	5	LA
LILETTA	4	
LUPANETA PACK	5	
metronidazole 0.75 % gel w/appl	2	
miconazole nitrate 200 mg supp.vag	2	
NEXPLANON	4	
NUVARING	4	
NUVESSA	4	
ORILISSA	5	
OSPHENA	4	PA
SKYLA	3	
terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)	2	
tranexamic acid 650 mg tablet	4	
VANDAZOLE	2	
XULANE	2	
ORAL CONTRACEPTIVES / RELATED AGENTS		
ALTAVERA	2	
ALYACEN	2	
AMETHIA	2	
AMETHIA LO	2	
AMETHYST	2	
ANNOVERA	4	
APRI	2	
ARANELLE	2	
ASHLYNA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
AUBRA	2	
AUBRA EQ	2	
AUROVELA 1 MG-20 MCG TABLET	2	
AUROVELA FE 1.5 MG-30 MCG TAB	2	
AVIANE	2	
AZURETTE	2	
BALCOLTRA	4	
BALZIVA	2	
BLISOVI 24 FE	2	
BLISOVI FE 1.5-30 TABLET	2	
BRIELLYN	2	
CAMRESE	2	
CAMRESE LO	2	
CAZIANT	2	
CHATEAL	2	
CRYSELLE	2	
CYCLAFEM	2	
CYRED	2	
CYRED EQ	2	
DASETTA	2	
DAYSEE	2	
DELYLA	2	
desogestrel-ethinyl estradiol 0.15-0.03 tablet	2	
desogestrel-ethinyl estradiol/ethinyl estradiol	2	
drospirenone/ethinyl estradiol/levomefolate calcium	2	
ELINEST	2	
ELLA	3	
EMOQUETTE	2	
ENPRESSE	2	
ENSKYCE	2	
ESTARYLLA	2	
ethinyl estradiol/drospirenone	2	
ethynodiol diacetate-ethinyl estradiol	2	
FALMINA	2	
FAYOSIM	2	
FEMYNOR	2	
GIANVI	2	
HAILEY 24 FE	2	
INTROVALE	2	
ISIBLOOM	2	
JASMIEL	2	
JOLESSA	2	
JULEBER	2	
JUNEL	2	
JUNEL FE	2	
JUNEL FE 24	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
KAITLIB FE	2	
KARIVA	2	
KELNOR 1-35	2	
KELNOR 1-50	2	
KURVELO	2	
LARIN	2	
LARIN 24 FE	2	
LARIN FE	2	
LARISSIA	2	
LAYOLIS FE	2	
LEENA	2	
LESSINA	2	
LEVONEST	2	
levonorgestrel-ethinyl estradiol (0.1-0.02mg tablet, 0.15-0.03 tbdspk 3mo, 0.15-0.03 tablet, 6-5-10 tablet, 90-20 mcg tablet)	2	
levonorgestrel/ethinyl estradiol and ethinyl estradiol	2	
LEVORA-28	2	
LO LOESTRIN FE	4	
LOMEDIA 24 FE	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
MARLISSA	2	
MELODETTA 24 FE	2	
MIBELAS 24 FE	2	
MICROGESTIN	2	
MICROGESTIN FE	2	
MILI	2	
MONO-LINYAH	2	
MYZILRA	2	
NATAZIA	4	
NECON (0.5-35-28 TABLET, 1-50-28 TABLET)	2	
NIKKI	2	
norethindrone ac-eth estradiol 1mg-20mcg tablet	2	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(24) tablet, 1mg-20(24) tab chew, 1mg-20(21) tablet)	2	
norethindrone-ethinyl estradiol/ferrous fumarate	2	
norgestimate-ethinyl estradiol	2	
NORTREL	2	
OCELLA	2	
OGESTREL	2	
ORSYTHIA	2	
PHILITH	2	
PIMTREA	2	
PIRMELLA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
PORTIA	2	
PREVIFEM	2	
RAJANI	2	
RECLIPSEN	2	
RIVELSA	4	
SAFYRAL	4	
SETLAKIN	2	
SLYND	4	
SPRINTEC	2	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	
TARINA FE	2	
TARINA FE 1-20 EQ	2	
TAYTULLA	4	
TILIA FE	2	
TRI FEMYNOR	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TRINESSA LO	2	
TRIVORA-28	2	
TYDEMY	2	
VELIVET	2	
VIENVA	2	
VIORELE	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
WYMZYA FE	2	
ZARAH	2	
ZENCHENT FE	2	
ZOVIA 1-35E	2	
OXYTOCICS		
METHERGINE	5	
methylergonovine maleate 0.2 mg tablet	2	
methylergonovine maleate (.2mg/ml(1) vial, .2mg/ml(1) ampul)	4	
oxytocin 10 unit/ml vial	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
bacitracin 500 unit/g oint. (g)	2	
bacitracin/polymyxin b sulfate	2	
BESIVANCE	4	
CILOXAN 0.3% OINTMENT	3	
ciprofloxacin hcl 0.3 % drops	2	
erythromycin base 5 mg/gram oint. (g)	2	
gatifloxacin 0.5 % drops	2	
GENTAK	2	
gentamicin sulfate (0.3 % oint. (g), 0.3 % drops)	2	
levofloxacin 0.5 % drops	2	
MOXEZA	4	
moxifloxacin hcl 0.5 % drops	2	
moxifloxacin in nacl,iso-os/pf 1 mg/ml vial	4	
NATACYN	3	
NEO-POLYCIN	2	
neomycin sulfate/bacitracin/polymyxin b	2	
neomycin sulfate/polymyxin b sulfate/gramicidin d	2	
POLYCIN	2	
polymyxin b sulfate/trimethoprim	2	
tobramycin 0.3 % drops	2	
TOBREX 0.3% EYE OINTMENT	4	
ANTIVIRALS		
trifluridine 1 % drops	2	
ZIRGAN	4	
BETA-BLOCKERS		
betaxolol hcl 0.5 % drops	2	
BETIMOL	4	STEP
BETOPTIC S	4	STEP
carteolol hcl	2	
levobunolol hcl 0.5 % drops	2	
timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)	2	
TIMOPTIC OCUDOSE	4	STEP
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1 % drops	2	
DIRECT ACTING MIOTICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)	2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	4	
ALOMIDE	4	
azelastine hcl 0.05 % drops	2	
BEPREVE	3	
CEQUA	4	
cromolyn sodium 4 % drops	2	
CYSTARAN	5	
epinastine hcl	2	
JETREA 1.25 MG/ML VIAL	5	LA
LACRISERT	3	
LASTACAFT	4	
LUCENTIS (0.3 MG VIAL, 0.3 MG/0.05 ML VIAL, 0.5 MG VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	5	
olopatadine hcl (0.1 % drops, 0.2 % drops)	2	
OXERVATE	5	
PAZEO	4	
RESTASIS	4	
RESTASIS MULTIDOSE	4	
XIIDRA	4	

Drug Name	Drug Tier	Requirements/ Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL	4	
bromfenac sodium 0.09 % drops	2	
BROMSITE	4	
diclofenac sodium 0.1 % drops	2	
flurbiprofen sodium	2	
ILEVRO	4	
ketorolac tromethamine (0.4 % drops, 0.5 % drops)	2	
NEVANAC	4	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)	2	
acetazolamide sodium	2	
methazolamide 25 mg tablet	2	
methazolamide 50 mg tablet	4	
OTHER GLAUCOMA DRUGS		
AZOPT	4	
bimatoprost 0.03 % drops	2	
COMBIGAN	4	STEP
dorzolamide hcl	2	
dorzolamide hcl/timolol maleate	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
dorzolamide/timolol/pf 2 %-0.5 % droperette	2	
latanoprost 0.005 % drops	2	
LUMIGAN	4	STEP
RHOPRESSA	4	STEP
ROCKLATAN	4	STEP
SIMBRINZA	4	
TRAVATAN Z	3	STEP
VYZULTA	4	STEP
XELPROS	4	STEP
ZIOPTAN	4	STEP
STEROID-ANTIBIOTIC COMBINATIONS		
NEO-POLYCIN HC	2	
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	2	
neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp	2	
neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))	2	
PRED-G (1% DROPS, S.O.P. OINTMENT)	4	
prednisolone acetate/gatifloxacin	4	
TOBRADEX EYE OINTMENT	4	
TOBRADEX ST	4	
tobramycin/dexametha sone	2	
ZYLET	4	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
sulfacetamide sodium/prednisolone sodium phosphate	2	
STEROIDS		
ALREX	4	
dexamethasone sodium phosphate 0.1 % drops	2	
DUREZOL	4	
FLAREX	4	
fluorometholone	2	
FML FORTE	4	
FML S.O.P.	4	
INVELTYS	4	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	4	
LOTEMAX SM	4	
loteprednol etabonate	2	
MAXIDEX	4	
OZURDEX	4	
PRED MILD	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
prednisolone acetate	2	
prednisolone sodium phosphate 1 % drops	2	
SULFONAMIDES		
sulfacetamide sodium (10 % drops, 10 % oint. (g))	2	
SYMPATHOMIMETICS		
ALPHAGAN P 0.1% DROPS	4	
apraclonidine hcl	2	
brimonidine tartrate (0.15 % drops, 0.2 % drops)	2	
IOPIDINE	4	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
ADRENALIN	2	
carbinoxamine maleate 6 mg tablet	5	
cetirizine 1 mg/ml sol'n and syrup	2	
CLARINEX 0.5 MG/ML (2.5 MG/5)	4	
CLARINEX-D 12 HOUR	4	
desloratadine (2.5 mg tab rapdis, 5 mg tablet, 5 mg tab rapdis)	2	
diphenhydramine hcl 12.5mg/5ml elixir	3	PA
diphenhydramine hcl (50 mg/ml vial, 50 mg/ml cartridge, 50 mg/ml syringe)	2	
epinephrine (0.15mg/0.3 auto injct, 0.3mg/0.3 auto injct)	3	QL (4 PER 30 DAYS)
epinephrine 0.15 mg auto-inject (mylan)	3	QL (4 PER 30 DAYS)
epinephrine 0.3 mg auto-inject (mylan)	3	QL (4 PER 30 DAYS)
epinephrine 0.3 mg auto-inject (teva)	3	QL (4 PER 30 DAYS)
EPIPEN 2-PAK	4	QL (4 PER 30 DAYS)
EPIPEN JR 2-PAK	4	QL (4 PER 30 DAYS)
hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	3	PA
KALYDECO 25 MG GRANULES PACKET	5	PA; QL (60 PER 30 DAYS)
levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tablet)	2	
promethazine hcl (25 mg/ml vial, 25 mg/ml ampul, 50 mg/ml ampul, 50 mg/ml vial)	2	
promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)	3	PA
PROMETHEGAN 12.5 MG SUPPOS	2	
RYVENT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
SEMPREX-D	4	
SYMJEPI	3	
PULMONARY AGENTS		
acetylcysteine (100 mg/ml vial, 200 mg/ml vial)	2	B/D PA
ADCIRCA	5	PA; QL (60 PER 30 DAYS)
ADEMPAS	5	PA; LA
ADVAIR DISKUS	3	QL (60 PER 30 DAYS)
ADVAIR HFA	3	QL (12 PER 30 DAYS)
AEROSPAN	4	QL (8.9 PER 30 DAYS)
AIRDUO RESPICLICK	4	QL (60 PER 30 DAYS)
albuterol sulfate 90 mcg hfa aer ad	2	QL (36 PER 30 DAYS)
albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tab er 12h, 8 mg tab er 12h)	2	
albuterol sulfate 4 mg tablet	4	
albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 5 mg/ml solution)	2	B/D PA
ALVESCO	4	QL (12.2 PER 30 DAYS)
ALYQ	5	PA
ambrisentan	5	LA; QL (30 PER 30 DAYS)
aminophylline (250mg/10ml vial, 500mg/20ml vial)	2	
ANORO ELLIPTA	3	QL (60 PER 30)
ARCAPTA NEOHALER	4	QL (30 PER 30 DAYS)
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX (110 MCG #7, 220 MCG #14)	3	
ASMANEX (110 MCG, 220 MCG)	3	QL (30 PER 30 DAYS)
ASMANEX TWISTHALER 220 MCG #60	3	QL (60 PER 30 DAYS)
ASMANEX TWISTHALR 220 MCG #120	3	QL (120 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
BECONASE AQ	4	QL (50 PER 30 DAYS); STEP
BERINERT (500 VIAL, 500 KIT)	5	
BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
bosentan	5	LA; QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30)
BROVANA	3	B/D PA; QL (120 PER 30)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)	2	B/D PA
budesonide 32mcg spray/pump	2	QL (8.6 PER 30 DAYS); STEP
CINQAIR	5	PA
CINRYZE	5	PA
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)
cromolyn sodium 20 mg/2 ml ampul-neb	2	B/D PA
DALIRESP	3	
DULERA	3	QL (13 PER 30 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	5	PA
DYMISTA	4	QL (23 PER 30 DAYS); STEP
ELIXOPHYLLIN	4	
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA; QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA; QL (90 PER 30 DAYS)
FASENRA	5	PA
FIRAZYR	5	PA; QL (27 PER 30 DAYS)
FLOVENT DISKUS	3	QL (60 PER 30 DAYS)
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3	QL (10.6 PER 30 DAYS)
flunisolide 25 mcg spray	2	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg spray susp	2	QL (16 PER 30 DAYS)
fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)	2	QL (60 PER 30 DAYS)
HAEGARDA	5	PA
icatibant acetate	5	PA
INCRUSE ELLIPTA	4	QL (30 PER 30 DAYS)
ipratropium bromide 0.2 mg/ml solution	2	B/D PA
ipratropium bromide/albuterol sulfate	2	B/D PA
KALYDECO (50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA; QL (60 PER 30 DAYS)
LETAIRIS	5	LA; QL (30 PER 30 DAYS)
levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb)	2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
levalbuterol hcl (1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)	4	B/D PA
levalbuterol tartrate	4	QL (30 PER 30 DAYS)
LONHALA MAGNAIR REFILL	5	
LONHALA MAGNAIR STARTER	5	
metaproterenol sulfate	2	
mometasone furoate 50 mcg spray/pump	2	QL (34 PER 30 DAYS); STEP
montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)	2	
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	5	PA; LA; QL (3 PER 28 DAYS)
NUCALA 100 MG VIAL	5	PA; LA; QL (1 PER 28 DAYS)
OFEV	5	PA; QL (60 PER 30 DAYS)
OMNARIS	4	QL (12.5 PER 30 DAYS); STEP
OPSUMIT	5	PA; LA
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA; QL (112 PER 28 DAYS)
PERFOROMIST	4	B/D PA
PROAIR DIGIHALER	3	QL (2 PER 30)
PROAIR HFA	3	QL (17 PER 30)
PROAIR RESPICLICK	3	QL (2 PER 30)
PROVENTIL HFA	4	QL (13.4 PER 30)
PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
PULMOZYME	5	B/D PA; QL (150 PER 30 DAYS)
QNASL	4	QL (8.7 PER 30 DAYS); STEP
QNASL CHILDREN	4	QL (4.9 PER 30 DAYS); STEP
QVAR REDIHALER	3	QL (21.2 PER 30 DAYS)
REVATIO 10 MG/ML ORAL SUSP	5	PA
RUCONEST	5	
SEEBRI NEOHALER	4	QL (60 PER 30 DAYS)
SEREVENT DISKUS	4	QL (60 PER 30 DAYS)
sildenafil citrate 20 mg tablet	2	PA
sildenafil citrate (10 mg/ml susp recon, 10 mg/12.5 vial)	5	PA
SPIRIVA	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT	4	QL (10.2 PER 30 DAYS); STEP
SYMDEKO	5	PA
tadalafil 20 mg tablet	5	PA
TAKHZYRO	5	PA
terbutaline sulfate (1 mg/ml vial, 2.5 mg tablet, 5 mg tablet)	2	
THEO-24	4	
theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)	2	
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	LA; QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	LA; QL (120 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
TUDORZA PRESSAIR	3	QL (1 PER 30 DAYS)
TYVASO	5	B/D PA
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA
TYVASO STARTER KIT	5	B/D PA
UTIBRON NEOHALER	4	QL (60 PER 30 DAYS)
VENTAVIS 10 MCG/1 ML SOLUTION	5	B/D PA; QL (210 PER 30 DAYS)
VENTAVIS 20 MCG/1 ML SOLUTION	5	B/D PA; QL (90 PER 30 DAYS)
VENTOLIN HFA	4	QL (36 PER 30)
WIXELA INHUB	2	QL (60 PER 30 DAYS)
XOLAIR 150 MG/ML SYRINGE	5	PA; LA; QL (6 PER 28 DAYS)
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA; LA; QL (10 PER 28 DAYS)
XOLAIR 150 MG VIAL	5	PA; LA
XOPENEX HFA	3	QL (30 PER 30 DAYS)
YUPELRI	5	B/D PA
zafirlukast	2	
ZETONNA	4	QL (6.1 PER 30 DAYS); STEP
zileuton	5	
ZYFLO	5	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin hydrobromide	2	
flavoxate hcl	2	
GELNIQUE (GEL PUMP, GEL SACHET, GEL SACHETS)	4	
MYRBETRIQ	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride (5 mg/5 ml syrup, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)	2	
OXYTROL	4	
solifenacin succinate	2	
tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)	2	
TOVIAZ	4	
trospium chloride (20 mg tablet, 60 mg cap er 24h)	2	
VESICARE	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin hcl	2	
dutasteride 0.5 mg capsule	2	
dutasteride/tamsulosin hcl	2	
finasteride 5 mg tablet	1	
RAPAFLO	4	
silodosin	3	
tamsulosin hcl	2	
CHOLINERGIC STIMULANTS		
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	2	
MISCELLANEOUS UROLOGICALS		
alprostadil 500 mcg/ml vial	2	
CIALIS (2.5 MG TABLET, 5 MG TABLET)	4	PA; QL (30 PER 30)
CYSTAGON	3	LA
ELMIRON	3	
glycine urologic solution	2	
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
potassium citrate	2	
PROCYSBI	5	
PROSTIN VR PEDIATRIC	4	
RENACIDIN	3	
tadalafil (2.5 mg tablet, 5 mg tablet)	3	PA; QL (30 PER 30 DAYS)
UNCATEGORIZED		
Unclassified		
FLUORIDEX SENSITIV RLF PASTE	4	
INTRAROSA	4	PA
morphine sulfate 8 mg/ml cartridge	4	QL (250 PER 30 OVER TIME)
RUBRACA 250 MG TABLET	5	PA; QL (120 PER 30 DAYS)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
calcium acetate (667 mg capsule, 667 mg tablet)	2	
calcium chloride (100 mg/ml vial, 100 mg/ml syringe)	2	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	4	
EFFER-K 25 MEQ TABLET EFF	2	
HYPERLYTE CR	3	
K EFFERVESCENT	2	
K-TAB ER (ER 10 TABLET, ER 20 TABLET)	3	
K-TAB ER 8 MEQ TABLET	2	
KLOR-CON 20 MEQ PACKET	2	
KLOR-CON 25 MEQ PACKET	3	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON SPRINKLE	2	
KLOR-CON-EF	2	
magnesium chloride 200 mg/ml vial	2	
magnesium sulfate (4 meq/ml syringe, 4 meq/ml vial)	2	
magnesium sulfate in sterile water (in 2 g/50 ml piggyback, in 4 g/50 ml piggyback, in 4 g/100 ml piggyback, in 20 g/500ml iv soln, in 40g/1000ml iv soln)	2	
NORMOSOL-R	3	
NORMOSOL-R AND DEXTROSE	3	
PHOSLYRA	4	
potassium acetate	2	
potassium bicarbonate/citric acid	2	
potassium chloride (2 meq/ml vial, 2 meq/ml ampul, 8 meq capsule er, 8 meq tablet er, 10 meq tablet er, 10 meq tab er prt, 10 meq capsule er, 20meq/15ml liquid, 20 meq packet, 20 meq tablet er, 20 meq tab er prt, 40meq/15ml liquid)	2	
potassium chloride in 0.45 % sodium chloride	2	
potassium chloride in 0.9 % sodium chloride (in 20 meq/l iv soln, in 40 meq/l iv soln)	2	
potassium chloride in 5 % dextrose in water	2	
potassium chloride in dextrose 5 % and 0.9 % sodium chloride	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride in dextrose 5 %-0.2 % sodium chloride (chloride/d5-0.2%nacl 20 meq/l iv soln, chloride/d5-0.2%nacl 30 meq/l iv soln, chloride/d5-0.2%nacl 40 meq/l iv soln)	2	
potassium chloride in dextrose 5 %-0.45 % sodium chloride	2	
potassium chloride in dextrose 5% and 0.3 % sodium chloride	2	
potassium chloride in lactated ringers and 5 % dextrose	2	
potassium chloride in water for injection, sterile (in 10meq/50ml piggyback, in 10meq/0.1l piggyback, in 20meq/50ml piggyback, in 20meq/0.1l piggyback, in 30meq/0.1l piggyback, in 40meq/0.1l piggyback)	2	
potassium chloride/potassium bicarbonate/citric acid	2	
potassium phosphate,monobasic-dibasic	2	
ringer's solution iv soln	2	
ringer's solution,lactated iv soln	2	
sodium acetate	2	
sodium bicarbonate (0.9meq/ml syringe, 1 meq/ml syringe, 1 meq/ml vial, 10meq/10ml syringe)	2	
sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)	2	
sodium chloride 3 %	2	
sodium chloride 5 %	2	
sodium lactate	2	
sodium phosphate,monobasic-dibasic	2	
MISCELLANEOUS NUTRITION PRODUCTS		
albumin human 5 % iv soln	4	
ALBURX	2	
AMINOSYN	3	B/D PA
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	3	B/D PA
AMINOSYN M	3	B/D PA
AMINOSYN-PF	3	B/D PA
BAL IN OIL	4	
CLINIMIX (4.25%-25% SOLUTION, 4.25%-10% SOLUTION, 5%-20% SOLUTION, 5%-25% SOLUTION, 5%-15% SOLUTION)	3	B/D PA
CLINIMIX E (4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E 4.25%-10% SOLUTION	4	B/D PA
CLINIMIX N14G30E	4	B/D PA
CLINIMIX N9G15E	4	B/D PA
cysteine hcl 50 mg/ml vial	2	B/D PA
edetate calcium disodium 200 mg/ml ampul	4	
electrolyte-48 solution/dextrose 5 % in water	2	
FREAMINE HBC	3	B/D PA
HEPATAMINE	3	B/D PA
INTRALIPID 20% IV FAT EMUL	2	B/D PA
INTRALIPID 30% IV FAT EMUL	3	B/D PA
IONOSOL MB-DEXTROSE 5%	3	
ISOLYTE P WITH DEXTROSE	3	
ISOLYTE S	3	
NEPHRAMINE	3	B/D PA
NORMOSOL-M AND DEXTROSE	3	
NORMOSOL-R PH 7.4	3	
OMEGAVEN	4	B/D PA
PLASMA-LYTE 148	3	
PLASMA-LYTE A PH 7.4	3	
PLENAMINE	2	B/D PA
PREMASOL 10% IV SOLUTION	2	B/D PA
PREMASOL 6% IV SOLUTION	3	B/D PA
PROCALAMINE	3	B/D PA
PROSOL	4	B/D PA
TRAVASOL	4	B/D PA
TROPHAMINE	3	B/D PA
VITAMINS / HEMATINICS		
albumin human 25 % iv soln	2	
ALBUMINEX	4	
CITRANATAL BLOOM	4	
fluoride (sodium) ((sodium) 0.25(0.55) tab chew, (sodium) 0.5(1.1)mg tab chew, (sodium) 1mg(2.2mg) tab chew)	3	
FLUORITAB 1 MG TABLET CHEW	3	
LUDENT FLUORIDE 1 MG TAB CHEW	3	
M-NATAL PLUS	4	
pediatric multivitamin no.45/sodium fluoride/ferrous sulfate	2	
pediatric multivitamins no.17 with sodium fluoride	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
prenatal vitamins no.60/ferrous fumarate/folic acid	4	
TRICARE PRENATAL COMPLEAT	4	
TRICARE PRENATAL DHA ONE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Alphabetical Listing

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Network Health Medicare Advantage Plans include MSA, HMO and PPO plans with a Medicare contract. Network*Cares* is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.

As an enrollee of our plan, you can get a long-term supply (up to 90 days) of drugs shipped to your home using our plan's network mail order delivery program. Usually you will receive your mail order prescriptions within 14 calendar days. If your order does not arrive within the estimated timeframe, call Express Scripts Customer Service at 800-316-3107 (TTY 800-899-2114), 24 hours a day/7 days a week.

This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Network Health Medicare Advantage plans customer service at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit networkhealth.com.