

# Blue Cross and Blue Shield of Minnesota KeyRx Formulary

April 2026

The drug formulary is regularly updated. Please visit [www.bluecrossmn.com](http://www.bluecrossmn.com) for the most up-to-date formulary.

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## Introduction

The KeyRx drug formulary contains covered drugs for a broad range of diseases. At Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), our goal is to give members access to safe and effective prescription drugs at a reasonable cost.

The KeyRx drug formulary is organized into broad categories (e.g. anti-infective drugs). Within most categories, drugs are sub-grouped by drug class (e.g. penicillins) or by use for a specific medical condition (e.g. diabetes).

Members are encouraged to show this list to their physicians and pharmacists. Health care providers 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 health care provider.

Your pharmacy benefit plan may have benefit exclusions, resulting in some drugs shown on this list to be not covered. Drugs that may not be covered by your benefit plan are indicated with a plus sign (+). Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access drug requests and applicable exclusions. You may also call the number on the back of your member ID card.

## How Drugs are Selected for Coverage and Tier Placement

Covered drugs on this list are selected and placed into tiers (refer to Member Prescription Benefit section) based on the recommendations of a Pharmacy and Therapeutics (P&T) Committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from your health plan, reviews prescription drugs regulated by the U.S. Food and Drug Administration (FDA) based on safety, efficacy, and uniqueness. Once drugs are deemed appropriate for coverage, and safety and efficacy have been evaluated, cost may be considered to determine final tier placement and coverage requirements.

Drugs are reviewed by the P&T Committee when newly approved by the FDA and at least annually after initial review. Drug coverage is subject to change at any time, but the drug list will be updated quarterly. There are many reasons why drug coverage or tier placement may change. Examples include:

- The tier level of a drug included on the drug list may increase (change to a higher tier or non-covered) when an FDA-approved bioequivalent generic drug becomes available
- Change in the cost of the drug and/or in the classification of the drug by the U.S. Food and Drug Administration (FDA) or nationally-recognized drug databases (e.g., Medispan)

Coverage is limited to prescription drugs approved by the Food and Drug Administration (FDA) as evidenced by a New Drug Application (NDA), Abbreviated New Drug Application (ANDA) or Biologics License Application (BLA) on file. Any legal requirements or group-specific benefits for coverage will supersede this (e.g. preventive drugs per the Affordable Care Act).

Newly marketed prescription drugs will not be covered until the P&T Committee has had an opportunity to review the drug to determine whether the drug will be covered and, if so, which tier will apply based on safety, efficacy and the availability of other products within that class of drugs. If your health care provider feels that a new drug is medically necessary prior to P&T Committee evaluation, a non-formulary exception request for coverage may be submitted.

## Formulary Tiers

Tier placement of prescription drugs in the KeyRx drug formulary may be determined by the effectiveness and safety of the drug, the cost of the drug, and/or the classification of the drugs by the U.S. Food and Drug Administration (FDA) or nationally-recognized drug databases (e.g., Medispan). The plan design determines the member's payment obligation.

This Blue Cross KeyRx list shows prescription drug products in tiers. Each drug is placed into one of four member payment tiers: Tier 1, Tier 2, Tier 3, and Tier 4. Note: Depending on your benefit plan, drugs can either be in these tiers or you may have fewer tiers (e.g. all generics in one tier). To verify your payment amount for a drug, log in at [bluecrossmn.com](http://bluecrossmn.com) or call the number on the back of your member ID card.

Note: For select plans, members will pay no more than \$25 per prescription per month for covered insulin products. Please refer to your specific coverage.

Your pharmacy benefit plan may have benefit exclusions, resulting in some drugs shown on this list to be not covered. Drugs that may not be covered by your benefit plan are indicated with a plus sign (+). Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access drug requests and applicable exclusions. You may also call the number on the back of your member ID card.

### Specialty Drugs:

Blue Cross has a specialty pharmacy network. Members with this benefit must obtain their specialty drugs from an in-network specialty provider or they will pay 100 percent of the drug cost. Some Blue Cross groups offer specific benefits for specialty drug products, which may include a specific cost share or network limitation regardless of tier placement. Please refer to your Certificate of Coverage and/or Schedule of Benefits to determine your payment amount and the specific quantities allowed under your group's benefit. Specialty products are typically injectable drugs that can be self-administered by a patient or family member and are used to treat serious or chronic medical conditions such as multiple sclerosis, hemophilia, hepatitis and rheumatoid arthritis.

## Coverage Considerations

**Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply.** For example, some pharmacy benefit plans do not cover drugs indicated for cosmetic purposes (e.g., Propecia for hair growth), infertility, weight loss, or sexual dysfunction.

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

**Injectable drugs:** Self-administered injectable drugs are generally part of the pharmacy benefit and may be included on the formulary. Injectable drugs are processed according to member benefits. Injectable drugs that are not considered self-injectable, or that need to be administered by a health care professional, may be covered only under the member's medical benefit.

**Non-FDA approved:** Drugs that have not received FDA approval are not covered.

**Over-the-counter exclusions:** Your benefit plan may not provide coverage for prescription drugs that have an over-the-counter version or alternative. You should refer to your benefit plan material for details about your particular benefits.

## Benefit Programs

### 90dayRx

Blue Cross has an optional 90dayRx program. Members with this benefit may be able to receive up to a 90-day supply of drugs. In addition to being able to obtain up to a 90-day supply of drugs through our mail service pharmacy you may be able to receive up to a 90-day supply of drugs through a participating retail pharmacy. Please refer to your plan documents for complete coverage details.

### Retail Pharmacy Vaccine Program

Blue Cross has an optional vaccine pharmacy program for flu, pneumonia, shingles, diphtheria tetanus combinations, human papillomavirus (HPV) and meningitis vaccines. Members with this benefit can simply present their health plan member ID card when visiting a participating pharmacy. The cost share will be based on their pharmacy coverage for this benefit. Members can go to [bluecrossmn.com](http://bluecrossmn.com) to locate network pharmacies that administer approved vaccines for Blue Cross members.

Please note that age limitations, advance registration or other requirements may apply. The availability of each vaccine may vary by individual pharmacy or location. For your convenience, you may contact the pharmacy in advance if you have questions or to make sure these services are available at a particular location.

### Affordable Care Act

Please note, some drugs may have limited or \$0 cost-sharing under the Affordable Care Act (ACA). Examples of categories of drugs that may be subject to limited or \$0 cost share include aspirin, bowel preparation, breast cancer preventive, select contraceptive drugs and devices, fluoride supplements, folic acid supplements, iron supplements, select Human Immunodeficiency Virus (HIV) agent for pre-exposure prophylaxis (PrEP), select single agent statins, tobacco cessation, and select vaccines.

For a complete listing of products covered at \$0, refer to the ACA Preventive Drug List at [bluecrossmn.com](http://bluecrossmn.com).

### Specialty Drugs

Blue Cross has a specialty pharmacy network. Members with this benefit must obtain their specialty drugs from an in-network specialty provider or they will pay 100 percent of the drug cost.

The specialty drug vendors and drugs covered by this specialty drug benefit are listed at [bluecrossmn.com](http://bluecrossmn.com).

## Managing Drug Usage

Utilization management programs are developed to manage appropriate use of drugs. These programs follow FDA guidelines, clinical evidence and research. They also help manage pharmacy spend in your plan.

- **Prior Authorization:** Ensures appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met.
- **Quantity Limit:** Limits the quantity (tablets, capsules, ounces, etc.) of drugs that can be dispensed over a given period of time to encourage safe and appropriate use.
- **Step Therapy:** Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. This encourages usage of clinically appropriate and/or lower-cost drugs.

Remember, drug decisions are between you and your health care provider. Only you and your health care provider can determine which drug is right for you. Discuss any questions or concerns you have about drugs you are taking or are prescribed with your health care provider.

You, your prescribing health care provider, or your authorized representative, can ask for a Drug List coverage exception if your drug is not on (or is being removed from) the Drug List (also known as a formulary), or the drug required as part of a prior authorization, step therapy or quantity limits has been found to be (or likely to be) not right for you or does not work as well in treating your condition.

Steps on how a prescriber may request an exception:

- For an easy way to submit prior authorization or coverage exception requests for your patients at no additional cost, consider using an electronic prior authorization tool, through CoverMyMeds®. CoverMyMeds is an online submission method for health care providers to submit requests to our pharmacy benefit manager. It eliminates traditional paper forms and faxes and greatly reduces follow-up calls. To get started, go to CoverMyMeds.com and click on the link to **Create an Account**.
- Alternatively, a prescriber may obtain a *Request for Prescription Drug Coverage Exception* request form online at **providers.bluecrossmn.com** in the Tools & Resources section. The prescriber can also obtain the form by calling provider services at **651.662.5200** or **1.800.262.0820**.
- Submit the completed request form to the following address or fax:  
Prime Therapeutics  
Clinical Review Department  
2900 Ames Crossing Road  
Eagan, MN 55121  
Fax number: **1.855.212.8110**

## How to Use This List

The drug list is organized into broad categories (e.g., ENDOCRINE AND METABOLIC DRUGS). Please use the drug search function to find current information for drugs on the drug list. Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic drugs have no reference brand. Brand drugs are listed in all capital letters followed by the generic name. The Requirements/Limits column displays information about whether that drug is a specialty drug or requires prior authorization, quantity limits, or step therapy. Below are the meanings of the indicators used in the Drug Tier and Requirements/Limits columns.

1. Drug Tier – Each drug is placed into one of four member payment tiers: Tier 1, Tier 2, Tier 3, or Tier 4.
2. Specialty (**SP**) – Indicates this is a specialty drug.  
Note: Additional information about specialty drugs can be found in this document under the topic *Benefit Programs*.
3. Prior Authorization (**PA**) – Some drugs require prior authorization to ensure appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. If the PA indicator is present, then the PA program noted is applied to your benefit.
4. Quantity Limit (**QL**) – Limits the quantity (e.g., tablets, capsules, ounces, etc.) of drugs that can be dispensed over a given period of time to encourage safe and appropriate use. If the QL indicator is present, then the QL program noted is applied to your benefit.
5. Step Therapy (**ST**) – Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. If the ST indicator is present, then the ST program noted is applied to your benefit.

## For More Information

If you have questions about your prescription benefit or how to use this booklet, please call the number on the back of your member ID card.

## 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

## Notice of Nondiscrimination and Accessibility

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

**Need these services?** Call **1-855-903-2583**, TTY **711** or call the number on the back of your member identification card.

### Discrimination is against the law.

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint by contacting our Nondiscrimination Civil Rights Coordinator:

**Email:** [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)  
**Telephone:** 1-800-509-5312  
**Mail:** Blue Cross and Blue Shield of Minnesota  
ATTN: Civil Rights Coordinator P3-2  
PO Box 64560, Eagan, MN 55164-0560

Nondiscrimination complaint forms are available on our website at [bluecrossmn.com/NDL](http://bluecrossmn.com/NDL), or from the Nondiscrimination Civil Rights Coordinator.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- by mail at: U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

Civil rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

<p><b>ENGLISH</b>  ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-855-903-2583 (TTY 711).</p>	<p><b>廣東話 (Cantonese – Traditional Chinese)</b>  請注意：如果您說 廣東話 您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-855-903-2583 聽障熱線 (TTY 711)。</p>
<p><b>ESPAÑOL (Spanish)</b>  ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-855-903-2583 (TTY 711).</p>	<p><b>العربية (Arabic)</b>  تنبيه: إذا كنت تتحدث العربية، يمكنك لطلب بخدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلًا نصوتيًا، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم 1-855-903-2583 (الهاتف النصي 711).</p>
<p><b>አማርኛ (Amharic)</b>  ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል።  1-855-903-2583 (TTY 711) ላይ ይደውሉ።</p>	<p><b>FRANÇAIS (French)</b>  ATTENTION : Si vous parlez Français, vous pouvez demander des services d’assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s’agir d’interprètes en langue des signes, de documents en gros caractères ou en braille, d’enregistrements audio ou d’autres aides gratuites. Composez le 1-855-903-2583 (ATS 711).</p>
<p><b>LUS HMOOB (Hmong)</b>  LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntauv luam tawm ua tus ntauv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-855-903-2583 (TTY 711).</p>	<p><b>SOOMALI (Somali)</b>  XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luqada dhegoolaha, in la bixiyo waraaqo ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-855-903-2583 (TTY 711).</p>
<p><b>ខ្មែរ (Khmer)</b>  ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រាស្រ័យទាក់ទងជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពល្អបំផុតសម្រាប់អ្នក។ ការប្រាស្រ័យទាក់ទងនេះអាចមានដូចជាអ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្នាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-855-903-2583 (TTY 711)។</p>	<p><b>한국어 (Korean)</b>  주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다.  1-855-903-2583 (TTY 711)번으로 전화하십시오.</p>

<p><b>ကညီကျိန် (Karen)</b>          ဟ်သျှုတ်သး- နမ့ၢ်ကတိၤ ကညီကျိန် န့ၣ်,          နယုကျိန်ဂံၢ်ဝိတ်တိၤစၢၤမၤစၢၤလၢတလၢကတိၤလဲ သ့န့ၣ်လီၤ          နမ့ၢ်အိၣ်ဒီးတၢ်တလၢတပျဲၤလၢ မဲၢ်တၢ်ထံၣ်, တၢ်နဟူ, မ့တမ့ၢ်          တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျၢဆဲးကျိးတၢ်လၢ          ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၢ်ကတၢ်လၢနဂီၢ်သ့န့ၣ်လီၤ တၢ်အံၤ          ပၣ်ယုၣ်ဒီး တၢ်စူးကါ နီၢ်ခိက့ၢ်ဂီၤကျိန်အပူၤကျိန်ထံတၢ်တဖၣ်,          တၢ်ဟ့ၣ်လံာ်လံာ်တဖၣ်လၢ အလံာ်ဖျၢၣ်ဖးဒိၣ်, မ့တမ့ၢ်          ပုၤမဲၢ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂၤတဖၣ်          လၢတလၢကတိၤလဲန့ၣ်လီၤ ကိးလီတဲစိဆူ 1-855-903-2583          (TTY 711) တက့ၢ်</p>	<p><b>မြန်မာဘာသာ (Burmese)</b>          သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက၊ အခမဲ့          ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို တောင်းဆိုနိုင်ပါသည်။          သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ သို့မဟုတ် စကားပြောခြင်း          ချို့ယွင်းမှုရှိနေပါက သင့်အတွက် အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့်          ကျွန်ုပ်တို့ထံသို့ ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင်          လက်ဟန်ပြဘာသာစကား စကားပြန်များကို အသုံးပြုခြင်း၊          စာရွက်စာတမ်းများကို ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မှန်စာဖြင့်          ပံ့ပိုးပေးခြင်း၊ အသံဖမ်းယူခြင်းများ သို့မဟုတ်          အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့ ပါဝင်ပါသည်။          1-855-903-2583 (TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။</p>
<p><b>OROMOO (Oromo)</b>          Xiyyeeffannoon haa kennamu:- Oromo Afaan kan          dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii bilisaa          gaafachuu ni dandeessu. Rakkoo ilaaluu, dhaga'u ykn          dubbachuu yoo qabaattan, karaa isiniif mijatuun haala          isiniif galuun mari'achuu ni dandeenya. Kunis of keessatti          kan qabatu, hiiktota afaan mallattoo fayyadamuun          maxxansa gurguddaa ykn bireeylii, waraabbiwwan          sagalee ykn gargaarsota biroo kaffaltii tokkoo malee          gaafachuu dha. 1-855-903-2583 (TTY 711) irratti bilbilaa.</p>	<p><b>РУССКИЙ (Russian)</b>          ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете запросить          бесплатные услуги языковой поддержки. Если у вас есть          нарушение зрения, слуха или речи, мы можем общаться таким          образом, который лучше всего подходит вам. Это может          включать бесплатное использование переводчиков на языке          жестов, предоставление документов крупным шрифтом или          шрифтом Брайля, использование аудиозаписей или других          вспомогательных средств. Звоните по телефону 1-855-903-2583          (TTY 711).</p>
<p><b>ພາສາລາວ (Lao)</b>          ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,          ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.          ຖ້າທ່ານມີຄວາມບໍ່ກ່ອນໄຫວດ້ານສາຍຕາ, ການໄດ້ເອິນ ຫຼື ການບາກເວົ້າ,          ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.          ອັນນີ້ອາດຈະວອມເຖິງການໃຊ້ນ້ຳຍພາສາມື,          ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,          ການບັນທຶກສຽງ ຫຼື          ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ          1-855-903-2583 (TTY 711).</p>	<p><b>Tagalog (Tagalog)</b>          PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang humingi          ng mga libreng serbisyo na tulong sa wika. Kung may kapansanan          ka sa paningin, pandinig, o pananalita, maaari tayong mag-usap          sa paraan na pinakamabuti para sa iyo. Maaaring kabilang dito          ang paggamit ng mga interpreter ng sign language, pagbibigay ng          mga dokumento na malalaki ang pagkaprinta o Braille, mga audio          recording, o iba pang mga tulong nang walang bayad. Tumawag          sa 1-855-903-2583 (TTY 711).</p>
<p><b>VIETNAMESE (Vietnamese)</b>          LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu cầu          dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị khiếm thị,          khiếm thính hoặc khuyết tật về âm ngữ, chúng tôi có thể          giao tiếp theo cách phù hợp nhất với quý vị. Điều này có          thể bao gồm việc sử dụng thông dịch viên ngôn ngữ ký          hiệu, cung cấp tài liệu dạng bản in cỡ chữ lớn hoặc chữ          nổi, bản ghi âm hoặc các phương tiện hỗ trợ khác miễn          phí. Xin gọi số 1-855-903-2583 (TTY 711).</p>	<p><b>简体中文 (Chinese Simplified)</b>          注意: 如果您说普通话, 则可以免费申请语言协助服务。          如果您有视力、听力或语言障碍, 我们可以用最适合您的方式          与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、          录音或其他辅助工具。请致电 1-855-903-2583 (文字电话          711)。</p>

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVE AGENTS</b>		
<b>PENICILLINS</b>		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	4	
<b>amoxicillin (trihydrate) cap 250 mg, 500 mg</b>	1	
<b>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</b>	1	
<b>amoxicillin (trihydrate) tab 500 mg, 875 mg</b>	1	
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</b>	1	
<b>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml (Augmentin)</b>	2	
<b>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</b>	2	
<b>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)</b>	2	
<b>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</b>	2	
<b>amoxicillin &amp; k clavulanate tab 250-125 mg</b>	2	
<b>amoxicillin &amp; k clavulanate tab 500-125 mg (Augmentin)</b>	1	
<b>amoxicillin &amp; k clavulanate tab 875-125 mg</b>	1	
<b>ampicillin cap 500 mg</b>	1	
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	4	
<b>dicloxacillin sodium cap 250 mg, 500 mg</b>	2	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	4	
<b>penicillin v potassium tab 250 mg, 500 mg</b>	1	
<b>CEPHALOSPORINS</b>		
CEFACTOR - cefaclor cap 250 mg, 500 mg	4	
CEFADROXIL - cefadroxil tab 1 gm	4	
<b>cefadroxil cap 500 mg</b>	1	
<b>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</b>	2	
<b>cefdinir cap 300 mg</b>	1	
<b>cefdinir for susp 125 mg/5ml, 250 mg/5ml</b>	2	
<b>cefixime cap 400 mg (Suprax)</b>	2	
<b>cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)</b>	2	
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	4	
<b>cefpodoxime proxetil tab 100 mg, 200 mg</b>	2	
<b>cefprozil for susp 125 mg/5ml, 250 mg/5ml</b>	2	
<b>cefprozil tab 250 mg, 500 mg</b>	2	
<b>cefuroxime axetil tab 250 mg</b>	1	
<b>cefuroxime axetil tab 500 mg</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>cephalexin cap 250 mg, 500 mg (Keflex)</b>	1	
<b>cephalexin cap 750 mg (Keflex)</b>	2	
<b>cephalexin for susp 125 mg/5ml, 250 mg/5ml</b>	2	
<b>MACROLIDES</b>		
<b>azithromycin for susp 100 mg/5ml (Zithromax)</b>	2	
<b>azithromycin for susp 200 mg/5ml (Zithromax)</b>	1	
<b>azithromycin tab 250 mg, 500 mg (Zithromax)</b>	1	
<b>azithromycin tab 600 mg</b>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	
<b>clarithromycin tab er 24hr 500 mg</b>	2	
<b>clarithromycin tab 250 mg, 500 mg</b>	2	
DIFICID - fidaxomicin for susp 40 mg/ml	3	
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	4	
ERYTHROMYCIN DR - erythromycin w/ delayed release particles cap 250 mg	4	
<b>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)</b>	2	
<b>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)</b>	2	
<b>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</b>	2	
<b>erythromycin tab 250 mg, 500 mg</b>	2	
<b>fidaxomicin tab 200 mg (Dificid)</b>	2	
<b>TETRACYCLINES</b>		
<b>demeclocycline hcl tab 150 mg, 300 mg</b>	2	
<b>doxycycline hyclate cap 50 mg</b>	1	
<b>doxycycline hyclate cap 100 mg (Vibramycin)</b>	1	
<b>doxycycline hyclate tab 20 mg, 100 mg</b>	1	
<b>doxycycline monohydrate cap 50 mg, 100 mg</b>	1	
<b>doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)</b>	2	
<b>doxycycline monohydrate tab 50 mg, 100 mg</b>	1	
<b>doxycycline monohydrate tab 75 mg, 150 mg</b>	2	
<b>minocycline hcl cap 50 mg</b>	1	
<b>minocycline hcl cap 75 mg, 100 mg</b>	2	
NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	4	SP
<b>tetracycline hcl cap 250 mg, 500 mg</b>	2	
<b>FLUOROQUINOLONES</b>		
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	4	

Drug Name	Drug Tier	Requirements/Limits
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	4	
<b>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)</b>	1	
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1	
<b>levofloxacin oral soln 25 mg/ml</b>	2	
<b>levofloxacin tab 250 mg, 500 mg, 750 mg</b>	1	
<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	2	
OFLOXACIN - ofloxacin tab 300 mg	3	
OFLOXACIN - ofloxacin tab 400 mg	4	
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	4	PA, QL (28 vials/28 days), SP
HUMATIN - paromomycin sulfate cap 250 mg	3	
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	4	SP
<b>neomycin sulfate tab 500 mg</b>	1	
TOBI PODHALER - tobramycin inhal cap 28 mg	4	SP
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	4	SP
<b>tobramycin nebu soln 300 mg/5ml (Tobi)</b>	2	SP
<b>tobramycin nebu soln 300 mg/4ml (Bethkis)</b>	2	SP
<b>SULFONAMIDES</b>		
<b>sulfadiazine tab 500 mg</b>	2	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
CYCLOSERINE - cycloserine cap 250 mg	4	
<b>ethambutol hcl tab 100 mg</b>	2	
<b>ethambutol hcl tab 400 mg (Myambutol)</b>	2	
<b>isoniazid syrup 50 mg/5ml</b>	2	
<b>isoniazid tab 100 mg, 300 mg</b>	1	
PRETOMANID - pretomanid tab 200 mg	3	
PRIFTIN - rifapentine tab 150 mg	3	
<b>pyrazinamide tab 500 mg</b>	2	
<b>rifabutin cap 150 mg (Mycobutin)</b>	2	
<b>rifampin cap 150 mg, 300 mg (Rifadin)</b>	2	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	3	SP
<b>ANTIFUNGALS</b>		
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	4	PA
<b>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</b>	2	
<b>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>flucytosine cap 250 mg, 500 mg (Ancobon)</b>	2	
<b>griseofulvin microsize susp 125 mg/5ml</b>	2	
<b>griseofulvin microsize tab 500 mg</b>	2	
<b>griseofulvin ultramicrosize tab 125 mg, 250 mg</b>	2	
<b>itraconazole cap 100 mg (Sporanox)</b>	2	QL (120 capsules/30 days)
<b>itraconazole oral soln 10 mg/ml (Sporanox)</b>	2	QL (1200 ml/30 days)
<b>ketoconazole tab 200 mg</b>	2	
<b>NOXAFIL - posaconazole for delayed release susp packet 300 mg</b>	3	PA
<b>nystatin tab 500000 unit</b>	2	
<b>posaconazole susp 40 mg/ml (Noxafil)</b>	2	PA
<b>posaconazole tab delayed release 100 mg (Noxafil)</b>	2	PA
<b>terbinafine hcl tab 250 mg</b>	1	QL (30 tablets/30 days)
<b>voriconazole for susp 40 mg/ml (Vfend)</b>	2	PA
<b>voriconazole tab 50 mg, 200 mg (Vfend)</b>	2	PA
<b>ANTIVIRALS</b>		
<b>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</b>	2	QL (960 ml/30 days)
<b>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</b>	2	QL (60 tablets/30 days)
<b>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</b>	2	QL (30 tablets/30 days)
<b>acyclovir cap 200 mg</b>	1	
<b>acyclovir susp 200 mg/5ml (Zovirax)</b>	2	
<b>acyclovir tab 400 mg, 800 mg</b>	1	
<b>adefovir dipivoxil tab 10 mg (Hepsera)</b>	2	
<b>APTIVUS - tipranavir cap 250 mg</b>	4	QL (120 capsules/30 days)
<b>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)</b>	2	QL (30 capsules/30 days)
<b>atazanavir sulfate cap 200 mg (base equiv) (Reyataz)</b>	2	QL (60 capsules/30 days)
<b>BARACLUDE - entecavir oral soln 0.05 mg/ml</b>	3	
<b>BIKTARVY - bicitegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg</b>	3	QL (30 tablets/30 days)
<b>CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg</b>	3	QL (30 tablets/30 days)
<b>darunavir tab 600 mg (Prezista)</b>	2	QL (60 tablets/30 days)
<b>darunavir tab 800 mg (Prezista)</b>	2	QL (30 tablets/30 days)
<b>DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg</b>	3	QL (30 tablets/30 days)
<b>DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg</b>	3	QL (30 tablets/30 days)
<b>DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)</b>	3	QL (30 tablets/30 days)
<b>EDURANT - rilpivirine hcl tab 25 mg (base equivalent)</b>	4	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	4	QL (180 tablets/30 days)
<b>efavirenz tab 600 mg (Sustiva)</b>	2	QL (30 tablets/30 days)
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)</b>	2	QL (30 tablets/30 days)
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)</b>	2	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	QL (30 tablets/30 days)
<b>emtricitabine caps 200 mg (Emtriva)</b>	2	QL (30 capsules/30 days)
<b>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)</b>	2	QL (30 tablets/30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)</b>	1	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (680 ml/28 days)
<b>entecavir tab 0.5 mg, 1 mg (Baraclude)</b>	2	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	3	PA, QL (28 packets/28 days), SP
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	3	PA, QL (30 tablets/30 days), SP
<b>etravirine tab 100 mg, 200 mg (Intelece)</b>	2	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3	QL (30 tablets/30 days)
<b>famciclovir tab 125 mg, 250 mg, 500 mg</b>	2	
<b>fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)</b>	2	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	3	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	3	PA, QL (30 packs/30 days), SP
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	3	PA, QL (30 tablets/30 days), SP
INTELENCE - etravirine tab 25 mg	3	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	3	QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	3	QL (60 packets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	3	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	3	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	3	QL (480 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO - molnupiravir cap 200 mg	3	QL (40 capsules/30 days)
<b>lamivudine oral soln 10 mg/ml (Epivir)</b>	2	QL (960 ml/30 days)
<b>lamivudine tab 100 mg (hbv) (Epivir hbv)</b>	2	
<b>lamivudine tab 150 mg (Epivir)</b>	2	QL (60 tablets/30 days)
<b>lamivudine tab 300 mg (Epivir)</b>	2	QL (30 tablets/30 days)
<b>lamivudine-zidovudine tab 150-300 mg (Combivir)</b>	2	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	3	PA, QL (30 tablets/30 days), SP
LIVTENCITY - maribavir tab 200 mg	4	QL (120 tablets/30 days), SP
<b>lopinavir-ritonavir tab 100-25 mg (Kaletra)</b>	2	QL (180 tablets/30 days)
<b>lopinavir-ritonavir tab 200-50 mg (Kaletra)</b>	2	QL (120 tablets/30 days)
<b>maraviroc tab 150 mg (Selzentry)</b>	2	QL (60 tablets/30 days)
<b>maraviroc tab 300 mg (Selzentry)</b>	2	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	3	PA, QL (90 tablets/30 days), SP
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	3	PA, QL (140 packets/28 days), SP
NEVIRAPINE - nevirapine susp 50 mg/5ml	4	QL (1200 ml/30 days)
<b>nevirapine tab er 24hr 400 mg (Viramune xr)</b>	2	QL (30 tablets/30 days)
<b>nevirapine tab 200 mg (Viramune)</b>	1	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	3	QL (30 tablets/30 days)
<b>oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)</b>	2	QL (40 capsules/120 days)
<b>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)</b>	2	QL (20 capsules/120 days)
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)</b>	2	QL (300 ml/120 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	3	SP
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	3	SP
PREVYMIS - letermovir tab 240 mg, 480 mg	4	QL (200 tablets/365 days)
PREVYMIS - letermovir pellet pack 20 mg, 120 mg	4	QL (800 packets/365 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	3	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	3	QL (400 ml/30 days)
PREZISTA - darunavir tab 75 mg	3	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	3	QL (180 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (40 blisters/120 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	4	QL (240 packets/30 days)
RIBAVIRIN - ribavirin cap 200 mg	3	SP
RIBAVIRIN - ribavirin tab 200 mg	3	SP
<b>ritonavir tab 100 mg (Norvir)</b>	2	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	4	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	4	QL (1840 ml/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	3	PA, QL (30 tablets/30 days), SP
SOVALDI - sofosbuvir tab 200 mg, 400 mg	3	PA, QL (30 tablets/30 days), SP
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	3	PA, QL (30 packs/30 days), SP
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	4	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	4	QL (4 tablets/365 days), SP
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	4	QL (5 tablets/365 days), SP
SUNLENCA - lenacapavir sodium tab 300 mg	4	QL (4 tablets/365 days), SP
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	3	QL (30 tablets/30 days)
<b>tenofovir disoproxil fumarate tab 300 mg (Viread)</b>	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	3	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	3	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	3	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	3	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	4	QL (30 tablets/30 days)
<b>valacyclovir hcl tab 500 mg (Valtrex)</b>	1	
<b>valacyclovir hcl tab 1 gm (Valtrex)</b>	2	
<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b>	2	
<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b>	2	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	4	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	4	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	3	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	3	QL (4 bottles/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	3	PA, QL (30 tablets/30 days), SP
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	4	QL (2 boxes/120 days)
YEZTUGO - lenacapavir sodium subcutaneous soln 463.5 mg/1.5ml	3	
YEZTUGO - lenacapavir sodium tab 300 mg	3	QL (4 tablets/365 days)
<b>zidovudine cap 100 mg (Retrovir)</b>	2	QL (180 capsules/30 days)
<b>zidovudine syrup 10 mg/ml (Retrovir)</b>	2	QL (1920 ml/30 days)
<b>zidovudine tab 300 mg</b>	2	QL (60 tablets/30 days)
<b>ANTIMALARIALS</b>		
ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	4	
<b>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)</b>	2	
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	4	
<b>chloroquine phosphate tab 500 mg</b>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<b>hydroxychloroquine sulfate tab 100 mg, 300 mg</b>	1	
<b>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</b>	2	
<b>hydroxychloroquine sulfate tab 400 mg</b>	2	
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	4	
<b>mefloquine hcl tab 250 mg</b>	1	
<b>primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)</b>	2	
<b>pyrimethamine tab 25 mg (Daraprim)</b>	2	
<b>quinine sulfate cap 324 mg (Qualaquin)</b>	2	
<b>ANTHELMINTICS</b>		
<b>albendazole tab 200 mg (Albenza)</b>	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	3	
<b>ivermectin tab 3 mg (Stromectol)</b>	2	
<b>praziquantel tab 600 mg (Biltricide)</b>	2	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>atovaquone susp 750 mg/5ml (Mepron)</b>	2	
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	4	SP
<b>clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)</b>	2	
<b>dapsone tab 25 mg, 100 mg</b>	2	
<b>fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)</b>	2	
IMPAVIDO - miltefosine cap 50 mg	3	
LAMPIT - nifurtimox tab 30 mg, 120 mg	4	
<b>linezolid for susp 100 mg/5ml (Zyvox)</b>	2	
<b>linezolid tab 600 mg (Zyvox)</b>	2	
<b>methenamine hippurate tab 1 gm (Hiprex)</b>	2	
<b>metronidazole tab 250 mg, 500 mg (Flagyl)</b>	1	
<b>nitazoxanide tab 500 mg (Alinia)</b>	2	QL (12 tablets/90 days)
<b>nitrofurantoin macrocrystalline cap 25 mg, 100 mg (Macrochantin)</b>	2	
<b>nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)</b>	1	
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</b>	1	
<b>nitrofurantoin susp 25 mg/5ml</b>	2	
<b>pentamidine isethionate for nebulization soln 300 mg (Nebupent)</b>	2	
SIVEXTRO - tedizolid phosphate tab 200 mg	4	
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>	2	
<b>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</b>	1	
<b>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</b>	1	
<b>tinidazole tab 250 mg, 500 mg</b>	2	
<b>trimethoprim tab 100 mg (Trimethoprim)</b>	2	
<b>vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)</b>	2	
<b>vancomycin hcl cap 250 mg (base equivalent) (Vancocin)</b>	2	
<b>vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) (Firvanq)</b>	2	
XIFAXAN - rifaximin tab 200 mg	4	
XIFAXAN - rifaximin tab 550 mg	3	
<b>BIOLOGICALS</b>		
<b>VACCINES</b>		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
AFLURIA 2025-2026 - influenza virus vaccine split im susp	3	

Drug Name	Drug Tier	Requirements/Limits
AFLURIA 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3	
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3	
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	3	
COMIRNATY 2025-26 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	3	
COMIRNATY/5-11Y/2025-26 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	3	
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	3	
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	
FLUAD 2025-2026 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	3	
FLUARIX 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3	
FLUBLOK 2025-2026 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	3	
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	3	
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit im susp	3	
FLULAVAL 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3	
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	3	
FLUZONE HIGH-DOSE 2025-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	3	
FLUZONE 2025-2026 - influenza virus vaccine split im susp	3	
FLUZONE 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3	
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	3	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	3	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	3	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3	
NUVAXOVID COVID-19 VACCIN - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3	
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	3	
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	3	
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	3	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
RABAVERT - rabies vaccine, pcec for inj	3	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	
ROTARIX - rotavirus vaccine, live oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	3	
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	

Drug Name	Drug Tier	Requirements/Limits
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	3	
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine- moderna im susp pref syr 50 mcg/0.5ml	3	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu- mcg/ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ ml	3	
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml	3	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	3	
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	3	
VIVOTIF - typhoid vaccine cap delayed release	4	
<b>TOXOIDS</b>		
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf- mcg/0.5ml	3	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf- mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf- mcg/0.5ml	3	
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	3	
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	3	
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	3	
<b>BIOLOGICALS MISC</b>		
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	4	

Drug Name	Drug Tier	Requirements/Limits
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	4	
ORALAIR - grass mixed pollen ext sl tab 300 ir (index of reactivity)	4	
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 mg, 0.5 & 1 & 1.5 & 3 & 6 mg	4	SP
PALFORZIA LEVEL 0 - peanut powder-dnfp cap sprinkle pack 1 x 1 mg (1 mg dose)	4	SP
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	4	SP
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	4	SP
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg)	4	SP
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg)	4	SP
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	4	SP
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	4	SP
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	4	SP
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	4	SP
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	4	SP
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	4	SP
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	4	SP
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	4	SP
RAGWITEK - short ragweed pollen allergen extract sl tab 12 amb a 1-u	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTICS</b>		
<b>abiraterone acetate tab 250 mg (Zytiga)</b>	2	PA, QL (120 tablets/30 days), SP
<b>abiraterone acetate tab 500 mg (Zytiga)</b>	2	PA, QL (60 tablets/30 days), SP
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	3	SP
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	4	PA, QL (60 tablets/30 days), SP
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	3	PA, QL (240 capsules/30 days), SP
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	3	PA, QL (1 pack/180 days), SP

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG - brigatinib tab 30 mg	3	PA, QL (120 tablets/30 days), SP
ALUNBRIG - brigatinib tab 90 mg, 180 mg	3	PA, QL (30 tablets/30 days), SP
<b>anastrozole tab 1 mg (Arimidex)</b>	1	
AUGTYRO - repotrectinib cap 40 mg	4	PA, QL (240 capsules/30 days), SP
AUGTYRO - repotrectinib cap 160 mg	4	PA, QL (60 capsules/30 days), SP
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	4	PA, QL (66 tablets/28 days), SP
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	3	PA, QL (30 tablets/30 days), SP
BALVERSA - erdafitinib tab 3 mg	4	PA, QL (90 tablets/30 days), SP
BALVERSA - erdafitinib tab 4 mg	4	PA, QL (60 tablets/30 days), SP
BALVERSA - erdafitinib tab 5 mg	4	PA, QL (30 tablets/30 days), SP
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	3	PA, QL (2 syringes/28 days), SP
<b>bexarotene cap 75 mg (Targretin)</b>	2	PA, SP
<b>bicalutamide tab 50 mg (Casodex)</b>	1	SP
BOSULIF - bosutinib cap 50 mg	3	PA, QL (30 capsules/30 days), SP
BOSULIF - bosutinib cap 100 mg	3	PA, QL (150 capsules/30 days), SP
BOSULIF - bosutinib tab 100 mg	3	PA, QL (90 tablets/30 days), SP
BOSULIF - bosutinib tab 400 mg, 500 mg	3	PA, QL (30 tablets/30 days), SP
BRAFTOVI - encorafenib cap 75 mg	4	PA, QL (180 capsules/30 days), SP
BRUKINSA - zanubrutinib cap 80 mg	3	PA, QL (120 capsules/30 days), SP
BRUKINSA - zanubrutinib tab 160 mg	3	PA, QL (60 tablets/30 days), SP
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	3	PA, QL (30 tablets/30 days), SP
CALQUENCE - acalabrutinib maleate tab 100 mg	3	PA, QL (60 tablets/30 days), SP
<b>capecitabine tab 150 mg, 500 mg (Xeloda)</b>	2	PA, SP
CAPRELSA - vandetanib tab 100 mg	3	PA, QL (60 tablets/30 days), SP
CAPRELSA - vandetanib tab 300 mg	3	PA, QL (30 tablets/30 days), SP
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	3	PA, QL (1 carton/28 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	3	PA, QL (1 carton/28 days), SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	3	PA, QL (1 carton/28 days), SP
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	PA, QL (56 capsules/28 days), SP
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	3	PA, QL (63 tablets/28 days), SP
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3	SP
<b>cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)</b>	2	SP

Drug Name	Drug Tier	Requirements/Limits
<b>dasatinib tab 20 mg (Sprycel)</b>	2	PA, QL (90 tablets/30 days), SP
<b>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)</b>	2	PA, QL (30 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	4	PA, QL (60 tablets/30 days), SP
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	4	PA, QL (30 tablets/30 days), SP
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	3	SP
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	3	SP
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	3	SP
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	3	SP
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent)	4	PA, QL (30 capsules/30 days), SP
ENSACOVE - ensartinib hcl cap 100 mg (base equivalent)	4	PA, QL (60 capsules/30 days), SP
ERIVEDGE - vismodegib cap 150 mg	3	PA, QL (30 capsules/30 days), SP
ERLEADA - apalutamide tab 60 mg	3	PA, QL (120 tablets/30 days), SP
ERLEADA - apalutamide tab 240 mg	3	PA, QL (30 tablets/30 days), SP
<b>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</b>	2	PA, QL (60 tablets/30 days), SP
<b>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)</b>	2	PA, QL (30 tablets/30 days), SP
ETOPOSIDE - etoposide cap 50 mg	3	SP
EULEXIN - flutamide cap 125 mg	4	SP
<b>everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)</b>	2	PA, QL (60 tablets/30 days), SP
<b>everolimus tab for oral susp 3 mg (Afinitor disperz)</b>	2	PA, QL (90 tablets/30 days), SP
<b>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)</b>	2	PA, QL (30 tablets/30 days), SP
<b>exemestane tab 25 mg (Aromasin)</b>	2	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	PA, QL (21 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 1 mg	4	PA, QL (84 capsules/28 days), SP
FRUZAQLA - fruquintinib cap 5 mg	4	PA, QL (21 capsules/28 days), SP
GAVRETO - pralsetinib cap 100 mg	4	PA, QL (120 capsules/30 days), SP
<b>gefitinib tab 250 mg (Iressa)</b>	2	PA, QL (30 tablets/30 days), SP
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	3	PA, QL (30 tablets/30 days), SP
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	3	SP
GOMEKLI - mirdametinib tab for oral susp 1 mg	4	PA, QL (168 tablets/28 days), SP
GOMEKLI - mirdametinib cap 1 mg	4	PA, QL (168 capsules/28 days), SP
GOMEKLI - mirdametinib cap 2 mg	4	PA, QL (84 capsules/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS - zongertinib tab 60 mg	4	PA, QL (180 tablets/60 days), SP
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	3	PA, SP
<b>hydroxyurea cap 500 mg (Hydrea)</b>	2	SP
HYRNUO - sevabertinib tab 10 mg	4	PA, QL (120 tablets/30 days), SP
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	3	PA, QL (21 capsules/28 days), SP
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	3	PA, QL (21 tablets/28 days), SP
IBTROZI - taletrectinib adipate cap 200 mg	4	PA, QL (90 capsules/30 days), SP
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	3	PA, QL (30 tablets/30 days), SP
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	PA, QL (30 tablets/30 days), SP
<b>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</b>	2	PA, QL (90 tablets/30 days), SP
<b>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</b>	2	PA, QL (60 tablets/30 days), SP
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	3	PA, QL (30 tablets/30 days), SP
IMBRUVICA - ibrutinib cap 70 mg	3	PA, QL (30 capsules/30 days), SP
IMBRUVICA - ibrutinib cap 140 mg	3	PA, QL (90 capsules/30 days), SP
IMBRUVICA - ibrutinib oral susp 70 mg/ml	3	PA, QL (216 mls/30 days), SP
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	4	PA, QL (280 mls/28 days), SP
INLURIYO - imlunestrant tosylate tab 200 mg	4	PA, QL (56 tablets/28 days), SP
INLYTA - axitinib tab 1 mg	3	PA, QL (180 tablets/30 days), SP
INLYTA - axitinib tab 5 mg	3	PA, QL (120 tablets/30 days), SP
INQOVI - decitabine-cedazuridine tab 35-100 mg	4	PA, QL (5 tablets/28 days), SP
INREBIC - fedratinib hcl cap 100 mg	4	PA, QL (120 capsules/30 days), SP
ITOVEBI - inavolisib tab 3 mg	3	PA, QL (56 tablets/28 days), SP
ITOVEBI - inavolisib tab 9 mg	3	PA, QL (28 tablets/28 days), SP
IWILFIN - eflornithine hcl tab 192 mg	4	PA, QL (240 tablets/30 days), SP
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	3	PA, QL (60 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 50 mg	4	PA, QL (30 tablets/30 days), SP
JAYPIRCA - pirtobrutinib tab 100 mg	4	PA, QL (60 tablets/30 days), SP
KISQALI - ribociclib succinate tab pack 200 mg daily dose	3	PA, QL (21 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	3	PA, QL (42 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	3	PA, QL (63 tablets/28 days), SP
KOMZIFTI - ziftomenib cap 200 mg	4	PA, QL (90 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap 10 mg	4	PA, QL (240 capsules/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO - selumetinib sulfate cap 25 mg	4	PA, QL (120 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	4	PA, QL (420 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	4	PA, QL (240 capsules/30 days), SP
KRAZATI - adagrasib tab 200 mg	4	PA, QL (180 tablets/30 days), SP
<b>lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)</b>	2	PA, QL (180 tablets/30 days), SP
LAZCLUZE - lazertinib mesylate tab 80 mg	4	PA, QL (60 tablets/30 days), SP
LAZCLUZE - lazertinib mesylate tab 240 mg	4	PA, QL (30 tablets/30 days), SP
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	3	PA, QL (30 capsules/30 days), SP
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	3	PA, QL (90 capsules/30 days), SP
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	3	PA, QL (60 capsules/30 days), SP
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	3	PA, QL (90 capsules/30 days), SP
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	3	PA, QL (60 capsules/30 days), SP
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	3	PA, QL (90 capsules/30 days), SP
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	3	PA, QL (30 capsules/30 days), SP
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	3	PA, QL (60 capsules/30 days), SP
<b>letrozole tab 2.5 mg (Femara)</b>	1	
<b>leucovorin calcium tab 5 mg</b>	2	PA, QL (120 tablets/30 days)
<b>leucovorin calcium tab 15 mg, 25 mg</b>	2	PA, QL (30 tablets/30 days)
LEUKERAN - chlorambucil tab 2 mg	3	SP
<b>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</b>	2	SP
<b>lomustine cap 10 mg, 40 mg, 100 mg (Gleostine)</b>	2	SP
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	3	PA, QL (60 tablets/28 days), SP
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	3	PA, QL (80 tablets/28 days), SP
LORBRENA - lorlatinib tab 25 mg	4	PA, QL (120 tablets/30 days), SP
LORBRENA - lorlatinib tab 100 mg	4	PA, QL (30 tablets/30 days), SP
LUMAKRAS - sotorasib tab 120 mg	4	PA, QL (240 tablets/30 days), SP
LUMAKRAS - sotorasib tab 240 mg	4	PA, QL (120 tablets/30 days), SP
LUMAKRAS - sotorasib tab 320 mg	4	PA, QL (90 tablets/30 days), SP
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	3	SP
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	3	SP
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	3	SP

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	3	SP
LYNPARZA - olaparib tab 100 mg, 150 mg	3	PA, QL (120 tablets/30 days), SP
LYSODREN - mitotane tab 500 mg	3	PA, SP
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	4	PA, QL (84 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	4	PA, QL (112 tablets/28 days), SP
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	4	PA, QL (140 tablets/28 days), SP
MATULANE - procarbazine hcl cap 50 mg	3	PA, SP
<b>megestrol acetate susp 40 mg/ml</b>	2	
<b>megestrol acetate tab 20 mg</b>	1	
<b>megestrol acetate tab 40 mg</b>	2	
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	3	PA, QL (1170 mls/28 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	3	PA, QL (90 tablets/30 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	3	PA, QL (30 tablets/30 days), SP
MEKTOVI - binimetinib tab 15 mg	4	PA, QL (180 tablets/30 days), SP
<b>mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)</b>	2	SP
<b>mercaptopurine tab 50 mg</b>	2	SP
<b>mesna tab 400 mg (Mesnex)</b>	2	
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	4	
<b>methotrexate sodium for inj 1 gm</b>	2	
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)</b>	1	
<b>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</b>	2	
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	1	
MODEYSO - dordaviprone hcl cap 125 mg	4	PA, QL (20 capsules/28 days), SP
MYLERAN - busulfan tab 2 mg	3	SP
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	4	PA, QL (180 tablets/30 days), SP
NILOTINIB - nilotinib d-tartrate cap 50 mg (base equivalent)	4	PA, QL (120 capsules/30 days)
NILOTINIB - nilotinib d-tartrate cap 150 mg (base equivalent), 200 mg (base equivalent)	4	PA, QL (112 capsules/28 days)
<b>nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)</b>	2	PA, QL (120 capsules/30 days), SP
<b>nilutamide tab 150 mg (Nilandron)</b>	2	SP
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	3	PA, QL (3 capsules/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
NUBEQA - darolutamide tab 300 mg	3	PA, QL (120 tablets/30 days), SP
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	3	PA, QL (30 capsules/30 days), SP
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	3	PA, QL (56 tablets/28 days), SP
OJEMDA - tovorafenib tab 100 mg	4	PA, QL (24 tablets/28 days), SP
OJEMDA - tovorafenib for oral susp 25 mg/ml	4	PA, QL (8 bottles/28 days), SP
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	4	PA, QL (30 tablets/30 days), SP
ONUREG - azacitidine tab 200 mg, 300 mg	4	PA, QL (14 tablets/28 days), SP
ORGOVYX - relugolix tab 120 mg	4	PA, QL (30 tablets/28 days), SP
ORSERDU - elacestrant hydrochloride tab 86 mg	4	PA, QL (90 tablets/30 days), SP
ORSERDU - elacestrant hydrochloride tab 345 mg	4	PA, QL (30 tablets/30 days), SP
<b>pazopanib hcl tab 200 mg (base equiv) (Votrient)</b>	2	PA, QL (120 tablets/30 days), SP
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	PA, QL (14 tablets/21 days), SP
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	3	PA, QL (28 tablets/30 days), SP
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	3	PA, QL (56 tablets/30 days), SP
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	3	PA, QL (56 tablets/30 days), SP
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	3	PA, QL (21 capsules/28 days), SP
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	3	SP
QINLOCK - ripretinib tab 50 mg	4	PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 40 mg	3	PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	3	PA, QL (60 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 25 mg	4	PA, QL (240 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 110 mg	4	PA, QL (120 tablets/30 days), SP
REVUFORJ - revumenib citrate tab 160 mg	4	PA, QL (60 tablets/30 days), SP
REZLIDHIA - olutasidenib cap 150 mg	4	PA, QL (60 capsules/30 days), SP
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	3	PA, QL (8 capsules/28 days), SP
ROZLYTREK - entrectinib pellet pack 50 mg	3	PA, QL (336 packets/28 days), SP
ROZLYTREK - entrectinib cap 100 mg	3	PA, QL (30 capsules/30 days), SP
ROZLYTREK - entrectinib cap 200 mg	3	PA, QL (90 capsules/30 days), SP
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	3	PA, QL (120 tablets/30 days), SP
RYDAPT - midostaurin cap 25 mg	3	PA, QL (240 capsules/30 days), SP
SCSEMBLIX - asciminib hcl tab 20 mg	3	PA, QL (60 tablets/30 days), SP
SCSEMBLIX - asciminib hcl tab 40 mg	3	PA, QL (240 tablets/30 days), SP
SCSEMBLIX - asciminib hcl tab 100 mg	3	PA, QL (120 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	4	
<b>sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)</b>	2	PA, QL (120 tablets/30 days), SP
STIVARGA - regorafenib tab 40 mg	3	PA, QL (84 tablets/28 days), SP
<b>sunitinib malate cap 12.5 mg (base equivalent) (Sutent)</b>	2	PA, QL (90 capsules/30 days), SP
<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)</b>	2	PA, QL (30 capsules/30 days), SP
TABLOID - thioguanine tab 40 mg	3	SP
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	3	PA, QL (112 tablets/28 days), SP
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	3	PA, QL (120 capsules/30 days), SP
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	3	PA, QL (840 tablets/28 days), SP
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	3	PA, QL (30 tablets/30 days), SP
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)	3	PA, QL (30 capsules/30 days), SP
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	3	PA, QL (90 capsules/30 days), SP
<b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</b>	1	
TAZVERIK - tazemetostat hbr tab 200 mg	3	PA, QL (240 tablets/30 days), SP
<b>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)</b>	2	PA, SP
TEPMETKO - tepotinib hcl tab 225 mg	4	PA, QL (60 tablets/30 days), SP
TIBSOVO - ivosidenib tab 250 mg	3	PA, QL (60 tablets/30 days), SP
<b>toremifene citrate tab 60 mg (base equivalent) (Fareston)</b>	2	SP
<b>tretinoin cap 10 mg</b>	2	PA, SP
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	4	PA, QL (64 tablets/28 days), SP
TRUQAP - capivasertib tab 200 mg	4	PA, QL (64 tablets/28 days), SP
TUKYSA - tucatinib tab 50 mg	4	PA, QL (300 tablets/30 days), SP
TUKYSA - tucatinib tab 150 mg	4	PA, QL (120 tablets/30 days), SP
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	4	PA, QL (120 capsules/30 days), SP
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	4	PA, QL (28 tablets/28 days), SP
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	4	PA, QL (56 tablets/28 days), SP
VENCLEXTA - venetoclax tab 10 mg	3	PA, QL (60 tablets/30 days), SP
VENCLEXTA - venetoclax tab 50 mg	3	PA, QL (30 tablets/30 days), SP
VENCLEXTA - venetoclax tab 100 mg	3	PA, QL (180 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	3	PA, QL (1 pack/180 days), SP
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	3	PA, QL (60 tablets/30 days), SP
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	3	PA, QL (300 ml/30 days), SP
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	3	PA, QL (180 capsules/30 days), SP
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	3	PA, QL (60 capsules/30 days), SP
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	4	PA, QL (30 tablets/30 days), SP
VONJO - pacritinib citrate cap 100 mg	4	PA, QL (120 capsules/30 days), SP
VORANIGO - vorasidenib tab 10 mg	3	PA, QL (60 tablets/30 days), SP
VORANIGO - vorasidenib tab 40 mg	3	PA, QL (30 tablets/30 days), SP
WELIREG - belzutifan tab 40 mg	4	PA, QL (90 tablets/30 days), SP
XALKORI - crizotinib cap 200 mg, 250 mg	3	PA, QL (120 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	3	PA, QL (120 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 150 mg	3	PA, QL (180 capsules/30 days), SP
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	PA, QL (90 tablets/30 days), SP
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	4	PA, QL (16 tablets/28 days), SP
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	4	PA, QL (1 box/28 days), SP
XPOVIO - selinexor tab therapy pack 80 mg (80 mg once weekly)	4	PA, QL (4 tablets/28 days), SP
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	PA, QL (1 box/28 days), SP
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	PA, QL (1 box/28 days), SP
XTANDI - enzalutamide cap 40 mg	3	PA, QL (120 capsules/30 days), SP
XTANDI - enzalutamide tab 40 mg	3	PA, QL (120 tablets/30 days), SP
XTANDI - enzalutamide tab 80 mg	3	PA, QL (60 tablets/30 days), SP
YONSA - abiraterone acetate micronized tab 125 mg	3	PA, QL (120 tablets/30 days), SP
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	3	PA, QL (30 tablets/30 days), SP
ZELBORAF - vemurafenib tab 240 mg	3	PA, QL (240 tablets/30 days), SP
ZOLINZA - vorinostat cap 100 mg	3	PA, QL (120 capsules/30 days), SP
ZYDELIG - idelalisib tab 100 mg, 150 mg	3	PA, QL (60 tablets/30 days), SP
ZYKADIA - ceritinib tab 150 mg	3	PA, QL (90 tablets/30 days), SP

**ENDOCRINE AND METABOLIC DRUGS****CORTICOSTEROIDS**

Drug Name	Drug Tier	Requirements/Limits
<b>budesonide delayed release particles cap 3 mg (Entocort ec)</b>	2	
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	4	
<b>dexamethasone elixir 0.5 mg/5ml</b>	2	
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	4	
<b>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</b>	1	
<b>fludrocortisone acetate tab 0.1 mg</b>	1	
<b>hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)</b>	2	
MEDROL - methylprednisolone tab 2 mg	4	
<b>methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)</b>	1	
<b>methylprednisolone tab 4 mg, 16 mg, 32 mg (Medrol)</b>	1	
<b>methylprednisolone tab 8 mg (Medrol)</b>	2	
<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>	1	
<b>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (Pediapred)</b>	2	
<b>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</b>	2	
<b>prednisolone soln 15 mg/5ml</b>	2	
PREDNISONE - prednisone oral soln 5 mg/5ml	3	
<b>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)</b>	1	
<b>prednisone tab therapy pack 10 mg (48)</b>	2	
<b>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</b>	1	
<b>ANDROGEN-ANABOLIC</b>		
<b>danazol cap 50 mg, 100 mg, 200 mg</b>	2	
METHITEST - methyltestosterone oral tab 10 mg	4	
<b>methyltestosterone cap 10 mg</b>	2	
<b>testosterone cypionate im inj in oil 100 mg/ml</b>	2	
<b>testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)</b>	2	
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	4	
<b>testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)</b>	2	PA, QL (60 packets/30 days)
<b>testosterone td gel 12.5 mg/act (1%)</b>	2	PA, QL (4 bottles/30 days)
<b>testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)</b>	2	PA, QL (2 bottles/30 days)
<b>testosterone td soln 30 mg/act</b>	2	PA, QL (2 bottles/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>ESTROGENS</b>		
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	4	
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	4	
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	3	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	4	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	3	
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	4	
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	2	
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</b>	2	
<b>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)</b>	2	
<b>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</b>	1	
<b>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)</b>	2	
<b>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)</b>	2	
<b>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)</b>	2	
<b>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)</b>	2	
<b>estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg (Premarin)</b>	2	
EVAMIST - estradiol transdermal spray 1.53 mg/spray	4	
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	4	
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	3	PA, QL (30 tablets/30 days)
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)</b>	2	
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b>	2	
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	3	PA, QL (1 box/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	3	

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	3	
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	3	
<b>CONTRACEPTIVES</b>		
ANNOVERA - segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	4	
ARANELLE - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b>	1	
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	1	
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)</b>	2	
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)</b>	2	
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b>	1	
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</b>	1	
ELLA - ulipristal acetate tab 30 mg	3	
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	1	
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b>	2	
FEMLYV - norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg	4	
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg (Quartette)</b>	2	
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	1	
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Seasonique)</b>	2	
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	1	
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</b>	1	
<b>levonorgestrel tab 1.5 mg</b>	1	
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	1	
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	2	
<b>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	3	
<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)</b>	1	
<b>medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)</b>	1	
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	4	
NEXTSTELLIS - drospirenone-estetrol tab 3-14.2 mg	4	
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b>	2	
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b>	2	
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg, 1 mg-35 mcg</b>	1	
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	2	
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)</b>	2	
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)</b>	2	
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)</b>	1	
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b>	1	
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)</b>	1	
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)</b>	1	
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)</b>	2	
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)</b>	2	
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b>	1	
<b>norethindrone tab 0.35 mg (Ortho micronor)</b>	1	
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg</b>	1	
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	1	
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg</b>	1	
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>	1	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
OPILL - norgestrel tab 0.075 mg	3	

Drug Name	Drug Tier	Requirements/Limits
SLYND - drospirenone tab 4 mg	4	
TWIRLA - levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	4	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
<b>PROGESTINS</b>		
<b>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</b>	1	
<b>norethindrone acetate tab 5 mg (Aygestin)</b>	2	
<b>progesterone cap 100 mg (Prometrium)</b>	1	
<b>progesterone cap 200 mg (Prometrium)</b>	2	
<b>progesterone im in oil 50 mg/ml</b>	2	
<b>ANTIDIABETICS</b>		
<i>Antidiabetics</i>		
<b>acarbose tab 25 mg, 50 mg, 100 mg (Precose)</b>	2	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	3	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	3	
<b>diazoxide susp 50 mg/ml (Proglycem)</b>	2	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	3	QL (30 tablets/30 days)
<b>glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)</b>	1	
GLIPIZIDE - glipizide tab 2.5 mg	4	
<b>glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)</b>	1	
<b>glipizide tab 5 mg, 10 mg (Glucotrol)</b>	1	
<b>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</b>	2	
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	3	
<b>glucagon for inj 1 mg</b>	2	
<b>glyburide tab 1.25 mg, 2.5 mg, 5 mg</b>	1	
<b>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</b>	1	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	

Drug Name	Drug Tier	Requirements/Limits
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
<b>metformin hcl tab er 24hr 500 mg, 750 mg</b>	1	
<b>metformin hcl tab 500 mg, 850 mg, 1000 mg</b>	1	
<b>mifepristone tab 300 mg (Korlym)</b>	2	PA, QL (120 tablets/30 days), SP
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	3	PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
<b>nateglinide tab 60 mg, 120 mg (Starlix)</b>	2	
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)	3	PA, QL (1 pen/28 days)
<b>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)</b>	1	
<b>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)</b>	2	
<b>repaglinide tab 0.5 mg, 1 mg</b>	1	
<b>repaglinide tab 2 mg</b>	2	
RYBELSUS - semaglutide tab 3 mg	3	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	3	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	3	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	3	QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	3	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	3	QL (5 pens/30 days)
<b>Rapid-Acting Insulins</b>		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	3	QL (100 ml/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	3	QL (100 ml/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	3	QL (100 ml/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (100 ml/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (100 ml/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen- injector 100 unit/ml (0.5 unit dial)	3	QL (100 ml/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (100 ml/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	3	QL (100 mls/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (100 ml/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (100 ml/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (100 ml/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	3	QL (100 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	3	QL (100 ml/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3	QL (100 ml/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3	QL (100 ml/30 days)
<b>Short-Acting Insulins</b>		
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (100 ml/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (100 ml/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	3	QL (100 ml/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen- injector 100 unit/ml	3	QL (100 ml/30 days)
<b>Intermediate-Acting Insulins</b>		
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (100 ml/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (100 ml/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (100 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (100 ml/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (100 ml/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (100 ml/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (100 ml/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (100 ml/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (100 ml/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (100 ml/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (100 ml/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (100 ml/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (100 ml/30 days)
<b>Basal Insulins</b>		
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	3	QL (100 ml/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	3	QL (100 ml/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	3	QL (100 ml/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	3	QL (100 ml/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (100 ml/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (100 ml/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (100 ml/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	3	QL (100 ml/30 days)
<b>THYROID AGENTS</b>		
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)	4	
EVEXITHROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain), 180 mg (3 grain)	4	
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg,	4	

Drug Name	Drug Tier	Requirements/Limits
112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg		
<b>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)</b>	1	
<b>liothyronine sodium tab 5 mcg (Cytomel)</b>	1	
<b>liothyronine sodium tab 25 mcg, 50 mcg (Cytomel)</b>	2	
<b>methimazole tab 5 mg, 10 mg (Tapazole)</b>	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)	4	
NP THYROID 120 - thyroid tab 120 mg (2 grain)	4	
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	4	
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	4	
NP THYROID 60 - thyroid tab 60 mg (1 grain)	4	
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	4	
<b>propylthiouracil tab 50 mg</b>	2	
RENTHYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain)	4	
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	4	
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)	4	
TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	4	
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	4	
<b>OXYTOCICS</b>		
CERVIDIL - dinoprostone vaginal inserts 10 mg	4	
<b>methylergonovine maleate tab 0.2 mg</b>	2	
<b>ENDOCRINE and METABOLIC AGENTS - MISC.</b>		
ACTHAR - corticotropin inj gel 80 unit/ml	4	PA, SP
<b>alendronate sodium tab 10 mg, 35 mg</b>	1	
<b>alendronate sodium tab 70 mg (Fosamax)</b>	1	
<b>betaine powder for oral solution (Cystadane)</b>	2	SP

Drug Name	Drug Tier	Requirements/Limits
<b>cabergoline tab 0.5 mg</b>	2	
<b>calcitonin (salmon) inj 200 unit/ml (Miacalcin)</b>	2	
<b>calcitonin (salmon) nasal soln 200 unit/act</b>	2	
<b>calcitriol cap 0.25 mcg (Rocaltrol)</b>	1	
<b>calcitriol cap 0.5 mcg (Rocaltrol)</b>	2	
<b>carglumic acid soluble tab 200 mg (Carbaglu)</b>	2	PA, SP
<b>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)</b>	2	PA, SP
<b>clomiphene citrate tab 50 mg</b>	2	
CRENESSITY - crinecerfont cap 25 mg, 50 mg, 100 mg	4	PA, QL (60 capsules/30 days), SP
CRENESSITY - crinecerfont oral soln 50 mg/ml	4	PA, QL (120 mls/30 days), SP
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	4	
<b>desmopressin acetate inj 4 mcg/ml (Ddavp)</b>	2	
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	2	
<b>desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)</b>	2	
<b>desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)</b>	2	
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml	3	PA, QL (15 cartridges/30 days), SP
FOLLISTIM AQ - follitropin beta inj 600 unit/0.72ml	3	PA, QL (8 cartridges/30 days), SP
FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml	3	PA, QL (5 cartridges/30 days), SP
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	4	PA, QL (14 capsules/28 days), SP
<b>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)</b>	2	PA, QL (5 syringes/30 days), SP
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	3	PA, SP
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	3	PA, SP
<b>glycerol phenylbutyrate liquid 1.1 gm/ml (Ravicti)</b>	2	PA, SP
<b>ibandronate sodium tab 150 mg (base equivalent) (Boniva)</b>	1	
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	4	PA, QL (10 vials/30 days), SP
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	3	SP
ISTURISA - osilodrostat phosphate tab 1 mg	4	PA, QL (240 tablets/30 days), SP
ISTURISA - osilodrostat phosphate tab 5 mg	4	PA, QL (360 tablets/30 days), SP
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	PA, QL (56 tablets/28 days), SP
JYNARQUE - tolvaptan tab 15 mg	2	PA, QL (60 tablets/30 days), SP
JYNARQUE - tolvaptan tab 30 mg	2	PA, QL (30 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg	3	QL (30 tablets/30 days), ST
<b>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</b>	2	
<b>levocarnitine tab 330 mg (Carnitor)</b>	2	
LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg)	3	SP
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg)	3	SP
LUPRON DEPOT-PED (6-MONTH - leuprolide acet (6 month) for im inj pediatric kit 45 mg)	3	SP
MENOPUR - menotropins for subcutaneous inj 75 unit	4	PA, QL (60 vials/30 days), SP
<b>mifepristone tab 200 mg (Mifeprex)</b>	1	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	4	PA, SP
MYCAPSSA - octreotide acetate cap delayed release 20 mg	4	PA, QL (120 capsules/30 days), SP
<b>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)</b>	2	SP
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	3	SP
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	4	SP
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	4	PA, QL (90 syringes/30 days), SP
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml) (Sandostatin)</b>	2	PA, QL (90 ml/30 days), SP
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b>	2	PA, QL (18 vials/30 days), SP
<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)</b>	2	PA, QL (90 ml/90 days), SP
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b>	2	PA, QL (6 vials/30 days), SP
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	3	PA, SP
OMNITROPE - somatropin for inj 5.8 mg	3	PA, SP
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	4	PA, QL (8 capsules/28 days), SP
ORFADIN - nitisinone susp 4 mg/ml	3	SP
ORLISSA - elagolix sodium tab 150 mg (base equiv)	3	PA, QL (30 tablets/30 days)
ORLISSA - elagolix sodium tab 200 mg (base equiv)	3	PA, QL (60 tablets/30 days)
OVIDREL - choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	3	PA, QL (2 syringes/30 days), SP
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	4	PA, SP
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	4	PA, SP
PREGNYL - chorionic gonadotropin for im inj 10000 unit	3	PA, QL (2 vials/30 days), SP
PREGNYL W/DILUENT BENZYL - chorionic gonadotropin for im inj 10000 unit	3	PA, QL (2 vials/30 days), SP
<b>raloxifene hcl tab 60 mg (Evista)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
REVCOVI - elapegamase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	3	SP
<b>risedronate sodium tab 30 mg, 35 mg, 150 mg (Actonel)</b>	2	
<b>sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)</b>	2	PA, SP
<b>sapropterin dihydrochloride tab 100 mg (Kuvan)</b>	2	PA, SP
SEPHIENCE - sepiapterin powder packet 250 mg, 1000 mg	4	PA, SP
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	4	SP
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 0.7 mg, 1.4 mg, 1.8 mg, 2.1 mg, 2.5 mg, 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	4	PA, SP
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	4	PA, SP
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)</b>	2	PA, SP
<b>sodium phenylbutyrate tab 500 mg (Buphenyl)</b>	2	PA, SP
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	PA, QL (30 vials/30 days), SP
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	3	PA, SP
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	4	SP
<b>teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)</b>	2	PA, QL (1 pen/28 days), SP
<b>tolvaptan tab 15 mg (Samsca)</b>	2	PA, QL (30 tablets/365 days), SP
<b>tolvaptan tab 30 mg (Samsca)</b>	2	PA, QL (60 tablets/365 days), SP
TRYNGOLZA - olesarsen sod subcut soln auto-inject 80 mg/0.8ml (base eq)	4	PA, QL (1 injection device/28 days), SP
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	3	PA, QL (1 pen/30 days), SP
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	4	PA, QL (30 vials/30 days), SP
VYKAT XR - diazoxide choline tab er 24hr 25 mg	4	PA, QL (120 tablets/30 days), SP
VYKAT XR - diazoxide choline tab er 24hr 75 mg	4	PA, QL (210 tablets/30 days), SP
VYKAT XR - diazoxide choline tab er 24hr 150 mg	4	PA, QL (90 tablets/30 days), SP
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	4	PA, QL (2 pens/28 days), SP
<b>CARDIOVASCULAR AGENTS</b>		
<b>CARDIOTONICS</b>		
DIGOXIN - digoxin oral soln 0.05 mg/ml	4	
<b>digoxin oral soln 0.05 mg/ml (Digoxin)</b>	2	
<b>digoxin tab 62.5 mcg (0.0625 mg) (Lanoxin)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)</b>	1	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	4	
<b>ANTIANGINAL AGENTS</b>		
<b>isosorbide dinitrate tab 5 mg (Isordil titradose)</b>	2	
<b>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg</b>	2	
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	4	
<b>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</b>	1	
NITRO-BID - nitroglycerin oint 2%	4	
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	4	
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	4	
<b>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</b>	1	
<b>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)</b>	2	
<b>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)</b>	2	
<b>ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)</b>	2	
<b>BETA BLOCKERS</b>		
<b>acebutolol hcl cap 200 mg, 400 mg</b>	2	
<b>atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)</b>	1	
<b>betaxolol hcl tab 10 mg, 20 mg</b>	2	
<b>bisoprolol fumarate tab 5 mg</b>	1	
<b>bisoprolol fumarate tab 10 mg</b>	2	
<b>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)</b>	1	
<b>labetalol hcl tab 100 mg</b>	1	
<b>labetalol hcl tab 200 mg, 300 mg</b>	2	
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)</b>	1	
<b>metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg</b>	1	
<b>metoprolol tartrate tab 50 mg, 100 mg (Lopressor)</b>	1	
<b>nadolol tab 20 mg, 40 mg, 80 mg (Corgard)</b>	2	
<b>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)</b>	1	
<b>pindolol tab 5 mg, 10 mg</b>	2	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	3	
<b>propranolol hcl cap er 24hr 60 mg, 80 mg (Inderal la)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl cap er 24hr 120 mg, 160 mg (Inderal la)	2	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg	1	
propranolol hcl tab 60 mg	2	
PROPRANOLOL HYDROCHLORIDE - propranolol hcl oral soln 20 mg/5ml	4	
sotalol hcl (afib/af) tab 80 mg, 120 mg (Betapace af)	1	
sotalol hcl (afib/af) tab 160 mg (Betapace af)	2	
sotalol hcl tab 80 mg, 120 mg (Betapace)	1	
sotalol hcl tab 160 mg (Betapace)	2	
sotalol hcl tab 240 mg	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1	
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	2	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg, 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg (Cardizem cd)	1	
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	2	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg (Tiazac)	1	
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	2	
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	2	
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1	
diltiazem hcl tab 90 mg	2	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1	
nifedipine cap 10 mg (Procardia)	2	
nifedipine cap 20 mg	2	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg (Procardia xl)	1	
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	2	
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	4	
nimodipine cap 30 mg	2	
NYMALIZE - nimodipine oral soln 6 mg/ml	4	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	2	
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIARRHYTHMICS</b>		
amiodarone hcl tab 100 mg	2	
amiodarone hcl tab 200 mg	1	
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	2	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	2	
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg, 150 mg	2	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	2	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	3	
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	4	
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	4	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	2	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg, 300 mg	2	
quinidine gluconate tab er 324 mg	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	4	
<b>ANTIHYPERTENSIVES</b>		
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-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	2	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	2	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	2	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1	
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	2	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	2	
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, 10-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	1	

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	2	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	2	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	1	
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	2	
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	2	
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	2	
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 oral soln 1 mg/ml (Epaned)	2	PA, QL (1200 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1	
epplerenone tab 25 mg, 50 mg (Inspra)	2	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
guanfacine hcl tab 1 mg, 2 mg	2	
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, 30 mg, 40 mg (Zestril)	1	
lisinopril tab 10 mg, 20 mg (Prinivil)	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 500 mg	4	
methyldopa tab 250 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	2	
metoprolol & hydrochlorothiazide tab 100-25 mg, 100-50 mg	2	
minoxidil tab 2.5 mg, 10 mg	1	
moexipril hcl tab 7.5 mg, 15 mg	2	
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)</b>	1	
<b>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)</b>	2	
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	4	
<b>perindopril erbumine tab 4 mg</b>	2	
<b>phenoxybenzamine hcl cap 10 mg (Dibenzyline)</b>	2	
<b>prazosin hcl cap 1 mg (Minipress)</b>	1	
<b>prazosin hcl cap 2 mg</b>	1	
<b>prazosin hcl cap 5 mg (Minipress)</b>	2	
QBRELIS - lisinopril oral soln 1 mg/ml	4	PA, QL (1200 mls/30 days)
<b>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)</b>	1	
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2	
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-25 mg	4	
<b>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)</b>	1	
<b>telmisartan tab 20 mg, 80 mg (Micardis)</b>	1	
<b>telmisartan tab 40 mg (Micardis)</b>	2	
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	4	
<b>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>	1	
<b>trandolapril tab 1 mg, 2 mg, 4 mg</b>	1	
<b>valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)</b>	1	
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg (Diovan hct)</b>	1	
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg, 320-25 mg (Diovan hct)</b>	2	
VECAMYL - mecamlamine hcl tab 2.5 mg	4	SP
<b>DIURETICS</b>		
<b>acetazolamide cap er 12hr 500 mg</b>	2	
<b>acetazolamide tab 125 mg</b>	1	
<b>acetazolamide tab 250 mg</b>	2	
<b>amiloride hcl tab 5 mg</b>	1	
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	4	
<b>bumetanide tab 0.5 mg (Bumex)</b>	1	
<b>bumetanide tab 1 mg</b>	1	
<b>bumetanide tab 2 mg (Bumex)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>chlorthalidone tab 25 mg, 50 mg</b>	1	
DIURIL - chlorothiazide susp 250 mg/5ml	4	
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	4	PA, QL (8 kits/180 days), SP
FUROSEMIDE - furosemide oral soln 10 mg/ml	1	
<b>furosemide tab 20 mg, 40 mg, 80 mg (Lasix)</b>	1	
<b>hydrochlorothiazide cap 12.5 mg</b>	1	
<b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</b>	1	
<b>indapamide tab 1.25 mg, 2.5 mg</b>	1	
<b>methazolamide tab 25 mg, 50 mg</b>	2	
<b>metolazone tab 2.5 mg</b>	1	
<b>metolazone tab 5 mg, 10 mg</b>	2	
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (Aldactazide)</b>	2	
<b>spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)</b>	1	
<b>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</b>	1	
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide)</b>	1	
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</b>	1	
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</b>	1	
<b>triamterene cap 50 mg, 100 mg (Dyrenium)</b>	2	
<b>VASOPRESSORS</b>		
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)</b>	1	
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)</b>	1	
<b>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</b>	2	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)</b>	1	QL (45 tablets/30 days)
<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)</b>	1	QL (30 tablets/30 days)
<b>cholestyramine light powder 4 gm/dose (Questran light)</b>	2	
<b>cholestyramine powder 4 gm/dose (Questran)</b>	2	
<b>colesevelam hcl tab 625 mg (Welchol)</b>	2	
<b>colestipol hcl granule packets 5 gm (Colestid flavored)</b>	2	
<b>colestipol hcl granules 5 gm (Colestid flavored)</b>	2	
<b>colestipol hcl tab 1 gm (Colestid)</b>	2	
<b>ezetimibe tab 10 mg (Zetia)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)</b>	2	QL (30 tablets/30 days)
<b>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</b>	1	
<b>fenofibrate tab 48 mg, 145 mg (Tricor)</b>	1	
<b>fenofibrate tab 54 mg, 160 mg</b>	1	
<b>gemfibrozil tab 600 mg (Lopid)</b>	1	
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	4	SP
<b>lovastatin tab 10 mg, 20 mg, 40 mg</b>	1	QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
<b>niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)</b>	2	
<b>pravastatin sodium tab 10 mg</b>	1	QL (45 tablets/30 days)
<b>pravastatin sodium tab 20 mg, 40 mg (Pravachol)</b>	1	QL (45 tablets/30 days)
<b>pravastatin sodium tab 80 mg</b>	1	QL (30 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
<b>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)</b>	1	QL (45 tablets/30 days)
<b>rosuvastatin calcium tab 40 mg (Crestor)</b>	1	QL (30 tablets/30 days)
<b>simvastatin tab 5 mg</b>	1	QL (45 tablets/30 days)
<b>simvastatin tab 10 mg, 40 mg (Zocor)</b>	1	QL (45 tablets/30 days)
<b>simvastatin tab 20 mg (Zocor)</b>	1	QL (60 tablets/30 days)
<b>simvastatin tab 80 mg (Zocor)</b>	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	2	PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2	PA, QL (120 capsules/30 days)
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	PA, QL (90 tablets/30 days), SP
<b>ambriasantan tab 5 mg, 10 mg (Letairis)</b>	2	PA, QL (30 tablets/30 days), SP
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	3	PA, QL (112 tablets/28 days), SP
<b>bosentan tab for oral susp 32 mg (Tracleer)</b>	2	PA, QL (120 tablets/30 days), SP
<b>bosentan tab 62.5 mg, 125 mg (Tracleer)</b>	2	PA, QL (60 tablets/30 days), SP
CAMZYOS - mavacamten cap 2.5 mg, 10 mg, 15 mg	4	PA, QL (30 capsules/30 days), SP
CAMZYOS - mavacamten cap 5 mg	4	PA, QL (30 capsule/30 days), SP
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3	PA, QL (600 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	3	PA, QL (240 capsules/30 days)
<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)</b>	2	
<b>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)</b>	2	PA, QL (60 tablets/30 days)
OPSUMIT - macitentan tab 10 mg	3	PA, QL (30 tablets/30 days), SP
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	PA, SP
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	PA, QL (1 kit/180 days), SP
<b>sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg (Entresto)</b>	2	
<b>sildenafil citrate for suspension 10 mg/ml (Revatio)</b>	2	PA, QL (224 ml/30 days), SP
<b>sildenafil citrate tab 20 mg (Revatio)</b>	2	PA, QL (90 tablets/30 days), SP
<b>tadalafil tab 20 mg (pah) (Adcirca)</b>	2	PA, QL (60 tablets/30 days), SP
TYVASO - treprostinil inhalation solution 0.6 mg/ml	4	PA, QL (28 vials/28 days), SP
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge, 80 mcg/cartridge	4	PA, QL (112 cartridges/28 days), SP
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 112 x 32mcg & 112 x 64mcg, 112 x 48mcg & 112 x 64mcg	4	PA, QL (224 cartridges/28 days), SP
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	4	PA, QL (252 cartridges/180 days), SP
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	4	PA, QL (1 kit/180 days), SP
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	4	PA, QL (1 kit/180 days), SP
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	3	PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	3	PA, QL (1 pack/180 days), SP
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	3	PA, QL (30 capsules/30 days), SP
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	4	PA, QL (1 kit/21 days), SP
YUTREPIA - treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg	4	PA, QL (112 capsules/28 days), SP
<b>ERECTILE DYSFUNCTION</b>		
<b>avanafil tab 50 mg, 100 mg, 200 mg (Stendra)</b>	2+	QL (6 tablets/30 days)
CAVERJECT - alprostadil for inj 20 mcg, 40 mcg	4+	

Drug Name	Drug Tier	Requirements/Limits
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg, 20 mcg	4+	
EDEX (2 CARTRIDGE) - alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg	4+	
EDEX (6 CARTRIDGE) - alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg	4+	
<b>sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra)</b>	1+	QL (6 tablets/30 days)
<b>tadalafil tab 2.5 mg, 5 mg (Cialis)</b>	1	QL (30 tablets/30 days)
<b>tadalafil tab 10 mg, 20 mg (Cialis)</b>	1+	QL (6 tablets/30 days)
<b>vardenafil hcl orally disintegrating tab 10 mg (Staxyn)</b>	2+	QL (6 tablets/30 days)
<b>vardenafil hcl tab 2.5 mg</b>	1+	QL (6 tablets/30 days)
<b>vardenafil hcl tab 5 mg</b>	2+	QL (6 tablets/30 days)
<b>vardenafil hcl tab 10 mg, 20 mg (Levitra)</b>	2+	QL (6 tablets/30 days)
<b>RESPIRATORY AGENTS</b>		
<b>ANTI-HISTAMINES</b>		
<b>carbinoxamine maleate tab 4 mg</b>	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	4	
<b>cyproheptadine hcl syrup 2 mg/5ml</b>	1	
<b>cyproheptadine hcl tab 4 mg</b>	1	
<b>promethazine hcl oral soln 6.25 mg/5ml</b>	1	
<b>promethazine hcl suppos 12.5 mg, 25 mg</b>	2	
<b>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</b>	1	
PROMETHEGAN - promethazine hcl suppos 50 mg	4	
<b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>		
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b>	1	
<b>fluticasone propionate nasal susp 50 mcg/act</b>	1	
<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)</b>	2	
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	PA, QL (2 bottles/30 days)
<b>COUGH/COLD/ALLERGY</b>		
<b>acetylcysteine inhal soln 10%, 20%</b>	2	
<b>benzonatate cap 100 mg (Tessalon perles)</b>	1	
<b>benzonatate cap 200 mg</b>	1	
<b>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)</b>	1	
<b>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)</b>	2	
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	4	
HYPERSAL - sodium chloride soln nebu 7%	4	

Drug Name	Drug Tier	Requirements/Limits
NEBUSAL - sodium chloride soln nebu 3%	2	
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	1	
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>	1	
PULMOSAL - sodium chloride soln nebu 7%	1	
SODIUM CHLORIDE - sodium chloride soln nebu 0.9%	4	
SODIUM CHLORIDE - sodium chloride soln nebu 3%	2	
SODIUM CHLORIDE - sodium chloride soln nebu 7%	1	
<b>ANTIASTHMATIC and BRONCHODILATOR AGENTS</b>		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)</b>	1	QL (2 canisters/30 days)
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>	1	
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</b>	2	
<b>albuterol sulfate syrup 2 mg/5ml</b>	1	
<b>albuterol sulfate tab 2 mg, 4 mg</b>	2	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 inhaler/30 days)
<b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)</b>	2	
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 inhalers/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act	3	QL (1 canister/30 days)
<b>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3	QL (2 inhalers/30 days)
<b>cromolyn sodium soln nebu 20 mg/2ml</b>	2	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	3	PA, QL (1 pen/28 days), SP
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act	4	QL (1 inhaler/30 days), ST
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act	4	QL (1 inhaler/30 days), ST
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act	4	QL (2 inhalers/30 days), ST
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	1	QL (1 inhaler/30 days)
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)</b>	2	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (1 inhaler/30 days)
<b>ipratropium bromide inhal soln 0.02%</b>	1	
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	2	
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)</b>	2	
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)</b>	2	
<b>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)</b>	1	
<b>montelukast sodium tab 10 mg (base equiv) (Singulair)</b>	1	
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	3	PA, QL (3 syringes/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	3	PA, QL (1 syringe/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	3	PA, QL (3 syringes/28 days), SP
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
<b>roflumilast tab 250 mcg, 500 mcg (Daliresp)</b>	2	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 inhaler/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2	QL (3 inhalers/30 days)
<b>terbutaline sulfate tab 2.5 mg, 5 mg</b>	2	
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	3	PA, QL (1 pen/28 days), SP
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	4	
<b>theophylline elixir 80 mg/15ml</b>	2	
<b>theophylline soln 80 mg/15ml</b>	2	
<b>theophylline tab er 12hr 300 mg, 450 mg</b>	2	
<b>theophylline tab er 24hr 400 mg, 600 mg</b>	2	
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 canisters/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	3	PA, SP
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	3	PA, SP
<b>zafirlukast tab 10 mg, 20 mg (Accolate)</b>	2	
<b>RESPIRATORY AGENTS - MISC.</b>		
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	3	PA, QL (84 tablets/28 days), SP
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	3	PA, QL (56 tablets/28 days), SP
BRINSUPRI - brensocatic tab 10 mg, 25 mg	4	PA, QL (30 tablets/30 days), SP
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	4	SP
GLASSIA - alpha1-proteinase inhibitor (human) iv soln 4 gm/200ml, 5 gm/250ml	4	SP
KALYDECO - ivacaftor tab 150 mg	3	PA, QL (60 tablets/30 days), SP
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	3	PA, QL (60 packets/30 days), SP
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	4	PA, QL (60 capsules/30 days), SP
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	4	PA, QL (120 tablets/30 days), SP
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	4	PA, QL (60 packets/30 days), SP
PIRFENIDONE - pirfenidone tab 534 mg	4	PA, QL (21 tablets/180 days), SP

Drug Name	Drug Tier	Requirements/Limits
<b>pirfenidone cap 267 mg (Esbriet)</b>	2	PA, QL (180 capsules/30 days), SP
<b>pirfenidone tab 267 mg (Esbriet)</b>	2	PA, QL (180 tablets/30 days), SP
<b>pirfenidone tab 801 mg (Esbriet)</b>	2	PA, QL (90 tablets/30 days), SP
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	3	SP
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	3	PA, QL (30 tablets/30 days), SP
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	3	PA, QL (60 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	3	PA, QL (56 packs/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	3	PA, QL (56 packs/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	3	PA, QL (90 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	3	PA, QL (90 tablets/30 days), SP
<b>GASTROINTESTINAL AGENTS</b>		
<b>LAXATIVES</b>		
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	4	
<b>lactulose solution 10 gm/15ml</b>	2	
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</b>	1	
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	2	
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	4	
<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)</b>	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
<b>ANTIDIARRHEALS</b>		
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</b>	1	
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
MOTOFEN - difenoxin w/ atropine tab 1-0.025 mg	4	
<b>ULCER DRUGS</b>		
<b>dicyclomine hcl cap 10 mg</b>	1	
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	2	
<b>dicyclomine hcl tab 20 mg</b>	1	
<b>esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)</b>	2	QL (60 packets/30 days)
<b>esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)</b>	2	QL (60 packets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>famotidine for susp 40 mg/5ml</b>	2	
<b>famotidine tab 40 mg (Pepcid)</b>	1	
<b>glycopyrrolate oral soln 1 mg/5ml (Cuvposa)</b>	2	
<b>glycopyrrolate tab 1 mg, 2 mg</b>	2	
<b>methscopolamine bromide tab 2.5 mg, 5 mg</b>	2	
<b>misoprostol tab 100 mcg, 200 mcg (Cytotec)</b>	1	
<b>omeprazole cap delayed release 10 mg, 20 mg, 40 mg</b>	1	QL (60 capsules/30 days)
<b>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)</b>	1	QL (60 tablets/30 days)
<b>sucralfate tab 1 gm (Carafate)</b>	2	
<b>ANTIEMETICS</b>		
<b>ANZEMET - dolasetron mesylate tab 50 mg</b>	4	
<b>aprepitant capsule therapy pack 80 &amp; 125 mg (Emend tripack)</b>	2	
<b>aprepitant capsule 40 mg, 80 mg (Emend)</b>	2	
<b>aprepitant capsule 125 mg</b>	2	
<b>dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)</b>	2	
<b>EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)</b>	3	
<b>granisetron hcl tab 1 mg</b>	2	
<b>ONDANSETRON HCL - ondansetron hcl tab 24 mg</b>	4	
<b>ondansetron hcl oral soln 4 mg/5ml</b>	2	
<b>ondansetron hcl tab 4 mg (Zofran)</b>	1	
<b>ondansetron hcl tab 8 mg</b>	1	
<b>ondansetron orally disintegrating tab 4 mg, 8 mg</b>	1	
<b>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</b>	2	
<b>trimethobenzamide hcl cap 300 mg</b>	2	
<b>VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)</b>	3	
<b>DIGESTIVE AIDS</b>		
<b>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</b>	3	
<b>SUCRAID - sacrosidase soln 8500 unit/ml</b>	4	PA, QL (300 mls/30 days), SP
<b>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</b>	3	
<b>GASTROINTESTINAL AGENTS- MISC.</b>		
<b>alosepron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)</b>	2	PA, QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	4	
<b>balsalazide disodium cap 750 mg (Colazal)</b>	2	
BYLVAY - odevoxibat cap 400 mcg, 1200 mcg	4	PA, SP
BYLVAY (PELLETS) - odevoxibat pellets cap sprinkle 200 mcg, 600 mcg	4	PA, SP
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b>	2	
<b>calcium acetate (phosphate binder) tab 667 mg</b>	2	
CHOLBAM - cholic acid cap 50 mg, 250 mg	4	SP
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	4	PA, QL (4 syringes/28 days), SP
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	4	PA, QL (1 kit/180 days), SP
<b>cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)</b>	2	
CTEXLI - chenodiol (basds) tab 250 mg	3	PA, QL (90 tablets/30 days), SP
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	3	PA, QL (2 pens/28 days), SP
FERRIC CITRATE - ferric citrate tab 1 gm (210 mg ferric iron)	4	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	4	
GATTEX - teduglutide (rdna) for inj kit 5 mg	4	PA, SP
IQIRVO - elafibranor tab 80 mg	4	PA, QL (30 tablets/30 days), SP
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	1	
<b>lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)</b>	2	
LIVDELZI - seladelpar lysine cap 10 mg	4	PA, QL (30 capsules/30 days), SP
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg, 30 mg	4	PA, SP
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml, 19 mg/ ml	4	PA, SP
<b>lubiprostone cap 8 mcg (Amitiza)</b>	2	PA, QL (120 capsules/30 days)
<b>lubiprostone cap 24 mcg (Amitiza)</b>	2	PA, QL (60 capsules/30 days)
<b>mesalamine cap dr 400 mg (Delzicol)</b>	2	
<b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>	2	
<b>mesalamine enema 4 gm</b>	2	
<b>mesalamine suppos 1000 mg (Canasa)</b>	2	
<b>mesalamine tab delayed release 800 mg</b>	2	
<b>mesalamine tab delayed release 1.2 gm (Lialda)</b>	2	
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	2	
<b>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	4	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	PA, QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	3	PA, QL (2 pens/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 200 mg/2ml	3	PA, QL (1 pen/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	3	PA, QL (2 pens/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	3	PA, QL (2 syringes/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 200 mg/2ml	3	PA, QL (1 syringe/28 days), SP
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	3	PA, QL (2 syringes/28 days), SP
<b>sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)</b>	2	
<b>sevelamer carbonate tab 800 mg (Renvela)</b>	2	
<b>sevelamer hcl tab 400 mg</b>	2	
<b>sevelamer hcl tab 800 mg (Renagel)</b>	2	
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	4	
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	3	PA, QL (1 cartridge/56 days), SP
<b>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</b>	2	
<b>sulfasalazine tab 500 mg (Azulfidine)</b>	1	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	3	PA, QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	3	PA, QL (1 syringe/28 days), SP
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	3	PA, QL (1 pen/28 days), SP
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	3	PA, QL (3 kits/180 days), SP
TRULANCE - plecanatide tab 3 mg	3	PA, QL (30 tablets/30 days)
<b>ursodiol cap 300 mg (Actigall)</b>	2	
<b>ursodiol tab 250 mg (Urso 250)</b>	2	
<b>ursodiol tab 500 mg (Urso forte)</b>	2	
VIBERZI - eluxadoline tab 75 mg, 100 mg	3	
VOWST - fecal microbiota spores, live-brpk caps	4	PA, QL (12 capsules/12 months), SP
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	4	SP
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	4	PA, QL (2 pens/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	4	PA, QL (2 pens/28 days), SP
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	4	PA, QL (2 syringes/28 days), SP
<b>GENITOURINARY AGENTS</b>		
<b>URINARY ANTISPASMODICS</b>		
<b>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</b>	2	
<b>mirabegron tab er 24 hr 25 mg, 50 mg (Myrbetriq)</b>	2	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (300 ml/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	QL (30 tablets/30 days)
<b>oxybutynin chloride solution 5 mg/5ml</b>	1	QL (600 ml/30 days)
<b>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</b>	1	QL (30 tablets/30 days)
<b>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</b>	1	QL (60 tablets/30 days)
<b>oxybutynin chloride tab er 24hr 15 mg</b>	1	QL (60 tablets/30 days)
<b>oxybutynin chloride tab 5 mg</b>	1	QL (120 tablets/30 days)
<b>solifenacin succinate tab 5 mg (Vesicare)</b>	1	QL (30 tablets/30 days)
<b>solifenacin succinate tab 10 mg (Vesicare)</b>	1	QL (30 tablets/20 days)
<b>tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol Ia)</b>	2	QL (30 capsules/30 days)
<b>tolterodine tartrate tab 1 mg, 2 mg (Detrol)</b>	2	QL (60 tablets/30 days)
<b>tropium chloride cap er 24hr 60 mg</b>	2	QL (30 capsules/30 days)
<b>tropium chloride tab 20 mg</b>	2	QL (60 tablets/30 days)
<b>VAGINAL PRODUCTS</b>		
<b>clindamycin phosphate vaginal cream 2% (Cleocin)</b>	2	
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	4	
ENCARE - nonoxynol-9 vaginal suppos 100 mg	3	
ENDOMETRIN - progesterone vaginal insert 100 mg	3	
<b>estradiol vaginal cream 0.01% (Estrace)</b>	2	
<b>estradiol vaginal tab 10 mcg (Vagifem)</b>	2	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3	
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	4	
<b>metronidazole vaginal gel 0.75%</b>	2	
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	4	
NUVESSA - metronidazole vaginal gel 1.3%	4	
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	3	
PHEXX - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	4	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	4	

Drug Name	Drug Tier	Requirements/Limits
<b>progesterone vaginal insert 100 mg (Endometrin)</b>	2	
<b>terconazole vaginal cream 0.4%, 0.8%</b>	2	
<b>terconazole vaginal suppos 80 mg</b>	2	
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	3	
VANDAZOLE - metronidazole vaginal gel 0.75%	4	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	3	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	3	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	3	
<b>GENITOURINARY AGENTS - MISC.</b>		
<b>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</b>	1	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	3	SP
<b>dutasteride cap 0.5 mg (Avodart)</b>	1	
ELMIRON - pentosan polysulfate sodium caps 100 mg	4	PA, QL (90 capsules/30 days)
FILSPARI - sparsentan tab 200 mg, 400 mg	4	PA, QL (30 tablets/30 days), SP
<b>finasteride tab 5 mg (Proscar)</b>	1	
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	3	
LITHOSTAT - acetohydroxamic acid tab 250 mg	4	
<b>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)</b>	2	
<b>potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)</b>	2	
<b>potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)</b>	2	
<b>silodosin cap 4 mg, 8 mg (Rapaflo)</b>	2	
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b>	2	
SODIUM CITRATE AND CITRIC - sodium citrate & citric acid soln 500-334 mg/5ml	2	
SODIUM CITRATE/CITRIC ACI - sodium citrate & citric acid soln 500-334 mg/5ml	2	
<b>tamsulosin hcl cap 0.4 mg (Flomax)</b>	1	
THIOLA EC - tiopronin tab delayed release 100 mg, 300 mg	4	SP
<b>tiopronin tab delayed release 100 mg, 300 mg (Thiola ec)</b>	2	SP
<b>tiopronin tab 100 mg (Thiola)</b>	2	SP
VANRAFIA - atrasentan hcl tab 0.75 mg	4	PA, QL (30 tablets/30 days), SP
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>		
<b>ANTI-ANXIETY AGENTS</b>		
<b>alprazolam tab er 24hr 0.5 mg, 1 mg, 3 mg (Xanax xr)</b>	1	
<b>alprazolam tab er 24hr 2 mg (Xanax xr)</b>	2	
<b>alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)</b>	1	
<b>bupirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg</b>	1	
<b>chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium tab 3.75 mg, 15 mg	2	
clorazepate dipotassium tab 7.5 mg (Tranxene t)	2	
diazepam conc 5 mg/ml	2	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1	
hydroxyzine hcl syrup 10 mg/5ml	2	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1	
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	4	
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1	
lorazepam conc 2 mg/ml	2	
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1	
oxazepam cap 10 mg, 15 mg, 30 mg	2	
<b>ANTIDEPRESSANTS</b>		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	1	
amitriptyline hcl tab 150 mg	2	
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	1	QL (120 tablets/30 days)
bupropion hcl tab er 12hr 150 mg, 200 mg (Wellbutrin sr)	1	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	1	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	1	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	1	QL (180 tablets/30 days)
bupropion hcl tab 100 mg	1	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	2	QL (600 ml/30 days)
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	1	QL (120 tablets/30 days)
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	1	QL (60 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	2	
desipramine hcl tab 10 mg (Norpramin)	1	
desipramine hcl tab 25 mg (Norpramin)	2	
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	2	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	2	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	2	QL (120 tablets/30 days)
DOXEPIN HCL - doxepin hcl conc 10 mg/ml	1	
doxepin hcl cap 10 mg, 25 mg, 50 mg	1	
doxepin hcl cap 75 mg, 100 mg, 150 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)</b>	1	QL (180 capsules/30 days)
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)</b>	1	QL (120 capsules/30 days)
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)</b>	1	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	4	
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>	2	QL (600 ml/30 days)
<b>escitalopram oxalate tab 5 mg (base equiv) (Lexapro)</b>	1	QL (120 tablets/30 days)
<b>escitalopram oxalate tab 10 mg (base equiv) (Lexapro)</b>	1	QL (60 tablets/30 days)
<b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro)</b>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	4	QL (30 capsules/30 days), ST
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (1 kit/28 days), ST
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days), ST
<b>fluoxetine hcl cap 10 mg (Prozac)</b>	1	QL (240 capsules/30 days)
<b>fluoxetine hcl cap 20 mg (Prozac)</b>	1	QL (120 capsules/30 days)
<b>fluoxetine hcl cap 40 mg (Prozac)</b>	1	QL (60 capsules/30 days)
<b>fluoxetine hcl solution 20 mg/5ml</b>	2	QL (600 ml/30 days)
<b>fluoxetine hcl tab 10 mg</b>	1	QL (240 tablets/30 days)
<b>fluoxetine hcl tab 20 mg</b>	2	QL (120 tablets/30 days)
<b>flvoxamine maleate tab 25 mg, 50 mg</b>	1	QL (30 tablets/30 days)
<b>flvoxamine maleate tab 100 mg</b>	2	QL (90 tablets/30 days)
<b>imipramine hcl tab 10 mg, 25 mg, 50 mg</b>	1	
MARPLAN - isocarboxazid tab 10 mg	4	
<b>mirtazapine orally disintegrating tab 15 mg (Remeron soltab)</b>	1	QL (90 tablets/30 days)
<b>mirtazapine orally disintegrating tab 30 mg, 45 mg (Remeron soltab)</b>	2	QL (30 tablets/30 days)
<b>mirtazapine tab 7.5 mg</b>	2	QL (30 tablets/30 days)
<b>mirtazapine tab 15 mg (Remeron)</b>	1	QL (90 tablets/30 days)
<b>mirtazapine tab 30 mg (Remeron)</b>	1	QL (30 tablets/30 days)
<b>mirtazapine tab 45 mg</b>	1	QL (30 tablets/30 days)
<b>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</b>	1	
<b>nortriptyline hcl soln 10 mg/5ml</b>	2	
<b>paroxetine hcl tab 10 mg (Paxil)</b>	1	QL (180 tablets/30 days)
<b>paroxetine hcl tab 20 mg (Paxil)</b>	1	QL (90 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>paroxetine hcl tab 30 mg (Paxil)</b>	1	QL (60 tablets/30 days)
<b>paroxetine hcl tab 40 mg (Paxil)</b>	1	QL (30 tablets/30 days)
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	4	
<b>protriptyline hcl tab 5 mg, 10 mg</b>	2	
<b>sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)</b>	2	QL (300 ml/30 days)
<b>sertraline hcl tab 25 mg (Zoloft)</b>	1	QL (240 tablets/30 days)
<b>sertraline hcl tab 50 mg (Zoloft)</b>	1	QL (120 tablets/30 days)
<b>sertraline hcl tab 100 mg (Zoloft)</b>	1	QL (60 tablets/30 days)
<b>tranylcypromine sulfate tab 10 mg (Parnate)</b>	2	
<b>trazodone hcl tab 50 mg, 100 mg, 150 mg</b>	1	
<b>trimipramine maleate cap 25 mg, 50 mg, 100 mg</b>	2	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	4	QL (30 tablets/30 days), ST
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)</b>	1	QL (180 capsules/30 days)
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)</b>	1	QL (90 capsules/30 days)
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)</b>	1	QL (60 capsules/30 days)
<b>venlafaxine hcl tab 25 mg (base equivalent)</b>	1	QL (450 tablets/30 days)
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b>	1	QL (300 tablets/30 days)
<b>venlafaxine hcl tab 50 mg (base equivalent)</b>	1	QL (210 tablets/30 days)
<b>venlafaxine hcl tab 75 mg (base equivalent), 100 mg (base equivalent)</b>	1	QL (90 tablets/30 days)
<b>vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)</b>	2	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	3	QL (28 capsules/365 days), SP
ZURZUVAE - zuranolone cap 30 mg	3	QL (14 capsules/365 days), SP
<b>ANTIPSYCHOTICS</b>		
<b>aripiprazole oral solution 1 mg/ml</b>	2	QL (900 ml/30 days)
<b>aripiprazole orally disintegrating tab 10 mg, 15 mg</b>	2	QL (60 tablets/30 days)
<b>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg (Abilify)</b>	1	QL (30 tablets/30 days)
<b>aripiprazole tab 30 mg (Abilify)</b>	2	QL (30 tablets/30 days)
<b>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)</b>	2	QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	4	QL (30 capsules/30 days)
<b>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</b>	2	
<b>clozapine orally disintegrating tab 12.5 mg, 100 mg</b>	2	QL (90 tablets/30 days)
<b>clozapine orally disintegrating tab 25 mg</b>	2	QL (270 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>clozapine orally disintegrating tab 150 mg</b>	2	QL (180 tablets/30 days), ST
<b>clozapine orally disintegrating tab 200 mg</b>	2	QL (120 tablets/30 days), ST
<b>clozapine tab 25 mg (Clozaril)</b>	1	QL (90 tablets/30 days)
<b>clozapine tab 50 mg (Clozaril)</b>	2	QL (90 tablets/30 days)
<b>clozapine tab 100 mg (Clozaril)</b>	2	QL (270 tablets/30 days)
<b>clozapine tab 200 mg (Clozaril)</b>	2	QL (120 tablets/30 days)
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	4	
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	4	QL (60 tablets/30 days), ST
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	QL (1 pack/180 days), ST
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	4	QL (1 pack/180 days), ST
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	4	QL (1 pack/180 days), ST
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	
<b>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</b>	2	
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	4	
<b>haloperidol lactate oral conc 2 mg/ml</b>	2	
<b>haloperidol tab 0.5 mg, 1 mg</b>	1	
<b>haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg</b>	2	
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	4	
<b>lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)</b>	1	
<b>lithium carbonate cap 300 mg</b>	1	
<b>lithium carbonate tab er 300 mg (Lithobid)</b>	1	
<b>lithium carbonate tab er 450 mg</b>	1	
<b>lithium carbonate tab 300 mg</b>	1	
<b>lithium oral solution 8 meq/5ml</b>	2	
LITHOBID - lithium carbonate tab er 300 mg	4	
<b>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</b>	2	
<b>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)</b>	2	QL (30 tablets/30 days)
<b>lurasidone hcl tab 80 mg (Latuda)</b>	2	QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	
<b>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)</b>	2	QL (30 tablets/30 days)
<b>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg (Zyprexa)</b>	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>olanzapine tab 20 mg (Zyprexa)</b>	2	QL (30 tablets/30 days)
<b>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)</b>	2	QL (30 tablets/30 days)
<b>paliperidone tab er 24hr 6 mg (Invega)</b>	2	QL (60 tablets/30 days)
<b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</b>	2	
<b>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</b>	1	
<b>prochlorperazine suppos 25 mg</b>	2	
<b>quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)</b>	1	QL (60 tablets/30 days)
<b>quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)</b>	1	QL (30 tablets/30 days)
<b>quetiapine fumarate tab er 24hr 300 mg, 400 mg (Seroquel xr)</b>	2	QL (60 tablets/30 days)
<b>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)</b>	1	QL (90 tablets/30 days)
<b>quetiapine fumarate tab 300 mg, 400 mg (Seroquel)</b>	1	QL (60 tablets/30 days)
<b>REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</b>	3	QL (30 tablets/30 days)
<b>RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg</b>	4	QL (60 tablets/30 days), ST
<b>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</b>	2	QL (60 tablets/30 days)
<b>risperidone orally disintegrating tab 4 mg</b>	2	QL (120 tablets/30 days)
<b>risperidone soln 1 mg/ml (Risperdal)</b>	2	QL (480 ml/30 days)
<b>risperidone tab 0.25 mg</b>	1	QL (60 tablets/30 days)
<b>risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)</b>	1	QL (60 tablets/30 days)
<b>risperidone tab 4 mg (Risperdal)</b>	1	QL (120 tablets/30 days)
<b>SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr</b>	4	QL (30 patches/30 days), ST
<b>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</b>	2	
<b>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>	2	
<b>VERSACLOZ - clozapine susp 50 mg/ml</b>	4	QL (540 ml/30 days), ST
<b>VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</b>	3	QL (30 capsules/30 days)
<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)</b>	2	QL (60 capsules/30 days)
<b>HYPNOTICS</b>		
<b>estazolam tab 1 mg, 2 mg</b>	2	
<b>eszopiclone tab 1 mg (Lunesta)</b>	1	QL (90 tablets/30 days)
<b>eszopiclone tab 2 mg, 3 mg (Lunesta)</b>	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	4	PA, QL (158 ml/30 days), SP
PHENOBARBITAL - phenobarbital elixir 20 mg/5ml	2	
PHENOBARBITAL - phenobarbital tab 15 mg, 16.2 mg, 30 mg, 60 mg, 100 mg	1	
PHENOBARBITAL - phenobarbital tab 32.4 mg, 64.8 mg, 97.2 mg	2	
<b>tasimelteon capsule 20 mg (Hetlioze)</b>	2	PA, QL (30 capsules/30 days), SP
<b>temazepam cap 15 mg, 30 mg (Restoril)</b>	1	
<b>zaleplon cap 5 mg</b>	1	QL (60 capsules/30 days)
<b>zaleplon cap 10 mg</b>	1	QL (30 capsules/30 days)
<b>zolpidem tartrate tab er 6.25 mg (Ambien cr)</b>	1	QL (60 tablets/30 days)
<b>zolpidem tartrate tab er 12.5 mg (Ambien cr)</b>	2	QL (30 tablets/30 days)
<b>zolpidem tartrate tab 5 mg (Ambien)</b>	1	QL (60 tablets/30 days)
<b>zolpidem tartrate tab 10 mg (Ambien)</b>	1	QL (30 tablets/30 days)
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>amphetamine-dextroamphetamine cap er 24hr 5 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)</b>	1	QL (30 capsules/30 days)
<b>amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)</b>	1	QL (60 capsules/30 days)
<b>amphetamine-dextroamphetamine tab 5 mg (Adderall)</b>	1	QL (60 tablets/30 days)
<b>amphetamine-dextroamphetamine tab 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)</b>	2	QL (60 tablets/30 days)
<b>amphetamine-dextroamphetamine tab 20 mg (Adderall)</b>	2	QL (90 tablets/30 days)
<b>armodafinil tab 50 mg (Nuvigil)</b>	1	
<b>armodafinil tab 150 mg, 200 mg, 250 mg (Nuvigil)</b>	2	
<b>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)</b>	2	QL (60 capsules/30 days)
<b>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)</b>	2	QL (30 capsules/30 days)
<b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b>	2	
<b>clonidine hcl tab er 12hr 0.1 mg (Kapvay)</b>	2	QL (120 tablets/30 days)
<b>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)</b>	2	QL (30 capsules/30 days)
<b>dexmethylphenidate hcl tab 2.5 mg, 5 mg (Focalin)</b>	1	QL (60 tablets/30 days)
<b>dexmethylphenidate hcl tab 10 mg (Focalin)</b>	2	QL (60 tablets/30 days)
<b>dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)</b>	2	QL (90 capsules/30 days)
<b>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)</b>	2	QL (120 capsules/30 days)
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>	2	QL (1800 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>dextroamphetamine sulfate tab 5 mg</b>	2	QL (90 tablets/30 days)
<b>dextroamphetamine sulfate tab 10 mg</b>	2	QL (180 tablets/30 days)
<b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)</b>	1	QL (30 tablets/30 days)
<b>liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) (Saxenda)</b>	2+	PA, QL (15 mls/30 days)
<b>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)</b>	2	QL (30 capsules/30 days)
<b>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)</b>	2	QL (30 tablets/30 days)
<b>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</b>	2	QL (30 capsules/30 days)
<b>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)</b>	2	QL (30 capsules/30 days)
<b>methylphenidate hcl chew tab 2.5 mg, 5 mg</b>	2	QL (90 tablets/30 days)
<b>methylphenidate hcl chew tab 10 mg</b>	2	QL (180 tablets/30 days)
<b>methylphenidate hcl soln 5 mg/5ml (Methylin)</b>	2	QL (450 ml/30 days)
<b>methylphenidate hcl soln 10 mg/5ml (Methylin)</b>	2	QL (900 ml/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)</b>	2	QL (30 tablets/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)</b>	2	QL (60 tablets/30 days)
<b>methylphenidate hcl tab er 10 mg, 20 mg</b>	2	QL (90 tablets/30 days)
<b>methylphenidate hcl tab 5 mg, 10 mg (Ritalin)</b>	1	QL (90 tablets/30 days)
<b>methylphenidate hcl tab 20 mg (Ritalin)</b>	2	QL (90 tablets/30 days)
<b>METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg</b>	4	QL (30 tablets/30 days)
<b>METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg</b>	4	QL (60 tablets/30 days)
<b>modafinil tab 100 mg, 200 mg (Provigil)</b>	2	
<b>ORLISTAT - orlistat cap 120 mg</b>	4+	PA, QL (90 capsules/30 days)
<b>phentermine hcl cap 15 mg, 30 mg</b>	1+	QL (30 capsules/30 days)
<b>phentermine hcl cap 37.5 mg (Adipex-p)</b>	1+	QL (30 capsules/30 days)
<b>phentermine hcl tab 8 mg</b>	2+	QL (90 tablets/30 days)
<b>phentermine hcl tab 37.5 mg (Adipex-p)</b>	1+	QL (30 tablets/30 days)
<b>phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg (Qsymia)</b>	2+	PA, QL (30 capsules/30 days)
<b>SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)</b>	3	PA, QL (30 tablets/30 days)
<b>WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)</b>	4	PA, QL (60 tablets/30 days), SP
<b>WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml</b>	3+	PA, QL (8 pens/180 days)

Drug Name	Drug Tier	Requirements/Limits
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml, 2.4 mg/0.75ml	3+	PA, QL (4 pens/28 days)
WEGOVY - semaglutide (weight management) tab 1.5 mg, 4 mg, 9 mg	3+	PA, QL (60 tablets/180 days)
WEGOVY - semaglutide (weight management) tab 25 mg	3+	PA, QL (30 tablets/30 days)
XENICAL - orlistat cap 120 mg	4+	PA, QL (90 capsules/30 days)
ZEPBOUND - tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml	3+	PA, QL (4 pens/180 days)
ZEPBOUND - tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3+	PA, QL (4 pens/28 days)
<b>PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.</b>		
<b>acamprosate calcium tab delayed release 333 mg</b>	2	
ADDYI - flibanserin tab 100 mg	4+	PA, QL (30 tablets/30 days)
AQNEURSA - levacetylleucine for susp packet 1 gm	4	PA, QL (120 packets/30 days), SP
AUSTEDO - deutetrabenazine tab 6 mg	4	PA, QL (60 tablets/30 days), SP
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg	4	PA, QL (120 tablets/30 days), SP
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 24 mg, 30 mg, 36 mg, 42 mg, 48 mg	4	PA, QL (30 tablets/30 days), SP
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	4	PA, QL (28 tablets/180 days), SP
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	3	QL (1 kit/28 days), SP, ST
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	3	QL (1 kit/28 days), SP, ST
BETASERON - interferon beta-1b for inj kit 0.3 mg	3	QL (14 vials/28 days), SP, ST
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	2	
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide- amitriptyline tab 5-12.5 mg, 10-25 mg	4	
<b>cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs) (Mavenclad)</b>	2	QL (8 tablets/301 days), SP, ST
<b>cladribine tab therapy pack 10 mg (5 tabs) (Mavenclad)</b>	2	QL (10 tablets/301 days), SP, ST
<b>cladribine tab therapy pack 10 mg (6 tabs) (Mavenclad)</b>	2	QL (12 tablets/301 days), SP, ST
<b>cladribine tab therapy pack 10 mg (7 tabs) (Mavenclad)</b>	2	QL (14 tablets/301 days), SP, ST
<b>cladribine tab therapy pack 10 mg (9 tabs) (Mavenclad)</b>	2	QL (9 tablets/301 days), SP, ST
<b>cladribine tab therapy pack 10 mg (10 tabs) (Mavenclad)</b>	2	QL (20 tablets/301 days), SP, ST
<b>dalfampridine tab er 12hr 10 mg (Ampyra)</b>	2	SP
<b>dimethyl fumarate capsule delayed release 120 mg (Tecfidera)</b>	2	QL (56 capsules/180 days), SP
<b>dimethyl fumarate capsule delayed release 240 mg (Tecfidera)</b>	2	QL (60 capsules/30 days), SP
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg (Tecfidera starter pa)</b>	2	QL (1 kit/180 days), SP

Drug Name	Drug Tier	Requirements/Limits
<b>disulfiram tab 250 mg, 500 mg (Antabuse)</b>	2	
<b>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</b>	1	
<b>donepezil hydrochloride tab 5 mg, 10 mg (Aricept)</b>	1	
<b>donepezil hydrochloride tab 23 mg (Aricept)</b>	2	
<b> fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)</b>	2	QL (30 capsules/30 days), SP, ST
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<b>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)</b>	2	
<b>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</b>	2	
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	4	QL (30 capsules/30 days), SP, ST
<b>glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)</b>	2	QL (30 syringes/30 days), SP
<b>glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)</b>	2	QL (12 syringes/28 days), SP
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	4	PA, QL (28 capsules/180 days), SP
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	4	PA, QL (30 capsules/30 days), SP
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	4	PA, QL (30 capsules/30 days), SP
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	3	QL (1 pen/28 days), SP, ST
<b>lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)</b>	2	
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	4	PA, QL (30 packets/30 days), SP
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	4	PA, QL (28 packets/180 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	3	QL (8 tablets/301 days), SP, ST
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	3	QL (10 tablets/301 days), SP, ST
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	3	QL (12 tablets/301 days), SP, ST
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	3	QL (14 tablets/301 days), SP, ST
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	3	QL (9 tablets/301 days), SP, ST
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	3	QL (20 tablets/301 days), SP, ST
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	3	QL (120 tablets/30 days), SP, ST
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	3	QL (30 tablets/30 days), SP, ST
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	3	QL (1 pack/180 days), SP, ST
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	3	QL (1 pack/180 days), SP, ST
<b>memantine hcl oral solution 2 mg/ml</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>memantine hcl tab 5 mg, 10 mg (Namenda)</b>	1	
MEMANTINE HCL TITRATION P - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	
<b>nicotine polacrilex gum 2 mg, 4 mg</b>	2	
<b>nicotine polacrilex lozenge 2 mg, 4 mg</b>	2	
<b>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</b>	2	
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	3	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	3	
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	4	PA, QL (60 capsules/30 days)
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	4	
PIMOZIDE - pimozide tab 1 mg, 2 mg	4	
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	3	QL (2 pens/28 days), SP, ST
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	3	QL (2 syringes/28 days), SP, ST
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	3	QL (2 syringes/28 days), SP, ST
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	3	QL (1 kit/180 days), SP, ST
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	3	QL (1 kit/180 days), SP, ST
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	3	QL (12 syringes/28 days), SP, ST
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	3	QL (12 syringes/28 days), SP, ST
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	3	QL (1 kit/180 days), SP, ST
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	3	QL (1 kit/180 days), SP, ST
<b>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</b>	2	
<b>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)</b>	2	
<b>sodium oxybate oral solution 500 mg/ml (Xyrem)</b>	2	PA, QL (540 mls/30 days), SP
<b>teriflunomide tab 7 mg, 14 mg (Aubagio)</b>	2	QL (30 tablets/30 days), SP
<b>tetrabenazine tab 12.5 mg (Xenazine)</b>	2	PA, QL (240 tablets/30 days), SP
<b>tetrabenazine tab 25 mg (Xenazine)</b>	2	PA, QL (120 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
<b>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</b>	2	
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b>	2	
VUMERITY - diroximel fumarate capsule delayed release 231 mg	3	QL (120 capsules/30 days), SP, ST
VYLEESI - bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	4+	PA, QL (6 pens/30 days), SP
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	4	PA, QL (1 pen/28 days), SP
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	PA, QL (540 ml/30 days), SP
ZEPOSIA - ozanimod hcl cap 0.92 mg	3	PA, QL (30 capsules/30 days), SP
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	3	PA, QL (28 capsules/180 days), SP
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	3	PA, QL (1 kit/180 days), SP
<b>ANALGESICS AND ANESTHETICS</b>		
<b>ANALGESICS - NON-NARCOTIC</b>		
<b>aspirin chew tab 81 mg</b>	1	
<b>aspirin tab delayed release 81 mg</b>	1	
<b>butalbital-acetaminophen tab 50-325 mg</b>	2	QL (180 tablets/30 days)
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)</b>	1	QL (180 tablets/30 days)
<b>butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)</b>	2	QL (180 capsules/30 days)
<b>diflunisal tab 500 mg</b>	2	
JOURNAVX - suzetrigine tab 50 mg	4	QL (29 tablets/90 days)
TENCON - butalbital-acetaminophen tab 50-325 mg	4	QL (180 tablets/30 days)
<b>ANALGESICS - NARCOTIC</b>		
<b>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</b>	1	QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-30 mg</b>	1	QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-60 mg</b>	2	QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	4	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)	3	PA, QL (60 films/30 days)
<b>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</b>	2	QL (6 tablets/90 days)
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)</b>	2	QL (120 films/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)</b>	2	QL (60 films/30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	2	QL (120 tablets/30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	2	QL (90 tablets/30 days)
<b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b>	2	QL (180 capsules/30 days)
<b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)</b>	2	QL (180 capsules/30 days)
<b>butorphanol tartrate nasal soln 10 mg/ml</b>	2	QL (3 bottles/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	4	QL (180 tablets/30 days)
<b>codeine sulfate tab 30 mg (Codeine sulfate)</b>	2	QL (180 tablets/30 days)
DISKETS - methadone hcl tab for oral susp 40 mg	2	QL (90 tablets/30 days)
<b>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)</b>	2	PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	3	QL (240 tablets/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen soln 10-300 mg/15ml	4	QL (2025 ml/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen soln 10-325 mg/15ml	4	QL (2700 mls/30 days)
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	2	QL (2700 ml/30 days)
<b>hydrocodone-acetaminophen tab 10-325 mg</b>	1	QL (180 tablets/30 days)
<b>hydrocodone-acetaminophen tab 5-325 mg (Norco)</b>	1	QL (240 tablets/30 days)
<b>hydrocodone-acetaminophen tab 7.5-325 mg (Norco)</b>	1	QL (180 tablets/30 days)
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	2	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg	4	QL (150 tablets/30 days)
<b>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</b>	2	QL (1440 ml/30 days)
<b>hydromorphone hcl tab 2 mg, 4 mg (Dilaudid)</b>	1	QL (180 tablets/30 days)
<b>hydromorphone hcl tab 8 mg (Dilaudid)</b>	2	QL (180 tablets/30 days)
<b>methadone hcl conc 10 mg/ml (Methadose)</b>	2	QL (90 ml/30 days)
<b>methadone hcl soln 5 mg/5ml (Methadone hcl)</b>	2	QL (900 ml/30 days)
<b>methadone hcl soln 10 mg/5ml (Methadone hcl)</b>	2	QL (450 ml/30 days)
<b>methadone hcl tab for oral susp 40 mg</b>	2	QL (90 tablets/30 days)
<b>methadone hcl tab 5 mg (Dolophine)</b>	1	QL (90 tablets/30 days)
<b>methadone hcl tab 10 mg</b>	2	QL (90 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	3	QL (2700 mls/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	3	QL (360 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	3	QL (180 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	4	PA, QL (60 capsules/30 days)
<b>morphine sulfate oral soln 10 mg/5ml</b>	1	QL (2700 ml/30 days)
<b>morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)</b>	2	QL (1350 ml/30 days)
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	2	QL (270 ml/30 days)
<b>morphine sulfate tab er 15 mg (Ms contin)</b>	1	PA, QL (90 tablets/30 days)
<b>morphine sulfate tab er 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)</b>	2	PA, QL (90 tablets/30 days)
<b>morphine sulfate tab 15 mg (Morphine sulfate)</b>	1	QL (360 tablets/30 days)
<b>morphine sulfate tab 30 mg (Morphine sulfate)</b>	2	QL (180 tablets/30 days)
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b>	2	QL (270 ml/30 days)
<b>oxycodone hcl soln 5 mg/5ml</b>	2	QL (5400 ml/30 days)
<b>oxycodone hcl tab 5 mg (Roxicodone)</b>	1	QL (360 tablets/30 days)
<b>oxycodone hcl tab 10 mg</b>	1	QL (180 tablets/30 days)
<b>oxycodone hcl tab 15 mg, 30 mg (Roxicodone)</b>	2	QL (180 tablets/30 days)
<b>oxycodone hcl tab 20 mg</b>	2	QL (180 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 2.5-325 mg (Percocet)</b>	2	QL (360 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 5-325 mg (Percocet)</b>	1	QL (360 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</b>	2	QL (240 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</b>	2	QL (180 tablets/30 days)
<b>oxymorphone hcl tab 5 mg, 10 mg</b>	2	QL (180 tablets/30 days)
TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg	4	PA, QL (30 tablets/30 days)
<b>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</b>	2	PA, QL (30 tablets/30 days)
<b>tramadol hcl tab 50 mg (Ultram)</b>	1	QL (240 tablets/30 days)
<b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</b>	1	QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg	3	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	3	PA, QL (240 capsules/30 days)
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto- injector kit 80 mg/0.8ml	3	PA, QL (1 kit/180 days), SP
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto- injector kit 40 mg/0.4ml, 80 mg/0.8ml	3	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto- injector kit 40 mg/0.4ml	3	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml	3	PA, QL (2 syringes/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 40 mg/0.4ml	3	PA, QL (1 kit/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml, 80 mg/0.8ml	3	PA, QL (2 pens/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	3	PA, QL (2 syringes/28 days), SP
ARCALYST - riloncept for inj 220 mg	4	PA, QL (8 vials/28 days), SP
AURANOFIN - auranofin cap 3 mg	4	
<b>celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)</b>	1	
<b>celecoxib cap 400 mg (Celebrex)</b>	2	
<b>diclofenac potassium tab 50 mg</b>	2	
<b>diclofenac sodium tab delayed release 25 mg</b>	2	
<b>diclofenac sodium tab delayed release 50 mg, 75 mg</b>	1	
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)</b>	2	
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)</b>	2	
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	3	PA, QL (4 syringes/28 days), SP
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	3	PA, QL (8 vials/28 days), SP
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	3	PA, QL (4 cartridges/28 days), SP
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	3	PA, QL (4 pens/28 days), SP
<b>etodolac cap 200 mg, 300 mg</b>	2	
<b>etodolac tab er 24hr 400 mg, 500 mg, 600 mg</b>	2	
<b>etodolac tab 400 mg (Lodine)</b>	2	
<b>etodolac tab 500 mg</b>	2	
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	3	PA, QL (2 syringes/28 days), SP
HADLIMA PUSH TOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	3	PA, QL (2 pens/28 days), SP
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	3	PA, QL (2 syringes/28 days), SP
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	3	PA, QL (2 pens/28 days), SP
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	3	PA, QL (1 kit/180 days), SP
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	3	PA, QL (1 kit/180 days), SP
<b>ibuprofen tab 400 mg, 600 mg, 800 mg</b>	1	
<b>indomethacin cap er 75 mg</b>	1	
<b>indomethacin cap 25 mg, 50 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ketorolac tromethamine tab 10 mg</b>	1	QL (20 tablets/1 prescription)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	4	PA, QL (2 pens/28 days), SP
KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	4	PA, QL (2 syringes/28 days), SP
<b>leflunomide tab 10 mg, 20 mg (Arava)</b>	2	
<b>meloxicam tab 7.5 mg, 15 mg (Mobic)</b>	1	
<b>nabumetone tab 500 mg, 750 mg</b>	1	
<b>naproxen sodium tab 275 mg, 550 mg</b>	2	
<b>naproxen tab 250 mg, 375 mg, 500 mg</b>	1	
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	4	PA, QL (30 tablets/30 days), SP
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	4	PA, QL (4 syringes/28 days), SP
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	4	PA, QL (4 syringes/28 days), SP
OTEZLA - apremilast tab 20 mg, 30 mg	3	PA, QL (60 tablets/30 days), SP
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg, 10 mg & 20 mg & 30 mg	3	PA, QL (1 pack/180 days), SP
OTEZLA XR - apremilast tab er 24hr 75 mg	3	PA, QL (30 tablets/30 days), SP
OTEZLA/OTEZLA XR 28 DAY T - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	3	PA, QL (1 pack/180 days), SP
<b>oxaprozin tab 600 mg (Daypro)</b>	2	
<b>piroxicam cap 10 mg</b>	2	
<b>piroxicam cap 20 mg (Feldene)</b>	2	
RASUVO - methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml	3	
RIDAURA - auranofin cap 3 mg	4	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	3	PA, QL (30 tablets/30 days), SP
RINVOQ - upadacitinib tab er 24hr 45 mg	3	PA, QL (84 tablets/365 days), SP
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	3	PA, QL (360 mls/30 days), SP
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	3	PA, QL (2 syringes/28 days), SP
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	3	PA, QL (2 pens/28 days), SP
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	3	PA, QL (2 pens/28 days), SP
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	3	PA, QL (1 syringe/28 days), SP
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	3	PA, QL (1 syringe/28 days), SP
<b>sulindac tab 150 mg, 200 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	3	PA, QL (4 pens/28 days), SP
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	3	PA, QL (4 syringes/28 days), SP
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	3	PA, QL (240 ml/30 days), SP
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	3	PA, QL (60 tablets/30 days), SP
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	3	PA, QL (240 tablets/365 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	3	PA, QL (30 tablets/30 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	3	PA, QL (120 tablets/365 days), SP
<b>MIGRAINE PRODUCTS</b>		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	3	PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	3	PA, QL (3 injection devices/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	3	PA, QL (3 syringes/84 days)
<b>dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)</b>	2	
<b>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)</b>	2	QL (12 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (1 syringe/28 days)
ERGOMAR - ergotamine tartrate sl tab 2 mg	4	
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL (12 doses/30 days), ST
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	4	
<b>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)</b>	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	3	PA, QL (30 tablets/30 days)
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>	1	QL (18 tablets/30 days)
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</b>	1	QL (18 tablets/30 days)
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	1	QL (18 tablets/30 days)
<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</b>	1	QL (18 tablets/30 days)
<b>sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)</b>	2	QL (12 inhalers/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>sumatriptan succinate inj 6 mg/0.5ml (Imitrex)</b>	2	QL (10 vials/30 days)
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)</b>	2	QL (12 doses/30 days)
<b>sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)</b>	1	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	3	PA, QL (16 tablets/30 days)
<b>zolmitriptan tab 2.5 mg, 5 mg (Zomig)</b>	2	QL (12 tablets/30 days)
<b>GOUT AGENTS</b>		
<b>allopurinol tab 100 mg, 300 mg (Zyloprim)</b>	1	
<b>colchicine tab 0.6 mg (Colcrys)</b>	2	
<b>colchicine w/ probenecid tab 0.5-500 mg</b>	2	
<b>probenecid tab 500 mg</b>	2	
<b>NEUROMUSCULAR DRUGS</b>		
<b>ANTICONSULSANTS</b>		
CARBAMAZEPINE - carbamazepine chew tab 200 mg	4	
<b>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)</b>	2	
<b>carbamazepine chew tab 100 mg</b>	2	
<b>carbamazepine susp 100 mg/5ml (Tegretol)</b>	2	
<b>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)</b>	2	
<b>carbamazepine tab 200 mg (Tegretol)</b>	2	
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	4	
<b>clobazam suspension 2.5 mg/ml (Onfi)</b>	2	
<b>clobazam tab 10 mg, 20 mg (Onfi)</b>	2	
<b>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</b>	2	
<b>clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)</b>	1	
DIACOMIT - stiripentol cap 250 mg, 500 mg	4	SP
DIACOMIT - stiripentol packet 250 mg, 500 mg	4	SP
<b>diazepam rectal gel delivery system 2.5 mg</b>	2	
<b>diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)</b>	2	
DILANTIN - phenytoin sodium extended cap 30 mg	3	
DILANTIN - phenytoin sodium extended cap 100 mg	4	
DILANTIN INFATABS - phenytoin chew tab 50 mg	4	
DILANTIN-125 - phenytoin susp 125 mg/5ml	4	
<b>divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)</b>	2	
<b>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)</b>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml	3	PA, SP
<b>eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg (Aptiom)</b>	2	
<b>ethosuximide cap 250 mg (Zarontin)</b>	2	
<b>ethosuximide soln 250 mg/5ml (Zarontin)</b>	2	
<b>felbamate susp 600 mg/5ml (Felbatol)</b>	2	
<b>felbamate tab 400 mg, 600 mg (Felbatol)</b>	2	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	4	PA, QL (1 bottle/30 days), SP
FYCOMPA - perampanel susp 0.5 mg/ml	4	
<b>gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)</b>	1	
<b>gabapentin oral soln 250 mg/5ml (Neurontin)</b>	2	
<b>gabapentin tab 600 mg, 800 mg (Neurontin)</b>	1	
<b>lacosamide oral solution 10 mg/ml (Vimpat)</b>	2	
<b>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)</b>	2	
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	4	
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	4	
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	4	
<b>lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)</b>	2	
<b>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)</b>	2	
<b>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)</b>	1	
<b>lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)</b>	2	
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit (Lamictal starter/not)</b>	2	
<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit (Lamictal starter/tak)</b>	2	
<b>levetiracetam oral soln 100 mg/ml (Keppra)</b>	2	
<b>levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)</b>	2	
<b>levetiracetam tab 250 mg, 500 mg (Keppra)</b>	1	
<b>levetiracetam tab 750 mg, 1000 mg (Keppra)</b>	2	
<b>methsuximide cap 300 mg (Celontin)</b>	2	
MYSOLINE - primidone tab 50 mg, 250 mg	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	
<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg (Oxtellar xr)</b>	2	
<b>oxcarbazepine tab 150 mg (Trileptal)</b>	1	
<b>oxcarbazepine tab 300 mg, 600 mg (Trileptal)</b>	2	
<b>perampanel susp 0.5 mg/ml (Fycompa)</b>	2	
<b>perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)</b>	2	
<b>phenytoin chew tab 50 mg (Dilantin infatabs)</b>	2	
<b>phenytoin sodium extended cap 100 mg (Dilantin)</b>	2	
<b>phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)</b>	2	
<b>phenytoin susp 125 mg/5ml (Dilantin-125)</b>	2	
<b>pregabalin cap 25 mg (Lyrica)</b>	1	QL (360 capsules/30 days)
<b>pregabalin cap 50 mg (Lyrica)</b>	1	QL (270 capsules/30 days)
<b>pregabalin cap 75 mg, 100 mg (Lyrica)</b>	1	QL (180 capsules/30 days)
<b>pregabalin cap 150 mg, 200 mg (Lyrica)</b>	1	QL (90 capsules/30 days)
<b>pregabalin cap 225 mg, 300 mg (Lyrica)</b>	1	QL (60 capsules/30 days)
<b>pregabalin soln 20 mg/ml (Lyrica)</b>	2	QL (900 ml/30 days)
<b>PRIMIDONE - primidone tab 125 mg</b>	4	
<b>primidone tab 50 mg (Mysoline)</b>	1	
<b>primidone tab 250 mg (Mysoline)</b>	2	
<b>rufinamide susp 40 mg/ml (Banzel)</b>	2	
<b>rufinamide tab 200 mg, 400 mg (Banzel)</b>	2	
<b>SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg</b>	4	
<b>TEGRETOL - carbamazepine tab 200 mg</b>	4	
<b>TEGRETOL - carbamazepine susp 100 mg/5ml</b>	4	
<b>TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</b>	4	
<b>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)</b>	2	
<b>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)</b>	2	PA, QL (30 capsules/30 days)
<b>topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)</b>	2	PA, QL (60 capsules/30 days)
<b>topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)</b>	2	
<b>topiramate sprinkle cap 50 mg</b>	2	
<b>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)</b>	1	
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b>	2	
<b>valproic acid cap 250 mg</b>	2	
<b>VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml</b>	4	

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	
<b>vigabatrin powd pack 500 mg (Sabril)</b>	2	SP
<b>vigabatrin tab 500 mg (Sabril)</b>	2	SP
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	4	
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	4	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	4	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	4	
ZARONTIN - ethosuximide cap 250 mg	4	
ZARONTIN - ethosuximide soln 250 mg/5ml	4	
<b>zonisamide cap 25 mg (Zonegran)</b>	1	
<b>zonisamide cap 50 mg</b>	1	
<b>zonisamide cap 100 mg (Zonegran)</b>	2	
ZTALMY - ganaxolone susp 50 mg/ml	4	SP
<b>ANTIPARKINSON AGENTS</b>		
<b>amantadine hcl cap 100 mg</b>	2	
<b>amantadine hcl soln 50 mg/5ml</b>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	4	SP
<b>apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)</b>	2	SP
<b>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</b>	1	
<b>bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)</b>	2	
<b>bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)</b>	2	
<b>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg</b>	2	
<b>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</b>	2	
<b>carbidopa &amp; levodopa tab 10-100 mg (Sinemet)</b>	1	
<b>carbidopa &amp; levodopa tab 25-100 mg, 25-250 mg (Sinemet)</b>	2	
<b>carbidopa tab 25 mg (Lodosyn)</b>	2	
<b>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)</b>	2	
<b>carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)</b>	2	
<b>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)</b>	2	
<b>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)</b>	2	
<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)</b>	2	
DUOPA - carbidopa-levodopa enteral susp 4.63-20 mg/ml	4	
<b>entacapone tab 200 mg (Comtan)</b>	2	
INBRIJA - levodopa inhal powder cap 42 mg	3	SP
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	4	
ONAPGO - apomorphine hcl soln cartridge 98 mg/20ml	4	SP
<b>pramipexole dihydrochloride tab 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (Mirapex)</b>	1	
<b>pramipexole dihydrochloride tab 0.25 mg, 1.5 mg</b>	1	
<b>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)</b>	2	
<b>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</b>	1	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	4	
<b>selegiline hcl cap 5 mg</b>	2	
<b>selegiline hcl tab 5 mg</b>	2	
<b>tolcapone tab 100 mg (Tasmar)</b>	2	
TRIHXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	4	
<b>trihexyphenidyl hcl tab 2 mg, 5 mg</b>	1	
VYALEV - foscarnidopa-foslevodopa subcutaneous inj 12-240 mg/ml	4	SP
<b>NEUROMUSCULAR AGENTS</b>		
DAYBUE - trofinetide oral soln 200 mg/ml	4	PA, QL (8 bottles/30 days), SP
DAYBUE STIX - trofinetide oral powder packet 5000 mg, 6000 mg	4	PA, QL (120 packets/30 days), SP
DAYBUE STIX - trofinetide oral powder packet 8000 mg	4	PA, QL (60 packets/30 days), SP
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	4	PA, QL (3 bottles/30 days), SP
EVRYSDI - risdiplam tab 5 mg	4	PA, QL (30 tablets/30 days), SP
EVRYSDI - risdiplam for soln 0.75 mg/ml	4	PA, QL (240 ml/30 days), SP
RADICAVA ORS - edaravone oral susp 105 mg/5ml	4	PA, QL (50 mls/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	4	PA, QL (70 mls/180 days), SP
<b>riluzole tab 50 mg (Rilutek)</b>	2	SP
SKYCLARYS - omaveloxolone cap 50 mg	4	PA, QL (90 capsules/30 days), SP
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>baclofen tab 10 mg, 20 mg</b>	1	
<b>chlorzoxazone tab 500 mg</b>	2	
<b>cyclobenzaprine hcl tab 5 mg, 10 mg</b>	1	
<b>methocarbamol tab 500 mg</b>	1	
<b>methocarbamol tab 750 mg (Robaxin-750)</b>	1	
<b>orphenadrine citrate tab er 12hr 100 mg</b>	2	
SOHONOS - palovarotene cap 1 mg, 1.5 mg	4	PA, QL (112 capsules/28 days), SP
SOHONOS - palovarotene cap 2.5 mg	4	PA, QL (140 capsules/28 days), SP
SOHONOS - palovarotene cap 5 mg	4	PA, QL (84 capsules/28 days), SP
SOHONOS - palovarotene cap 10 mg	4	PA, QL (56 capsules/28 days), SP
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	1	
<b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</b>	1	
<b>ANTIMYASTHENIC AGENTS</b>		
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	4	PA, QL (300 tablets/30 days), SP
<b>pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)</b>	2	
<b>pyridostigmine bromide tab er 180 mg (Mestinon timespan)</b>	2	
<b>pyridostigmine bromide tab 60 mg (Mestinon)</b>	2	
<b>NUTRITIONAL PRODUCTS</b>		
<b>VITAMINS</b>		
<b>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)</b>	1	
<b>phytonadione tab 5 mg (Mephyton)</b>	2	
<b>MULTIVITAMINS</b>		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	3	
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3	
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3	
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	3	
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	3	
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	3	
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	3	

Drug Name	Drug Tier	Requirements/Limits
<b>MINERALS and ELECTROLYTES</b>		
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	4	
FLUORIDE - 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	
K-PHOS - potassium phosphate monobasic tab 500 mg	4	
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	4	
PHOSPHA 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2	
PHOSPHO-TRIN K500 - potassium phosphate monobasic tab 500 mg	2	
PHOSPHO-TRIN 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2	
PHOSPHOROUS - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2	
<b>potassium chloride cap er 8 meq, 10 meq</b>	1	
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	4	
<b>potassium chloride microencapsulated crys er tab 10 meq, 20 meq</b>	1	
<b>potassium chloride microencapsulated crys er tab 15 meq</b>	2	
<b>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</b>	2	
<b>potassium chloride powder packet 20 meq</b>	2	
<b>potassium chloride tab er 8 meq (600 mg)</b>	1	
<b>potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)</b>	1	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	3	
SODIUM FLUORIDE - 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	
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	3	
WES-PHOS 250 NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2	
<b>HEMATOLOGICAL AGENTS</b>		
<b>HEMATOPOIETIC AGENTS</b>		
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	3	PA, SP

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ ml	3	PA, SP
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>	1	
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	3	PA, QL (60 capsules/30 days), SP
<b>cyanocobalamin inj 1000 mcg/ml</b>	1	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	3	PA, QL (60 tablets/30 days), SP
DOPTELET SPRINKLE - avatrombopag maleate cap sprinkle 10 mg (base equiv)	3	PA, QL (60 capsules/30 days), SP
<b>eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)</b>	2	PA, QL (30 packets/30 days), SP
<b>eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv) (Promacta)</b>	2	PA, QL (30 tablets/30 days), SP
<b>eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv) (Promacta)</b>	2	PA, QL (60 tablets/30 days), SP
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	3	PA, SP
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)</b>	1	
<b>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</b>	2	
<b>folic acid cap 0.8 mg</b>	1	
<b>folic acid tab 400 mcg, 800 mcg, 1 mg</b>	1	
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	3	SP
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	3	SP
<b>glutamine (sickle cell) powd pack 5 gm (Endari)</b>	2	PA, SP
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	3	SP
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	3	SP
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	4	
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	3	
LEUKINE - sargramostim lyophilized for inj 250 mcg	4	SP
<b>miglustat cap 100 mg (Zavesca)</b>	2	PA, QL (90 capsules/30 days), SP
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	4	PA
MULPLETA - lusutrombopag tab 3 mg	3	PA, QL (7 tablets/7 days), SP

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	3	SP
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	3	SP
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	3	
PROCRT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	3	PA, SP
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	3	PA, SP
SIKLOS - hydroxyurea tab 100 mg, 1000 mg	4	SP
XOLREMDI - mavorixafor cap 100 mg	4	PA, QL (120 capsules/30 days), SP
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	3	SP
<b>ANTICOAGULANTS</b>		
<b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)</b>	2	QL (60 capsules/30 days)
<b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)</b>	2	QL (120 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	3	QL (74 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	3	QL (5 boxes/28 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	3	QL (5 boxes/28 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (1 pack/180 days)
<b>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)</b>	2	QL (30 syringes/90 days)
<b>enoxaparin sodium inj 300 mg/3ml (Lovenox)</b>	2	QL (10 vials/90 days)
<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)</b>	2	QL (90 syringes/90 days)
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ ml, 12500 unit/0.5ml, 15000 unit/0.6ml	4	QL (180 syringes/90 days)
FRAGMIN - dalteparin sodium soln prefilled syr 18000 unit/0.72ml	4	QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml	4	QL (30 vials/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 95000 unit/3.8ml	4	QL (10 vials/90 days)
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	4	

Drug Name	Drug Tier	Requirements/Limits
<b>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</b>	2	
<b>heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml</b>	2	
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	4	QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	4	QL (120 packets/30 days)
<b>rivaroxaban for susp 1 mg/ml (Xarelto)</b>	2	QL (4 bottles/30 days)
<b>rivaroxaban tab 2.5 mg (Xarelto)</b>	2	QL (60 tablets/30 days)
<b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</b>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
<b>HEMOSTATICS</b>		
<b>aminocaproic acid oral soln 0.25 gm/ml (Amicar)</b>	2	
<b>aminocaproic acid tab 500 mg, 1000 mg (Amicar)</b>	2	
<b>tranexamic acid tab 650 mg (Lysteda)</b>	2	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	3	PA, QL (1 ml/30 days), SP
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	3	PA, QL (1 ml/30 days), SP
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	3	PA, QL (1 ml/30 days), SP
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	3	PA, QL (1 ml/30 days), SP
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	3	PA, QL (1 ml/30 days), SP
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	3	PA, QL (1 ml/30 days), SP
ALTUVIIIIO - antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	3	PA, QL (1 ml/30 days), SP
<b>anagrelide hcl cap 0.5 mg (Agrylin)</b>	2	
<b>anagrelide hcl cap 1 mg</b>	2	
ANDEMBRY - garadacimab-gxii soln auto-injector 200 mg/1.2ml	3	PA, QL (1 pen/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
<b>aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)</b>	2	
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	3	PA, QL (1 ml/30 days), SP
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	4	PA, QL (10 vials/30 days), SP
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	4	PA, QL (58 vials/365 days), SP
<b>cilostazol tab 50 mg, 100 mg</b>	1	
<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b>	1	
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	3	SP
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	3	SP
DAWNZERA - donidalorsen sodium subcutaneous soln auto-inj 80 mg/0.8ml	3	PA, QL (1 pen/28 days), SP
<b>dipyridamole tab 25 mg, 50 mg, 75 mg</b>	2	
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	3	PA, QL (1 ml/30 days), SP
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	3	PA, QL (8 vials/28 days), SP
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	3	PA, QL (1 ml/30 days), SP
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 4000 unit	3	PA, QL (1 ML per 30 Days), SP
FABHALTA - iptacopan hcl cap 200 mg	3	PA, QL (60 capsules/30 days), SP
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	3	SP
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	3	
FIBRYGA - fibrinogen concentrate (human) for iv soln 2 gm	3	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	3	PA, QL (27 vials/28 days), SP
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	3	PA, QL (1 vial/30 days), SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 300 mg/2ml (150 mg/ml)	3	PA, QL (QL is based on weight), SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 150 mg/ml	3	PA, QL (4 vials/28 days), SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	3	PA, QL (8 vials/28 days), SP
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	3	PA, QL (1 ml/30 days), SP
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	3	PA, QL (1 ml/30 days), SP

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

Drug Name	Drug Tier	Requirements/Limits
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	3	PA, QL (Dependent on patient weight and number of doses), SP
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	3	PA, QL (1 ml/30 days), SP
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	3	
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	3	PA, QL (1 ml/30 days), SP
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	4	PA, QL (8 vials/30 days), SP
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	4	PA, QL (1 ml/30 days), SP
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	3	PA, QL (2 syringes/28 days), SP
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	4	PA, QL (60 tablets/30 days), SP
<b>ticagrelor tab 60 mg, 90 mg (Brilinta)</b>	2	
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	3	SP
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	3	PA, QL (1 ml/30 days), SP
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	3	PA, QL (1 ml/30 days), SP
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	3	PA, QL (1 ml/30 days), SP
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	3	PA, QL (1 ml/30 days), SP
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	3	PA, QL (1 ml/30 days), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	3	PA, QL (1 ml/30 days), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	3	PA, QL (1 ml/30 days), SP
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4	
<b>TOPICAL PRODUCTS</b>		
<b>OPHTHALMIC AGENTS</b>		
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	4	
ATROPINE SULFATE - atropine sulfate ophth soln 1%	4	
<b>atropine sulfate ophth soln 1% (Atropine sulfate)</b>	2	
<b>azelastine hcl ophth soln 0.05%</b>	1	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
BACITRACIN/POLYMYXIN B - bacitracin-polymyxin b ophth oint	1	

Drug Name	Drug Tier	Requirements/Limits
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	4	
<b>brimonidine tartrate ophth soln 0.2%</b>	1	
CARTEOLOL HCL - carteolol hcl ophth soln 1%	4	
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)</b>	1	
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	4	
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	4	
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	4	
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl)</b>	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	4	SP
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	4	SP
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3	
<b>diclofenac sodium ophth soln 0.1%</b>	1	
<b>dorzolamide hcl ophth soln 2% (Trusopt)</b>	1	
<b>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)</b>	1	
<b>erythromycin ophth oint 5 mg/gm</b>	1	
FLAREX - fluorometholone acetate ophth susp 0.1%	4	
<b>fluorometholone ophth susp 0.1% (Fml liquifilm)</b>	2	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	4	
<b>gatifloxacin ophth soln 0.5% (Zymaxid)</b>	2	
<b>gentamicin sulfate ophth soln 0.3%</b>	1	
<b>ketorolac tromethamine ophth soln 0.4% (Acular Is)</b>	2	
<b>ketorolac tromethamine ophth soln 0.5% (Acular)</b>	1	
<b>latanoprost ophth soln 0.005% (Xalatan)</b>	1	QL (2.5 ml/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	4	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3	
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3	
<b>loteprednol etabonate ophth gel 0.5% (Lotemax)</b>	2	
<b>loteprednol etabonate ophth susp 0.2% (Alrex)</b>	2	
<b>loteprednol etabonate ophth susp 0.5% (Lotemax)</b>	2	
MAXIDEX - dexamethasone ophth susp 0.1%	4	
<b>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</b>	2	
NATACYN - natamycin ophth susp 5%	3	
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</b>	1	
NEOMYCIN/POLYMYXIN/BACITR - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
NEOMYCIN/POLYMYXIN/BACITR - bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	4	
<b>ofloxacin ophth soln 0.3% (Ocuflox)</b>	1	
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	4	PA, QL (56 vials/112 days), SP
<b>pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)</b>	2	
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</b>	1	
<b>prednisolone acetate ophth susp 1% (Pred forte)</b>	2	
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	1	PA, QL (60 vials/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth soln 10%	4	
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	4	
<b>timolol maleate ophth soln 0.25%, 0.5% (Timoptic)</b>	1	
<b>tobramycin ophth soln 0.3% (Tobrex)</b>	1	
<b>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</b>	2	
TRIFLURIDINE - trifluridine ophth soln 1%	3	
<b>OTIC AGENTS</b>		
<b>acetic acid otic soln 2%</b>	2	
<b>ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)</b>	2	
<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)</b>	2	
<b>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</b>	2	
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	2	
<b>neomycin-polymyxin-hc otic soln 1%</b>	2	
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	2	
<b>ofloxacin otic soln 0.3%</b>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>cevimeline hcl cap 30 mg (Evoxac)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>chlorhexidine gluconate soln 0.12% (Peridex)</b>	1	
CLINPRO 5000 - sodium fluoride paste 1.1%	1	
<b>clotrimazole troche 10 mg</b>	2	
DENTA 5000 PLUS - sodium fluoride cream 1.1%	1	
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)	1	
EASYGEL - stannous fluoride gel 0.4%	2	
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%	1	
FLUORIDEX DAILY RENEWAL - stannous fluoride conc 0.63%	2	
FLUORIDEX ENHANCED WHITEN - sodium fluoride paste 1.1%	1	
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	3	
FLUORIMAX 5000 - sodium fluoride paste 1.1%	1	
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
JUST RIGHT 5000 - sodium fluoride paste 1.1%	1	
<b>lidocaine hcl viscous soln 2%</b>	1	
<b>nystatin susp 100000 unit/ml</b>	1	
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	4	
PERIOMED - stannous fluoride conc 0.63%	2	
<b>pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)</b>	2	
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	4	
PREVIDENT RINSE - sodium fluoride rinse 0.2%	4	
PREVIDENT 5000 BOOSTER PL - sodium fluoride paste 1.1%	4	
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	4	
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	3	
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%	4	
PREVIDENT 5000 ORTHO DEFE - sodium fluoride paste 1.1%	4	
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	4	
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
SF - sodium fluoride gel 1.1% (0.5% f)	1	
SF 5000 PLUS - sodium fluoride cream 1.1%	1	
SODIUM FLUORIDE - sodium fluoride rinse 0.2%	1	

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE - sodium fluoride cream 1.1%	1	
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	1	
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%	1	
SODIUM FLUORIDE 5000 PPM - sodium fluoride gel 1.1% (0.5% f)	1	
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%	1	
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	3	
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	3	
<b>stannous fluoride gel 0.4%</b>	2	
<b>triamcinolone acetonide dental paste 0.1%</b>	2	
<b>ANORECTAL AGENTS</b>		
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	4	
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	4	
ANUCORT-HC - hydrocortisone acetate suppos 25 mg	2	
ANUSOL-HC - hydrocortisone acetate suppos 25 mg	2	
<b>budesonide rectal foam 2 mg/act (Uceris)</b>	2	
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	3	
HEMMOREX-HC - hydrocortisone acetate suppos 25 mg	2	
HYDROCORTISONE - hydrocortisone perianal cream 1%	4	
HYDROCORTISONE ACETATE - hydrocortisone acetate suppos 25 mg	2	
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	4	
<b>hydrocortisone enema 100 mg/60ml (Cortenema)</b>	2	
<b>hydrocortisone perianal cream 2.5% (Anusol-hc)</b>	2	
<b>nitroglycerin oint 0.4% (Rectiv)</b>	2	
PROCTOCORT - hydrocortisone perianal cream 1%	4	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	4	
<b>DERMATOLOGICALS</b>		
<b>acitretin cap 10 mg, 25 mg (Soriatane)</b>	2	
<b>acitretin cap 17.5 mg</b>	2	
<b>acyclovir oint 5% (Zovirax)</b>	2	
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	3	PA, QL (2 pens/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	3	PA, QL (4 syringes/28 days), SP
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	4	QL (120 grams/30 days), ST
<b>alclometasone dipropionate cream 0.05%</b>	2	QL (120 grams/30 days)
ALTRENO - tretinoin lotion 0.05%	4	
<b>azelaic acid gel 15% (Finacea)</b>	2	
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days), ST
<b>betamethasone dipropionate augmented cream 0.05% (Diprolene af)</b>	1	QL (200 grams/28 days)
<b>betamethasone dipropionate augmented lotion 0.05%</b>	2	QL (210 ml/30 days)
<b>betamethasone dipropionate augmented oint 0.05% (Diprolene)</b>	2	QL (200 grams/28 days)
<b>betamethasone dipropionate cream 0.05%</b>	2	QL (135 grams/30 days)
<b>betamethasone dipropionate lotion 0.05%</b>	2	QL (120 ml/30 days)
<b>betamethasone dipropionate oint 0.05%</b>	2	QL (135 grams/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	4	QL (120 mls/30 days), ST
<b>betamethasone valerate cream 0.1% (base equivalent)</b>	2	QL (135 grams/30 days)
<b>betamethasone valerate oint 0.1% (base equivalent)</b>	2	QL (135 grams/30 days)
BIMZELX - bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml	4	PA, QL (2 pens/56 days), SP
BIMZELX - bimekizumab-bkzx subcutaneous soln auto-injector 320 mg/2ml	4	PA, QL (1 pen/56 days), SP
BIMZELX - bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml	4	PA, QL (2 syringes/56 days), SP
BIMZELX - bimekizumab-bkzx subcutaneous soln prefilled syr 320 mg/2ml	4	PA, QL (1 syringe/56 days), SP
<b>brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)</b>	2	
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	4	
<b>calcipotriene cream 0.005% (Dovonex)</b>	2	
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	3	PA, QL (30 tablets/30 days), SP
<b>ciclopirox gel 0.77%</b>	2	
<b>ciclopirox olamine cream 0.77% (base equiv)</b>	1	
<b>ciclopirox olamine susp 0.77% (base equiv)</b>	2	
<b>ciclopirox shampoo 1% (Loprox shampoo)</b>	2	
<b>ciclopirox solution 8% (Penlac Nail Lacquer)</b>	2	QL (6.6 ml/30 days)
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	2	
<b>clindamycin phosphate gel 1% (twice-daily)</b>	2	
<b>clindamycin phosphate lotion 1% (Cleocin-t)</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>clindamycin phosphate soln 1%</b>	2	
<b>clindamycin phosphate swab 1%</b>	2	
<b>clobetasol propionate cream 0.05% (Temovate)</b>	2	QL (210 grams/28 days)
<b>clobetasol propionate emollient base cream 0.05%</b>	2	QL (210 grams/28 days)
<b>clobetasol propionate foam 0.05%</b>	2	QL (200 grams/28 days)
<b>clobetasol propionate gel 0.05%</b>	2	QL (210 grams/28 days)
<b>clobetasol propionate oint 0.05% (Temovate)</b>	2	QL (210 grams/28 days)
<b>clobetasol propionate soln 0.05%</b>	2	QL (200 ml/28 days)
<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	2	
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	3	PA, QL (1 syringe/28 days), SP
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	3	PA, QL (2 syringes/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	3	PA, QL (1 pen/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	3	PA, QL (2 syringes/28 days), SP
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	3	PA, QL (1 pen/28 days), SP
<b>desonide cream 0.05% (Desowen)</b>	2	QL (120 grams/30 days)
<b>desonide oint 0.05%</b>	2	QL (120 grams/30 days)
<b>desoximetasone cream 0.25% (Topicort)</b>	2	QL (120 grams/30 days)
<b>desoximetasone oint 0.25% (Topicort)</b>	2	QL (120 grams/30 days)
<b>diclofenac sodium (actinic keratoses) gel 3%</b>	2	PA, QL (300 grams/90 days)
<b>diclofenac sodium soln 1.5%</b>	2	QL (2 bottles/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	3	PA, QL (2 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	3	PA, QL (2 syringes/28 days), SP
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml	3	PA, QL (1 pen/28 days), SP
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	3	PA, QL (1 syringe/28 days), SP
<b>econazole nitrate cream 1%</b>	2	
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	3	
ERY - erythromycin pads 2%	4	
ERYTHROMYCIN - erythromycin gel 2%	4	
<b>erythromycin soln 2%</b>	2	
FILSUVEZ - birch triterpenes gel 10%	4	PA, SP
<b>fluocinolone acetonide cream 0.01%</b>	2	QL (120 grams/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)</b>	2	QL (118 ml/30 days)
<b>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)</b>	2	QL (118 ml/30 days)
<b>fluocinolone acetonide oint 0.025% (Synalar)</b>	2	QL (120 grams/30 days)
<b>fluocinolone acetonide soln 0.01% (Synalar)</b>	2	QL (120 ml/30 days)
<b>fluocinonide cream 0.05%</b>	2	QL (120 grams/30 days)
<b>fluocinonide cream 0.1% (Vanos)</b>	2	QL (240 grams/30 days)
<b>fluocinonide emulsified base cream 0.05%</b>	2	QL (120 grams/30 days)
<b>fluocinonide gel 0.05%</b>	2	QL (120 grams/30 days)
<b>fluocinonide oint 0.05%</b>	2	QL (120 grams/30 days)
<b>fluocinonide soln 0.05%</b>	2	QL (120 ml/30 days)
FLUOROURACIL - fluorouracil soln 2%	4	
<b>fluorouracil cream 5% (Efudex)</b>	2	PA, QL (240 grams/84 days)
<b>fluorouracil soln 5%</b>	2	
<b>fluticasone propionate cream 0.05%</b>	2	QL (120 grams/30 days)
<b>fluticasone propionate oint 0.005%</b>	2	QL (120 grams/30 days)
<b>gentamicin sulfate cream 0.1%</b>	2	
<b>gentamicin sulfate oint 0.1%</b>	2	
<b>halobetasol propionate cream 0.05%</b>	2	QL (200 grams/28 days)
HYDROCORTISONE - hydrocortisone lotion 2.5%	4	QL (118 mls/30 days), ST
<b>hydrocortisone cream 2.5%</b>	1	QL (454 grams/30 days)
<b>hydrocortisone oint 2.5%</b>	1	QL (454 grams/30 days)
<b>hydrocortisone valerate cream 0.2%</b>	2	QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	4	PA, QL (7 tubes/84 days)
<b>imiquimod cream 5% (Aldara)</b>	2	QL (48 packets/112 days)
<b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</b>	2	
<b>ivermectin cream 1% (Soolantra)</b>	2	
<b>ketoconazole cream 2%</b>	2	
<b>ketoconazole shampoo 2%</b>	1	
LEQSELVI - deuruxolitinib phosphate tab 8 mg (base equiv)	4	PA, QL (60 tablets/30 days), SP
<b>lidocaine hcl soln 4%</b>	2	PA, QL (150 ml/30 days)
<b>lidocaine oint 5%</b>	1	PA, QL (100 grams/30 days)
<b>lidocaine patch 5% (Lidoderm)</b>	2	PA, QL (90 patches/30 days)
<b>lidocaine-prilocaine cream 2.5-2.5%</b>	1	QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	4	PA, QL (28 capsules/28 days), SP
<b>malathion lotion 0.5% (Ovide)</b>	2	
METHOXSALEN - methoxsalen rapid cap 10 mg	4	
<b>metronidazole cream 0.75% (Metrocream)</b>	2	
<b>metronidazole gel 0.75%</b>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>metronidazole gel 1% (Metrogel)</b>	2	
<b>mometasone furoate cream 0.1%</b>	2	QL (135 grams/30 days)
<b>mometasone furoate oint 0.1%</b>	1	QL (135 grams/30 days)
<b>mometasone furoate solution 0.1% (lotion)</b>	2	QL (120 ml/30 days)
<b>mupirocin oint 2%</b>	1	
NATROBA - spinosad susp 0.9%	4	
NEMLUVIO - nemolizumab-ilot for subcutaneous auto-injector 30 mg	3	PA, QL (1 pen/28 days), SP
<b>nystatin cream 100000 unit/gm</b>	1	
<b>nystatin oint 100000 unit/gm</b>	1	
<b>nystatin topical powder 100000 unit/gm</b>	2	
<b>permethrin cream 5% (Elimite)</b>	2	
PODOFILOX - podofilox soln 0.5%	4	
SANTYL - collagenase oint 250 unit/gm	4	
SELARSDI - ustekinumab-aekn subcutaneous soln 45 mg/0.5ml	3	PA, QL (1 vial/84 days), SP
SELARSDI - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml	3	PA, QL (1 syringe/84 days), SP
SELARSDI - ustekinumab-aekn soln prefilled syringe 90 mg/ml	3	PA, QL (1 syringe/56 days), SP
SELENIUM SULFIDE - selenium sulfide lotion 2.5%	1	
<b>silver sulfadiazine cream 1% (Silvadene)</b>	1	
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	3	PA, QL (1 injection device/84 days), SP
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	3	PA, QL (1 pen/84 days), SP
SOTYKTU - deucravacitinib tab 6 mg	3	PA, QL (30 tablets/30 days), SP
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	4	PA, QL (2 syringes/28 days), SP
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 300 mg/2ml	4	PA, QL (1 syringe/28 days), SP
SPINOSAD - spinosad susp 0.9%	4	
STELARA - ustekinumab inj 45 mg/0.5ml	3	PA, QL (1 vial/84 days), SP
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	3	PA, QL (1 syringe/84 days), SP
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	3	PA, QL (1 syringe/56 days), SP
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	3	PA, QL (1 syringe/84 days), SP
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	3	PA, QL (1 syringe/56 days), SP
<b>sulfacetamide sodium lotion 10% (Klaron)</b>	2	
SULFAMYLON - mafenide acetate cream 85 mg/gm	4	
<b>tacrolimus oint 0.03%, 0.1% (Protopic)</b>	2	ST

Drug Name	Drug Tier	Requirements/Limits
<b>tazarotene cream 0.05%, 0.1% (Tazorac)</b>	2	
<b>tazarotene gel 0.05%, 0.1% (Tazorac)</b>	2	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	3	PA, QL (1 pen/56 days), SP
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	3	PA, QL (1 syringe/56 days), SP
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	3	PA, QL (1 pen/56 days), SP
<b>tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)</b>	2	
<b>tretinoin gel 0.01% (Retin-a)</b>	2	
TRIAMCINOLONE ACETONIDE - triamcinolone acetone lotion 0.025%	2	QL (120 grams/30 days), ST
<b>triamcinolone acetone cream 0.025%, 0.1%, 0.5%</b>	1	QL (454 grams/30 days)
<b>triamcinolone acetone lotion 0.1%</b>	2	QL (120 grams/30 days)
<b>triamcinolone acetone oint 0.025%, 0.1%</b>	1	QL (454 grams/30 days)
<b>triamcinolone acetone oint 0.5%</b>	1	QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	3	SP
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	3	PA, QL (1 vial/84 days), SP
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	3	PA, QL (1 syringe/84 days), SP
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	3	PA, QL (1 syringe/56 days), SP
ZELSUVMI - berdazimer sodium gel 10.3%	4	PA, QL (2 kits/84 days)
<b>MISCELLANEOUS PRODUCTS</b>		
<b>ANTIDOTES</b>		
CHEMET - succimer cap 100 mg	3	
<b>deferasirox granules packet 90 mg, 180 mg (Jadenu sprinkle)</b>	2	PA, QL (30 packets/30 days), SP
<b>deferasirox granules packet 360 mg (Jadenu sprinkle)</b>	2	PA, QL (180 packets/30 days), SP
<b>deferasirox tab for oral susp 125 mg, 250 mg (Exjade)</b>	2	PA, QL (30 tablets/30 days), SP
<b>deferasirox tab for oral susp 500 mg (Exjade)</b>	2	PA, QL (90 tablets/30 days), SP
<b>deferasirox tab 90 mg, 180 mg (Jadenu)</b>	2	PA, QL (30 tablets/30 days), SP
<b>deferasirox tab 360 mg (Jadenu)</b>	2	PA, QL (180 tablets/30 days), SP
<b>deferiprone tab 500 mg (Ferriprox)</b>	2	PA, QL (540 tablets/30 days), SP
<b>deferiprone tab 1000 mg (Ferriprox)</b>	2	PA, QL (270 tablets/30 days), SP
FERRIPROX - deferiprone oral soln 100 mg/ml	4	PA, QL (2700 ml/30 days), SP
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	3	
<b>naloxone hcl inj 0.4 mg/ml</b>	1	
<b>naloxone hcl inj 4 mg/10ml</b>	2	
<b>naloxone hcl nasal spray 4 mg/0.1ml (Narcan)</b>	2	
<b>naloxone hcl soln prefilled syringe 0.4 mg/ml, 2 mg/2ml</b>	2	

Drug Name	Drug Tier	Requirements/Limits
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	4	
<b>naltrexone hcl tab 50 mg</b>	2	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	3	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	3	
ZURNAL - nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	3	
<b>DIAGNOSTIC PRODUCTS</b>		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	3	QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	3	QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	3	QL (204 strips/30 days)
<b>MEDICAL DEVICES</b>		
AEROCHAMBER HOLDING CHAMB - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER MINI AEROSOL - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER MV - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER PLUS FLOW VU - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER PLUS FLOW-VU/ - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER Z-STAT PLUS V - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER Z-STAT PLUS/F - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER Z-STAT PLUS/L - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER Z-STAT PLUS/M - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER Z-STAT PLUS/S - spacer/aerosol-holding chambers - device	3	
AEROCHAMBER2GO ANTI-STATI - spacer/aerosol-holding chambers - device	3	
AEROVENT PLUS HOLDING CHA - spacer/aerosol-holding chambers - device	3	
BREATHE COMFORT ANTI-STAT - spacer/aerosol-holding chambers - device	3	
BREATHE EASE/LARGE MASK - spacer/aerosol-holding chambers - device	3	

Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE/MEDIUM MASK - spacer/aerosol-holding chambers - device	3	
BREATHE EASE/SMALL MASK - spacer/aerosol-holding chambers - device	3	
BREATHERITE VALVED MDI CH - spacer/aerosol-holding chambers - device	3	
CAYA - diaphragm arc-spring	3	
CLEVER CHOICE ANTI-STATIC - spacer/aerosol-holding chambers - device	3	
COMPACT SPACE CHAMBER/ANT - spacer/aerosol-holding chambers - device	3	
CONDOMS MALE - VARIOUS - condoms - male	3	
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	3	
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	3	
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	3	
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	3	
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	3	
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	3	
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	3	
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	3	
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	3	
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	3	
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit w/ device	3	
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	3	
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	3	
CONTOUR PLUS CONTROL SOLU - blood glucose calibration - liquid	3	
DEXCOM G6 RECEIVER - continuous glucose system receiver	3	
DEXCOM G6 SENSOR - continuous glucose system sensor	3	

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	3	
DEXCOM G7 RECEIVER - continuous glucose system receiver	3	
DEXCOM G7 SENSOR - continuous glucose system sensor	3	
DEXCOM G7 15 DAY SENSOR - continuous glucose system sensor	3	
EASIVENT - spacer/aerosol-holding chambers - device	3	
EASIVENT/MASK-LARGE - spacer/aerosol-holding chambers - device	3	
EASIVENT/MASK-MEDIUM - spacer/aerosol-holding chambers - device	3	
EASIVENT/MASK-SMALL - spacer/aerosol-holding chambers - device	3	
ENLITE GLUCOSE SENSOR - continuous glucose system sensor	3	
ENLITE SERTER - insulin infusion pump supplies	3	
EQ SPACE CHAMBER ANTI-STA - spacer/aerosol-holding chambers - device	3	
EXTENDED INFUSION SET 23" - insulin infusion pump supplies - infusion set	3	
EXTENDED INFUSION SET 32" - insulin infusion pump supplies - infusion set	3	
EXTENDED INFUSION SET 43" - insulin infusion pump supplies - infusion set	3	
EXTENDED RESERVOIR 3.0 ML - insulin infusion pump supplies - reservoir	3	
FC2 FEMALE CONDOM - condoms - female	3	
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	3	
FLEXICHAMBER - spacer/aerosol-holding chambers - device	3	
FLEXICHAMBER ADULT MASK/S - spacer/aerosol-holding chamber supplies - masks	3	
FLEXICHAMBER CHILD MASK/L - spacer/aerosol-holding chamber supplies - masks	3	
FLEXICHAMBER CHILD MASK/S - spacer/aerosol-holding chamber supplies - masks	3	
FREESTYLE LIBRE 14 DAY/RE - continuous glucose system receiver	3	
FREESTYLE LIBRE 14 DAY/SE - continuous glucose system sensor	3	
FREESTYLE LIBRE 2 PLUS/SE - continuous glucose system sensor	3	

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2/READER/ - continuous glucose system receiver	3	
FREESTYLE LIBRE 2/SENSOR/ - continuous glucose system sensor	3	
FREESTYLE LIBRE 3 PLUS/SE - continuous glucose system sensor	3	
FREESTYLE LIBRE 3/READER/ - continuous glucose system receiver	3	
FREESTYLE LIBRE 3/SENSOR/ - continuous glucose system sensor	3	
FREESTYLE LIBRE/READER/FL - continuous glucose system receiver	3	
GUARDIAN LINK 3 TRANSMITT - continuous glucose system transmitter	3	
GUARDIAN SENSOR (3) - continuous glucose system sensor	3	
GUARDIAN SENSOR 3 - continuous glucose system sensor	3	
GUARDIAN 4 GLUCOSE SENSOR - continuous glucose system sensor	3	
GUARDIAN 4 TRANSMITTER KI - continuous glucose system transmitter	3	
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	3	QL (1 kit/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	3	QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	3	QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	3	QL (1 kit/720 days)
INSPIREASE DRUG DELIVERY - spacer/aerosol-holding chambers - device	3	
INSPIREASE RESERVOIR BAGS - spacer/aerosol-holding chamber supplies - bags	3	
INSULIN PEN NEEDLES – VARIOUS	3	
INSULIN SYRINGES – VARIOUS	3	
LANCETS – VARIOUS	3	
MEDTRONIC MINIMED 780G - insulin infusion pump - kit	3	
MICROCHAMBER - spacer/aerosol-holding chambers - device	3	
MICROSPACER - spacer/aerosol-holding chambers - device	3	
MINIMED MIO ADVANCE INFUS - insulin infusion pump supplies - infusion set	3	
MINIMED PUMP RESERVOIR 3M - insulin infusion pump supplies - reservoir	3	

Drug Name	Drug Tier	Requirements/Limits
MINIMED QUICK SET INFUSIO - insulin infusion pump supplies - infusion set	3	
MINIMED QUICK-SERTER - insulin infusion pump supplies	3	
MINIMED RESERVOIR 1.8ML - insulin infusion pump supplies - reservoir	3	
MINIMED RESERVOIR 3ML - insulin infusion pump supplies - reservoir	3	
MINIMED SILHOUETTE INFUSI - insulin infusion pump supplies - infusion set	3	
MINIMED 780G - insulin infusion pump - kit	3	
MISC NEEDLES AND SYRINGES – VARIOUS - needles & syringes	3	
OMNIFLEX DIAPHRAGM - diaphragms	3	
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3	QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	QL (6 boxes/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	3	QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	3	QL (6 boxes/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	3	QL (6 boxes/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3	QL (1 kit/720 days)
OPTICHAMBER - spacer/aerosol-holding chambers - device	3	
OPTICHAMBER DIAMOND - spacer/aerosol-holding chambers - device	3	
OPTICHAMBER DIAMOND/LARGE - spacer/aerosol-holding chambers - device	3	
OPTICHAMBER DIAMOND/MEDIU - spacer/aerosol-holding chambers - device	3	
OPTICHAMBER DIAMOND/SMALL - spacer/aerosol-holding chambers - device	3	
PANDA MASK LARGE - spacer/aerosol-holding chamber supplies - masks	3	
PANDA MASK MEDIUM - spacer/aerosol-holding chamber supplies - masks	3	
PANDA MASK SMALL - spacer/aerosol-holding chamber supplies - masks	3	
PARADIGM SILHOUETTE INFUS - insulin infusion pump supplies - infusion set	3	
PARI VORTEX MASK/PEDIATRI - spacer/aerosol-holding chamber supplies - masks	3	

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC PANDA MASK - spacer/aerosol-holding chamber supplies - masks	3	
POCKET CHAMBER - spacer/aerosol-holding chambers - device	3	
POCKET SPACER - spacer/aerosol-holding chambers - device	3	
PRO COMFORT INHALER SPACE - spacer/aerosol-holding chambers - device	3	
PROCARE SPACER CHAMBER W/ - spacer/aerosol-holding chambers - device	3	
PROCHAMBER VALVED HOLDING - spacer/aerosol-holding chambers - device	3	
PURE COMFORT INHALER SPAC - spacer/aerosol-holding chambers - device	3	
QUICK-SERTER INSERTION DE - insulin infusion pump supplies	3	
RITEFLO - spacer/aerosol-holding chambers - device	3	
SEN-SERTER - insulin infusion pump supplies	3	
SIL-SERTER INSERTION DEVI - insulin infusion pump supplies	3	
SILHOUETTE INFUSION SET 1 - insulin infusion pump supplies - infusion set	3	
SILHOUETTE INFUSION SET 2 - insulin infusion pump supplies - infusion set	3	
SILHOUETTE INFUSION SET 4 - insulin infusion pump supplies - infusion set	3	
SURE T INFUSION SET 18"/6 - insulin infusion pump supplies - infusion set	3	
SURE T INFUSION SET 23"/1 - insulin infusion pump supplies - infusion set	3	
SURE T INFUSION SET 23"/6 - insulin infusion pump supplies - infusion set	3	
SURE T INFUSION SET 23"/8 - insulin infusion pump supplies - infusion set	3	
SURE T INFUSION SET 32"/1 - insulin infusion pump supplies - infusion set	3	
SURE T INFUSION SET 32"/6 - insulin infusion pump supplies - infusion set	3	
SURE T INFUSION SET 32"/8 - insulin infusion pump supplies - infusion set	3	
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	3	QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	3	QL (1 kit/30 days)

Drug Name	Drug Tier	Requirements/Limits
TWIST STARTER KIT - insulin infusion disposable pump kit	3	QL (1 kit/720 days)
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	4	QL (1 kit/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	4	QL (1 kit/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	4	QL (1 kit/30 days)
VORTEX NON ELECTROSTATIC - spacer/aerosol-holding chambers - device	3	
VORTEX VALVED CHAMBER/PED - spacer/aerosol-holding chambers - device	3	
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	3	
<b>ASSORTED CLASSES</b>		
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	4	
<b>azathioprine tab 50 mg (Imuran)</b>	2	
<b>azathioprine tab 75 mg, 100 mg</b>	2	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	PA, QL (4 pens/28 days), SP
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	PA, QL (4 syringes/28 days), SP
CELLCEPT - mycophenolate mofetil cap 250 mg	4	
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	4	
CELLCEPT - mycophenolate mofetil tab 500 mg	4	
<b>cyclosporine cap 25 mg, 100 mg (Sandimmune)</b>	2	
<b>cyclosporine modified cap 25 mg, 100 mg (Neoral)</b>	2	
<b>cyclosporine modified cap 50 mg</b>	2	
<b>cyclosporine modified oral soln 100 mg/ml (Neoral)</b>	2	
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	4	PA, QL (1 syringe/28 days), SP
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	4	
<b>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)</b>	2	
IMURAN - azathioprine tab 50 mg	4	
JOENJA - leniolisib phosphate tab 70 mg	4	PA, QL (60 tablets/30 days), SP
<b>lenalidomide caps 2.5 mg (Revlimid)</b>	2	PA, QL (30 capsules/30 days), SP
<b>lenalidomide cap 5 mg, 10 mg (Revlimid)</b>	2	PA, QL (30 capsules/30 days), SP
<b>lenalidomide cap 15 mg, 25 mg (Revlimid)</b>	2	PA, QL (21 capsules/28 days), SP
<b>lenalidomide cap 20 mg (Revlimid)</b>	2	PA, QL (21 capsules/30 days), SP
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	3	
LUMINOPIA - digital therapy application - visual	4+	

Drug Name	Drug Tier	Requirements/Limits
LUPKYNIS - voclosporin cap 7.9 mg	4	PA, QL (180 capsules/30 days), SP
<b>mycophenolate mofetil cap 250 mg (Cellcept)</b>	2	
<b>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</b>	2	
<b>mycophenolate mofetil tab 500 mg (Cellcept)</b>	2	
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)</b>	2	
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	4	
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	3	
NEORAL - cyclosporine modified cap 25 mg, 100 mg	4	
NEORAL - cyclosporine modified oral soln 100 mg/ml	4	
<b>penicillamine tab 250 mg (Depen titratabs)</b>	2	SP
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	4	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	
REZUROCK - belumosudil mesylate tab 200 mg	4	PA, QL (30 tablets/30 days), SP
RHAPSIDO - remibrutinib tab 25 mg	3	PA, QL (60 tablets/30 days), SP
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	4	
<b>sirolimus oral soln 1 mg/ml (Rapamune)</b>	2	
<b>sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)</b>	2	
<b>sodium polystyrene sulfonate powder</b>	2	
<b>sodium polystyrene sulfonate susp 15 gm/60ml</b>	2	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	4	
<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)</b>	2	
THALOMID - thalidomide cap 50 mg	3	PA, QL (90 capsules/30 days), SP
THALOMID - thalidomide cap 100 mg	3	PA, QL (120 capsules/30 days), SP
<b>trientine hcl cap 250 mg (Syprine)</b>	2	SP
VIJOICE - alpelisib (pros) oral granules packet 50 mg	4	PA, QL (28 packets/28 days), SP
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	4	PA, QL (28 tablets/28 days), SP
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	4	PA, QL (56 tablets/28 days), SP
VYVGART HYTRULO - efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5ml	4	PA, QL (4 syringes/28 days), SP
ZOKINVY - lonafarnib cap 50 mg, 75 mg	3	PA, QL (120 capsules/30 days), SP
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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
amphetamine-dextroamphetamine cap er 24hr 10 mg.....	57
amphetamine-dextroamphetamine cap er 24hr 5 mg, 15 mg, 20 mg, 25 mg, 30 mg.....	57
amphetamine-dextroamphetamine tab 5 mg.....	57
amphetamine-dextroamphetamine tab 20 mg.....	57
amphetamine-dextroamphetamine tab 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg.....	57
ampicillin cap 500 mg.....	1
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atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv).....	4
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atenolol & chlorthalidone tab 100-25 mg.....	36
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atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv).....	57
atorvastatin calcium tab 80 mg (base equivalent).....	39
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent).....	39
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg.....	8
atovaquone susp 750 mg/5ml.....	8
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betamethasone dipropionate cream 0.05%.....	85
betamethasone dipropionate lotion 0.05%.....	85
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<b>cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....</b>	<b>1</b>
<b>cefdinir cap 300 mg.....</b>	<b>1</b>
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<b>cefpodoxime proxetil tab 100 mg, 200 mg.....</b>	<b>1</b>
<b>cefprozil for susp 125 mg/5ml, 250 mg/5ml.....</b>	<b>1</b>
<b>cefprozil tab 250 mg, 500 mg.....</b>	<b>1</b>
<b>cefuroxime axetil tab 250 mg.....</b>	<b>1</b>
<b>cefuroxime axetil tab 500 mg.....</b>	<b>1</b>
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<b>cephalexin cap 250 mg, 500 mg.....</b>	<b>2</b>
<b>cephalexin for susp 125 mg/5ml, 250 mg/5ml.....</b>	<b>2</b>
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<b>ciclopirox shampoo 1%.....</b>	<b>85</b>
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