BlueCross BlueShield of Montana

Health Insurance Marketplace 4 Tier Drug List

April 2024

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you. The drug list is regularly updated. Please visit **bcbsmt.com** or **myprime.com** for the most up-to-date information.

To find a contracting pharmacy, please access the link below:
https://www.myprime.com/en/find-pharmacy.html

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.

Drug list updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **myprime.com** or **bcbsmt.com** and log in to Blue Access for Members℠ or call the number on your ID card. Physicians can access the list from the provider portal at **bcbsmt.com.**

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from BCBSMT, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of four member payment tiers: Generic (Tier 1), Preferred Brand (Tier 2), Non-Preferred Brand (Tier 3), and Specialty (Tier 4). Some brands may be placed in generic tiers and some generics may be placed in brand tiers. Some specialty medicines are marked with an “SP” in the Special Requirements column. Please refer to the Specialty Section for more information. Please refer to the ACA Preventive (ACA) section for drugs marked with an "AC" in the Special Requirements column. To verify your payment amount for a drug, visit **myprime.com** or **bcbsmt.com** and log in to Blue Access for Members or call the number on your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. Generally, if a drug is not listed on the drug list it is not covered. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit.
Check your plan materials for details.

How to use this list

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Note: most reference brand drugs (in parentheses) are not covered.

Example: **atorvastatin** (Lipitor – brand is not covered)

Brand prescription drugs are shown in capital letters followed by the generic name.

Example: NOVOLOG - Insulin aspart inj 100 unit/ml

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

Please note: Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor's office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs may be excluded or moved to a non-preferred brand tier after a generic equivalent becomes available. You may be responsible for the applicable member cost share payment amount (copay or coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs usually have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

Over-the-counter exclusions: Your benefit plan does not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan materials for details about your particular benefits.

Compounded medications: Your benefit plan does not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a “PA” under the Special Requirements column. Some plans may have prior authorization on additional medications beyond those noted in this document.

Step Therapy (ST): Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required it will generally be noted next to the medication with an “ST” under the Special Requirements column. Some plans may have step therapy programs on additional medications beyond those noted in this document.

Dispensing Limits (DL)/Quantity Limits (QL): Drug Dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a “QL” under the Special Requirements column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows. * Some plans may have a dispensing limit on additional medications beyond those noted in this document. For a list of medications and their dispensing limits, visit **myprime.com** or **bcbsmt.com**.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

Limited Distribution (LD): Medicines marked as ”LD” in the Special Requirements column may not be available at in-network specialty pharmacies. You may need to fill your prescription at a pharmacy that carries your medication.

ACA Preventive (ACA): Medicines marked as “AC” in the Special Requirements column are under the Affordable Care Act coverage of preventive services. These products have limited or $0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. To see what contraceptive products may be covered, visit bcbsmt.com/docs/rx-drugs/mt/contraceptive-list-mt.pdf.

You, or your prescribing health care provider, can submit a copay waiver or coverage exception request for ACA preventive medicines by calling the number on your ID card to ask for a review. If you meet the conditions as outlined under the ACA regulations, you may have $0 member cost-sharing (copay or coinsurance). BCBSMT will let you, and your prescriber, know the coverage decision after they receive your request. If the request is denied, BCBSMT will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. BCBSMT does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical, or injectable medications that can either be self- administered or administered by a health care professional. Medications administered by a health care professional are not covered under the pharmacy benefit. For a current list of specialty medications, visit **myprime.com** or **bcbsmt.com** and log in to Blue Access for Members.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on your ID card.

Blue Cross and Blue Shield of Montana (BCBSMT), is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. BCBSMT contracts with Prime Therapeutics LLC to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Abbreviation Key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with

Exception Process

You, or your prescribing health care provider, can ask for a Drug List exception if your drug is not on the Drug List. To request this exception, you, or your prescriber, can call the number on your ID card to ask for a review. BCBSMT will let you, your prescriber (or authorized representative), know the coverage decision within 72 hours after they receive your request. If the coverage request is denied, BCBSMT will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

If you have a health condition that may jeopardize your life, health or keep you from regaining function, or your current drug therapy uses a non-covered drug, you, or your prescriber, may be able to ask for an expedited review process. BCBSMT will let you, and your prescriber, know the coverage decision within 24 hours after they receive your request for an expedited review. If the coverage request is denied, BCBSMT will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable). Call the number on your ID card if you have any questions.

If you or your prescriber are asking for a copay waiver or coverage exception request for an ACA preventive product, please see the ACA preventive section.

BlueCross BlueShield of Montana

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

BlueCross BlueShield of Montana

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें ।.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS		
PENICILLINS		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	3	
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1	
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1	
AMOXICILLIN/CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3	
ampicillin cap 500 mg	1	
dicloxacillin sodium cap 250 mg, 500 mg	1	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	3	
penicillin v potassium tab 250 mg, 500 mg	1	
CEPHALOSPORINS		
CEFACLOR - cefaclor cap 250 mg, 500 mg	3	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg, 200 mg	1	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1	
cefprozil tab 250 mg, 500 mg	1	
cefuroxime axetil tab 250 mg, 500 mg	1	
cephalexin cap 250 mg, 500 mg	1	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1	
MACROLIDES		
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3	
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1	
azithromycin tab 250 mg (Zithromax z-pak)	1	QL (60 tablets/180 days)
azithromycin tab 500 mg (Zithromax)	1	QL (60 tablets/180 days)
azithromycin tab 600 mg	1	QL (60 tablets/180 days)
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	3	
clarithromycin tab er 24hr 500 mg	1	QL (28 tablets/30 days)
clarithromycin tab 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIFICID - fidaxomicin tab 200 mg	2	
DIFICID - fidaxomicin for susp 40 mg/ml	2	
ERYTHROMYCIN - erythromycin w/ delayed release particles cap 250 mg	3	
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin tab 250 mg, 500 mg	1	
TETRACYCLINES		
demeclocycline hcl tab 150 mg, 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg (Vibramycin)	1	
doxycycline hyclate tab 20 mg, 100 mg	1	
doxycycline monohydrate cap 50 mg, 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1	
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1	
minocycline hcl cap 50 mg, 75 mg, 100 mg	1	
tetracycline hcl cap 250 mg, 500 mg	1	
FLUOROQUINOLONES		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	3	
levofloxacin tab 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
OFLOXACIN - ofloxacin tab 300 mg	3	
ofloxacin tab 400 mg	1	
AMINOGLYCOSIDES		
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	4	LD, PA, QL (235.2 mls/28 days)
HUMATIN - paromomycin sulfate cap 250 mg	2	LD
neomycin sulfate tab 500 mg	1	
TOBI PODHALER - tobramycin inhal cap 28 mg	4	LD, PA, QL (224 capsules/56 days)
tobramycin nebu soln 300 mg/5ml (Tobi)	4	LD, QL (56 containers/56 days)
SULFONAMIDES		
SULFADIAZINE - sulfadiazine tab 500 mg	3	
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg (Myambutol)	1	
ISONIAZID - isoniazid tab 100 mg	3	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 300 mg	1	
PRETOMANID - pretomanid tab 200 mg	3	LD

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN - rifapentine tab 150 mg	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg (Mycobutin)	1	
rifampin cap 150 mg, 300 mg	1	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	3	LD
TRECATOR - ethionamide tab 250 mg	3	
ANTIFUNGALS		
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg, 150 mg, 200 mg (Diflucan)	1	
flucytosine cap 250 mg, 500 mg (Ancobon)	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg, 250 mg	1	
itraconazole cap 100 mg (Sporanox)	1	QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	1	QL (1200 mls/30 days)
ketoconazole tab 200 mg	1	
nystatin tab 500000 unit	1	
posaconazole tab delayed release 100 mg (Noxafil)	1	PA
terbinafine hcl tab 250 mg	1	
voriconazole for susp 40 mg/ml (Vfend)	1	PA
voriconazole tab 50 mg, 200 mg (Vfend)	1	PA
ANTIVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1	QL (30 tablets/30 days)
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg, 800 mg	1	
adefovir dipivoxil tab 10 mg	1	
APTIVUS - tipranavir cap 250 mg	3	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2	QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	1	QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3	QL (30 tablets/30 days)
efavirenz tab 600 mg	1	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1	QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	1	QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	1	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1	AC, QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	3	QL (720 mls/30 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	1	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	4	LD, PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	4	LD, PA, QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	1	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1	
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	3	QL (1 kit/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	4	LD, PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	4	LD, PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	3	QL (40 capsules/180 days)
lamivudine oral soln 10 mg/ml (Epivir)	1	QL (4 bottles/30 days)
lamivudine tab 100 mg (hbv)	1	
lamivudine tab 150 mg, 300 mg (Epivir)	1	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	1	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	4	LD, PA, QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1	QL (3 bottles/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1	QL (180 tablets/90 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1	QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	1	QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	1	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	4	LD, PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	4	LD, PA, QL (140 tablets/28 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	3	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	1	QL (30 tablets/30 days)
nevirapine tab 200 mg	1	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	3	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1	QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1	QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1	QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (20 tablets/180 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (30 tablets/180 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	LD, PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	4	LD, PA
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3	QL (40 blisters/120 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	3	QL (240 packets/30 days)
RIBAVIRIN - ribavirin cap 200 mg	4	LD
RIBAVIRIN - ribavirin tab 200 mg	4	LD
ritonavir tab 100 mg (Norvir)	1	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	3	QL (8 bottles/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	4	LD, PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	4	LD, PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	4	LD, PA, QL (30 packets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	3	LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	3	LD, QL (5 tablets/365 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1	
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1	
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2	
VIRACEPT - nelfinavir mesylate tab 250 mg	3	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	3	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2	QL (4 bottles/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	LD, PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	3	QL (2 tablets/120 days)
zidovudine cap 100 mg (Retrovir)	1	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	1	QL (8 bottles/30 days)
zidovudine tab 300 mg	1	QL (60 tablets/30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1	QL (30 tablets/90 days)
chloroquine phosphate tab 250 mg	1	
COARTEM - artemether-lumefantrine tab 20-120 mg	3	
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1	
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	3	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1	
pyrimethamine tab 25 mg (Daraprim)	1	PA, QL (116 tablets/180 days)
quinine sulfate cap 324 mg (Qualaquin)	1	
ANTHELMINTICS		
albendazole tab 200 mg	1	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2	LD
EMVERM - mebendazole chew tab 100 mg	3	PA
ivermectin tab 3 mg (Stromectol)	1	
praziquantel tab 600 mg (Biltricide)	1	
ANTI-INFECTIVE AGENTS - MISC.		
ALINIA - nitazoxanide for susp 100 mg/5ml	2	QL (180 mls/30 days)
atovaquone susp 750 mg/5ml (Mepron)	1	

Drug Name	Drug Tier	Requirements/Limits
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	4	LD, QL (1 kit/56 days)
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1	
dapsone tab 25 mg, 100 mg	1	
IMPAVIDO - miltefosine cap 50 mg	2	
LAMPIT - nifurtimox tab 30 mg, 120 mg	3	LD
linezolid for susp 100 mg/5ml (Zyvox)	1	QL (600 mls/180 days)
linezolid tab 600 mg (Zyvox)	1	QL (56 tablets/180 days)
methenamine hippurate tab 1 gm (Hiprex)	1	
metronidazole tab 250 mg, 500 mg	1	
nitazoxanide tab 500 mg (Alinia)	1	QL (6 tablets/30 days)
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrodantin)	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1	
nitrofurantoin susp 25 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1	
tinidazole tab 250 mg, 500 mg	1	
trimethoprim tab 100 mg (Trimethoprim)	1	
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin)	1	QL (120 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) (Firvanq)	1	
XIFAXAN - rifaximin tab 200 mg	3	QL (9 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	2	QL (60 tablets/30 days)
BIOLOGICALS		
VACCINES		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	2	AC
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2	AC
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2	AC
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2	AC
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	2	AC
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2	AC
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2	AC
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	2	AC

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	2	AC
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	2	AC
FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	2	AC
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2	AC
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	2	AC
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	2	AC
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	2	AC
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2	AC
FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	2	AC
FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2	AC
FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2	AC
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	2	AC
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2	AC
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2	AC
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	2	AC
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2	AC
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2	AC
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	2	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2	AC
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	2	AC
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	2	AC
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	AC

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	2	AC
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2	AC
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	2	AC
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3	AC
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	3	AC
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	2	AC
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	3	AC
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2	AC
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	2	AC
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	AC
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3	AC
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	AC
ROTARIX - rotavirus vaccine, live oral susp	3	AC
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	AC
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2	AC
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2	AC
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	2	AC
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	AC
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	AC
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	3	AC
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	AC
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2	AC
VIVOTIF - typhoid vaccine cap delayed release	3	
TOXOIDS		
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	2	AC
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	2	AC
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	2	AC

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	2	AC
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	2	AC
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	2	AC
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	AC
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	AC
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	AC
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	AC
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	AC
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	AC
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2	AC
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	2	AC
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTICS		
abiraterone acetate tab 250 mg (Zytiga)	4	LD, PA, QL (120 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4	LD
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	LD, PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	4	LD, PA, QL (1 pack/180 days)
ALUNBRIG - brigatinib tab 30 mg	4	LD, PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	4	LD, PA, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1	AC
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	LD, PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	4	LD, PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	4	LD, PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	4	LD, PA, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	4	LD, PA, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	4	LD, PA
bicalutamide tab 50 mg (Casodex)	1	
BOSULIF - bosutinib tab 100 mg	4	LD, PA, QL (90 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	4	LD, PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	4	LD, PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	4	LD, PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	4	LD, PA, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	4	LD
CAPRELSA - vandetanib tab 100 mg	4	LD, PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	4	LD, PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	LD, PA, QL (1 carton/28 days)

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	LD, PA, QL (1 carton/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	LD, PA, QL (1 carton/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	LD, PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	4	LD, PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	1	
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1	
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	4	LD, PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	4	LD
ERIVEDGE - vismodegib cap 150 mg	4	LD, PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	4	LD, PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	4	LD, PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	4	LD, PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	4	LD, PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	4	LD
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	4	LD, PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	4	LD, PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	4	LD, PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	1	
EXKIVITY - mobocertinib succinate cap 40 mg	4	LD, PA, QL (120 capsules/30 days)
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	LD, PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	4	LD, PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	4	LD
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	4	LD, PA
hydroxyurea cap 500 mg (Hydrea)	1	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	4	LD, PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	4	LD, PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	4	LD, PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	4	LD, PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	4	LD, PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	4	LD, PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	4	LD, PA, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	4	LD, PA, QL (30 capsules/30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA - ibrutinib cap 140 mg	4	LD, PA, QL (90 capsules/30 days)
INLYTA - axitinib tab 1 mg	4	LD, PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	4	LD, PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	4	LD, PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	4	LD, PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	4	LD, PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	4	LD, PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	4	LD, PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	4	LD, PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	4	LD, PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	LD, PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	LD, PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	LD, PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	4	LD, PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	4	LD, PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	4	LD, PA, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	4	LD, PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	LD, PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	LD, PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	LD, PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	LD, PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	LD, PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	LD, PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	LD, PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	LD, PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	1	
leucovorin calcium tab 5 mg, 15 mg, 25 mg	1	
LEUKERAN - chlorambucil tab 2 mg	4	LD
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	LD

Drug Name	Drug Tier	Requirements/Limits
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	4	LD, PA, QL (60 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	4	LD, PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	4	LD, PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	4	LD, PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	4	LD, PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	4	LD, PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	4	LD, PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	4	LD, PA
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	4	LD, PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	4	LD, PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	4	LD, PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	4	LD, PA
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg, 40 mg	1	
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	4	LD, PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	LD, PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	4	LD, PA, QL (180 tablets/30 days)
MELPHALAN - melphalan tab 2 mg	4	LD
mercaptopurine tab 50 mg	1	
MESNEX - mesna tab 400 mg	2	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
MYLERAN - busulfan tab 2 mg	4	LD
nilutamide tab 150 mg (Nilandron)	4	LD
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	4	LD, PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	4	LD, PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	4	LD, PA, QL (30 capsules/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	4	LD, PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	4	LD, PA, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	4	LD, PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	4	LD, PA, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	4	LD, PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	LD, PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	LD, PA, QL (28 tablets/28 days)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	LD, PA, QL (56 tablets/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	LD, PA, QL (56 tablets/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	4	LD, PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	LD
QINLOCK - ripretinib tab 50 mg	4	LD, PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	4	LD, PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	4	LD, PA, QL (120 capsules/30 days)
REZLIDHIA - olutasidenib cap 150 mg	4	LD, PA, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	4	LD, PA, QL (336 pellets/28 days)
ROZLYTREK - entrectinib cap 100 mg	4	LD, PA, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	4	LD, PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	4	LD, PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	4	LD, PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	4	LD, PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	4	LD, PA, QL (300 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	4	LD, PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	4	LD, PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	4	LD, PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	4	LD, PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	4	LD, PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	4	LD, PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	4	LD
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	LD, PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	LD, PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	4	LD, PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	LD, PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	4	LD, PA, QL (90 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1	AC
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	4	LD, PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	4	LD, PA, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	4	LD, PA
TEPMETKO - tepotinib hcl tab 225 mg	4	LD, PA, QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO - ivosidenib tab 250 mg	4	LD, PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	4	LD
tretinoin cap 10 mg	4	LD, PA
TUKYSA - tucatinib tab 50 mg	4	LD, PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	4	LD, PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	4	LD, PA, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	4	LD, PA, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	4	LD, PA, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	4	LD, PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	4	LD, PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	4	LD, PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	LD, PA, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	LD, PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	LD, PA, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	4	LD, PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	4	LD, PA, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	4	LD, PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg	4	LD, PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	4	LD, PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	4	LD, PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	4	LD, PA, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	LD, PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	4	LD, PA, QL (4 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	4	LD, PA, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	LD, PA, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	LD, PA, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	4	LD, PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	4	LD, PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	4	LD, PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	4	LD, PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	4	LD, PA, QL (60 tablets/30 days)
ENDOCRINE AND METABOLIC DRUGS		
CORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	3	
dexamethasone elixir 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	3	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1	
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1	
methylprednisolone tab 4 mg, 8 mg, 16 mg (Medrol)	1	
methylprednisolone tab 32 mg	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
PREDNISONE - prednisone oral soln 5 mg/5ml	2	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1	
ANDROGEN-ANABOLIC		
danazol cap 50 mg, 100 mg, 200 mg	1	PA
METHITEST - methyltestosterone oral tab 10 mg	3	PA, QL (600 tablets/30 days)
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml	1	PA, QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA, QL (5 mls/28 days)
testosterone td gel 25 mg/2.5gm (1%)	1	PA, QL (150 grams/30 days)
testosterone td gel 50 mg/5gm (1%) (Testim)	1	PA, QL (300 grams/30 days)
testosterone td gel 12.5 mg/act (1%)	1	PA, QL (300 grams/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1	PA, QL (150 grams/30 days)
testosterone td soln 30 mg/act	1	PA, QL (180 mls/30 days)
ESTROGENS		
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	3	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1	
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1	QL (30 patches/30 days)

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1	QL (30 patches/30 days)
estradiol valerate im in oil 20 mg/ml, 40 mg/ml (Delestrogen)	1	
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	3	
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2	PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1	
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2	PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2	
CONTRACEPTIVES		
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1	AC, QL (28 tablets/21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1	QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1	QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1	QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1	QL (28 tablets/21 days)
ELLA - ulipristal acetate tab 30 mg	2	AC, QL (2 tablets/365 days)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1	QL (28 tablets/21 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1	QL (28 tablets/21 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	AC, QL (28 tablets/21 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1	QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	AC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1	QL (28 tablets/21 days)
levonorgestrel tab 1.5 mg	1	AC, QL (2 tablets/365 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	QL (28 tablets/21 days)

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1	AC
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1	AC
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	AC, QL (3 patches/21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1	QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1	QL (28 tablets/21 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1	QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	QL (28 tablets/21 days)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	1	QL (28 tablets/21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	QL (28 tablets/21 days)
norethindrone tab 0.35 mg	1	AC, QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	1	QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	AC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	QL (28 tablets/21 days)
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1	AC, QL (1 ring/21 days)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	QL (28 tablets/21 days)
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1	
norethindrone acetate tab 5 mg (Aygestin)	1	
progesterone cap 100 mg, 200 mg (Prometrium)	1	
progesterone im in oil 50 mg/ml	1	
ANTIDIABETICS		
acarbose tab 25 mg, 50 mg, 100 mg	1	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2	
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	PA, QL (4 pens/28 days)
DEX4 QUICK DISSOLVE GLUCO - glucose chew tab 4 gm (rounded)	3	

Drug Name	Drug Tier	Requirements/Limits
diazoxide susp 50 mg/ml (Proglycem)	1	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2	QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1	
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1	
glipizide tab 5 mg, 10 mg	1	
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	3	
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	1	
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2	
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	1	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2	
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2	
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	2	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2	QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	1	
metformin hcl tab 500 mg, 850 mg, 1000 mg	1	
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2	PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	1	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2	PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1	
repaglinide tab 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS - semaglutide tab 3 mg	2	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2	PA, QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	QL (18 mls/30 days), ST
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2	QL (60 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2	QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2	QL (15 mls/30 days), ST
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2	
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2	
Rapid-Acting Insulins		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	1	QL (100 mls/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1	QL (100 mls/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1	QL (100 mls/30 days)
Short-Acting Insulins		
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2	QL (100 mls/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2	QL (100 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	1	QL (100 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	1	QL (100 mls/30 days)
RELION R - insulin regular (human) inj 100 unit/ml	2	QL (100 mls/30 days)
Intermediate-Acting Insulins		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
Basal Insulins		
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (100 mls/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	2	QL (100 mls/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	2	QL (100 mls/30 days)
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	2	QL (100 mls/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (100 mls/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2	QL (100 mls/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2	QL (100 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2	QL (100 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	2	QL (100 mls/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2	QL (100 mls/30 days)
THYROID AGENTS		

Drug Name	Drug Tier	Requirements/Limits
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	3	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	3	
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	3	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1	
methimazole tab 5 mg, 10 mg	1	
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3	
NP THYROID 120 - thyroid tab 120 mg (2 grain)	3	
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	3	
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	3	
NP THYROID 60 - thyroid tab 60 mg (1 grain)	3	
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	3	
propylthiouracil tab 50 mg	1	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	3	
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	
ENDOCRINE and METABOLIC AGENTS - MISC.		
ACTHAR - corticotropin inj gel 80 unit/ml	4	LD, PA
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	3	QL (30 tablets/30 days)
alendronate sodium tab 10 mg	1	QL (30 tablets/30 days)
alendronate sodium tab 35 mg	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg (Fosamax)	1	QL (4 tablets/28 days)
betaine powder for oral solution (Cystadane)	4	LD
cabergoline tab 0.5 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1	
carglumic acid soluble tab 200 mg (Carbaglu)	4	LD
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1	
CLOMID - clomiphene citrate tab 50 mg	2	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1	

Drug Name	Drug Tier	Requirements/Limits
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	4	LD, PA, QL (2.48 mls/28 days)
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	4	LD, PA, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	4	LD
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	4	LD
ibandronate sodium tab 150 mg (base equivalent)	1	QL (1 tablet/30 days)
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	4	LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	4	LD, PA, QL (56 tablets/28 days)
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1	
levocarnitine tab 330 mg (Carnitor)	1	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	4	LD, PA
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	4	LD
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	4	LD
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	4	LD
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	4	LD
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	4	LD
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	4	LD, PA
OMNITROPE - somatropin for inj 5.8 mg	4	LD, PA
ORFADIN - nitisinone susp 4 mg/ml	4	LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2	PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2	PA, QL (60 tablets/30 days)
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	4	LD, PA
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	4	LD, PA
raloxifene hcl tab 60 mg (Evista)	1	AC
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	4	LD
risedronate sodium tab 5 mg, 30 mg	1	QL (30 tablets/30 days)
risedronate sodium tab 35 mg (Actonel)	1	QL (4 tablets/28 days)
risedronate sodium tab 150 mg (Actonel)	1	QL (1 tablet/30 days)
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	4	LD, PA
sapropterin dihydrochloride tab 100 mg (Kuvan)	4	LD, PA
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	4	LD, QL (60 mls/30 days)
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	4	LD, PA

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	4	LD, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	4	LD, PA
sodium phenylbutyrate tab 500 mg (Buphenyl)	4	LD, PA
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	4	LD, QL (30 vials/30 days)
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	4	LD, PA
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	4	LD, PA, QL (2.4 mls/28 days)
tolvaptan tab 15 mg (Samsca)	4	LD, QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	4	LD, QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	LD, PA, QL (1.56 mls/30 days)
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	4	LD, QL (30 vials/30 days)
CARDIOVASCULAR AGENTS		
CARDIOTONICS		
digoxin oral soln 0.05 mg/ml (Digoxin)	1	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1	
ANTIANGINAL AGENTS		
isosorbide dinitrate tab 5 mg (Isordil titradose)	1	
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1	
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	3	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1	
NITRO-BID - nitroglycerin oint 2%	3	
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	3	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1	
ranolazine tab er 12hr 500 mg, 1000 mg	1	
BETA BLOCKERS		
acebutolol hcl cap 200 mg, 400 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1	
betaxolol hcl tab 10 mg, 20 mg	1	
bisoprolol fumarate tab 5 mg, 10 mg	1	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1	
labetalol hcl tab 100 mg, 200 mg, 300 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol tab 20 mg, 40 mg (Corgard)	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg, 10 mg	1	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	2	PA, QL (2400 mls/30 days)
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1	
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1	
sotalol hcl tab 240 mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	1	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1	
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	1	
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1	
diltiazem hcl tab 90 mg	1	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1	
nifedipine cap 10 mg, 20 mg	1	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg (Sular)	1	
NYMALIZE - nimodipine oral soln 6 mg/ml	3	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1	
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
ANTIARRHYTHMICS		
amiodarone hcl tab 100 mg, 200 mg	1	
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1	
flecainide acetate tab 50 mg, 100 mg, 150 mg	1	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	2	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1	
propafenone hcl tab 150 mg, 225 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
quinidine gluconate tab er 324 mg	1	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	3	
ANTIHYPERTENSIVES		
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1	
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1	
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1	
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1	
eplerenone tab 25 mg, 50 mg (Inspra)	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
guanfacine hcl tab 1 mg, 2 mg	1	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1	
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1	
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1	
METHYLDOPA - methyldopa tab 250 mg, 500 mg	3	

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1	
minoxidil tab 2.5 mg, 10 mg	1	
moexipril hcl tab 7.5 mg, 15 mg	1	
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1	
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg	1	
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	3	
perindopril erbumine tab 4 mg	1	
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1	
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1	
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1	
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
trandolapril tab 1 mg, 2 mg, 4 mg	1	
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1	
VECAMYL - mecamylamine hcl tab 2.5 mg	3	LD
DIURETICS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg, 250 mg	1	
amiloride hcl tab 5 mg	1	
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	3	
bumetanide tab 0.5 mg (Bumex)	1	
bumetanide tab 1 mg, 2 mg	1	
chlorthalidone tab 25 mg, 50 mg	1	
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	3	LD, PA, QL (8 kits/180 days)
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
indapamide tab 1.25 mg, 2.5 mg	1	
methazolamide tab 25 mg, 50 mg	1	
metolazone tab 2.5 mg, 5 mg, 10 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1	
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1	

Drug Name	Drug Tier	Requirements/Limits
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1	
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1	
VASOPRESSORS		
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	2	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1	
ANTIHYPERLIPIDEMICS		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	1	AC
cholestyramine light powder 4 gm/dose (Questran light)	1	
cholestyramine powder 4 gm/dose (Questran)	1	
colesevelam hcl tab 625 mg (Welchol)	1	
colestipol hcl granule packets 5 gm (Colestid flavored)	1	
colestipol hcl granules 5 gm (Colestid flavored)	1	
colestipol hcl tab 1 gm (Colestid)	1	
ezetimibe tab 10 mg (Zetia)	1	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1	
fenofibrate tab 48 mg, 145 mg (Tricor)	1	
fenofibrate tab 54 mg, 160 mg	1	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1	
gemfibrozil tab 600 mg (Lopid)	1	
lovastatin tab 10 mg	1	
lovastatin tab 20 mg, 40 mg	1	AC
NEXLETOL - bempedoic acid tab 180 mg	2	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	1	
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1	AC
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2	PA, QL (2 cartridges/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	PA, QL (2 injectors/28 days)

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1	
simvastatin tab 5 mg, 80 mg	1	
simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	1	
VASCEPA - icosapent ethyl cap 0.5 gm	1	PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	1	PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	LD, PA, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	4	LD, PA, QL (30 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	4	LD, PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 10 mg, 15 mg	4	LD, PA, QL (30 capsules/30 days)
CAMZYOS - mavacamten cap 5 mg	4	LD, PA, QL (30 capsule/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2	LD, PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2	LD, PA, QL (600 mls/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2	
OPSUMIT - macitentan tab 10 mg	4	LD, PA, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	4	LD, PA, QL (300 tablets/30 days)
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	4	LD, PA, QL (1 pack/180 days)
sildenafil citrate for suspension 10 mg/ml (Revatio)	4	LD, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	4	LD, QL (90 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	1	QL (30 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	4	LD, PA, QL (8 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	4	LD, PA, QL (120 tablets/30 days)
TYVASO - treprostinil inhalation solution 0.6 mg/ml	4	LD, PA, QL (7 ampules/28 days)
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	4	LD, PA, QL (1 pack/28 days)
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	4	LD, PA, QL (1 kit/180 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	4	LD, PA, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	LD, PA, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	4	LD, PA, QL (9 packs/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2	PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	4	LD, PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	4	LD, PA, QL (120 capsules/30 days)
tadalafil tab 2.5 mg, 5 mg (Cialis)	1	QL (30 tablets/30 days)
RESPIRATORY AGENTS		
ANTIHISTAMINES		
CARBINOXAMINE MALEATE - carbinoxamine maleate soln 4 mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate tab 4 mg	1	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	3	
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
desloratadine tab 5 mg (Clarinex)	1	
levocetirizine dihydrochloride tab 5 mg	1	
promethazine hcl suppos 12.5 mg, 25 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1	
PROMETHEGAN - promethazine hcl suppos 50 mg	3	
RYCLORA - dexchlorpheniramine maleate oral soln 2 mg/5ml	3	PA
NASAL AGENTS - SYSTEMIC and TOPICAL		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles/30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	QL (3 bottles/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	3	PA, QL (32 mls/30 days)
COUGH/COLD/ALLERGY		
acetylcysteine inhal soln 10%, 20%	1	
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7% (Hypersal)	1	
ANTIASTHMATIC and BRONCHODILATOR AGENTS		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1	QL (125 containers/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 mls/30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg, 4 mg	1	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2	QL (60 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	2	QL (13 grams/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act, 200 mcg/act	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	3	QL (2 inhalers/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	2	QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	2	QL (60 blisters/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort)	1	QL (120 mls/30 days)
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1	QL (60 mls/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 mls/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2	QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	4	LD, PA, QL (1 pen/56 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act, 232-14 mcg/act	1	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1	QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1	QL (150 containers/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (540 mls/30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 vials/30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1	QL (96 vials/30 days)
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1	
montelukast sodium tab 10 mg (base equiv) (Singulair)	1	
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	4	LD, PA, QL (3 mls/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	4	LD, PA, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	4	LD, PA, QL (3 mls/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2	QL (1 inhaler/30 days)

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2	QL (2 inhalers/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2	QL (60 blisters/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2	QL (4 grams/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2	QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2	QL (1 inhaler/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	1	QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	1	
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	4	LD, PA, QL (1 pen/28 days)
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg	3	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg, 450 mg	1	
theophylline tab er 24hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	2	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	2	QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	LD, PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	LD, PA
zafirlukast tab 10 mg, 20 mg (Accolate)	1	
zileuton tab er 12hr 600 mg	1	PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.		
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	4	LD
KALYDECO - ivacaftor tab 150 mg	4	LD, PA, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	4	LD, PA, QL (60 packets/30 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	4	LD, PA, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	4	LD, PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg	4	LD, PA, QL (60 packets/30 days)

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg, 150-188 mg	4	LD, PA, QL (60 tablets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	4	LD, PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	4	LD, PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	4	LD, PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	4	LD, PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4	LD
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	LD, PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	LD, PA, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	4	LD, PA, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	4	LD, PA, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	LD, PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	4	LD, PA, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS		
LAXATIVES		
CLENPIQ - sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	3	
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3	
lactulose solution 10 gm/15ml	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1	AC
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1	AC
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	AC
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3	
ANTIDIARRHEALS		
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1	
ULCER DRUGS		
dexlansoprazole cap delayed release 30 mg, 60 mg (Dexilant)	1	QL (60 capsules/30 days)
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	1	PA, QL (60 packets/30 days)

Drug Name	Drug Tier	Requirements/Limits
famotidine for susp 40 mg/5ml	1	
famotidine tab 20 mg, 40 mg (Pepcid)	1	
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1	PA
glycopyrrolate tab 1 mg (Robinul)	1	
glycopyrrolate tab 2 mg (Robinul forte)	1	
lansoprazole cap delayed release 15 mg	1	QL (60 capsules/30 days)
lansoprazole cap delayed release 30 mg (Prevacid)	1	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	1	
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1	
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	3	PA, QL (60 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	3	PA, QL (60 packets/30 days)
NIZATIDINE - nizatidine cap 150 mg, 300 mg	3	
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1	QL (60 tablets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	1	QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	1	
ANTIEMETICS		
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1	QL (9 capsules/30 days)
aprepitant capsule 40 mg	1	QL (2 capsules/30 days)
aprepitant capsule 80 mg (Emend)	1	QL (6 capsules/30 days)
aprepitant capsule 125 mg	1	QL (3 capsules/30 days)
dronabinol cap 2.5 mg (Marinol)	1	QL (60 capsules/30 days)
dronabinol cap 5 mg, 10 mg	1	QL (60 capsules/30 days)
granisetron hcl tab 1 mg	1	QL (20 tablets/30 days)
meclizine hcl tab 25 mg	1	
ondansetron hcl oral soln 4 mg/5ml	1	QL (300 mls/30 days)
ondansetron hcl tab 4 mg, 8 mg	1	QL (30 tablets/30 days)
ondansetron orally disintegrating tab 4 mg, 8 mg	1	QL (30 tablets/30 days)
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1	
trimethobenzamide hcl cap 300 mg	1	
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2	LD, QL (6 tablets/30 days)
DIGESTIVE AIDS		
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2	PA
SUCRAID - sacrosidase soln 8500 unit/ml	4	LD, PA, QL (300 mls/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	2	PA

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS- MISC.		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1	QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	1	
BYLVAY - odevixibat cap 400 mcg, 1200 mcg	4	LD, PA
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg, 600 mcg	4	LD, PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
CHENODAL - chenodiol tab 250 mg	4	LD
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	4	LD, PA, QL (2 kits/28 days)
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	4	LD, PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1	
DIPENTUM - olsalazine sodium cap 250 mg	3	PA
GATTEX - teduglutide (rdna) for inj kit 5 mg	4	LD, PA
lactulose (encephalopathy) solution 10 gm/15ml	1	
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1	ST
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	4	LD, PA
mesalamine cap dr 400 mg (Delzicol)	1	
mesalamine cap er 24hr 0.375 gm (Apriso)	1	
MESALAMINE DR - mesalamine tab delayed release 800 mg	3	
mesalamine enema 4 gm	1	
mesalamine suppos 1000 mg (Canasa)	1	
mesalamine tab delayed release 1.2 gm (Lialda)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2	QL (30 tablets/30 days)
sevelamer carbonate tab 800 mg (Renvela)	1	
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	4	LD, PA, QL (1 cartridge/56 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	4	LD, PA, QL (2.4 mls/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1	
sulfasalazine tab 500 mg (Azulfidine)	1	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2	QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	2	QL (30 capsules/30 days)
ursodiol cap 300 mg	1	
ursodiol tab 250 mg (Urso 250)	1	
ursodiol tab 500 mg (Urso forte)	1	
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	2	ST

Drug Name	Drug Tier	Requirements/Limits
VIBERZI - eluxadoline tab 75 mg, 100 mg	2	PA, QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	4	LD, PA, QL (12 capsules/12 months)
GENITOURINARY AGENTS		
URINARY ANTISPASMODICS		
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1	
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1	
flavoxate hcl tab 100 mg	1	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	2	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	2	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1	
oxybutynin chloride tab er 24hr 10 mg, 15 mg	1	
oxybutynin chloride tab 5 mg	1	
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1	
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1	
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1	
trospium chloride tab 20 mg	1	
VAGINAL PRODUCTS		
clindamycin phosphate vaginal cream 2% (Cleocin)	1	
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	3	
estradiol vaginal cream 0.1 mg/gm (Estrace)	1	
estradiol vaginal tab 10 mcg (Vagifem)	1	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2	
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3	
metronidazole vaginal gel 0.75%	1	
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	3	
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	2	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
terconazole vaginal cream 0.4%, 0.8%	1	
terconazole vaginal suppos 80 mg	1	
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	3	AC
GENITOURINARY AGENTS - MISC.		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	4	LD
dutasteride cap 0.5 mg (Avodart)	1	
ELMIRON - pentosan polysulfate sodium caps 100 mg	3	
FILSPARI - sparsentan tab 200 mg, 400 mg	4	LD, PA, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	1	
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2	

Drug Name	Drug Tier	Requirements/Limits
LITHOSTAT - acetohydroxamic acid tab 250 mg	3	
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1	
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1	
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1	
silodosin cap 4 mg, 8 mg (Rapaflo)	1	
tamsulosin hcl cap 0.4 mg (Flomax)	1	
tiopronin tab 100 mg (Thiola)	1	
CENTRAL NERVOUS SYSTEM DRUGS		
ANTIANXIETY AGENTS		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1	
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	1	
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1	
clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1	QL (150 tablets/30 days)
meprobamate tab 200 mg, 400 mg	1	
oxazepam cap 10 mg, 15 mg, 30 mg	1	
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1	
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1	
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1	
bupropion hcl tab 75 mg, 100 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1	
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1	
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1	
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	1	QL (60 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq) (Cymbalta)	1	QL (60 capsules/30 days)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	1	QL (90 capsules/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1	
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3	ST
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3	ST
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	1	
imipramine hcl tab 10 mg, 25 mg, 50 mg	1	
MARPLAN - isocarboxazid tab 10 mg	3	
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1	
mirtazapine tab 15 mg, 30 mg (Remeron)	1	
mirtazapine tab 45 mg	1	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline hcl soln 10 mg/5ml	1	
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	3	
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1	
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1	
tranylcypromine sulfate tab 10 mg (Parnate)	1	
trazodone hcl tab 50 mg, 100 mg, 150 mg	1	
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3	ST
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1	
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1	
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1	
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	1	QL (900 mls/30 days)
aripiprazole tab 2 mg, 5 mg (Abilify)	1	QL (60 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1	QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1	QL (60 tablets/30 days)
clozapine tab 25 mg (Clozaril)	1	QL (270 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine tab 50 mg, 100 mg (Clozaril)	1	QL (90 tablets/30 days)
clozapine tab 200 mg (Clozaril)	1	QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3	QL (60 tablets/30 days), ST
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3	QL (8 tablets/180 days), ST
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1	
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	3	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1	
LITHIUM - lithium oral solution 8 meq/5ml	2	
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	3	
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1	
lithium carbonate tab er 300 mg (Lithobid)	1	
lithium carbonate tab er 450 mg	1	
lithium carbonate tab 300 mg	1	
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1	
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	1	QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	1	QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg	3	
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Zyprexa)	1	QL (60 tablets/30 days)
olanzapine tab 15 mg, 20 mg (Zyprexa)	1	QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	1	QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	1	QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	1	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	1	QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg (Seroquel)	1	QL (180 tablets/30 days)
quetiapine fumarate tab 100 mg (Seroquel)	1	QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg (Seroquel)	1	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	QL (30 tablets/30 days), ST
risperidone soln 1 mg/ml (Risperdal)	1	QL (480 mls/30 days)
risperidone tab 0.25 mg	1	QL (120 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg (Risperdal)	1	QL (120 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone tab 3 mg (Risperdal)	1	QL (60 tablets/30 days)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3	QL (7 capsules/180 days), ST
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3	QL (30 capsules/30 days), ST
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	QL (60 capsules/30 days)
HYPNOTICS		
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	1	QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	1	
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1	QL (30 tablets/30 days)
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	4	LD, PA, QL (158 mls/30 days)
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1	
tasimelteon capsule 20 mg (Hetlioz)	4	LD, PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 15 mg, 30 mg (Restoril)	1	
zaleplon cap 5 mg, 10 mg	1	QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1	QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1	QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	1	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	1	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1	QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1	
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	1	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1	QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1	QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1	QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1	QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	1	QL (90 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tab 10 mg	1	QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1	QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	4	LD, PA, QL (10 vials/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1	QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1	QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg (Desoxyn)	1	QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1	QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1	QL (30 capsules/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	1	QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	1	QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	1	QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1	QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	1	QL (90 tablets/30 days)
methylphenidate hcl tab er 24hr 27 mg, 54 mg	1	QL (30 tablets/30 days)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg	3	QL (30 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	1	
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2	PA, QL (30 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.		
acamprosate calcium tab delayed release 333 mg	1	
AUSTEDO - deutetrabenazine tab 6 mg	4	LD, PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg	4	LD, PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg	4	LD, PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg	4	LD, PA, QL (60 tablets/30 days)
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	4	LD, PA, QL (42 tablets/180 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	LD, PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	LD, PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	4	LD, PA, QL (15 vials/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	AC
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3	
dalfampridine tab er 12hr 10 mg (Ampyra)	4	LD, PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	4	LD, QL (14 capsules/180 days)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	4	LD, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	4	LD, QL (60 capsules/180 days)
disulfiram tab 250 mg, 500 mg	1	
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	3	
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	4	LD, QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	1	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1	
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	4	LD, PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	4	LD, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	4	LD, QL (12 syringes/28 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	4	LD, PA, QL (60 capsules/30 days)
INGREZZA - valbenazine tosylate cap 60 mg (base equiv), 80 mg (base equiv)	4	LD, PA, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	4	LD, PA, QL (1 pen/28 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	4	LD, PA, QL (30 packets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	4	LD, PA, QL (8 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	4	LD, PA, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	4	LD, PA, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	4	LD, PA, QL (14 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	4	LD, PA, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	4	LD, PA, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	4	LD, PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	4	LD, PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	LD, PA, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	LD, PA, QL (12 tablets/180 days)
memantine hcl tab 5 mg, 10 mg (Namenda)	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1	
nicotine polacrilex gum 2 mg, 4 mg	1	AC
nicotine polacrilex lozenge 2 mg, 4 mg	1	AC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1	AC
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	2	AC
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2	AC
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2	AC

Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3	
PIMOZIDE - pimozide tab 1 mg, 2 mg	3	
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	4	LD, PA, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	LD, PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	LD, PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	4	LD, PA, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	LD, PA, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	4	LD, PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	4	LD, PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	LD, PA, QL (1 kit/180 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	LD, PA, QL (1 kit/180 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1	
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	2	
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	2	
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	4	LD, PA, QL (540 mls/30 days)
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	4	LD, PA, QL (4 syringes/28 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	4	LD, QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	4	LD, PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	4	LD, PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1	AC
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	AC
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	LD, PA, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	4	LD, PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	4	LD, PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	4	LD, PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS		
ANALGESICS - NON-NARCOTIC		
aspirin chew tab 81 mg	1	AC
aspirin tab delayed release 81 mg	1	AC

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
diflunisal tab 500 mg	1	
ANALGESICS - NARCOTIC		
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1	
acetaminophen w/ codeine tab 300-30 mg, 300-60 mg	1	
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mls/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2	QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
codeine sulfate tab 30 mg (Codeine sulfate)	1	
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	1	PA, QL (120 units/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3	QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen tab 7.5-200 mg	1	
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	3	
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1	
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1	QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1	
methadone hcl conc 10 mg/ml (Methadose)	1	
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	1	
methadone hcl tab for oral susp 40 mg	1	
methadone hcl tab 5 mg, 10 mg	1	
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	1	
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	1	QL (90 tablets/30 days)
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	1	
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3	QL (60 tablets/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	
oxycodone hcl soln 5 mg/5ml	1	
oxycodone hcl tab 5 mg, 10 mg, 20 mg	1	
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	1	
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	1	
oxymorphone hcl tab 5 mg, 10 mg	1	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	3	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1	QL (30 tablets/30 days)
tramadol hcl tab 50 mg	1	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2	QL (240 capsules/30 days)
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	4	LD, PA, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	4	LD, PA, QL (4 syringes/28 days)
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.8ml	4	LD, PA, QL (2 pens/28 days)
AMJEVITA - adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	4	LD, PA, QL (2 syringes/28 days)
ARCALYST - rilonacept for inj 220 mg	4	LD, PA, QL (8 vials/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)	1	QL (60 capsules/30 days)
celecoxib cap 400 mg (Celebrex)	1	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1	
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	4	LD, PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	LD, PA, QL (8 vials/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	LD, PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	LD, PA, QL (4 injections/28 days)
etodolac cap 200 mg, 300 mg	1	
etodolac tab 400 mg (Lodine)	1	

Drug Name	Drug Tier	Requirements/Limits
etodolac tab 500 mg	1	
FLURBIPROFEN - flurbiprofen tab 50 mg	3	
flurbiprofen tab 100 mg	1	
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	4	LD, PA, QL (2 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	4	LD, PA, QL (2 pens/28 days)
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	4	LD, PA, QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml	4	LD, PA, QL (3 syringes/180 days)
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	4	LD, PA, QL (2 syringes/180 days)
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	4	LD, PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml	4	LD, PA, QL (6 pens/180 days)
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 80 mg/0.8ml	4	LD, PA, QL (1 kit/180 days)
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	4	LD, PA, QL (4 pens/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	4	LD, PA, QL (3 pens/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	1	
indomethacin cap er 75 mg	1	
indomethacin cap 25 mg, 50 mg	1	
ketorolac tromethamine tab 10 mg	1	QL (20 tablets/30 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	4	LD, PA, QL (2 syringes/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	4	LD, PA, QL (2 syringes/28 days)
leflunomide tab 10 mg, 20 mg (Arava)	1	
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	3	
mefenamic acid cap 250 mg	1	PA, QL (120 capsules/30 days)
meloxicam tab 7.5 mg, 15 mg	1	
nabumetone tab 500 mg, 750 mg	1	
naproxen sodium tab 550 mg (Anaprox ds)	1	
naproxen tab 250 mg, 375 mg	1	
naproxen tab 500 mg (Naprosyn)	1	
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	4	LD, PA, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	4	LD, PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	4	LD, PA, QL (4 syringes/28 days)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	4	LD, PA, QL (55 tablets/180 days)
OTEZLA - apremilast tab 30 mg	4	LD, PA, QL (60 tablets/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	2	ST
oxaprozin tab 600 mg (Daypro)	1	
piroxicam cap 10 mg, 20 mg (Feldene)	1	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	4	LD, PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	4	LD, PA, QL (84 tablets/365 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	4	LD, PA, QL (1 syringe/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	LD, PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	1	
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	4	LD, PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	4	LD, PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	4	LD, PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	4	LD, PA, QL (120 tablets/365 days)
MIGRAINE PRODUCTS		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2	PA, QL (1 injection/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2	PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2	PA, QL (3 pens/90 days)
almotriptan malate tab 6.25 mg, 12.5 mg	1	QL (18 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml	1	QL (24 ampules/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	1	QL (18 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	PA, QL (1 injection/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2	PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2	PA, QL (1 syringe/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1	QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	1	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2	PA, QL (54 tablets/90 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2	PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	2	PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	1	QL (12 inhalers/30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 vials/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	1	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	1	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2	PA, QL (16 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	1	QL (18 tablets/30 days)
GOUT AGENTS		
allopurinol tab 100 mg, 300 mg (Zyloprim)	1	
colchicine tab 0.6 mg (Colcrys)	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tab 40 mg, 80 mg (Uloric)	1	
probenecid tab 500 mg	1	
NEUROMUSCULAR DRUGS		
ANTICONVULSANTS		
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml (Tegretol)	1	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1	
carbamazepine tab 200 mg (Tegretol)	1	
clobazam suspension 2.5 mg/ml (Onfi)	1	
clobazam tab 10 mg, 20 mg (Onfi)	1	
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1	
DIACOMIT - stiripentol cap 250 mg, 500 mg	3	
DIACOMIT - stiripentol packet 250 mg, 500 mg	3	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	2	
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1	
DILANTIN - phenytoin sodium extended cap 30 mg	3	
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1	
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1	
EPIDIOLEX - cannabidiol soln 100 mg/ml	2	LD, PA
ethosuximide cap 250 mg (Zarontin)	1	
ethosuximide soln 250 mg/5ml (Zarontin)	1	
felbamate susp 600 mg/5ml (Felbatol)	1	
felbamate tab 400 mg, 600 mg (Felbatol)	1	
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3	

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA - perampanel susp 0.5 mg/ml	3	
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1	
gabapentin oral soln 250 mg/5ml (Neurontin)	1	
gabapentin tab 600 mg, 800 mg (Neurontin)	1	
lacosamide oral solution 10 mg/ml (Vimpat)	1	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1	
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1	
levetiracetam oral soln 100 mg/ml (Keppra)	1	
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1	
methsuximide cap 300 mg (Celontin)	1	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	3	QL (10 sprays/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1	
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1	
phenytoin chew tab 50 mg (Dilantin infatabs)	1	
phenytoin sodium extended cap 100 mg (Dilantin)	1	
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1	
phenytoin susp 125 mg/5ml (Dilantin-125)	1	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	1	QL (90 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	1	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	3	
primidone tab 50 mg, 250 mg (Mysoline)	1	
rufinamide susp 40 mg/ml (Banzel)	1	
rufinamide tab 200 mg, 400 mg (Banzel)	1	
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	1	
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	3	QL (10 packs/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3	QL (10 packs/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3	QL (10 packs/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	3	QL (10 packs/30 days)
vigabatrin powd pack 500 mg (Sabril)	1	LD
vigabatrin tab 500 mg (Sabril)	1	LD
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	3	

Drug Name	Drug Tier	Requirements/Limits
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	3	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3	
zonisamide cap 25 mg, 100 mg (Zonegran)	1	
zonisamide cap 50 mg	1	
ZTALMY - ganaxolone susp 50 mg/ml	3	LD
ANTIPARKINSON AGENTS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	4	LD
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	4	LD
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1	
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa tab 25 mg (Lodosyn)	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1	
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	3	
entacapone tab 200 mg (Comtan)	1	
INBRIJA - levodopa inhal powder cap 42 mg	4	LD
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl cap 5 mg	1	
tolcapone tab 100 mg (Tasmar)	1	

Drug Name	Drug Tier	Requirements/Limits
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	3	
trihexyphenidyl hcl tab 2 mg, 5 mg	1	
NEUROMUSCULAR AGENTS		
DAYBUE - trofinetide oral soln 200 mg/ml	4	LD, PA, QL (8 bottles/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	4	LD, PA, QL (3 bottles/30 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	4	LD, PA, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	4	LD, PA, QL (70 mls/180 days)
RELYVRIO - sodium phenylbutyrate-taurursodiol powd pack 3-1 gm	4	LD, PA, QL (1 box/28 days)
riluzole tab 50 mg (Rilutek)	1	
SKYCLARYS - omaveloxolone cap 50 mg	4	LD, PA, QL (90 capsules/30 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 10 mg, 20 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg, 10 mg	1	
methocarbamol tab 500 mg, 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SOHONOS - palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg	4	LD
tizanidine hcl tab 2 mg (base equivalent)	1	QL (180 tablets/30 days)
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1	QL (180 tablets/30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1	
pyridostigmine bromide tab 60 mg (Mestinon)	1	
NUTRITIONAL PRODUCTS		
VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	1	
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1	
phytonadione tab 5 mg	1	
ACTIVNUTRIENTS W/O COPPER - multiple vitamins w/ minerals powder	3	
ATP IGNITE WORKOUT - multiple vitamins w/ minerals powder	3	
BOOSTNOW IMMUNE SUPPORT - multiple vitamins w/ minerals powder	3	
C-BUFF - multiple vitamins w/ minerals powder	3	
NANOVM ADULT - multiple vitamins w/ minerals powder	3	
NANOVM SENIOR 71+ - multiple vitamins w/ minerals powder	3	
PHLEXY-VITS - multiple vitamins w/ minerals powder	3	
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2	
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2	
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2	
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2	
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2	
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2	

Drug Name	Drug Tier	Requirements/Limits
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2	
VINATE II - prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	2	
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2	
VITEYES CLASSIC+MULTI - multiple vitamins w/ minerals powder	3	
MINERALS and ELECTROLYTES		
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	3	
potassium chloride cap er 8 meq, 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1	
potassium phosphate monobasic tab 500 mg (K-phos)	1	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1	AC
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	AC
NUTRIENTS		
ADD-INS COMPLETE - amino acids pack	3	
amino acids cap	1	
amino acids tab	1	
ARGIMENT AT - amino acids pack	3	
COMPLETE AMINO ACID MIX - amino acids oral powder	3	
COMPLEX ESSENTIAL MSD - amino acids oral powder	3	
COMPLEX JUNIOR MSD - amino acids oral powder	3	
COMPLEX MSUD - amino acids oral powder	3	
COMPLEX MSUD AMINO ACID B - amino acids bar	3	
DECUBAMINE - amino acids oral powder	3	
ESSENTIAL AMINO ACID MIX - amino acids oral powder	3	
G-PREPROTEIN - amino acids oral liquid	3	
GLUTARADE AMINO ACID BLEN - amino acids oral powder	3	
GLUTARADE ESSENTIAL GA-1 - amino acids oral powder	3	
GLUTARADE JUNIOR GA-1 - amino acids oral powder	3	
LIQUACEL - amino acids oral liquid	3	
LIQUACEL PUMP + GO - amino acids oral liquid	3	
NUTRASENTIALS - amino acids oral powder	3	
PERIFLEX LQ PKU - amino acids oral liquid	3	
PHENYLADE - amino acids oral powder	3	
PHENYLADE AMINO ACID - amino acids bar	3	

Drug Name	Drug Tier	Requirements/Limits
PHENYLADE AMINO ACID BLEN - amino acids pack	3	
PHENYLADE MTE - amino acids oral powder	3	
PHENYLADE MTE AMINO ACID - amino acids pack	3	
PHENYLADE PHEBLOC - amino acids tab	3	
PHENYLADE PHEBLOC - amino acids oral powder	3	
PHENYLADE40 DRINK MIX - amino acids pack	3	
PKU GOLIKE PLUS 16+ - amino acids pack	3	
PKU GOLIKE PLUS 4-16 - amino acids pack	3	
PKU GOLIKE 10G P.E. - amino acids bar	3	
PKU GOLIKE 5G P.E. - amino acids bar	3	
PKU MAXAMUM - amino acids oral powder	3	
PREPROTEIN - amino acids oral liquid	3	
PREPROTEIN 20 - amino acids oral liquid	3	
TRIAMINO - amino acids tab	3	
XPHE MAXAMUM - amino acids oral powder	3	
XPHE MAXAMUM - amino acids pack	3	
XYMOBOIX - amino acids oral powder	3	
ACERFLEX - nutritional supplement powder	3	
ADVANTAGE INFANT FORMULA/ - infant foods powder	3	
ADVERA - nutritional supplement liquid	3	
ALFAMINO INFANT - infant foods powder	3	
ALFAMINO JUNIOR - nutritional supplement powder	3	
ALIMENTUM - infant foods powder	3	
ALITRAQ - nutritional supplement pack	3	
ALSOY SOY FORMULA - infant foods powder	3	
ARGINAID - nutritional supplement pack	3	
ARGINAID EXTRA - nutritional supplement liquid	3	
BABY'S BIG SUPPORT - nutritional supplement powder	3	
BABYS ONLY ORGANIC/DAIRY - infant foods powder	3	
BABYS ONLY ORGANIC/DHA & - infant foods powder	3	
BABYS ONLY ORGANIC/GENTLE - infant foods powder	3	
BABYS ONLY ORGANIC/SENSIT - infant foods powder	3	
BABYS ONLY ORGANIC/SOY - infant foods powder	3	
BALANCED NUTRITIONAL DRIN - nutritional supplement liquid	3	
BALANCED NUTRITIONAL SHAK - nutritional supplement liquid	3	
BCAD 1 - nutritional supplement powder	3	
BCAD 2 - nutritional supplement powder	3	
BEEF/POTATOES/SPINACH - nutritional supplement liquid	3	
BENECALORIE - nutritional supplement liquid	3	
BOOST - nutritional supplement liquid	3	
BOOST BREEZE - nutritional supplement liquid	3	
BOOST GLUCOSE CONTROL - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
BOOST GLUCOSE CONTROL MAX - nutritional supplement liquid	3	
BOOST HIGH PROTEIN - nutritional supplement liquid	3	
BOOST KID ESSENTIALS 1.0 - nutritional supplement liquid	3	
BOOST KID ESSENTIALS 1.5 - nutritional supplement liquid	3	
BOOST MAX 30G PROTEIN - nutritional supplement liquid	3	
BOOST PLUS - nutritional supplement liquid	3	
BOOST VERY HIGH CALORIE - nutritional supplement liquid	3	
BOOST VHC - nutritional supplement liquid	3	
BOOST WOMEN - nutritional supplement liquid	3	
BRAINSUSTAIN - nutritional supplement pack	3	
BRAINSUSTAIN FOR KIDS - nutritional supplement powder	3	
BRIGHT BEGINNINGS PEDIATR - nutritional supplement liquid	3	
CALCILO XD - infant foods powder	3	
CAMINO PRO COMPLETE/GLYTA - nutritional supplement bar	3	
CARNATION BREAKFAST ESSEN - nutritional supplement liquid	3	
CARNATION BREAKFAST ESSEN - nutritional supplement pack	3	
CFPREOP - nutritional supplement liquid	3	
CHICKEN/PEAS/CARROTS - nutritional supplement powder	3	
CHOLEXTRA - nutritional supplement powder	3	
CLICK ESPRESSO PROTEIN DR - nutritional supplement powder	3	
COMPLEAT - nutritional supplement liquid	3	
COMPLEAT ORGANIC BLENDS - nutritional supplement liquid	3	
COMPLEAT ORIGINAL PLANT-B - nutritional supplement liquid (enteral)	3	
COMPLEAT PEDIATRIC - nutritional supplement liquid	3	
COMPLEAT PEDIATRIC ORGANI - nutritional supplement liquid	3	
COMPLEAT PEDIATRIC ORIGIN - nutritional supplement liquid (enteral)	3	
COMPLEAT PEDIATRIC PEPTID - nutritional supplement liquid	3	
COMPLEAT PEDIATRIC PEPTID - nutritional supplement liquid (enteral)	3	
COMPLEAT PEDIATRIC REDUCE - nutritional supplement liquid	3	
COMPLEAT PEDIATRIC STANDA - nutritional supplement liquid	3	
COMPLEAT PEPTIDE 1.0 - nutritional supplement liquid (enteral)	3	
COMPLEAT PEPTIDE 1.5 - nutritional supplement liquid	3	
COMPLEAT STANDARD 1.4 - nutritional supplement liquid	3	
COMPLETE NUTRITION - nutritional supplement liquid	3	
COMPLETE NUTRITION PLUS - nutritional supplement liquid	3	
CVS ADVANTAGE/IRON - infant foods powder	3	
CVS GENTLE INFANT FORMULA - infant foods powder	3	
CVS INFANT FORMULA/IRON - infant foods powder	3	
CVS NUTRITION LIQUID - nutritional supplement liquid	3	
CVS NUTRITION PLUS - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
CVS NUTRITIONAL SHAKE - nutritional supplement liquid	3	
CVS SENSITIVITY/IRON - infant foods powder	3	
CVS TENDER/IRON - infant foods powder	3	
CVS TODDLER & INFANT FORM - infant foods powder	3	
CVS TODDLER BEGINNINGS/IR - infant foods powder	3	
CYCLINEX-1 - nutritional supplement powder	3	
CYCLINEX-2 - nutritional supplement powder	3	
DIABETISOURCE AC - nutritional supplement liquid	3	
DIARESQ CHILDRENS SOOTHIN - nutritional supplement pack	3	
DIARESQ GENTLE RELIEF TOD - nutritional supplement pack	3	
DIARESQ RAPID RECOVERY - nutritional supplement pack	3	
DUOCAL - nutritional supplement powder	3	
EAA SUPPLEMENT - nutritional supplement pack	3	
EGG/PRO - nutritional supplement powder	3	
EGGS/APPLES/OATS - nutritional supplement liquid	3	
ELECARE - nutritional supplement powder	3	
ELECARE DHA/ARA INFANT - nutritional supplement powder	3	
ELECARE DHA/ARA/IRON INFA - infant foods powder	3	
ELECARE JR - nutritional supplement powder	3	
ELECARE/DHA/ARA - nutritional supplement powder	3	
ENCALA - nutritional supplement powder	3	
ENCALA - nutritional supplement pack	3	
ENFAGROW PREMIUM LIPIL - infant foods powder	3	
ENFAGROW PREMIUM OLDER TO - infant foods powder	3	
ENFAGROW PREMIUM TODDLER - infant foods powder	3	
ENFAMIL A.R. INFANT - infant foods powder	3	
ENFAMIL AR/SPIT-UP - infant foods powder	3	
ENFAMIL ENSPIRE GENTLEASE - infant foods powder	3	
ENFAMIL ENSPIRE INFANT FO - infant foods powder	3	
ENFAMIL ENSPIRE OPTIMUM - infant foods powder	3	
ENFAMIL GENTLEASE FUSSINE - infant foods powder	3	
ENFAMIL GENTLEASE/FUSSINE - infant foods powder	3	
ENFAMIL HUMAN MILK FORTIF - infant foods packet	3	
ENFAMIL INFANT - infant foods powder	3	
ENFAMIL INFANT FORMULA MI - infant foods powder	3	
ENFAMIL NEUROPRO ENFACARE - infant foods powder	3	
ENFAMIL NEUROPRO GENTLEAS - infant foods powder	3	
ENFAMIL NEUROPRO GENTLEAS - infant foods packet	3	
ENFAMIL NEUROPRO INFANT - infant foods powder	3	
ENFAMIL NEUROPRO INFANT - infant foods packet	3	
ENFAMIL NEUROPRO SENSITIV - infant foods powder	3	
ENFAMIL NUTRAMIGEN TODDLE - infant foods powder	3	

Drug Name	Drug Tier	Requirements/Limits
ENFAMIL NUTRAMIGEN W/PROB - infant foods powder	3	
ENFAMIL PREMIUM INFANT - infant foods powder	3	
ENFAMIL PREMIUM NEWBORN - infant foods powder	3	
ENFAMIL PROSOBEE SOY - infant foods powder	3	
ENFAMIL REGULINE/IRON - infant foods powder	3	
ENLIVE - nutritional supplement liquid	3	
ENSURE - nutritional supplement liquid	3	
ENSURE - nutritional supplement powder	3	
ENSURE - nutritional supplement bar	3	
ENSURE ACTIVE - nutritional supplement liquid	3	
ENSURE ACTIVE HEART HEALT - nutritional supplement liquid	3	
ENSURE ACTIVE HIGH PROTEI - nutritional supplement liquid	3	
ENSURE ACTIVE LIGHT - nutritional supplement liquid	3	
ENSURE BONE HEALTH REVIGO - nutritional supplement liquid	3	
ENSURE CLEAR - nutritional supplement liquid	3	
ENSURE CLINICAL STRENGTH - nutritional supplement liquid	3	
ENSURE COMPACT - nutritional supplement liquid	3	
ENSURE COMPLETE - nutritional supplement liquid	3	
ENSURE COMPLETE NUTRITION - nutritional supplement liquid	3	
ENSURE ENLIVE - nutritional supplement liquid	3	
ENSURE HARVEST 1.2 CAL - nutritional supplement liquid (enteral)	3	
ENSURE HEALTHY MOM - nutritional supplement liquid	3	
ENSURE HEALTHY MOM - nutritional supplement bar	3	
ENSURE HIGH CALCIUM - nutritional supplement liquid	3	
ENSURE HIGH PROTEIN - nutritional supplement liquid	3	
ENSURE HIGH PROTEIN - nutritional supplement powder	3	
ENSURE HIGH PROTEIN - nutritional supplement pudding	3	
ENSURE IMMUNE HEALTH - nutritional supplement liquid	3	
ENSURE MAX PROTEIN - nutritional supplement liquid	3	
ENSURE MUSCLE HEALTH REVI - nutritional supplement liquid	3	
ENSURE NUTRA SHAKE HI-CAL - nutritional supplement liquid	3	
ENSURE NUTRITION SHAKE - nutritional supplement liquid	3	
ENSURE ORIGINAL - nutritional supplement liquid	3	
ENSURE ORIGINAL THERAPEUT - nutritional supplement liquid	3	
ENSURE ORIGINAL/FIBER - nutritional supplement liquid	3	
ENSURE PLANT-BASED PROTEI - nutritional supplement liquid	3	
ENSURE PLUS - nutritional supplement liquid	3	
ENSURE PLUS HIGH PROTEIN - nutritional supplement liquid	3	
ENSURE PLUS HN - nutritional supplement liquid	3	
ENSURE PLUS/FIBER - nutritional supplement liquid	3	
ENSURE PRE-SURGERY - nutritional supplement liquid	3	
ENSURE PUDDING - nutritional supplement pudding	3	

Drug Name	Drug Tier	Requirements/Limits
ENSURE SURGERY IMMUNONUTR - nutritional supplement liquid	3	
ENSURE SURGICAL NUTRITION - nutritional supplement liquid	3	
ENSURE/FIBER - nutritional supplement liquid	3	
ENTERADE - nutritional supplement liquid	3	
ENTERADE IBS-D - nutritional supplement liquid	3	
ENU COMPLETE NUTRITION SH - nutritional supplement liquid	3	
ENU NUTRITIONAL SHAKE - nutritional supplement liquid	3	
EO28 SPLASH - nutritional supplement liquid	3	
EQ NUTRITIONAL SHAKE - nutritional supplement liquid	3	
EQ NUTRITIONAL SHAKE PLUS - nutritional supplement liquid	3	
EQ WEIGHT LOSS SHAKE ULTR - nutritional supplement liquid	3	
EQUATE - nutritional supplement liquid	3	
EQUATE PLUS - nutritional supplement liquid	3	
EXPEDITE - nutritional supplement liquid	3	
FIBER FLOW - nutritional supplement liquid	3	
FIBERSOURCE HN - nutritional supplement liquid	3	
FITFOOD LEAN COMPLETE - nutritional supplement pack	3	
FLAVOR PACKETS - nutritional supplement flavor pack	3	
FOLBIC - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
FORTA DRINK - nutritional supplement powder	3	
FORTA SHAKE - nutritional supplement powder	3	
FRUITIVITS - nutritional supplement pack	3	
GA - nutritional supplement powder	3	
GA EXPRESS15 - nutritional supplement pack	3	
GA GEL - nutritional supplement pack	3	
GA-1 ANAMIX EARLY YEARS - nutritional supplement powder	3	
GELATEIN MCT - nutritional supplement liquid	3	
GERBER EXTENSIVE HA - infant foods powder	3	
GERBER GOOD START A2/IRON - infant foods powder	3	
GERBER GOOD START A2/TODD - infant foods powder	3	
GERBER GOOD START GENTLE - infant foods powder	3	
GERBER GOOD START GENTLE/ - infant foods powder	3	
GERBER GOOD START GENTLEP - infant foods powder	3	
GERBER GOOD START GROW 3 - infant foods powder	3	
GERBER GOOD START NOURISH - infant foods powder	3	
GERBER GOOD START PREMATU - infant foods powder	3	
GERBER GOOD START PROTECT - infant foods powder	3	
GERBER GOOD START SOOTHE - infant foods powder	3	
GERBER GOOD START SOOTHEP - infant foods powder	3	
GERBER GOOD START SOY - infant foods powder	3	
GERBER GOOD START SOY 2 - infant foods powder	3	
GERBER GOOD START SOY/IRO - infant foods powder	3	

Drug Name	Drug Tier	Requirements/Limits
GERBER GOOD START SUPREM - infant foods powder	3	
GERBER GOOD START SUPREME - infant foods powder	3	
GERBER GRADUATES GENTLE/I - infant foods powder	3	
GERBER GRADUATES PROTECT/ - infant foods powder	3	
GERBER GRADUATES SOOTHE - infant foods powder	3	
GERBER GRADUATES SOY/IRON - infant foods powder	3	
GERBER NATURA/STAGE 1/BIR - infant foods powder	3	
GERBER NATURA/STAGE 2/6 T - infant foods powder	3	
GERBER NATURA/STAGE 3/12 - infant foods powder	3	
GLUCERNA - nutritional supplement liquid	3	
GLUCERNA - nutritional supplement bar	3	
GLUCERNA ADVANCE SHAKE - nutritional supplement liquid	3	
GLUCERNA CARBSTEADY - nutritional supplement liquid	3	
GLUCERNA CEREAL CRUNCHY F - nutritional supplement misc	3	
GLUCERNA CRISPY DELIGHTS - nutritional supplement bar	3	
GLUCERNA HUNGER SMART SHA - nutritional supplement liquid	3	
GLUCERNA MEAL - nutritional supplement bar	3	
GLUCERNA MEAL REPLACEMENT - nutritional supplement bar	3	
GLUCERNA MINI SNACK - nutritional supplement bar	3	
GLUCERNA MINI SNACKS - nutritional supplement bar	3	
GLUCERNA OS - nutritional supplement liquid	3	
GLUCERNA SELECT - nutritional supplement liquid	3	
GLUCERNA SHAKE - nutritional supplement liquid	3	
GLUCERNA SNACK - nutritional supplement bar	3	
GLUCERNA SNACK BARS - nutritional supplement bar	3	
GLUCERNA SNACK SHAKE - nutritional supplement liquid	3	
GLUCERNA WEIGHT LOSS SHAK - nutritional supplement liquid	3	
GLUCERNA WITH CARBSTEADY/ - nutritional supplement liquid	3	
GLUCERNA 1.0 CAL - nutritional supplement liquid	3	
GLUCERNA 1.0 CAL/FIBER - nutritional supplement liquid	3	
GLUCERNA 1.0 WITH CARBSTE - nutritional supplement liquid	3	
GLUCERNA 1.2 CAL - nutritional supplement liquid	3	
GLUCERNA 1.5 CAL - nutritional supplement liquid	3	
GLUTAREX-1 - nutritional supplement powder	3	
GLUTAREX-2 - nutritional supplement powder	3	
GLYCOSADE - nutritional supplement pack	3	
GLYTACTIN BETTERMILK DE-L - nutritional supplement pack	3	
GLYTACTIN BETTERMILK 15 - nutritional supplement pack	3	
GLYTACTIN BUILD 10PE - nutritional supplement pack	3	
GLYTACTIN BUILD 20/20 PKU - nutritional supplement pack	3	
GLYTACTIN COMPLETE 10PE - nutritional supplement bar	3	
GLYTACTIN RESTORE LITE 10 - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
GLYTACTIN RESTORE LITE 10 - nutritional supplement pack	3	
GLYTACTIN RESTORE 10 - nutritional supplement liquid	3	
GLYTACTIN RESTORE 5 - nutritional supplement pack	3	
GLYTACTIN RTD LITE 15 - nutritional supplement liquid	3	
GLYTACTIN RTD 10 - nutritional supplement liquid	3	
GLYTACTIN RTD 15 - nutritional supplement liquid	3	
GLYTACTIN SWIRL 15PE - nutritional supplement pack	3	
GLYTROL PREBIO1 - nutritional supplement liquid	3	
GOOD START - infant foods powder	3	
GOOD START ESSENTIALS SOY - infant foods powder	3	
GOOD START ESSENTIALS W/I - infant foods powder	3	
GOOD START GENTLE PLUS - infant foods powder	3	
GOOD START SOY PLUS 2 - infant foods powder	3	
GOOD START SUPREME NATURA - infant foods powder	3	
GOOD START SUPREME W/IRON - infant foods powder	3	
GOOD START W/FE - infant foods powder	3	
GOOD START 2 ESSENTIALS S - infant foods powder	3	
GOOD START 2 SUPREME W/IR - infant foods powder	3	
GOODSENSE NUTRISURE ORIGI - nutritional supplement liquid	3	
GOODSENSE NUTRISURE PLUS - nutritional supplement liquid	3	
HAELAN HTPI FERMENTED ORG - nutritional supplement liquid	3	
HAELAN 951 FERMENTED ORGA - nutritional supplement liquid	3	
HCU ANAMIX EARLY YEARS - nutritional supplement powder	3	
HCU ANAMIX NEXT - nutritional supplement powder	3	
HCU COOLER - nutritional supplement liquid	3	
HCU GEL - nutritional supplement pack	3	
HCU LOPHLEX LQ - nutritional supplement liquid	3	
HCU MAXAMUM - nutritional supplement powder	3	
HCY 1 - nutritional supplement powder	3	
HCY 2 - nutritional supplement powder	3	
HEALTH SOURCE SOY PROTEIN - nutritional supplement powder	3	
HEALTHY ACCENTS NUTRA FIT - nutritional supplement liquid	3	
HI-CAL - nutritional supplement liquid	3	
HIGH-PROTEIN NUTRITIONAL - nutritional supplement liquid	3	
HM NUTRISURE - nutritional supplement liquid	3	
HM NUTRISURE PLUS - nutritional supplement liquid	3	
HOM 2 - nutritional supplement powder	3	
HOMACTIN AA PLUS - nutritional supplement liquid	3	
HOMINEX-1 - nutritional supplement powder	3	
HOMINEX-2 - nutritional supplement powder	3	
I-VALEX-1 - nutritional supplement powder	3	
I-VALEX-2 - nutritional supplement powder	3	

Drug Name	Drug Tier	Requirements/Limits
IMMULIFE - nutritional supplement powder	3	
IMPACT - nutritional supplement liquid	3	
IMPACT ADVANCED RECOVERY - nutritional supplement liquid	3	
IMPACT PEPTIDE 1.5 - nutritional supplement liquid	3	
INNOVACIN - nutritional supplement liquid	3	
INTROLITE - nutritional supplement liquid	3	
ISOMIL SOY W/IRON - infant foods powder	3	
ISOMIL 2 - infant foods powder	3	
ISOMIL/IRON - infant foods powder	3	
ISOSOURCE HN - nutritional supplement liquid	3	
ISOSOURCE 1.5 CAL - nutritional supplement liquid	3	
IVA ANAMIX EARLY YEARS - nutritional supplement powder	3	
IVA ANAMIX NEXT - nutritional supplement powder	3	
IVA MAXAMUM - nutritional supplement powder	3	
I5 - nutritional supplement pack	3	
JEVITY 1 CAL - nutritional supplement liquid	3	
JEVITY 1 CAL/FIBER - nutritional supplement liquid	3	
JEVITY 1.2 CAL - nutritional supplement liquid	3	
JEVITY 1.2 CAL/FIBER - nutritional supplement liquid	3	
JEVITY 1.5 CAL/FIBER - nutritional supplement liquid	3	
JUICE PLUS FIBRE - nutritional supplement liquid	3	
JUVEN - nutritional supplement powder	3	
JUVEN - nutritional supplement pack	3	
JUVEN NUTRIVIGOR - nutritional supplement pack	3	
JUVEN REVIGOR - nutritional supplement pack	3	
K-PAX IMMUNE BOOSTER PROT - nutritional supplement powder	3	
KALE/QUINOA/BERRIES - nutritional supplement powder	3	
KATE FARMS BLENDED MEALS - nutritional supplement misc	3	
KATE FARMS GLUCOSE SUPPOR - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.0 - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.0 PE - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.5 - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.5 - nutritional supplement liquid (enteral)	3	
KATE FARMS PEPTIDE 1.5 PE - nutritional supplement liquid	3	
KATE FARMS RENAL SUPPORT - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.0 - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.0 P - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.2 P - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.4 - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.4 - nutritional supplement liquid (enteral)	3	
KETO - nutritional supplement liquid	3	
KETOCAL 2.5:1 LQ - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
KETOCAL 3:1 - nutritional supplement powder	3	
KETOCAL 4:1 - nutritional supplement liquid	3	
KETOCAL 4:1 - nutritional supplement powder	3	
KETOCAL 4:1 LQ MULTI FIBE - nutritional supplement liquid	3	
KETOCAL 4:1 LQ MULTI-FIBE - nutritional supplement liquid	3	
KETOGEN - nutritional supplement powder	3	
KETONEX-1 - nutritional supplement powder	3	
KETONEX-2 - nutritional supplement powder	3	
KETOVIE - nutritional supplement liquid	3	
KETOVIE PEPTIDE - nutritional supplement liquid	3	
KETOVIE 4:1 - nutritional supplement liquid	3	
KFLO - nutritional supplement liquid	3	
KIDS PROTEIN ORGANIC NUTR - nutritional supplement liquid	3	
KINDERSPROUT PLANT PROTEI - nutritional supplement liquid	3	
LANAFLEX - nutritional supplement pack	3	
LIPISTART - nutritional supplement powder	3	
LIQUID HOPE - nutritional supplement liquid	3	
LIQUID HOPE PEPTIDE - nutritional supplement liquid	3	
LIQUID HOPE PEPTIDE BERRY - nutritional supplement liquid	3	
LIQUID HOPE PEPTIDE HIGH - nutritional supplement liquid (enteral)	3	
LMD - nutritional supplement powder	3	
LOPHLEX - nutritional supplement pack	3	
LOPHLEX LQ 20 - nutritional supplement liquid	3	
LPS CRITICAL CARE SUGAR F - nutritional supplement liquid	3	
LPS SUGAR FREE - nutritional supplement liquid	3	
LUTRISH CHOCOLATE SHAKE - nutritional supplement pack	3	
LUTRISH VANILLA SHAKE - nutritional supplement pack	3	
MCT PRO-CAL - nutritional supplement pack	3	
METHIONAID - nutritional supplement powder	3	
MMA/PA ANAMIX EARLY YEARS - nutritional supplement powder	3	
MMA/PA ANAMIX NEXT - nutritional supplement powder	3	
MMA/PA COOLER15 - nutritional supplement liquid	3	
MMA/PA GEL - nutritional supplement pack	3	
MMA/PA MAXAMUM - nutritional supplement powder	3	
MODULEN - nutritional supplement powder	3	
MONOGEN - nutritional supplement powder	3	
MSUD AID - nutritional supplement powder	3	
MSUD ANALOG - infant foods powder	3	
MSUD ANAMIX EARLY YEARS - nutritional supplement powder	3	
MSUD COOLER - nutritional supplement liquid	3	
MSUD EXPRESS 15 PLUS - nutritional supplement pack	3	
MSUD EXPRESS 20 PLUS - nutritional supplement pack	3	

Drug Name	Drug Tier	Requirements/Limits
MSUD GEL - nutritional supplement pack	3	
MSUD LOPHLEX LQ - nutritional supplement liquid	3	
MSUD MAXAMAID - nutritional supplement powder	3	
MSUD MAXAMUM - nutritional supplement powder	3	
MSUD 2 - nutritional supplement powder	3	
NEOCATE INFANT DHA/ARA - nutritional supplement powder	3	
NEOCATE JUNIOR - nutritional supplement powder	3	
NEOCATE JUNIOR/PREBIOTICS - nutritional supplement powder	3	
NEOCATE NUTRA - nutritional supplement powder	3	
NEOCATE SPLASH - nutritional supplement liquid	3	
NEOCATE SYNEO INFANT - infant foods powder	3	
NEPRO - nutritional supplement liquid	3	
NEPRO WITH CARB STEADY - nutritional supplement liquid	3	
NEPRO WITH CARBSTEADY - nutritional supplement liquid	3	
NESTLE NAN PRO 1/IRON - infant foods powder	3	
NESTLE NAN PRO/TODDLER - infant foods powder	3	
NIVA-FOL - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
NOURISH - nutritional supplement liquid	3	
NOURISH PEPTIDE BERRY MED - nutritional supplement liquid (enteral)	3	
NOURISH PEPTIDE FORMULA - nutritional supplement liquid	3	
NOVASOURCE RENAL - nutritional supplement liquid	3	
NUTRA BALANCE DIABETIC NU - nutritional supplement bar	3	
NUTRA BALANCE FIBER COOKI - nutritional supplement misc	3	
NUTRA BALANCE PROTEIN FOR - nutritional supplement misc	3	
NUTRA SHAKE - nutritional supplement liquid (frozen)	3	
NUTRA SHAKE/SUPREME - nutritional supplement liquid (frozen)	3	
NUTRA/BALANCE RE/GEN - nutritional supplement liquid (frozen)	3	
NUTRA/BALANCE RE/GEN FREE - nutritional supplement liquid (frozen)	3	
NUTRA/SHAKE - nutritional supplement liquid (frozen)	3	
NUTRA/SHAKE FRUIT PLUS - nutritional supplement liquid (frozen)	3	
NUTRA/SHAKE SUPREME - nutritional supplement liquid	3	
NUTRA/SHAKE SUPREME - nutritional supplement liquid (frozen)	3	
NUTRAMINE - nutritional supplement pack	3	
NUTRAMINE APPLE AMINO BIT - nutritional supplement pack	3	
NUTRAMINE BANANA AMINO B - nutritional supplement pack	3	
NUTRAMINE CHOCOLATE AMINO - nutritional supplement pack	3	
NUTRAMINE MANGO AMINO BI - nutritional supplement pack	3	
NUTRAMINE MIXED FLAVORS A - nutritional supplement pack	3	
NUTRAMINE PEACHES & CREAM - nutritional supplement pack	3	
NUTRAMINE PINEAPPLE AMINO - nutritional supplement pack	3	
NUTREN JR - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
NUTREN JR FIBER - nutritional supplement liquid	3	
NUTREN JUNIOR 1.0 - nutritional supplement liquid	3	
NUTREN JUNIOR/FIBER - nutritional supplement liquid	3	
NUTREN PULMONARY - nutritional supplement liquid	3	
NUTREN 1.0 CAL - nutritional supplement liquid	3	
NUTREN 1.0/FIBER - nutritional supplement liquid	3	
NUTREN 1.5 - nutritional supplement liquid (enteral)	3	
NUTREN 1.5 CAL - nutritional supplement liquid	3	
NUTREN 2.0 - nutritional supplement liquid	3	
NUTREN 2.0 CAL - nutritional supplement liquid	3	
NUTRICIA PREOP - nutritional supplement pack	3	
NUTRIFOCUS - nutritional supplement liquid	3	
NUTRIHEP 1.5 CAL - nutritional supplement liquid	3	
NUTRITIONAL DRINK - nutritional supplement liquid	3	
NUTRITIONAL DRINK MIX - nutritional supplement powder	3	
NUTRITIONAL DRINK PLUS - nutritional supplement liquid	3	
NUTRITIONAL DRINK SHAKE M - nutritional supplement powder	3	
NUTRITIONAL SHAKE - nutritional supplement liquid	3	
NUTRITIONAL SHAKE COMPLET - nutritional supplement liquid	3	
NUTRITIONAL SHAKE HIGH PR - nutritional supplement liquid	3	
NUTRITIONAL SHAKE PLUS - nutritional supplement liquid	3	
NUTRITIONAL SHAKE PLUS PR - nutritional supplement liquid	3	
NUTRITIONAL SUPPLEMENT - nutritional supplement liquid	3	
nutritional supplement liquid	1	
NUTRITIONAL SUPPLEMENT PL - nutritional supplement liquid	3	
OA 1 - nutritional supplement powder	3	
OA 2 - nutritional supplement powder	3	
OPTICLEANSE GHI - nutritional supplement powder	3	
OPTICLEANSE GHI - nutritional supplement pack	3	
OPTICLEANSE PLUS - nutritional supplement pack	3	
OPTIMENTAL - nutritional supplement liquid	3	
OPTIMETABOLIX - nutritional supplement pack	3	
OPTIMETABOLIX 2:1 - nutritional supplement pack	3	
ORANGE CHICKEN/CARROTS/BR - nutritional supplement liquid	3	
ORGANIC NUTRITION ALL-IN- - nutritional supplement liquid	3	
ORGANIC NUTRITION COMPLET - nutritional supplement liquid	3	
ORGANIC NUTRITION PLANT B - nutritional supplement liquid	3	
ORGANIC NUTRITION VEGAN-A - nutritional supplement liquid	3	
ORGANIC PEDIA SMART - nutritional supplement powder	3	
OS 2 - nutritional supplement powder	3	
OSAPLEX MK-7 - nutritional supplement pack	3	
OSMOLITE - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
OSMOLITE HN - nutritional supplement liquid	3	
OSMOLITE 1 CAL - nutritional supplement liquid	3	
OSMOLITE 1.0 CAL - nutritional supplement liquid	3	
OSMOLITE 1.2 CAL - nutritional supplement liquid	3	
OSMOLITE 1.5 CAL - nutritional supplement liquid	3	
OXEPA - nutritional supplement liquid	3	
OXEPA 1.5 - nutritional supplement liquid	3	
PEDIASMART PEA PROTEIN - nutritional supplement powder	3	
PEDIASURE - nutritional supplement liquid	3	
PEDIASURE ENTERAL 1.0 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE GROW & GAIN - nutritional supplement liquid	3	
PEDIASURE GROW & GAIN ORG - nutritional supplement liquid	3	
PEDIASURE GROW & GAIN SHA - nutritional supplement powder	3	
PEDIASURE GROW & GAIN/FIB - nutritional supplement liquid	3	
PEDIASURE HARVEST 1.0 CAL - nutritional supplement liquid	3	
PEDIASURE HARVEST 1.0 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE NUTRIPALS - nutritional supplement liquid	3	
PEDIASURE NUTRIPALS - nutritional supplement bar	3	
PEDIASURE PEDIATRIC - nutritional supplement liquid	3	
PEDIASURE PEPTIDE 1.0 CAL - nutritional supplement liquid	3	
PEDIASURE PEPTIDE 1.0 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE PEPTIDE 1.5 CAL - nutritional supplement liquid	3	
PEDIASURE PEPTIDE 1.5 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE REDUCED CALORIE - nutritional supplement liquid	3	
PEDIASURE SHAKE MIX - nutritional supplement powder	3	
PEDIASURE SHAKE WITH FIBE - nutritional supplement liquid	3	
PEDIASURE SIDEKICKS - nutritional supplement liquid	3	
PEDIASURE SIDEKICKS - nutritional supplement powder	3	
PEDIASURE SIDEKICKS CLEAR - nutritional supplement liquid	3	
PEDIASURE SIDEKICKS SHAKE - nutritional supplement liquid	3	
PEDIASURE WITH FIBER - nutritional supplement liquid	3	
PEDIASURE 1.0 CAL/FIBER - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL WITH FI - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL/FIBER - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL/FIBER - nutritional supplement liquid (enteral)	3	
PEDIATRIC DRINK - nutritional supplement liquid	3	
PEPTAMEN - nutritional supplement liquid	3	
PEPTAMEN AF - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
PEPTAMEN INTENSE VHP - nutritional supplement liquid	3	
PEPTAMEN JUNIOR - nutritional supplement liquid	3	
PEPTAMEN JUNIOR FIBER - nutritional supplement liquid	3	
PEPTAMEN JUNIOR HP - nutritional supplement liquid	3	
PEPTAMEN JUNIOR PHGG 1.2 - nutritional supplement liquid	3	
PEPTAMEN JUNIOR 1 CAL - nutritional supplement liquid	3	
PEPTAMEN JUNIOR 1 CAL/PRE - nutritional supplement liquid	3	
PEPTAMEN JUNIOR 1.5 - nutritional supplement liquid	3	
PEPTAMEN JUNIOR 1.5 CAL - nutritional supplement liquid	3	
PEPTAMEN JUNIOR/PREBIO1 - nutritional supplement liquid	3	
PEPTAMEN 1 CAL/PREBIO1 - nutritional supplement liquid	3	
PEPTAMEN 1.5 CAL - nutritional supplement liquid	3	
PEPTAMEN 1.5 CAL/PREBIO1 - nutritional supplement liquid	3	
PEPTAMEN/PREBIO1 - nutritional supplement liquid	3	
PEPTICATE - infant foods powder	3	
PERATIVE - nutritional supplement liquid	3	
PERATIVE 1.3 CAL - nutritional supplement liquid	3	
PERIFLEX ADVANCE - nutritional supplement powder	3	
PERIFLEX INFANT - infant foods powder	3	
PERIFLEX JUNIOR - nutritional supplement powder	3	
PFD TODDLER - nutritional supplement powder	3	
PFD 2 - nutritional supplement powder	3	
PHENEX-1 - nutritional supplement powder	3	
PHENEX-2 - nutritional supplement powder	3	
PHENYL-FREE 1 - infant foods powder	3	
PHENYL-FREE 2 - nutritional supplement powder	3	
PHENYL-FREE 2HP - nutritional supplement powder	3	
PHENYLADE DRINK MIX - nutritional supplement powder	3	
PHENYLADE ESSENTIAL DRINK - nutritional supplement powder	3	
PHENYLADE ESSENTIAL DRINK - nutritional supplement pack	3	
PHENYLADE GMP - nutritional supplement powder	3	
PHENYLADE GMP - nutritional supplement pack	3	
PHENYLADE GMP MIX-IN - nutritional supplement powder	3	
PHENYLADE GMP MIX-IN - nutritional supplement pack	3	
PHENYLADE GMP READY - nutritional supplement liquid	3	
PHENYLADE GMP ULTRA - nutritional supplement pack	3	
PHENYLADE RTD PKU 10 - nutritional supplement liquid	3	
PHENYLADE60 DRINK MIX - nutritional supplement powder	3	
PHENYLADE60 DRINK MIX - nutritional supplement pack	3	
PHLEXY-10 - nutritional supplement pack	3	
PIVOT 1.5 CAL - nutritional supplement liquid	3	
PKU AIR20 GOLD - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
PKU AIR20 GREEN - nutritional supplement liquid	3	
PKU AIR20 YELLOW - nutritional supplement liquid	3	
PKU COOLER 10 - nutritional supplement liquid	3	
PKU COOLER 15 - nutritional supplement liquid	3	
PKU COOLER 20 - nutritional supplement liquid	3	
PKU EASY SHAKE & GO - nutritional supplement powder	3	
PKU EXPLORE10 ORANGE - nutritional supplement pack	3	
PKU EXPLORE10 RASPBERRY - nutritional supplement pack	3	
PKU EXPLORE5 - nutritional supplement pack	3	
PKU GEL - nutritional supplement pack	3	
PKU LOPHLEX LQ 20 - nutritional supplement liquid	3	
PKU PERIFLEX EARLY YEARS - nutritional supplement powder	3	
PKU PERIFLEX JUNIOR PLUS - nutritional supplement powder	3	
PKU SPHERE 15 - nutritional supplement pack	3	
PKU SPHERE 20 - nutritional supplement liquid	3	
PKU SPHERE 20 - nutritional supplement pack	3	
PKU START - nutritional supplement powder	3	
PKU TRIO - nutritional supplement powder	3	
PKU 2 - nutritional supplement powder	3	
PKU 3 - nutritional supplement powder	3	
POLYCAL - nutritional supplement powder	3	
PORTAGEN - nutritional supplement powder	3	
PPA/MMA EXPRESS - nutritional supplement pack	3	
PREGESTIMIL - infant foods powder	3	
PREMIUM INFANT FORMULA/IR - infant foods powder	3	
PRO-PHREE - nutritional supplement powder	3	
PROMOD - nutritional supplement liquid	3	
PROMOD - nutritional supplement powder	3	
PROMOTE - nutritional supplement liquid	3	
PROMOTE WITH FIBER - nutritional supplement liquid	3	
PROMOTE 1.0 - nutritional supplement liquid	3	
PROMOTE 1.0 WITH FIBER - nutritional supplement liquid	3	
PROMOTE/FIBER - nutritional supplement liquid	3	
PROPIMEX-1 - nutritional supplement powder	3	
PROPIMEX-2 - nutritional supplement powder	3	
PROSOURCE - nutritional supplement liquid	3	
PROSOURCE - nutritional supplement powder	3	
PROSOURCE NO CARB - nutritional supplement liquid	3	
PROSOURCE PLUS - nutritional supplement liquid	3	
PROSOURCE TF - nutritional supplement liquid	3	
PROSOURCE XTRACAL - nutritional supplement liquid	3	
PROSOURCE ZAC - nutritional supplement liquid	3	

Drug Name	Drug Tier	Requirements/Limits
PROSURE - nutritional supplement liquid	3	
PROTEIN FORTIFIED COOKIE - nutritional supplement misc	3	
PROVIMIN - nutritional supplement powder	3	
PULMOCARE - nutritional supplement liquid	3	
PULMOCARE 1.5 - nutritional supplement liquid	3	
PURAMINO DHA/ARA - infant foods powder	3	
PURAMINO JR - infant foods powder	3	
PURECARB - nutritional supplement powder	3	
QUINOA/KALE/HEMP - nutritional supplement liquid	3	
RE/GEN PROTEIN FORTIFIED - nutritional supplement misc	3	
RE/NEPH - nutritional supplement liquid	3	
RE/NEPH LP/HC - nutritional supplement liquid	3	
RE/NEPH REDUCED SUGAR - nutritional supplement liquid	3	
REAL FOOD BLENDS - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS MINI/PRU - nutritional supplement liquid (enteral)	3	
REASON - nutritional supplement liquid	3	
REGULAR NUTRITIONAL SHAKE - nutritional supplement liquid	3	
RENALCAL - nutritional supplement liquid	3	
RENASTART - nutritional supplement powder	3	
RENASTEP - nutritional supplement liquid	3	
REPLETE - nutritional supplement liquid	3	
REPLETE FIBER - nutritional supplement liquid	3	
REPLETE FIBER 1 CAL - nutritional supplement liquid	3	
RESOURCE 2.0 - nutritional supplement liquid	3	
RESTORE FUSION RENAL SUPP - nutritional supplement powder	3	
RESTORE RENAL SUPPORT - nutritional supplement powder	3	
RESURGEX - nutritional supplement pack	3	
RESURGEX PLUS - nutritional supplement pack	3	
RESURGEX SELECT - nutritional supplement pack	3	
S.O.S. 25 - nutritional supplement pack	3	
SALMON/OATS/SQUASH - nutritional supplement liquid	3	
SB COMPLETE NUTRITION - nutritional supplement liquid	3	
SB COMPLETE NUTRITION PLU - nutritional supplement liquid	3	
SCANDICAL - nutritional supplement powder	3	
SCANDISHAKE - nutritional supplement powder	3	
SIMILAC - infant foods powder	3	
SIMILAC ADVANCE COMPLETE - infant foods powder	3	
SIMILAC ADVANCE EARLY SHI - infant foods powder	3	
SIMILAC ADVANCE LAMEHADRI - infant foods powder	3	
SIMILAC ADVANCE NON-GMO - infant foods powder	3	
SIMILAC ADVANCE OPTIGRO/I - infant foods powder	3	
SIMILAC ADVANCE ORGANIC E - infant foods powder	3	

Drug Name	Drug Tier	Requirements/Limits
SIMILAC ADVANCE/IRON - infant foods powder	3	
SIMILAC ADVANCE/IRON - infant foods packet	3	
SIMILAC ALIMENTUM TODDLER - infant foods powder	3	
SIMILAC ALIMENTUM-IRON - infant foods powder	3	
SIMILAC EXPERT CARE ALIME - infant foods powder	3	
SIMILAC FOR SPIT-UP EARLY - infant foods powder	3	
SIMILAC FOR SPIT-UP/OPTIG - infant foods powder	3	
SIMILAC FOR SUPPLEMENTATI - infant foods powder	3	
SIMILAC GO & GROW EARLY S - infant foods powder	3	
SIMILAC GO & GROW FOR LAC - infant foods powder	3	
SIMILAC GO & GROW HMO - infant foods powder	3	
SIMILAC GO & GROW MIX-INS - infant foods packet	3	
SIMILAC GO & GROW NON-GMO - infant foods powder	3	
SIMILAC GO & GROW TODDLER - infant foods powder	3	
SIMILAC HUMAN MILK FORTIF - infant foods powder	3	
SIMILAC LACTOSE FREE - infant foods powder	3	
SIMILAC LACTOSE FREE ADVA - infant foods powder	3	
SIMILAC LOW-IRON - infant foods powder	3	
SIMILAC NEOSURE - infant foods powder	3	
SIMILAC NEOSURE OPTIGRO - infant foods powder	3	
SIMILAC ORGANIC/A2 MILK/I - infant foods powder	3	
SIMILAC ORGANIC/IRON - infant foods powder	3	
SIMILAC PM 60/40 - infant foods powder	3	
SIMILAC PRO-ADVANCE OPTIG - infant foods powder	3	
SIMILAC PRO-ADVANCE/IRON - infant foods powder	3	
SIMILAC PRO-SENSITIVE OPT - infant foods powder	3	
SIMILAC PRO-SENSITIVE/IRO - infant foods powder	3	
SIMILAC PRO-TOTAL COMFORT - infant foods powder	3	
SIMILAC PURE BLISS INFANT - infant foods powder	3	
SIMILAC PURE BLISS TODDLE - infant foods powder	3	
SIMILAC SENSITIVE EARLY S - infant foods powder	3	
SIMILAC SENSITIVE FOR FUS - infant foods powder	3	
SIMILAC SENSITIVE NON-GMO - infant foods powder	3	
SIMILAC SENSITIVE OPTIGRO - infant foods powder	3	
SIMILAC SENSITIVE SOY ISO - infant foods powder	3	
SIMILAC SENSITIVE SOY ISO - infant foods packet	3	
SIMILAC SENSITIVE/FUSSINE - infant foods powder	3	
SIMILAC SOY ISOMIL /FUSSI - infant foods powder	3	
SIMILAC SPIT-UP OPTIGRO/I - infant foods powder	3	
SIMILAC TOTAL COMFORT OPT - infant foods powder	3	
SIMILAC 2 ADVANCE - infant foods powder	3	
SIMILAC 2/IRON - infant foods powder	3	

Drug Name	Drug Tier	Requirements/Limits
SIMILAC 360 TOTAL CARE - infant foods powder	3	
SIMILAC 360 TOTAL CARE SE - infant foods powder	3	
SIMILAC 360 TOTAL CARE 5 - infant foods powder	3	
SIMILAC/IRON - infant foods powder	3	
SIMILAC/IRON - infant foods packet	3	
SM NUTRI-DRINK - nutritional supplement liquid	3	
SM NUTRI-DRINK + - nutritional supplement liquid	3	
SOD ANAMIX EARLY YEARS - infant foods powder	3	
SOL CARB - nutritional supplement powder	3	
SUPLENA - nutritional supplement liquid	3	
SUPLENA RTU - nutritional supplement liquid	3	
SUPLENA WITH CARB STEADY - nutritional supplement liquid	3	
SUPLENA 1.8 WITH CARBSTEA - nutritional supplement liquid	3	
THICK-IT BEEF LASAGNA PUR - nutritional supplement misc	3	
THICK-IT CHICKEN A LA KIN - nutritional supplement misc	3	
THICK-IT MAPLE CINNAMON F - nutritional supplement misc	3	
THICK-IT MIXED FRUIT AND - nutritional supplement misc	3	
THICK-IT SEASONED CHICKEN - nutritional supplement misc	3	
THICK-IT SWEET CORN PUREE - nutritional supplement misc	3	
THICK-IT THICKENED CRANBE - nutritional supplement liquid	3	
TOLEREX - nutritional supplement pack	3	
TURKEY/SWEET POTATOES/PEA - nutritional supplement liquid	3	
TWOCAL HN - nutritional supplement liquid	3	
TWOCAL HN 2.0 - nutritional supplement liquid	3	
TYLACTIN BUILD 20PE TYR - nutritional supplement pack	3	
TYLACTIN COMPLETE 15 PE - nutritional supplement bar	3	
TYLACTIN RESTORE 10 - nutritional supplement liquid	3	
TYLACTIN RESTORE 5PE - nutritional supplement pack	3	
TYLACTIN RTD 15 - nutritional supplement liquid	3	
TYR ANAMIX EARLY YEARS - nutritional supplement powder	3	
TYR ANAMIX NEXT - nutritional supplement powder	3	
TYR COOLER - nutritional supplement liquid	3	
TYR GEL - nutritional supplement pack	3	
TYR LOPHLEX GMP MIX-IN - nutritional supplement pack	3	
TYR LOPHLEX LQ - nutritional supplement liquid	3	
TYREX-1 - nutritional supplement powder	3	
TYREX-2 - nutritional supplement powder	3	
TYROS 1 - nutritional supplement powder	3	
TYROS 2 - nutritional supplement powder	3	
UCD ANAMIX JUNIOR - nutritional supplement powder	3	
UCD TRIO - nutritional supplement powder	3	
UCD 2 - nutritional supplement powder	3	

Drug Name	Drug Tier	Requirements/Limits
ULTRAMINO SOY PROTEIN - nutritional supplement powder	3	
ULTRIENT 1.5 SAFE-T FEED - nutritional supplement liquid	3	
UTYMAX - nutritional supplement pack	3	
VILACTIN AA PLUS - nutritional supplement liquid	3	
VITAL AF 1.2 CAL - nutritional supplement liquid	3	
VITAL AF 1.2 CAL ADVANCED - nutritional supplement liquid	3	
VITAL HIGH PROTEIN - nutritional supplement liquid	3	
VITAL HN - nutritional supplement pack	3	
VITAL HP 1.0 CAL - nutritional supplement liquid	3	
VITAL JR - nutritional supplement liquid	3	
VITAL PEPTIDE 1.5 CAL - nutritional supplement liquid	3	
VITAL 1.0 CAL - nutritional supplement liquid	3	
VITAL 1.5 CAL - nutritional supplement liquid	3	
VIVONEX PEDIATRIC - nutritional supplement pack	3	
VIVONEX PEDIATRIC RTF - nutritional supplement liquid	3	
VIVONEX PLUS - nutritional supplement pack	3	
VIVONEX RTF - nutritional supplement liquid	3	
VIVONEX T.E.N. - nutritional supplement pack	3	
WELLNESS ESSENTIALS - nutritional supplement kit	3	
WELLNESS ESSENTIALS AI - nutritional supplement kit	3	
WELLNESS ESSENTIALS BLOOD - nutritional supplement kit	3	
WELLNESS ESSENTIALS FOR J - nutritional supplement kit	3	
WELLNESS ESSENTIALS FOR M - nutritional supplement kit	3	
WELLNESS ESSENTIALS FOR P - nutritional supplement kit	3	
WELLNESS ESSENTIALS FOR W - nutritional supplement kit	3	
WND 1 - nutritional supplement powder	3	
WND 2 - nutritional supplement powder	3	
XLEU ANALOG - infant foods powder	3	
XLEU MAXAMAID - nutritional supplement powder	3	
XLEU MAXAMUM - nutritional supplement powder	3	
XLYS XTRP ANALOG - infant foods powder	3	
XLYS-XTRP MAXAMAID - nutritional supplement powder	3	
XLYS-XTRP MAXAMUM - nutritional supplement powder	3	
XMET ANALOG - infant foods powder	3	
XMET MAXAMAID - nutritional supplement powder	3	
XMET MAXAMUM - nutritional supplement powder	3	
XMET XCYS MAXAMAID - nutritional supplement powder	3	
XMTVI ANALOG - infant foods powder	3	
XMTVI MAXAMAID - nutritional supplement powder	3	
XMTVI MAXAMUM - nutritional supplement powder	3	
XPHE MAXAMAID - nutritional supplement powder	3	
XPHE-XTYR ANALOG - infant foods powder	3	

Drug Name	Drug Tier	Requirements/Limits
XPHE-XTYR MAXAMAID - nutritional supplement powder	3	
XPTM ANALOG - infant foods powder	3	
XTRACAL PLUS - nutritional supplement liquid	3	
3232A INFANT FORMULA & ME - nutritional supplement powder	3	
HEMATOLOGICAL AGENTS		
HEMATOPOIETIC AGENTS		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4	LD, PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	4	LD, PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1	AC
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	4	LD, PA, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	1	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	4	LD, PA, QL (60 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	3	
ENDARI - glutamine (sickle cell) powd pack 5 gm	4	LD, PA
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	4	LD, PA
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe)	1	AC
folic acid cap 0.8 mg	1	AC
folic acid tab 400 mcg, 800 mcg	1	AC
folic acid tab 1 mg	1	
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4	LD
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	3	
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	2	AC
LEUKINE - sargramostim lyophilized for inj 250 mcg	4	LD
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	3	PA
MULPLETA - lusutrombopag tab 3 mg	4	LD, PA, QL (7 tablets/7 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	LD
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	2	AC
OXBRYTA - voxelotor tab 300 mg, 500 mg	4	LD, PA, QL (90 tablets/30 days)
OXBRYTA - voxelotor tab for oral susp 300 mg	4	LD, PA, QL (150 tablets/30 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	LD, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	4	LD, PA, QL (30 packs/30 days)
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 75 mg (base equiv)	4	LD, PA, QL (30 tablets/30 days)
PROMACTA - eltrombopag olamine tab 50 mg (base equiv)	4	LD, PA, QL (60 tablets/30 days)
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	LD, PA
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	LD
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	4	LD
ANTICOAGULANTS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 110 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1	QL (60 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	2	QL (74 tablets/19 days)
ELIQUIS - apixaban tab 5 mg	2	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2	QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1	
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1	QL (360 syringes/270 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1	QL (360 units/270 days)
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3	PA, QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	3	QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	3	QL (120 packets/30 days)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
XARELTO - rivaroxaban for susp 1 mg/ml	2	QL (600 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	2	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	2	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2	QL (51 tablets/30 days)
HEMOSTATICS		
tranexamic acid tab 650 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA

Drug Name	Drug Tier	Requirements/Limits
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 vial/30 days)
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	4	LD, PA, QL (1 box/30 days)
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	4	LD, PA, QL (1 ml/30 days)
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	4	LD, PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 vial/30 days)
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 mls/30 days)
anagrelide hcl cap 0.5 mg (Agrylin)	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	LD, PA
BRILINTA - ticagrelor tab 60 mg, 90 mg	2	
cilostazol tab 50 mg, 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1	
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	4	LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	4	LD
dipyridamole tab 25 mg, 50 mg, 75 mg	1	
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	4	LD, PA, QL (1 vial/30 days)
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	4	LD, PA, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 syringe/30 days)
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	4	LD, PA
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	LD, PA, QL (1 gram/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	4	LD, PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	4	LD, PA, QL (18 vials/28 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml	4	LD, PA, QL (1 vial/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 300 mg/2ml (150 mg/ml)	4	LD, PA, QL (4 vials/28 days)
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	4	LD, PA

Drug Name	Drug Tier	Requirements/Limits
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	4	LD, PA, QL (1 ml/30 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	4	LD, PA, QL (6 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	4	LD, PA, QL (1 box/30 days)
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	4	LD, PA, QL (1 vial/30 days)
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 vial/30 days)
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	4	LD, PA
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	4	LD, PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	LD, PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	LD, PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	LD, PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	4	LD, PA, QL (1 ml/30 days)
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	4	LD, PA
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	LD, PA
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit	4	LD, PA, QL (1 ml/30 days)
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	4	LD, PA
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	LD, PA
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit	4	LD, PA, QL (1 ml/30 days)
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4	LD, PA
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	4	LD, PA, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	1	
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1	
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	4	LD, PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	4	LD, PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg	4	LD, PA, QL (7 tablets/365 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	4	LD, PA, QL (14 tablets/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt	4	LD, PA, QL (1 vial/30 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 3000 unt	4	LD, PA, QL (1 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	4	LD, PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	LD, PA, QL (1 gram/30 days)
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	LD, PA
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	4	LD, PA, QL (1 ml/30 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	4	LD, PA, QL (2 vials/28 days)
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml	4	LD, PA, QL (2 mls/28 days)
TAKHZYRO - lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	4	LD, PA, QL (2 vials/28 days)
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	4	LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	4	LD, PA, QL (1 ml/30 days)
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	LD, PA, QL (1 ml/30 days)
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	LD, PA, QL (1 ml/30 days)
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	LD, PA
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	4	LD, PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	LD, PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	4	LD, PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3	
TOPICAL PRODUCTS		
OPHTHALMIC AGENTS		
ALOCRIL - nedocromil sodium ophth soln 2%	3	PA
ALOMIDE - lodoxamide tromethamine ophth soln 0.1%	3	
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	3	
ATROPINE SULFATE - atropine sulfate ophth soln 1%	3	
atropine sulfate ophth soln 1%	1	
azelastine hcl ophth soln 0.05%	1	
BACITRACIN - bacitracin ophth oint 500 unit/gm	2	
bacitracin-polymyxin b ophth oint	1	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
bepotastine besilate ophth soln 1.5% (Bepreve)	1	
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	3	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1	
brinzolamide ophth susp 1% (Azopt)	1	

Drug Name	Drug Tier	Requirements/Limits
CARTEOLOL HCL - carteolol hcl ophth soln 1%	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	3	
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	3	
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3	
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	4	LD
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	4	LD
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3	
diclofenac sodium ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05% (Durezol)	1	
dorzolamide hcl ophth soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1	
epinastine hcl ophth soln 0.05%	1	
erythromycin ophth oint 5 mg/gm	1	
FLAREX - fluorometholone acetate ophth susp 0.1%	3	
fluorometholone ophth susp 0.1% (Fml liquifilm)	1	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	3	
gatifloxacin ophth soln 0.5% (Zymaxid)	1	
gentamicin sulfate ophth soln 0.3%	1	
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1	
ketorolac tromethamine ophth soln 0.5% (Acular)	1	
latanoprost ophth soln 0.005% (Xalatan)	1	QL (2.5 mls/20 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	3	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (2.5 mls/20 days), ST
MAXIDEX - dexamethasone ophth susp 0.1%	3	
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1	
NATACYN - natamycin ophth susp 5%	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1	
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3% (Ocuflox)	1	
phenylephrine hcl ophth soln 2.5%, 10%	1	
pilocarpine hcl ophth soln 1%, 2%, 4%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1	
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	3	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	3	
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3	
sulfacetamide sodium ophth soln 10%	1	
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
tetracaine hcl ophth soln 0.5%	1	
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1	
tobramycin ophth soln 0.3%	1	QL (15 mls/30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1	QL (2.5 mls/20 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2	
VYZULTA - latanoprostene bunod ophth soln 0.024%	3	QL (5 mls/20 days), ST
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	3	PA
OTIC AGENTS		
acetic acid otic soln 2%	1	
CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2% (base equivalent)	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1	
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin otic soln 0.3%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg (Evoxac)	1	
chlorhexidine gluconate soln 0.12% (Peridex)	1	
clotrimazole troche 10 mg	1	
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate paste 1.1-5%	3	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1	
sodium fluoride cream 1.1% (Prevident 5000 plus)	1	AC
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1	AC
sodium fluoride paste 1.1% (Prevident 5000 boost)	1	AC
stannous fluoride conc 0.63%	1	AC
stannous fluoride gel 0.4%	1	AC
triamcinolone acetonide dental paste 0.1%	1	
ANORECTAL AGENTS		

Drug Name	Drug Tier	Requirements/Limits
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone enema 100 mg/60ml (Cortenema)	1	
hydrocortisone perianal cream 1% (Proctocort)	1	
hydrocortisone perianal cream 2.5% (Anusol-hc)	1	
nitroglycerin oint 0.4% (Rectiv)	1	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	3	
RECTIV - nitroglycerin oint 0.4%	3	PA
DERMATOLOGICALS		
acitretin cap 10 mg, 25 mg	1	
acyclovir oint 5% (Zovirax)	1	
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	4	LD, PA, QL (4 mls/28 days)
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
ALTABAX - retapamulin oint 1%	3	PA
azelaic acid gel 15% (Finacea)	1	
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	3	QL (180 grams/90 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (100 grams/30 days)
betamethasone dipropionate augmented lotion 0.05%	1	QL (180 grams/90 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1	QL (180 grams/90 days)
betamethasone dipropionate cream 0.05%	1	QL (100 grams/30 days)
betamethasone dipropionate lotion 0.05%	1	QL (100 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	1	
calcipotriene cream 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	4	LD
ciclopirox gel 0.77%	1	QL (180 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (180 grams/30 days)
ciclopirox shampoo 1% (Loprox shampoo)	1	
ciclopirox solution 8% (Penlac Nail Lacquer)	1	PA, QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate gel 1% (Clindagel)	1	
clindamycin phosphate lotion 1% (Cleocin-t)	1	
clindamycin phosphate soln 1%	1	QL (180 mls/30 days)
clindamycin phosphate swab 1%	1	
clobetasol propionate cream 0.05%	1	QL (180 grams/90 days)

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate emollient base cream 0.05%	1	
clobetasol propionate oint 0.05%	1	QL (180 grams/90 days)
clobetasol propionate soln 0.05%	1	QL (180 grams/90 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	4	LD, PA, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	4	LD, PA, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	4	LD, PA, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	4	LD, PA, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	4	LD, PA, QL (1 pen/28 day)
CROTAN - crotamiton lotion 10%	3	PA
desonide cream 0.05% (Desowen)	1	
desonide oint 0.05%	1	
desoximetasone cream 0.25% (Topicort)	1	QL (100 grams/30 days)
desoximetasone oint 0.25% (Topicort)	1	QL (100 grams/30 days)
diclofenac sodium soln 1.5%	1	QL (1 bottle/30 days), ST
diflorasone diacetate oint 0.05%	1	PA, QL (180 grams/90 days)
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	4	LD, PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	4	LD, PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	4	LD, PA, QL (2 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	4	LD, PA, QL (4 syringes/28 days)
econazole nitrate cream 1%	1	QL (170 grams/30 days)
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	2	QL (120 grams/30 days)
ERY - erythromycin pads 2%	3	
erythromycin gel 2% (Erygel)	1	QL (180 grams/30 days)
erythromycin soln 2%	1	QL (180 mls/30 days)
FLUOCINOLONE ACETONIDE - fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide cream 0.025% (Synalar)	1	
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1	
fluocinolone acetonide oint 0.025% (Synalar)	1	
fluocinolone acetonide soln 0.01% (Synalar)	1	
fluocinonide cream 0.05%	1	QL (100 grams/30 days)
fluocinonide oint 0.05%	1	QL (100 grams/30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide soln 0.05%	1	QL (100 grams/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	3	
fluorouracil cream 5% (Efudex)	1	PA, QL (240 grams/180 days)
fluticasone propionate cream 0.05%	1	
fluticasone propionate oint 0.005%	1	
gentamicin sulfate cream 0.1%	1	QL (120 grams/90 days)
gentamicin sulfate oint 0.1%	1	QL (120 grams/90 days)
halobetasol propionate cream 0.05%	1	QL (180 grams/90 days)
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 2.5%	1	
HYFTOR - sirolimus gel 0.2%	3	LD, PA, QL (7 tubes/84 days)
imiquimod cream 5%	1	QL (48 packs/180 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1	QL (60 capsules/30 days)
ketoconazole cream 2%	1	QL (180 grams/30 days)
ketoconazole shampoo 2%	1	
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 12%	1	
lidocaine hcl soln 4%	1	QL (120 mls/30 days)
lidocaine patch 5% (Lidoderm)	1	PA, QL (120 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	1	
malathion lotion 0.5% (Ovide)	1	
METHOXSALEN - methoxsalen rapid cap 10 mg	3	
metronidazole cream 0.75% (Metrocream)	1	
metronidazole gel 0.75%	1	
metronidazole gel 1% (Metrogel)	1	QL (60 grams/30 days)
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	QL (100 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1	
mupirocin oint 2%	1	
NATROBA - spinosad susp 0.9%	3	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1% (Oxistat)	1	PA, QL (180 grams/30 days)
penciclovir cream 1% (Denavir)	1	PA
permethrin cream 5%	1	
pimecrolimus cream 1% (Elidel)	1	ST
PODOFILOX - podofilox soln 0.5%	3	
REGRANEX - becaplermin gel 0.01%	3	
SANTYL - collagenase oint 250 unit/gm	3	PA

Drug Name	Drug Tier	Requirements/Limits
selenium sulfide lotion 2.5%	1	
silver sulfadiazine cream 1% (Silvadene)	1	
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	4	LD, PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	4	LD, PA, QL (1 injection device/84 days)
SOOLANTRA - ivermectin cream 1%	1	QL (45 grams/30 days)
SPINOSAD - spinosad susp 0.9%	3	
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	4	LD, PA, QL (1 syringe/84 days)
STELARA - ustekinumab inj 45 mg/0.5ml	4	LD, PA, QL (1 vial/84 days)
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	3	PA
sulfacetamide sodium lotion 10% (acne) (Klaron)	1	
SULFAMYLON - mafenide acetate cream 85 mg/gm	3	
tacrolimus oint 0.03%, 0.1%	1	ST
tazarotene cream 0.1% (Tazorac)	1	PA
TAZORAC - tazarotene cream 0.05%	2	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	4	LD, PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	4	LD, PA, QL (1 syringe/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1	PA
tretinoin gel 0.01% (Retin-a)	1	PA
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotion 0.025%, 0.1%	1	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1	
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	4	LD
MISCELLANEOUS PRODUCTS		
ANTIDOTES		
CHEMET - succimer cap 100 mg	2	
deferasirox tab for oral susp 125 mg, 250 mg (Exjade)	4	LD, PA, QL (30 tablets/30 days)
deferasirox tab for oral susp 500 mg (Exjade)	4	LD, PA, QL (90 tablets/30 days)
FERRIPROX - deferiprone oral soln 100 mg/ml	4	LD
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	3	
naltrexone hcl tab 50 mg	1	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2	
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	3	
DIAGNOSTIC PRODUCTS		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	1	QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	1	QL (204 strips/30 days)
ONETOUCH ULTRA - glucose blood test strip	1	QL (204 strips/30 days)

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	1	QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	1	QL (204 strips/30 days)
MEDICAL DEVICES		
CAYA - diaphragm arc-spring	2	AC
CONDOMS-MALE-VARIOUS	2	AC
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	2	PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous blood glucose system sensor	2	PA, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	2	PA, QL (1 box/90 days)
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	2	PA, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous blood glucose system sensor	2	PA, QL (3 sensors/30 days)
FC2 FEMALE CONDOM - condoms - female	2	AC
INSULIN PEN NEEDLES-VARIOUS	2	QL (300 needles/30 days)
INSULIN SYRINGES-VARIOUS	2	QL (300 syringes/30 days)
LANCETS-VARIOUS	2	
LANCING DEVICE-VARIOUS	2	
MISC NEEDLES/SYRINGES-VARIOUS	2	
OMNIFLEX DIAPHRAGM - diaphragms	2	AC
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	PA, QL (30 pods/30 days)
OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (30 pods/30 days)
OMNIPOD 5 G7 INTRO KIT (G - insulin infusion disposable pump kit	3	PA, QL (1 kit/720 days)
OMNIPOD 5 G7 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	PA, QL (30 pods/30 days)
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	2	AC
ASSORTED CLASSES		
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	3	
azathioprine tab 50 mg (Imuran)	1	
azathioprine tab 75 mg, 100 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	LD, PA, QL (4 syringes/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	LD, PA, QL (4 syringes/28 days)
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1	
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1	
cyclosporine modified cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified oral soln 100 mg/ml (Neoral)	1	
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	4	LD, PA, QL (1 syringe/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	3	
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1	
JOENJA - leniolisib phosphate tab 70 mg	4	LD, PA, QL (60 tablets/30 days)
lenalidomide caps 2.5 mg (Revlimid)	4	LD, PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg (Revlimid)	4	LD, PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)	4	LD, PA, QL (21 capsules/28 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2	
mycophenolate mofetil cap 250 mg (Cellcept)	1	
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1	
mycophenolate mofetil tab 500 mg (Cellcept)	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1	
penicillamine tab 250 mg (Depen titratabs)	4	LD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	3	
REVLIMID - lenalidomide caps 2.5 mg	4	LD, PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg	4	LD, PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg	4	LD, PA, QL (21 capsules/28 days)
REZUROCK - belumosudil mesylate tab 200 mg	4	LD, PA, QL (60 tablets/30 days)
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sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1	
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SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	3	
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THALOMID - thalidomide cap 50 mg, 100 mg	4	LD, PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	4	LD, PA, QL (60 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	4	LD
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2	
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	4	LD, PA, QL (28 tablets/28 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	4	LD, PA, QL (56 tablets/28 days)
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