SelectHealth Medicare | 2023 Idaho Enhanced Formulary

LIST OF COVERED DRUGS

This formulary was updated on 12/01/2023.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

This formulary is for the following plans:
Idaho
SelectHealth Medicare Enhanced (HMO) 008

For more recent information or other questions, please contact SelectHealth Member Services at **855-442-9900** (TTY users should call 711), during the following dates and times:

October 1 to March 31:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:
Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

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SelectHealth Medicare
2023 Formulary
List of Covered Drugs

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

SelectHealth is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Medicare depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

HPMS Approved Formulary File Submission ID 23050 Version 30

 Y0165_2132835_v30_C

Multi-Language Interpreter Services 1-855-442-9900 (TTY:711)

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-442-9900**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务刖助您解答关于健康或药物保险的任何疑刈问。如果您需要此翻译服务，请致电刈**1-855-442-9900**匈活　畔呼帕叔宦佳鉳除　闉　彦詛匈刈这是一项免费服务。刈
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Chinese Cantonese: 詛噤活猜畔琵慮差抎烏耿鰍抬揮門俄瞥竣刖崛兗活猜違趴巷禎畔扜呿刈旅痠匈采蝵扜呿旅痠刖燻敨躺刈**1-855-442-9900**匈活猜虋呼帕畔佳笨菠臨閳崛詛違趴顧彦匈痿刈拉事蒲巷禎旅痠匈刈

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-442-9900**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-442-9900.** Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-855-442-9900** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-442-9900**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-442-9900** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону**1-855-442-9900**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإلجابة عن أي أسئلة تتعلق بالصحة أو جدول األدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى االتصال بنا على **1-855-442-9900.** سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-442-9900** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-442-9900**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-442-9900**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-442-9900**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-442-9900**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-855-442-9900** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです

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

When this drug list (formulary) refers to "we," "us", or "our," it means SelectHealth. When it refers to "plan" or "our plan," it means SelectHealth Medicare.

This document includes a list of the drugs (formulary) for our plan **which is current as of December 01, 2023**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the SelectHealth Medicare Formulary?

A formulary is a list of covered drugs selected by SelectHealth in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SelectHealth will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SelectHealth Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *"How do I request an exception to the SelectHealth Medicare Formulary?"*

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary, or add new restrictions to the brand name drug, or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least **30 days** before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a **60-day** supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *"How do I request an exception to the SelectHealth Medicare Formulary?"*

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 01, 2023. To get updated information about the drugs covered by SelectHealth Medicare, please contact us. Our contact information appears on the front and back cover pages.

In the event of non-maintenance changes to the formulary throughout the plan year, SelectHealth may make changes via errata sheets mailed to you. Additionally, you may visit **selecthealth.org/medicare** for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on **page 1**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs/Hypotensive Agents. If you know what your drug is used for, look for the category name in the list that begins on **page 1**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 91**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SelectHealth Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** SelectHealth requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SelectHealth before you fill your prescriptions. If you don't get approval, SelectHealth may not cover the drug.

- **Quantity Limits:** For certain drugs, SelectHealth limits the amount of the drug that SelectHealth will cover. For example, SelectHealth provides 60 tablets per prescription for lovastatin. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, SelectHealth requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SelectHealth may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SelectHealth will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 1**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SelectHealth to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, *"How do I request an exception to the SelectHealth Medicare formulary?"* on **page vi** for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that SelectHealth Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by SelectHealth Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by SelectHealth Medicare.

- You can ask SelectHealth to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the SelectHealth Medicare Formulary?

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

> You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

> You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

> You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, SelectHealth limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, SelectHealth will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

determine the right course of action for you, we may cover your drug in certain cases during the first **90 days** you are a member of our plan.

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

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to **30 days** (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SelectHealth Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about SelectHealth, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE** (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit **http://www.medicare.gov**.

SelectHealth Medicare Formulary

The formulary that begins on **page 1** provides coverage information about the drugs covered by SelectHealth Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on **page 91**.

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

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

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

PA – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.

QL – We limit the amount of the drug covered in a specific time period.

ST – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

LA – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your *Provider and Pharmacy Directory* or call Member Services toll-free at **855-442-9900**. TTY users should call 711.

NM – This drug is not available through our mail order pharmacy.

HI – This prescription drug is covered under our medical benefit. For more information, call Member Services at **855-442-9900**, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call 711.

BvsD – This drug may be covered under the Part B or Part D Medicare benefit.

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

IC– You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

Drug	Tier	Requirements /Limits
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptad syrup 2mg/5ml	1	QL
QL 4500 milliliter(s) 30 day(s)		
cyproheptad tablet 4mg	1	QL
QL 450 each per 30 day(s)		
SECOND GENERATION ANTIHISTAMINES		
cetirizine solution 1mg/ml	1	QL
QL 300 milliliter(s) 30 day(s)		
CLARINEX-D TABLET 2.5-120	4	
desloratadin tablet 5mg	4	QL
QL 30 each per 30 day(s)		
levocetirizi solution 2.5/5ml	1	
levocetirizi tablet 5mg	1	QL
QL 30 each per 30 day(s)		
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole tablet 200mg	2	PA; NM
ivermectin tablet 3mg	2	NM
praziquantel tablet 600mg	2	NM
ANTIBACTERIALS		
amikacin injectable 500/2ml	2	HI; NM
amox-pot cla tablet er	2	NM
amox/k clav chw 200mg	2	NM
amox/k clav chw 400mg	2	NM
amox/k clav suspension 200/5ml	1	NM
amox/k clav suspension 250/5ml	1	NM
amox/k clav suspension 400/5ml	1	NM
amox/k clav suspension 600/5ml	1	NM
amox/k clav tablet 250-125	1	NM
amox/k clav tablet 500-125	1	NM
amox/k clav tablet 875-125	1	NM
amoxicillin capsule 250mg	1	NM
amoxicillin capsule 500mg	1	NM
amoxicillin chw 125mg	2	NM
amoxicillin chw 250mg	2	NM
amoxicillin suspension 125/5ml	1	NM
amoxicillin suspension 200/5ml	1	NM
amoxicillin suspension 250/5ml	1	NM
amoxicillin suspension 400/5ml	1	NM
amoxicillin tablet 500mg	1	NM
amoxicillin tablet 875mg	1	NM
amp-sulbacta injectable 1-0.5gm	2	HI; NM
amp-sulbacta injectable 15gm	2	HI; NM
amp/sulbacta injectable 3gm	2	HI; NM
ampicillin capsule 500mg	1	NM
ampicillin injectable 10gm	2	HI; NM
ampicillin injectable 125mg	2	HI; NM
ampicillin injectable 1gm	2	HI; NM
ARIKAYCE SUSPENSION	5	QL; PA
QL 252 each per 30 day(s)		
azithromycin injectable 500mg	1	HI; NM
AZITHROMYCIN POW 1GM PACKET	1	NM
azithromycin suspension 100/5ml	1	NM
AZITHROMYCIN SUSPENSION 200/5ML	1	NM
azithromycin tablet 250mg	1	QL; NM
QL 60 each per 30 day(s)		
azithromycin tablet 500mg	1	NM
azithromycin tablet 600mg	1	NM
aztreonam injectable 1gm	2	HI; NM
aztreonam injectable 2gm	2	HI; NM
BAXDELA INJECTABLE 300MG	5	QL; PA; HI; NM
QL 28 each per 14 day(s)		
BAXDELA TABLET 450MG	5	QL; PA; NM
QL 28 each per 14 day(s)		
BICILLIN C-R INJECTABLE 1200000	4	NM

Drug	Tier	Requirements /Limits
BICILLIN C-R INJECTABLE 900/300	4	NM
BICILLIN L-A INJECTABLE 1200000	4	NM
BICILLIN L-A INJECTABLE 2400000	4	NM
BICILLIN L-A INJECTABLE 600000	4	NM
CAYSTON INH 75MG QL 280 each per 30 day(s)	5	QL; PA; NM
cefaclor capsule 250mg	1	NM
cefaclor capsule 500mg	1	NM
cefaclor er tablet 500mg	2	NM
cefadroxil capsule 500mg	1	NM
cefadroxil suspension 250/5ml	2	NM
cefadroxil suspension 500/5ml	2	NM
cefadroxil tablet 1gm	2	NM
cefazolin injectable 10gm	2	HI; NM
cefazolin injectable 1gm	2	HI; NM
cefazolin injectable 500mg	2	HI; NM
cefdinir capsule 300mg	1	NM
cefdinir suspension 125/5ml	1	NM
cefdinir suspension 250/5ml	1	NM
cefepime injectable 1gm	2	HI; NM
cefepime injectable 2gm	2	HI; NM
cefixime capsule 400mg QL 60 each per 30 day(s)	2	QL
cefixime suspension 100/5ml	2	NM
cefixime suspension 200/5ml	2	NM
cefoxitin injectable 10gm	2	HI; NM
cefoxitin injectable 1gm	2	HI; NM
cefoxitin injectable 2gm	2	HI; NM
cefpodo prox suspension 100/5ml	2	NM
cefpodo prox suspension 50mg/5ml	2	NM
cefpodoxime tablet 100mg	2	NM
cefpodoxime tablet 200mg	2	NM
cefprozil suspension 125/5ml	2	NM
cefprozil suspension 250/5ml	2	NM
cefprozil tablet 250mg	2	NM
cefprozil tablet 500mg	2	NM
ceftazidime injectable 1gm	2	HI; NM
ceftazidime injectable 2gm	2	HI; NM
ceftazidime injectable 6gm	2	HI; NM
ceftriaxone injectable 10gm	2	HI; NM
ceftriaxone injectable 1gm	2	HI; NM
ceftriaxone injectable 250mg	2	HI; NM
ceftriaxone injectable 2gm	2	HI; NM
ceftriaxone injectable 500mg	2	HI; NM
cefuroxime injectable 1.5gm	2	HI; NM
cefuroxime injectable 750mg	2	HI; NM
cefuroxime tablet 250mg	2	NM
cefuroxime tablet 500mg	2	NM
cephalexin capsule 250mg	1	NM
cephalexin capsule 500mg	1	NM
cephalexin suspension 125/5ml	1	NM
cephalexin suspension 250/5ml	1	NM
cephalexin tablet 250mg	1	NM
cephalexin tablet 500mg	1	NM
ciprofloxacn injectable 200mg	2	HI; NM
ciprofloxacn tablet 100mg	1	NM
ciprofloxacn tablet 250mg	1	NM
ciprofloxacn tablet 500mg	1	NM
ciprofloxacn tablet 750mg	1	NM
clarithromyc suspension 125/5ml	2	NM
clarithromyc suspension 250/5ml	2	NM
clarithromyc tablet 250mg	1	NM
clarithromyc tablet 500mg	1	NM
clarithromyc tablet 500mg er	2	NM
clindamy/d5w injectable 300/50ml	2	HI; NM
clindamy/d5w injectable 600/50ml	2	HI; NM

Drug	Tier	Requirements /Limits
clindamy/d5w injectable 900/50ml	2	HI; NM
clindamycin capsule 150mg	1	NM
clindamycin capsule 300mg	1	NM
clindamycin capsule 75mg	1	NM
clindamycin injectable 300/2ml	2	HI; NM
clindamycin injectable 600/4ml	2	HI; NM
clindamycin injectable 900/6ml	2	HI; NM
clindamycin solution 75mg/5ml	2	NM
colistimeth injectable 150mg	2	HI; NM
DALVANCE SOLUTION 500MG	4	PA; HI; NM
daptomycin injectable 500mg QL 150 each per 30 day(s)	2	QL; HI; NM
daptomycin solution 350mg	2	HI; NM
dicloxacill capsule 250mg	1	NM
dicloxacill capsule 500mg	1	NM
DIFICID SUSPENSION QL 100 each per 10 day(s)	5	QL; ST; NM
DIFICID TABLET 200MG QL 20 each per 10 day(s)	5	QL; ST; NM
doxy 100 injectable 100mg	4	HI; NM
doxycyc mono capsule 100mg	2	NM
doxycyc mono capsule 50mg	2	NM
doxycyc mono tablet 100mg	2	NM
doxycyc mono tablet 50mg	2	NM
doxycyc mono tablet 75mg	2	NM
doxycycl hyc capsule 100mg	2	NM
doxycycl hyc capsule 50mg	2	NM
doxycycl hyc tablet 100mg	2	NM
doxycycline suspension 25mg/5ml	2	NM
doxycycline tablet 20mg QL 60 each per 30 day(s)	2	QL; NM
ertapenem injectable 1gm	2	HI; NM
ERYPED SUSPENSION 200/5ML	4	NM
ERYTHROCIN INJECTABLE 500MG	2	HI; NM
erythrocin tablet 250mg	3	NM
erythrom eth suspension 200/5ml	2	NM
erythrom eth suspension 400/5ml	2	
ERYTHROMYCIN CAPSULE 250MG EC	2	NM
erythromycin tablet 250mg bs	2	NM
erythromycin tablet 250mg ec	2	NM
erythromycin tablet 333mg ec	2	NM
erythromycin tablet 500mg bs	2	NM
erythromycin tablet 500mg ec	2	NM
FIRVANQ SOLUTION 25MG/ML QL 450 milliliter(s) 30 day(s)	3	QL
FIRVANQ SOLUTION 50MG/ML QL 450 milliliter(s) 30 day(s)	3	QL
gentam/nacl injectable 100mg	2	HI; NM
gentam/nacl injectable 60mg	2	HI; NM
gentam/nacl injectable 80mg	2	HI; NM
gentam/nacl injectable 80mg	2	HI; NM
gentamicin injectable 40mg/ml	2	HI; NM
imipenem/cil injectable 250mg	4	PA; HI; NM
imipenem/cil injectable 500mg	4	PA; HI; NM
levoflox/d5w injectable 500/100m	2	HI; NM
levoflox/d5w injectable 750/150	2	HI; NM
levofloxacin tablet 250mg	1	NM
levofloxacin tablet 500mg	1	NM
levofloxacin tablet 750mg	1	NM
linezolid injectable 2mg/ml	2	HI; NM
linezolid suspension 100/5ml	2	NM
linezolid tablet 600mg QL 60 each per 30 day(s)	2	QL; NM

Drug	Tier	Requirements /Limits
meropenem injectable 1gm	2	HI; NM
meropenem injectable 500mg	2	HI; NM
minocycline capsule 100mg	2	NM
minocycline capsule 50mg	2	NM
minocycline capsule 75mg	2	NM
nafcillin injectable 10gm	2	PA; HI; NM
nafcillin injectable 1gm	2	PA; HI; NM
nafcillin injectable 2gm	2	PA; HI; NM
neomycin tablet 500mg	2	NM
NUZYRA INJECTABLE 100MG QL 15 each per 14 day(s)	4	QL; PA; HI; NM
NUZYRA TABLET 150MG QL 30 each per 14 day(s)	4	QL; PA; NM
ofloxacin tablet 300mg	2	NM
ofloxacin tablet 400mg	2	NM
pen g sodium injectable 5000000	2	HI; NM
PEN GK/DEXTR INJECTABLE 40000/ML	2	HI; NM
PEN GK/DEXTR INJECTABLE 60000/ML	2	HI; NM
penicilln gk injectable 20mu	2	HI; NM
penicilln vk solution 125/5ml	2	NM
penicilln vk solution 250/5ml	2	NM
penicilln vk tablet 250mg	1	NM
penicilln vk tablet 500mg	1	NM
piper/tazoba injectable 2-0.25gm	2	HI; NM
piper/tazoba injectable 3-0.375g	2	HI; NM
piper/tazoba injectable 36-4.5gm	2	HI; NM
piper/tazoba injectable 4-0.5gm	2	HI; NM
SIVEXTRO INJECTABLE 200MG QL 6 each per 30 day(s)	4	QL; PA; HI; NM
SIVEXTRO TABLET 200MG QL 6 each per 30 day(s)	4	QL; PA; NM
smz-tmp suspension 200-40/5	1	NM
smz-tmp tablet 400-80mg	1	NM
smz/tmp ds tablet 800-160	1	NM
streptomycin injectable 1gm	2	BvsD; NM
sulfadiazine tablet 500mg	2	NM
sulfasalazin tablet 500mg	2	NM
SULFASALAZIN TABLET 500MG DR	2	NM
suprax chw 100mg QL 60 each per 30 day(s)	4	QL; NM
suprax chw 200mg QL 60 each per 30 day(s)	4	QL; NM
suprax suspension 200/5ml	4	NM
SUPRAX SUSPENSION 500/5ML	4	NM
TEFLARO INJECTABLE 400MG	4	PA; HI; NM
TEFLARO INJECTABLE 600MG	4	PA; HI; NM
tetracycline capsule 250mg	2	NM
tetracycline capsule 500mg	2	NM
tigecycline injectable 50mg QL 28 each per 14 day(s)	2	QL; PA; HI; NM
tobramycin injectable 10mg/ml	2	HI; NM
tobramycin injectable 40mg/ml	2	HI; NM
tobramycin neb 300/5ml	5	PA; NM
vancomycin capsule 125mg QL 120 each per 30 day(s)	2	QL; NM
vancomycin capsule 250mg QL 120 each per 30 day(s)	2	QL; NM
vancomycin injectable 1 gm	2	HI; NM
vancomycin injectable 10gm	2	HI; NM
vancomycin injectable 500mg	2	HI; NM
vancomycin injectable 750mg	2	HI; NM
vancomycin solution 250/5ml QL 450 milliliter(s) 30 day(s)	2	QL; NM
VANCOMYCIN SOLUTION 25MG/ML QL 450 milliliter(s) 30 day(s)	2	QL
XENLETA TABLET 600MG QL 60 each per 30 day(s)	4	QL; PA

Drug	Tier	Requirements /Limits
XIFAXAN TABLET 200MG QL 180 each per 30 day(s)	4	QL; PA; NM
XIFAXAN TABLET 550MG QL 90 each per 30 day(s)	4	QL; PA; NM
ANTIFUNGALS		
amphotericin injectable 50mg	2	PA; HI; NM
amphotericin injectable 50mg	2	PA; HI; NM
caspofungin injectable 50mg	5	PA; HI; NM
caspofungin injectable 70mg	4	PA; HI; NM
fluconazole suspension 10mg/ml	2	NM
fluconazole suspension 40mg/ml	2	NM
fluconazole tablet 100mg	1	NM
fluconazole tablet 150mg	1	NM
fluconazole tablet 200mg	1	NM
fluconazole tablet 50mg	1	NM
fluconazole/ injectable nacl 200	2	HI; NM
fluconazole/ injectable nacl 400	2	HI; NM
flucytosine capsule 250mg	2	NM
flucytosine capsule 500mg	2	NM
griseofulvin suspension 125/5ml	2	NM
griseofulvin tablet micr 500	2	NM
griseofulvin tablet ultr 125	2	NM
griseofulvin tablet ultr 250	2	NM
itraconazole capsule 100mg QL 126 each per 30 day(s)	2	QL; NM
ITRACONAZOLE SOLUTION 10MG/ML	2	NM
ketoconazole tablet 200mg	1	NM
micafungin injectable 100mg	2	BvsD
micafungin injectable 50mg	2	BvsD
NOXAFIL PACKET 300MG QL 30 each per 30 day(s)	5	QL; PA; NM
nystatin suspension 100000	2	NM
nystatin tablet 500000	1	NM
posaconazole suspension 40mg/ml	5	PA
posaconazole tablet 100mg dr QL 240 each per 30 day(s)	5	QL; PA
terbinafine tablet 250mg QL 90 each per 30 day(s)	1	QL; NM
VIVJOA CAPSULE 150MG QL 18 each per 365 day(s)	4	QL; PA; NM
voriconazole injectable 200mg	2	HI; NM
VORICONAZOLE SUSPENSION 40MG/ML QL 450 milliliter(s) 30 day(s)	2	QL; NM
voriconazole tablet 200mg QL 90 each per 30 day(s)	2	QL; NM
voriconazole tablet 50mg QL 360 each per 30 day(s)	2	QL; NM
ANTIMYCOBACTERIALS		
dapsone tablet 100mg	2	NM
dapsone tablet 25mg	2	NM
ethambutol tablet 100mg	2	NM
ethambutol tablet 400mg	2	NM
isoniazid tablet 100mg	1	NM
isoniazid tablet 300mg	1	NM
PRETOMANID TABLET 200MG QL 30 each per 30 day(s)	3	QL; PA
PRIFTIN TABLET 150MG QL 32 each per 28 day(s)	4	QL; NM
pyrazinamide tablet 500mg	2	NM
RIFABUTIN CAPSULE 150MG	2	NM
rifampin capsule 150mg	1	NM
rifampin capsule 300mg	1	NM
rifampin injectable 600mg	2	HI; NM
SIRTURO TABLET 100MG QL 188 each per 30 day(s)	5	QL; PA; NM
SIRTURO TABLET 20MG QL 1050 each per 30 day(s)	5	QL; PA; NM
TRECATOR TABLET 250MG	4	NM
ANTIPROTOZOALS		
atovaq/progu tablet 250-100	2	NM
atovaq/progu tablet 62.5-25	2	NM
atovaquone suspension 750/5ml	2	NM

Drug	Tier	Requirements /Limits
BENZNIDAZOLE TABLET 100MG QL 240 each per 365 day(s)	4	QL; NM
BENZNIDAZOLE TABLET 12.5MG QL 720 each per 365 day(s)	4	QL; NM
chloroquine tablet 250mg	2	NM
chloroquine tablet 500mg	2	NM
COARTEM TABLET 20-120MG QL 24 each per 30 day(s)	4	QL; NM
hydroxychlor tablet 100mg	1	NM
hydroxychlor tablet 200mg	1	NM
hydroxychlor tablet 300mg	1	NM
hydroxychlor tablet 400mg	1	NM
IMPAVIDO CAPSULE 50MG QL 84 each per 28 day(s)	4	QL; PA; NM
KRINTAFEL TABLET 150MG QL 4 each per 30 day(s)	4	QL; NM
LAMPIT TABLET 120MG	4	PA; NM
LAMPIT TABLET 30MG	4	PA; NM
mefloquine tablet 250mg QL 5 each per 30 day(s)	2	QL; NM
metronidazol capsule 375mg	2	NM
metronidazol injectable 500mg	2	HI; NM
metronidazol tablet 250mg	1	NM
metronidazol tablet 500mg	1	NM
nitazoxanide tablet 500mg QL 20 each per 10 day(s)	2	QL; NM
paromomycin capsule 250mg	2	NM
pentamidine inh 300mg	2	BvsD; NM
pentamidine injectable 300mg	2	HI; NM
PRIMAQUINE TABLET 26.3MG	2	NM
quinine sulf capsule 324mg	2	NM
tinidazole tablet 250mg	2	NM
tinidazole tablet 500mg	2	NM
ANTIVIRALS		
abaca/lamivu tablet 600-300m QL 30 each per 30 day(s)	4	QL; NM
abacavir solution 20mg/ml	4	NM
abacavir tablet 300mg QL 180 each per 30 day(s)	4	QL; NM
acyclovir capsule 200mg	1	NM
acyclovir suspension 200/5ml	2	NM
acyclovir tablet 400mg	1	NM
acyclovir tablet 800mg	1	NM
acyclovir na injectable 50mg/ml	2	HI; NM
adefov dipiv tablet 10mg QL 30 each per 30 day(s)	2	QL; NM
APTIVUS CAPSULE 250MG QL 120 each per 30 day(s)	5	QL; NM
atazanavir capsule 150mg QL 60 each per 30 day(s)	3	QL; NM
atazanavir capsule 200mg QL 60 each per 30 day(s)	3	QL; NM
atazanavir capsule 300mg QL 60 each per 30 day(s)	3	QL; NM
BARACLUDE SOLUTION	4	NM
BIKTARVY TABLET QL 30 each per 30 day(s)	5	QL; NM
BIKTARVY TABLET QL 30 each per 30 day(s)	5	QL; NM
CIMDUO TABLET 300-300 QL 30 each per 30 day(s)	5	QL
COMPLERA TABLET	5	NM
darunavir tablet 600mg QL 60 each per 30 day(s)	5	QL; NM
darunavir tablet 800mg QL 30 each per 30 day(s)	5	QL; NM
DELSTRIGO TABLET QL 30 each per 30 day(s)	5	QL; NM
DESCOVY TABLET 120-15MG QL 30 each per 30 day(s)	5	QL; NM
DESCOVY TABLET 200/25MG QL 30 each per 30 day(s)	5	QL; NM
DOVATO TABLET 50-300MG QL 30 each per 30 day(s)	5	QL; NM

Drug	Tier	Requirements /Limits
EDURANT TABLET 25MG QL 60 each per 30 day(s)	5	QL; NM
efavir/emtri tablet tenofovi QL 30 each per 30 day(s)	4	QL; NM
efavir/lamiv tablet tenofovi QL 30 each per 30 day(s)	4	QL; NM
efavir/lamiv tablet tenofovi QL 30 each per 30 day(s)	4	QL; NM
efavirenz capsule 200mg QL 90 each per 30 day(s)	3	QL; NM
efavirenz capsule 50mg QL 90 each per 30 day(s)	3	QL; NM
efavirenz tablet 600mg QL 60 each per 30 day(s)	3	QL; NM
emtr/ten df tablet 100-150 QL 30 each per 30 day(s)	4	QL; NM
emtr/ten df tablet 133-200 QL 30 each per 30 day(s)	4	QL; NM
emtr/ten df tablet 167-250 QL 30 each per 30 day(s)	4	QL; NM
emtr/tenofov tablet 200-300 QL 30 each per 30 day(s)	4	QL; NM
emtricitabin capsule 200mg QL 30 each per 30 day(s)	4	QL; NM
EMTRIVA SOLUTION 10MG/ML QL 720 milliliter(s) 30 day(s)	4	QL; NM
entecavir tablet 0.5mg QL 30 each per 30 day(s)	4	QL; NM
entecavir tablet 1mg QL 30 each per 30 day(s)	4	QL; NM
etravirine tablet 100mg	4	NM
etravirine tablet 200mg	4	NM
famciclovir tablet 125mg	1	NM
famciclovir tablet 250mg	1	NM
famciclovir tablet 500mg	1	NM
fosamprenavi tablet 700mg	4	NM
FUZEON INJECTABLE 90MG QL 60 each per 30 day(s)	5	QL; NM
GENVOYA TABLET QL 30 each per 30 day(s)	5	QL; NM
INTELENCE TABLET 25MG	4	NM
ISENTRESS CHW 100MG QL 180 each per 30 day(s)	5	QL; NM
ISENTRESS CHW 25MG QL 180 each per 30 day(s)	4	QL; NM
ISENTRESS POW 100MG QL 60 each per 30 day(s)	5	QL; NM
ISENTRESS TABLET 400MG QL 60 each per 30 day(s)	5	QL; NM
ISENTRESS HD TABLET 600MG QL 60 each per 30 day(s)	5	QL; NM
JULUCA TABLET 50-25MG QL 30 each per 30 day(s)	5	QL; NM
lamivud/zido tablet 150-300	4	NM
lamivudine solution 10mg/ml	4	NM
lamivudine tablet 100mg QL 60 each per 30 day(s)	4	QL; NM
lamivudine tablet 150mg QL 60 each per 30 day(s)	4	QL; NM
lamivudine tablet 300mg QL 60 each per 30 day(s)	4	QL; NM
LEDIP-SOFOSB TABLET 90-400MG QL 168 each per 365 day(s)	5	QL; PA
LEXIVA SUSPENSION 50MG/ML	4	NM
LIVTENCITY TABLET 200MG QL 112 each per 28 day(s)	5	QL; PA
lopin/riton solution 80-20/ml QL 390 milliliter(s) 30 day(s)	4	QL; NM
lopin/riton tablet 100-25mg QL 300 each per 30 day(s)	4	QL; NM
lopin/riton tablet 200-50mg QL 120 each per 30 day(s)	4	QL; NM
maraviroc tablet 150mg QL 120 each per 30 day(s)	3	QL; NM

Drug	Tier	Requirements /Limits
maraviroc tablet 300mg QL 120 each per 30 day(s)	3	QL; NM
MAVYRET PACKET 50-20MG QL 140 each per 28 day(s)	5	QL; PA
MAVYRET TABLET 100-40MG QL 84 each per 28 day(s)	5	QL; PA
nevirapine suspension 50mg/5ml QL 1200 milliliter(s) 30 day(s)	4	QL; NM
nevirapine tablet 200mg QL 60 each per 30 day(s)	4	QL; NM
nevirapine tablet 400mg er QL 30 each per 30 day(s)	4	QL; NM
NORVIR POW 100MG QL 360 each per 30 day(s)	4	QL; NM
ODEFSEY TABLET QL 30 each per 30 day(s)	5	QL; NM
oseltamivir capsule 30mg QL 84 each per 180 day(s)	2	QL; NM
oseltamivir capsule 45mg QL 42 each per 180 day(s)	2	QL; NM
oseltamivir capsule 75mg QL 42 each per 180 day(s)	2	QL; NM
oseltamivir suspension 6mg/ml QL 525 milliliter(s) 180 day(s)	2	QL; NM
PEGASYS INJECTABLE QL 4 each per 30 day(s)	5	QL; PA; NM
PEGASYS INJECTABLE 180MCG/M QL 4 each per 28 day(s)	5	QL; PA; NM
PIFELTRO TABLET 100MG QL 30 each per 30 day(s)	5	QL; NM
PREVYMIS TABLET 240MG QL 100 each per 365 day(s)	5	QL; PA
PREVYMIS TABLET 480MG QL 100 each per 365 day(s)	5	QL; PA
PREZISTA SUSPENSION 100MG/ML QL 360 milliliter(s) 30 day(s)	5	QL; NM
PREZISTA TABLET 150MG QL 180 each per 30 day(s)	5	QL; NM
PREZISTA TABLET 75MG QL 60 each per 30 day(s)	5	QL; NM
RELENZA MIS DISKHALE QL 60 each per 30 day(s)	4	QL; NM
REYATAZ POW 50MG QL 240 each per 30 day(s)	3	QL; NM
ribavirin capsule 200mg QL 210 each per 30 day(s)	2	QL; NM
ribavirin tablet 200mg QL 210 each per 30 day(s)	2	QL; NM
ritonavir tablet 100mg QL 450 each per 30 day(s)	4	QL; NM
RUKOBIA TABLET 600MG ER QL 60 each per 30 day(s)	5	QL
SELZENTRY SOLUTION 20MG/ML QL 1800 milliliter(s) 30 day(s)	5	QL; NM
SELZENTRY TABLET 25MG QL 120 each per 30 day(s)	4	QL; NM
SELZENTRY TABLET 75MG QL 120 each per 30 day(s)	5	QL; NM
SITAVIG TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
SOFOS/VELPAT TABLET 400-100 QL 30 each per 30 day(s)	5	QL; PA
STRIBILD TABLET QL 30 each per 30 day(s)	5	QL; NM
SUNLENCA TABLET 300MG QL 4 each per 180 day(s)	5	QL; NM
SUNLENCA TABLET 300MG QL 5 each per 180 day(s)	5	QL; NM
SYMTUZA TABLET QL 30 each per 30 day(s)	5	QL; NM
tenofovir tablet 300mg QL 30 each per 30 day(s)	3	QL; NM

Drug	Tier	Requirements /Limits
TIVICAY TABLET 10MG QL 60 each per 30 day(s)	4	QL; NM
TIVICAY TABLET 25MG QL 60 each per 30 day(s)	5	QL; NM
TIVICAY TABLET 50MG QL 60 each per 30 day(s)	5	QL; NM
TIVICAY PD TABLET 5MG QL 180 each per 30 day(s)	5	QL; NM
TRIUMEQ TABLET QL 30 each per 30 day(s)	5	QL; NM
TRIUMEQ PD TABLET QL 180 each per 30 day(s)	5	QL; NM
TRIZIVIR TABLET QL 60 each per 30 day(s)	5	QL; NM
valacyclovir tablet 1gm QL 120 each per 30 day(s)	1	QL; NM
valacyclovir tablet 500mg QL 120 each per 30 day(s)	1	QL; NM
valganciclov solution 50mg/ml	2	NM
valganciclov tablet 450mg QL 90 each per 30 day(s)	2	QL; NM
VEMLIDY TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA
VIRACEPT TABLET 250MG	5	NM
VIRACEPT TABLET 625MG	5	NM
VIREAD POW 40MG/GM	5	NM
VIREAD TABLET 150MG QL 30 each per 30 day(s)	5	QL; NM
VIREAD TABLET 200MG QL 30 each per 30 day(s)	5	QL; NM
VIREAD TABLET 250MG QL 30 each per 30 day(s)	5	QL; NM
VOSEVI TABLET QL 28 each per 28 day(s)	5	QL; PA
XOFLUZA TABLET 40MG QL 4 each per 365 day(s)	4	QL; NM
XOFLUZA TABLET 80MG QL 4 each per 365 day(s)	4	QL; NM
zidovudine capsule 100mg	4	NM
zidovudine syrup 50mg/5ml	4	NM
zidovudine tablet 300mg	4	NM
URINARY ANTI-INFECTIVES		
fosfomycin pow 3gm	2	NM
methenam hip tablet 1gm	2	NM
nitrofur mac capsule 100mg	2	NM
nitrofur mac capsule 25mg	2	NM
nitrofur mac capsule 50mg	2	NM
nitrofurantn capsule 100mg	2	NM
nitrofurantn suspension 25mg/5ml	2	PA; NM
trimethoprim tablet 100mg	1	NM
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone tablet 250mg QL 120 each per 30 day(s)	5	QL
abiraterone tablet 500mg QL 120 each per 30 day(s)	5	QL; PA
ALECENSA CAPSULE 150MG QL 240 each per 30 day(s)	5	QL; PA
ALUNBRIG PACKET QL 30 each per 180 day(s)	5	QL; PA
ALUNBRIG TABLET 180MG QL 30 each per 30 day(s)	5	QL; PA
ALUNBRIG TABLET 30MG QL 180 each per 30 day(s)	5	QL; PA
ALUNBRIG TABLET 90MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA
AYVAKIT TABLET 300MG QL 30 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
AYVAKIT TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
BALVERSA TABLET 3MG QL 84 each per 28 day(s)	5	QL; PA
BALVERSA TABLET 4MG QL 84 each per 28 day(s)	5	QL; PA
BALVERSA TABLET 5MG QL 84 each per 28 day(s)	5	QL; PA
BEXAROTENE CAPSULE 75MG	5	PA
bicalutamide tablet 50mg QL 30 each per 30 day(s)	1	QL
BOSULIF TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
BOSULIF TABLET 400MG QL 30 each per 30 day(s)	5	QL; PA
BOSULIF TABLET 500MG QL 30 each per 30 day(s)	5	QL; PA
BRAFTOVI CAPSULE 75MG QL 180 each per 30 day(s)	5	QL; PA
BRUKINSA CAPSULE 80MG QL 120 each per 30 day(s)	5	QL; PA
CABOMETYX TABLET 20MG QL 30 each per 30 day(s)	5	QL; PA
CABOMETYX TABLET 40MG QL 30 each per 30 day(s)	5	QL; PA
CABOMETYX TABLET 60MG QL 30 each per 30 day(s)	5	QL; PA
CALQUENCE CAPSULE 100MG QL 60 each per 30 day(s)	5	QL; PA
CALQUENCE TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
CAPRELSA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
CAPRELSA TABLET 300MG QL 30 each per 30 day(s)	5	QL; PA
COMETRIQ KIT 100MG	5	PA
COMETRIQ KIT 140MG	5	PA
COMETRIQ KIT 60MG	5	PA
COPIKTRA CAPSULE 15MG QL 60 each per 30 day(s)	5	QL; PA
COPIKTRA CAPSULE 25MG QL 60 each per 30 day(s)	5	QL; PA
COTELLIC TABLET 20MG QL 63 each per 28 day(s)	5	QL; PA; LA
cyclophosph capsule 25mg	2	BvsD
cyclophosph capsule 50mg	2	BvsD
CYCLOPHOSPH TABLET 25MG	2	BvsD
CYCLOPHOSPH TABLET 50MG	2	BvsD
DAURISMO TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
DAURISMO TABLET 25MG QL 90 each per 30 day(s)	5	QL; PA
DROXIA CAPSULE 200MG	4	
DROXIA CAPSULE 300MG	4	
DROXIA CAPSULE 400MG	4	
EMCYT CAPSULE 140MG QL 420 each per 30 day(s)	3	QL
ERIVEDGE CAPSULE 150MG QL 30 each per 30 day(s)	5	QL; PA
ERLEADA TABLET 240MG QL 30 each per 30 day(s)	5	QL; PA
ERLEADA TABLET 60MG QL 120 each per 30 day(s)	5	QL; PA
erlotinib tablet 100mg QL 30 each per 30 day(s)	2	QL; PA
erlotinib tablet 150mg QL 30 each per 30 day(s)	2	QL; PA
erlotinib tablet 25mg QL 60 each per 30 day(s)	2	QL; PA
everolimus tablet 0.25mg QL 120 each per 30 day(s)	5	QL; BvsD
everolimus tablet 0.5mg QL 120 each per 30 day(s)	5	QL; BvsD
everolimus tablet 0.75mg QL 120 each per 30 day(s)	5	QL; BvsD

Drug	Tier	Requirements /Limits
everolimus tablet 10mg	5	QL; PA
QL 30 each per 30 day(s)		
everolimus tablet 1mg	5	QL; BvsD
QL 120 each per 30 day(s)		
everolimus tablet 2.5mg	5	QL; PA
QL 30 each per 30 day(s)		
everolimus tablet 2mg	5	QL; PA
QL 60 each per 30 day(s)		
everolimus tablet 3mg	5	QL; PA
QL 60 each per 30 day(s)		
everolimus tablet 5mg	5	QL; PA
QL 30 each per 30 day(s)		
everolimus tablet 5mg	5	QL; PA
QL 60 each per 30 day(s)		
everolimus tablet 7.5mg	5	QL; PA
QL 30 each per 30 day(s)		
EXKIVITY CAPSULE 40MG	5	QL; PA
QL 120 each per 30 day(s)		
FOTIVDA CAPSULE 0.89MG	5	QL; PA
QL 21 each per 28 day(s)		
FOTIVDA CAPSULE 1.34MG	5	QL; PA
QL 21 each per 28 day(s)		
GAVRETO CAPSULE 100MG	5	QL; PA
QL 120 each per 30 day(s)		
gefitinib tablet 250mg	5	QL; PA
QL 30 each per 30 day(s)		
GILOTRIF TABLET 20MG	5	QL; PA
QL 30 each per 30 day(s)		
GILOTRIF TABLET 30MG	5	QL; PA
QL 30 each per 30 day(s)		
GILOTRIF TABLET 40MG	5	QL; PA
QL 30 each per 30 day(s)		
GLEOSTINE CAPSULE 100MG	5	QL; PA
QL 3 each per 42 day(s)		
GLEOSTINE CAPSULE 10MG	5	QL; PA
QL 26 each per 42 day(s)		
GLEOSTINE CAPSULE 40MG	5	QL; PA
QL 7 each per 42 day(s)		

Drug	Tier	Requirements /Limits
hydroxyurea capsule 500mg	2	
IBRANCE CAPSULE 100MG	5	QL; PA
QL 21 each per 28 day(s)		
IBRANCE CAPSULE 125MG	5	QL; PA
QL 21 each per 28 day(s)		
IBRANCE CAPSULE 75MG	5	QL; PA
QL 21 each per 28 day(s)		
IBRANCE TABLET 100MG	5	QL; PA
QL 21 each per 28 day(s)		
IBRANCE TABLET 125MG	5	QL; PA
QL 21 each per 28 day(s)		
IBRANCE TABLET 75MG	5	QL; PA
QL 21 each per 28 day(s)		
ICLUSIG TABLET 10MG	5	QL; PA
QL 30 each per 30 day(s)		
ICLUSIG TABLET 15MG	5	QL; PA
QL 30 each per 30 day(s)		
ICLUSIG TABLET 30MG	5	QL; PA
QL 30 each per 30 day(s)		
ICLUSIG TABLET 45MG	5	QL; PA
QL 30 each per 30 day(s)		
IDHIFA TABLET 100MG	5	QL; PA
QL 30 each per 30 day(s)		
IDHIFA TABLET 50MG	5	QL; PA
QL 30 each per 30 day(s)		
imatinib mes tablet 100mg	2	QL
QL 90 each per 30 day(s)		
imatinib mes tablet 400mg	2	QL
QL 60 each per 30 day(s)		
IMBRUVICA CAPSULE 140MG	5	QL; PA
QL 120 each per 30 day(s)		
IMBRUVICA CAPSULE 70MG	5	QL; PA
QL 30 each per 30 day(s)		
IMBRUVICA SUSPENSION 70MG/ML	5	QL; PA
QL 180 milliliter(s) 30 day(s)		
IMBRUVICA TABLET 140MG	5	QL; PA
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
IMBRUVICA TABLET 280MG QL 30 each per 30 day(s)	5	QL; PA
IMBRUVICA TABLET 420MG QL 30 each per 30 day(s)	5	QL; PA
INLYTA TABLET 1MG QL 600 each per 30 day(s)	5	QL; PA
INLYTA TABLET 5MG QL 120 each per 30 day(s)	5	QL; PA
INQOVI TABLET 35-100MG QL 5 each per 28 day(s)	5	QL; PA
INREBIC CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 10MG QL 60 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 15MG QL 60 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 20MG QL 60 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 25MG QL 60 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA
JAYPIRCA TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
JAYPIRCA TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
KISQALI TABLET 200DOSE QL 63 each per 28 day(s)	5	QL; PA
KISQALI TABLET 400DOSE QL 63 each per 28 day(s)	5	QL; PA
KISQALI TABLET 600DOSE QL 63 each per 28 day(s)	5	QL; PA
KOSELUGO CAPSULE 10MG QL 120 each per 30 day(s)	5	QL; PA
KOSELUGO CAPSULE 25MG QL 120 each per 30 day(s)	5	QL; PA
KRAZATI TABLET 200MG QL 180 each per 30 day(s)	5	QL; PA
lapatinib tablet 250mg QL 180 each per 30 day(s)	5	QL; PA
lenalidomide capsule 10mg QL 28 each per 28 day(s)	5	QL; PA; LA
lenalidomide capsule 15mg QL 28 each per 28 day(s)	5	QL; PA; LA
lenalidomide capsule 2.5mg QL 28 each per 28 day(s)	5	QL; PA; LA
lenalidomide capsule 20mg QL 28 each per 28 day(s)	5	QL; PA; LA
lenalidomide capsule 25mg QL 28 each per 28 day(s)	5	QL; PA; LA
lenalidomide capsule 5mg QL 28 each per 28 day(s)	5	QL; PA; LA
LENVIMA CAPSULE 10MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 12MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 14MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 18MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 20MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 24MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 4MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 8MG QL 90 each per 30 day(s)	5	QL; PA
LEUKERAN TABLET 2MG	3	
LONSURF TABLET 15-6.14 QL 80 each per 28 day(s)	5	QL; PA
LONSURF TABLET 20-8.19 QL 80 each per 28 day(s)	5	QL; PA
LORBRENA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
LORBRENA TABLET 25MG QL 90 each per 30 day(s)	5	QL; PA
LUMAKRAS TABLET 120MG QL 240 each per 30 day(s)	5	QL; PA
LUMAKRAS TABLET 320MG QL 90 each per 30 day(s)	5	QL; PA
LYNPARZA TABLET 100MG QL 120 each per 30 day(s)	5	QL; PA
LYNPARZA TABLET 150MG QL 120 each per 30 day(s)	5	QL; PA
LYSODREN TABLET 500MG	3	
LYTGOBI TABLET 4MG QL 150 each per 30 day(s)	5	QL; PA
LYTGOBI TABLET 4MG QL 150 each per 30 day(s)	5	QL; PA
LYTGOBI TABLET 4MG QL 150 each per 30 day(s)	5	QL; PA
MATULANE CAPSULE 50MG	5	
MEKINIST SOLUTION 0.05/ML QL 1200 milliliter(s) 30 day(s)	5	QL; PA
MEKINIST TABLET 0.5MG QL 90 each per 30 day(s)	5	QL; PA
MEKINIST TABLET 2MG QL 30 each per 30 day(s)	5	QL; PA
MEKTOVI TABLET 15MG QL 180 each per 30 day(s)	5	QL; PA
mercaptopur tablet 50mg	2	
METHOTREXATE INJECTABLE 25MG/ML	2	BvsD
methotrexate injectable 50mg/2ml	2	BvsD
methotrexate tablet 2.5mg	2	
NERLYNX TABLET 40MG QL 180 each per 30 day(s)	5	QL; PA
nilutamide tablet 150mg	5	
NINLARO CAPSULE 2.3MG QL 3 each per 28 day(s)	5	QL; PA
NINLARO CAPSULE 3MG QL 3 each per 28 day(s)	5	QL; PA
NINLARO CAPSULE 4MG QL 3 each per 28 day(s)	5	QL; PA
NUBEQA TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
ODOMZO CAPSULE 200MG QL 30 each per 30 day(s)	5	QL; PA; LA
OJJAARA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
OJJAARA TABLET 150MG QL 30 each per 30 day(s)	5	QL; PA
OJJAARA TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
ONUREG TABLET 200MG QL 14 each per 28 day(s)	5	QL; PA
ONUREG TABLET 300MG QL 14 each per 28 day(s)	5	QL; PA
ORSERDU TABLET 345MG QL 30 each per 30 day(s)	5	QL; PA
ORSERDU TABLET 86MG QL 90 each per 30 day(s)	5	QL; PA
PEMAZYRE TABLET 13.5MG	5	PA
PEMAZYRE TABLET 4.5MG	5	PA
PEMAZYRE TABLET 9MG	5	PA
PIQRAY 200MG TABLET DOSE QL 30 each per 30 day(s)	5	QL; PA
PIQRAY 250MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
PIQRAY 300MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
POMALYST CAPSULE 1MG QL 21 each per 28 day(s)	5	QL; PA
POMALYST CAPSULE 2MG QL 21 each per 28 day(s)	5	QL; PA
POMALYST CAPSULE 3MG QL 21 each per 28 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
POMALYST CAPSULE 4MG QL 21 each per 28 day(s)	5	QL; PA
PURIXAN SUSPENSION 20MG/ML QL 300 milliliter(s) 30 day(s)	5	QL; PA; NM
QINLOCK TABLET 50MG QL 90 each per 30 day(s)	5	QL; PA
RASUVO INJECTABLE 10MG QL 0.80 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 12.5MG QL 1 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 15MG QL 1.20 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 17.5MG QL 1.40 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 20MG QL 1.60 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 22.5MG QL 1.80 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 25MG QL 2 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 30MG QL 2.40 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 7.5MG QL 0.60 each per 28 day(s)	3	QL; ST
RETEVMO CAPSULE 40MG QL 180 each per 30 day(s)	5	QL; PA
RETEVMO CAPSULE 80MG QL 120 each per 30 day(s)	5	QL; PA
REVLIMID CAPSULE 10MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 15MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 2.5MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 20MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 25MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 5MG QL 28 each per 28 day(s)	5	QL; PA; LA
REZLIDHIA CAPSULE 150MG QL 60 each per 30 day(s)	5	QL; PA
ROZLYTREK CAPSULE 100MG QL 90 each per 30 day(s)	5	QL; PA
ROZLYTREK CAPSULE 200MG QL 90 each per 30 day(s)	5	QL; PA
RUBRACA TABLET 200MG QL 120 each per 30 day(s)	5	QL; PA
RUBRACA TABLET 250MG QL 120 each per 30 day(s)	5	QL; PA
RUBRACA TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
RYDAPT CAPSULE 25MG QL 240 each per 30 day(s)	5	QL; PA
SCEMBLIX TABLET 20MG QL 60 each per 30 day(s)	5	QL; PA
SCEMBLIX TABLET 40MG QL 300 each per 30 day(s)	5	QL; PA
sorafenib tablet 200mg QL 120 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 140MG QL 60 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 20MG QL 60 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 50MG QL 60 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 70MG QL 60 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 80MG QL 60 each per 30 day(s)	5	QL; PA
STIVARGA TABLET 40MG QL 84 each per 21 day(s)	5	QL; PA
sunitinib capsule 12.5mg QL 90 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
sunitinib capsule 25mg	5	QL; PA
QL 30 each per 30 day(s)		
sunitinib capsule 37.5mg	5	QL; PA
QL 30 each per 30 day(s)		
sunitinib capsule 50mg	5	QL; PA
QL 30 each per 30 day(s)		
SYNRIBO INJECTABLE 3.5MG	5	PA
TABLOID TABLET 40MG	4	
TABRECTA TABLET 150MG	5	QL; PA
QL 120 each per 30 day(s)		
TABRECTA TABLET 200MG	5	QL; PA
QL 120 each per 30 day(s)		
TAFINLAR CAPSULE 50MG	5	QL; PA
QL 120 each per 30 day(s)		
TAFINLAR CAPSULE 75MG	5	QL; PA
QL 120 each per 30 day(s)		
TAFINLAR TABLET 10MG	5	QL; PA
QL 900 each per 30 day(s)		
TAGRISSO TABLET 40MG	5	QL; PA; LA
QL 30 each per 30 day(s)		
TAGRISSO TABLET 80MG	5	QL; PA; LA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.1MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.25MG	5	QL; PA
QL 90 each per 30 day(s)		
TALZENNA CAPSULE 0.35MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.5MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 0.75MG	5	QL; PA
QL 30 each per 30 day(s)		
TALZENNA CAPSULE 1MG	5	QL; PA
QL 30 each per 30 day(s)		
TASIGNA CAPSULE 150MG	5	QL; PA
QL 120 each per 30 day(s)		
TASIGNA CAPSULE 200MG	5	QL; PA
QL 120 each per 30 day(s)		
TASIGNA CAPSULE 50MG	5	QL; PA
QL 120 each per 30 day(s)		
TAZVERIK TABLET 200MG	5	QL; PA
QL 240 each per 30 day(s)		
TEPMETKO TABLET 225MG	5	QL; PA
QL 60 each per 30 day(s)		
TIBSOVO TABLET 250MG	5	QL; PA
QL 60 each per 30 day(s)		
tretinoin capsule 10mg	5	QL
QL 360 each per 30 day(s)		
trexall tablet 10mg	3	
trexall tablet 15mg	3	
trexall tablet 5mg	3	
trexall tablet 7.5mg	3	
TUKYSA TABLET 150MG	5	QL; PA
QL 120 each per 30 day(s)		
TUKYSA TABLET 50MG	5	QL; PA
QL 120 each per 30 day(s)		
TURALIO CAPSULE 125MG	5	QL; PA
QL 120 each per 30 day(s)		
VANFLYTA TABLET 17.7MG	5	QL; PA
QL 30 each per 30 day(s)		
VANFLYTA TABLET 26.5MG	5	QL; PA
QL 30 each per 30 day(s)		
VENCLEXTA TABLET 100MG	5	QL; PA
QL 120 each per 30 day(s)		
VENCLEXTA TABLET 10MG	4	QL; PA
QL 120 each per 30 day(s)		
VENCLEXTA TABLET 50MG	5	QL; PA
QL 120 each per 30 day(s)		
VENCLEXTA TABLET START PK	5	QL; PA
QL 120 each per 30 day(s)		
VERZENIO TABLET 100MG	5	QL; PA
QL 60 each per 30 day(s)		
VERZENIO TABLET 150MG	5	QL; PA
QL 60 each per 30 day(s)		
VERZENIO TABLET 200MG	5	QL; PA
QL 60 each per 30 day(s)		

Drug	Tier	Requirements /Limits
VERZENIO TABLET 50MG QL 60 each per 30 day(s)	5	QL; PA
VIJOICE TABLET 125MG QL 28 each per 28 day(s)	5	QL; PA
VIJOICE TABLET 250MG QL 56 each per 28 day(s)	5	QL; PA
VIJOICE TABLET 50MG QL 28 each per 28 day(s)	5	QL; PA
VITRAKVI CAPSULE 100MG QL 60 each per 30 day(s)	5	QL; PA
VITRAKVI CAPSULE 25MG QL 180 each per 30 day(s)	5	QL; PA
VITRAKVI SOLUTION 20MG/ML QL 300 milliliter(s) 30 day(s)	5	QL; PA
VIZIMPRO TABLET 15MG QL 30 each per 30 day(s)	5	QL; PA
VIZIMPRO TABLET 30MG QL 30 each per 30 day(s)	5	QL; PA
VIZIMPRO TABLET 45MG QL 30 each per 30 day(s)	5	QL; PA
VONJO CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
VOTRIENT TABLET 200MG	5	PA
WELIREG TABLET 40MG QL 90 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 200MG QL 60 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 250MG QL 60 each per 30 day(s)	5	QL; PA
XOSPATA TABLET 40MG QL 90 each per 30 day(s)	5	QL; PA
XPOVIO PACKET 40MG QL 4 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 50MG QL 8 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 60MG QL 24 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 60MG QL 4 each per 28 day(s)	5	QL; PA
XPOVIO PACKET 80MG QL 32 each per 28 day(s)	5	QL; PA
XTANDI CAPSULE 40MG QL 120 each per 30 day(s)	5	QL; PA
XTANDI TABLET 40MG QL 120 each per 30 day(s)	5	QL; PA
XTANDI TABLET 80MG QL 120 each per 30 day(s)	5	QL; PA
YONSA TABLET 125MG QL 120 each per 30 day(s)	5	QL; PA
ZEJULA CAPSULE 100MG QL 90 each per 30 day(s)	5	QL; PA
ZEJULA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
ZEJULA TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
ZEJULA TABLET 300MG QL 30 each per 30 day(s)	5	QL; PA
ZELBORAF TABLET 240MG QL 240 each per 30 day(s)	5	QL; PA
ZOLINZA CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
ZYDELIG TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
ZYDELIG TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA
ZYKADIA TABLET 150MG QL 150 each per 30 day(s)	5	QL; PA
ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND		
ANTITOXINS AND IMMUNE GLOBULINS		
BIVIGAM INJECTABLE 10%	5	PA

Drug	Tier	Requirements /Limits
FLEBOGAMMA INJECTABLE 5GM/50ML	5	PA
GAMMAGARD INJECTABLE 2.5GM/25	5	PA
GAMMAGARD SD INJECTABLE 10GM HU	5	PA
GAMMAGARD SD INJECTABLE 5GM HU	5	PA
GAMMAKED INJECTABLE 1GM/10ML	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 5%	5	PA
GAMUNEX-C INJECTABLE 1GM/10ML	3	PA
OCTAGAM INJECTABLE 1GM	5	PA
OCTAGAM INJECTABLE 2GM/20ML	5	PA
PRIVIGEN INJECTABLE 20GRAMS	5	PA
TOXOIDS		
ADACEL INJECTABLE	3	
BOOSTRIX INJECTABLE	3	
BOOSTRIX INJECTABLE	3	
DAPTACEL INJECTABLE	3	
DIP/TET PED INJECTABLE 25-5LFU	2	
INFANRIX INJECTABLE	3	
KINRIX INJECTABLE	3	
PEDIARIX INJECTABLE 0.5ML	3	
PENTACEL INJECTABLE	3	
QUADRACEL INJECTABLE	3	
QUADRACEL INJECTABLE 0.5ML	3	
TDVAX INJECTABLE 2-2 LF	3	
TENIVAC INJECTABLE 5-2LF	3	
VACCINES		
ABRYSVO INJECTABLE	3	
ACTHIB INJECTABLE	3	
AREXVY INJECTABLE 120MCG	3	
BCG VACCINE INJECTABLE 50MG	3	
BEXSERO INJECTABLE	3	
ENGERIX-B INJECTABLE 10/0.5ML	3	BvsD
ENGERIX-B INJECTABLE 20MCG/ML	3	BvsD
ENGERIX-B INJECTABLE 20MCG/ML	3	BvsD
GARDASIL 9 INJECTABLE	3	
GARDASIL 9 INJECTABLE	3	
HAVRIX INJECTABLE 1440UNIT	3	
HAVRIX INJECTABLE 720UNIT	3	
HEPLISAV-B INJECTABLE 20/0.5ML	3	BvsD
HIBERIX SOLUTION 10MCG	3	
IMOVAX RABIE INJECTABLE 2.5/ML	3	
IPOL INJECTABLE INACTIVE	3	
IXIARO INJECTABLE	3	
JYNNEOS INJECTABLE	3	
M-M-R II INJECTABLE	3	
MENACTRA INJECTABLE	3	
MENQUADFI INJECTABLE	3	
MENVEO INJECTABLE	3	
PEDVAX HIB INJECTABLE	3	
PREHEVBRIO SUSPENSION 10MCG/ML	3	BvsD
PRIORIX INJECTABLE	3	
PROQUAD INJECTABLE	3	
QUADRACEL INJECTABLE 0.5ML	3	
RABAVERT INJECTABLE	3	
RECOMBIVA HB INJECTABLE 10MCG/ML	3	BvsD
RECOMBIVA HB INJECTABLE 10MCG/ML	3	BvsD

Drug	Tier	Requirements /Limits
RECOMBIVA HB INJECTABLE 5MCG/0.5	3	BvsD
RECOMBIVA HB INJECTABLE 5MCG/0.5	3	BvsD
RECOMBIVA-HB INJECTABLE 40MCG/ML	3	BvsD
ROTARIX SUSPENSION	3	
ROTARIX SUSPENSION	3	
ROTATEQ SOLUTION	3	
SHINGRIX INJECTABLE 50/0.5ML	1	
TICOVAC INJECTABLE	3	
TICOVAC INJECTABLE	3	
TRUMENBA INJECTABLE	3	
TWINRIX INJECTABLE	3	BvsD
TYPHIM VI INJECTABLE	3	
TYPHIM VI INJECTABLE	3	
VAQTA INJECTABLE 25/0.5ML	3	
VAQTA INJECTABLE 50UNT/ML	3	
VARIVAX INJECTABLE	3	
YF-VAX INJECTABLE	3	
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ANORO ELLIPT AER 62.5-25 QL 60 each per 30 day(s)	3	QL
ATROVENT HFA AER 17MCG	4	
BEVESPI AER 9-4.8MCG QL 10.70 each per 30 day(s)	4	QL; ST
COMBIVENT AER 20-100 QL 8 each per 30 day(s)	3	QL
dicyclomine capsule 10mg QL 240 each per 30 day(s)	1	QL
dicyclomine solution 10mg/5ml QL 2400 milliliter(s) 30 day(s)	2	QL
dicyclomine tablet 20mg QL 240 each per 30 day(s)	1	QL
glycopyrrol tablet 1mg	1	
glycopyrrol tablet 2mg	1	
glycopyrrola solution 1mg/5ml	2	
INCRUSE ELPT INH 62.5MCG QL 30 each per 30 day(s)	4	QL; ST
ipratropium solution 0.02%inh	1	BvsD
ipratropium/ solution albuter	1	BvsD
methscopolam tablet 2.5mg	2	
methscopolam tablet 5mg	2	
scopolamine dis 1mg/3day QL 10 each per 28 day(s)	2	QL
SPIRIVA AER 1.25MCG QL 4 each per 30 day(s)	3	QL
SPIRIVA CAPSULE HANDIHLR QL 30 each per 30 day(s)	3	QL
SPIRIVA SPR 2.5MCG QL 4 each per 30 day(s)	3	QL
STIOLTO AER 2.5-2.5 QL 4 each per 30 day(s)	3	QL
TRELEGY AER 100MCG QL 60 each per 30 day(s)	3	QL
TRELEGY AER 200MCG QL 60 each per 30 day(s)	3	QL
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL INH QL 1344 each per 30 day(s)	4	QL; PA
NICOTROL NS SPR 10MG/ML QL 360 milliliter(s) 30 day(s)	5	QL; PA
varenicline tablet 0.5& 1mg QL 106 each per 365 day(s)	1	QL
varenicline tablet 0.5mg QL 336 each per 365 day(s)	1	QL
varenicline tablet 1mg QL 336 each per 365 day(s)	1	QL
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol tablet 10mg	1	
bethanechol tablet 25mg	1	
bethanechol tablet 50mg	1	
bethanechol tablet 5mg	1	

Drug	Tier	Requirements /Limits
cevimeline capsule 30mg	2	
donepezil tablet 10mg	1	
donepezil tablet 10mg odt	1	
donepezil tablet 23mg	1	
donepezil tablet 5mg	1	
donepezil tablet 5mg odt	1	
galantamine capsule 16mg er	2	
galantamine capsule 24mg er	2	
galantamine capsule 8mg er	2	
galantamine solution 4mg/ml	2	
galantamine tablet 12mg	1	
galantamine tablet 4mg	1	
galantamine tablet 8mg	1	
pilocarpine tablet 5mg	2	
pilocarpine tablet 7.5mg	2	
pyridostigm tablet 60mg	1	
PYRIDOSTIGMI SOLUTION 60MG/5ML	2	
pyridostigmi tablet 30mg	1	
pyridostigmi tablet er 180mg	2	
rivastigmine capsule 1.5mg	2	
rivastigmine capsule 3mg	2	
rivastigmine capsule 4.5mg	2	
rivastigmine capsule 6mg	2	
RIVASTIGMINE DIS 13.3/24	2	
RIVASTIGMINE DIS 4.6MG/24	2	
RIVASTIGMINE DIS 9.5MG/24	2	
SKELETAL MUSCLE RELAXANTS		
baclofen tablet 10mg	1	
baclofen tablet 20mg	1	
baclofen tablet 5mg	1	
carisoprodol tablet 350mg QL 120 each per 30 day(s)	2	QL
cyclobenzapr tablet 10mg	2	
cyclobenzapr tablet 5mg	2	
cyclobenzapr tablet 7.5mg	2	
dantrolene capsule 100mg	2	
dantrolene capsule 25mg	2	
dantrolene capsule 50mg	2	
metaxalone tablet 400mg	2	
metaxalone tablet 800mg	2	
methocarbam tablet 500mg	2	
methocarbam tablet 750mg	2	
tizanidine capsule 2mg QL 540 each per 30 day(s)	2	QL; ST
tizanidine capsule 4mg QL 270 each per 30 day(s)	2	QL; ST
tizanidine capsule 6mg QL 180 each per 30 day(s)	2	QL; ST
tizanidine tablet 2mg QL 540 each per 30 day(s)	2	QL
tizanidine tablet 4mg QL 270 each per 30 day(s)	2	QL
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin tablet 10mg er QL 30 each per 30 day(s)	1	QL
dihydroergot spr 4mg/ml	2	PA
ergoloid mes tablet 1mg oral QL 90 each per 30 day(s)	2	QL
phenoxybenza capsule 10mg QL 3600 each per 30 day(s)	5	QL; PA
silodosin capsule 4mg QL 30 each per 30 day(s)	1	QL
silodosin capsule 8mg QL 30 each per 30 day(s)	1	QL
tamsulosin capsule 0.4mg QL 60 each per 30 day(s)	1	QL
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALBUTEROL AER HFA QL 17 each per 30 day(s)	1	QL
ALBUTEROL AER HFA QL 36 each per 30 day(s)	1	QL
albuterol aer hfa QL 13.40 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
albuterol neb 0.083%	1	BvsD
albuterol neb 0.5%	1	BvsD
albuterol neb 0.63mg/3	1	BvsD
albuterol neb 1.25mg/3	1	BvsD
albuterol syrup 2mg/5ml	1	
albuterol tablet 2mg	2	
albuterol tablet 4mg	2	
arformoterol neb 15/2ml QL 120 milliliter(s) 30 day(s)	2	QL; BvsD
AUVI-Q INJECTABLE 0.15MG QL 2 each per 30 day(s)	3	QL
AUVI-Q INJECTABLE 0.1MG QL 2 each per 30 day(s)	3	QL
AUVI-Q INJECTABLE 0.3MG QL 2 each per 30 day(s)	3	QL
droxidopa capsule 100mg QL 180 each per 30 day(s)	4	QL; PA
droxidopa capsule 200mg QL 180 each per 30 day(s)	4	QL; PA
droxidopa capsule 300mg QL 180 each per 30 day(s)	4	QL; PA
EPINEPHRINE INJECTABLE 0.15MG	2	
epinephrine injectable 0.15mg	2	
epinephrine injectable 0.3mg	2	
EPINEPHRINE INJECTABLE 0.3MG	2	
FLUTIC/SALME AER 115-21 QL 12 each per 30 day(s)	2	QL; PA
FLUTIC/SALME AER 230-21 QL 12 each per 30 day(s)	2	QL; PA
FLUTIC/SALME AER 45-21MCG QL 12 each per 30 day(s)	2	QL; PA
formoterol neb 20/2ml QL 120 milliliter(s) 30 day(s)	2	QL; BvsD
LEVALBUTEROL AER 45/ACT	1	
levalbuterol neb 0.31mg	2	BvsD
levalbuterol neb 0.63mg	2	BvsD
levalbuterol neb 1.25/0.5	2	BvsD
levalbuterol neb 1.25mg	2	BvsD
LUCEMYRA TABLET 0.18MG QL 150 each per 30 day(s)	5	QL; PA
midodrine tablet 10mg	1	
midodrine tablet 2.5mg	1	
midodrine tablet 5mg	1	
PROAIR DIGIH AER	4	ST
SEREVENT DIS AER 50MCG QL 60 each per 30 day(s)	3	QL
STRIVERDI AER 2.5MCG QL 4 each per 30 day(s)	3	QL
SYMJEPI INJECTABLE 0.15MG	3	
SYMJEPI INJECTABLE 0.3MG	3	
terbutaline tablet 2.5mg	2	
terbutaline tablet 5mg	2	
VENTOLIN HFA AER QL 36 each per 30 day(s)	3	QL
BLOOD FORMATION, COAGULATION, AND		
ANTIHEMORRHAGIC AGENTS		
TRANEX ACID TABLET 650MG QL 30 each per 30 day(s)	2	QL
ANTITHROMBOTIC AGENTS		
anagrelide capsule 0.5mg	2	
anagrelide capsule 1mg	2	
BRILINTA TABLET 60MG QL 60 each per 30 day(s)	3	QL
BRILINTA TABLET 90MG QL 60 each per 30 day(s)	3	QL
CABLIVI KIT 11MG QL 31 each per 30 day(s)	5	QL; PA
cilostazol tablet 100mg	1	
cilostazol tablet 50mg	1	
clopidogrel tablet 75mg QL 30 each per 30 day(s)	1	QL
dabigatran capsule 150mg QL 60 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
dabigatran capsule 75mg QL 60 each per 30 day(s)	2	QL
ELIQUIS TABLET 2.5MG QL 60 each per 30 day(s)	3	QL
ELIQUIS TABLET 5MG QL 74 each per 30 day(s)	3	QL
ELIQUIS ST P TABLET 5MG QL 74 each per 180 day(s)	3	QL
FONDAPARINUX INJECTABLE 10/0.8ML QL 30 milliliter(s) 30 day(s)	2	QL
fondaparinux injectable 2.5/0.5 QL 30 each per 30 day(s)	2	QL
FONDAPARINUX INJECTABLE 5/0.4ML QL 30 milliliter(s) 30 day(s)	2	QL
FONDAPARINUX INJECTABLE 7.5/0.6 QL 30 each per 30 day(s)	2	QL
heparin sod injectable 1000/ml	2	
heparin sod injectable 10000/ml	2	
heparin sod injectable 20000/ml	2	
heparin sod injectable 5000/ml	2	
jantoven tablet 10mg	1	
jantoven tablet 1mg	1	
jantoven tablet 2.5mg	1	
jantoven tablet 2mg	1	
jantoven tablet 3mg	1	
jantoven tablet 4mg	1	
jantoven tablet 5mg	1	
jantoven tablet 6mg	1	
jantoven tablet 7.5mg	1	
PRADAXA CAPSULE 110MG QL 60 each per 30 day(s)	4	QL
prasugrel tablet 10mg QL 30 each per 30 day(s)	1	QL
prasugrel tablet 5mg QL 30 each per 30 day(s)	1	QL
SAVAYSA TABLET 15MG QL 30 each per 30 day(s)	4	QL
SAVAYSA TABLET 30MG QL 30 each per 30 day(s)	4	QL
SAVAYSA TABLET 60MG QL 30 each per 30 day(s)	4	QL
warfarin tablet 10mg	1	
warfarin tablet 1mg	1	
warfarin tablet 2.5mg	1	
warfarin tablet 2mg	1	
warfarin tablet 3mg	1	
warfarin tablet 4mg	1	
warfarin tablet 5mg	1	
warfarin tablet 6mg	1	
warfarin tablet 7.5mg	1	
XARELTO SUSPENSION 1MG/ML QL 600 milliliter(s) 30 day(s)	3	QL
XARELTO TABLET 10MG QL 30 each per 30 day(s)	3	QL
XARELTO TABLET 15MG QL 42 each per 30 day(s)	3	QL
XARELTO TABLET 2.5MG QL 60 each per 30 day(s)	3	QL
XARELTO TABLET 20MG QL 30 each per 30 day(s)	3	QL
XARELTO STAR TABLET 15/20MG QL 102 each per 365 day(s)	3	QL
ZONTIVITY TABLET 2.08MG QL 30 each per 30 day(s)	4	QL
BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS, MISCELLANEOUS		
OXBRYTA TABLET 300MG QL 150 each per 30 day(s)	5	QL; PA
OXBRYTA TABLET 300MG QL 150 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
OXBRYTA TABLET 500MG QL 90 each per 30 day(s)	5	QL; PA
TAVALISSE TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
TAVALISSE TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA
HEMATOPOIETIC AGENTS		
ARANESP INJECTABLE 100MCG	5	BvsD
ARANESP INJECTABLE 100MCG	5	BvsD
ARANESP INJECTABLE 10MCG	3	BvsD
ARANESP INJECTABLE 150MCG	5	BvsD
ARANESP INJECTABLE 200MCG	5	BvsD
ARANESP INJECTABLE 200MCG	5	BvsD
ARANESP INJECTABLE 25MCG	3	BvsD
ARANESP INJECTABLE 25MCG	3	BvsD
ARANESP INJECTABLE 300MCG	5	BvsD
ARANESP INJECTABLE 40MCG	3	BvsD
ARANESP INJECTABLE 40MCG	3	BvsD
ARANESP INJECTABLE 500MCG	5	BvsD
ARANESP INJECTABLE 60MCG	3	BvsD
ARANESP INJECTABLE 60MCG	3	BvsD
DOPTELET TABLET 20MG QL 60 each per 30 day(s)	5	QL; PA
DOPTELET TABLET 20MG QL 15 each per 30 day(s)	5	QL; PA
DOPTELET TABLET 20MG QL 10 each per 30 day(s)	5	QL; PA
EPOGEN INJECTABLE 10000/ML	4	BvsD
EPOGEN INJECTABLE 2000/ML	4	BvsD
EPOGEN INJECTABLE 20000/ML	5	BvsD
EPOGEN INJECTABLE 3000/ML	4	BvsD
EPOGEN INJECTABLE 4000/ML	4	BvsD
FULPHILA INJECTABLE 6/0.6ML	5	BvsD
FYLNETRA INJECTABLE 6MG/0.6	5	PA
GRANIX INJECTABLE 300/0.5	5	BvsD
GRANIX INJECTABLE 300/1ML	5	BvsD
GRANIX INJECTABLE 480/0.8	5	BvsD
GRANIX INJECTABLE 480/1.6	5	BvsD
LEUKINE INJECTABLE 250MCG	5	BvsD
MULPLETA TABLET 3MG QL 7 each per 30 day(s)	5	QL; PA
NEULASTA INJECTABLE 6MG/0.6M	5	PA
NEUPOGEN INJECTABLE 300/0.5	5	PA
NEUPOGEN INJECTABLE 300MCG	5	PA
NEUPOGEN INJECTABLE 480/0.8	5	PA
NEUPOGEN INJECTABLE 480MCG	5	PA
NIVESTYM INJECTABLE 300/0.5	5	BvsD
NIVESTYM INJECTABLE 480/0.8	5	BvsD
NYVEPRIA INJECTABLE 6/0.6ML	5	PA
PROMACTA PACKET 25MG QL 90 each per 30 day(s)	5	QL; PA
PROMACTA POW 12.5MG QL 180 each per 30 day(s)	5	QL; PA
PROMACTA TABLET 12.5MG QL 30 each per 30 day(s)	5	QL; PA
PROMACTA TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA
PROMACTA TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
PROMACTA TABLET 75MG QL 30 each per 30 day(s)	5	QL; PA
RELEUKO INJECTABLE 300MCG	5	PA
RELEUKO INJECTABLE 480MCG	5	PA
RETACRIT INJECTABLE 10000UNT	3	BvsD

Drug	Tier	Requirements /Limits
RETACRIT INJECTABLE 20000UNI	3	BvsD
RETACRIT INJECTABLE 2000UNIT	3	BvsD
RETACRIT INJECTABLE 3000UNIT	3	BvsD
RETACRIT INJECTABLE 40000UNT	3	BvsD
RETACRIT INJECTABLE 4000UNIT	3	BvsD
UDENYCA INJECTABLE 6MG/.6ML	5	BvsD
UDENYCA INJECTABLE 6MG/0.6	5	BvsD
ZARXIO INJECTABLE 300/0.5	5	PA
ZARXIO INJECTABLE 480/0.8	5	PA
ZIEXTENZO INJECTABLE 6/0.6ML	5	PA
HEMORRHEOLOGIC AGENTS		
pentoxifylli tablet 400mg er	2	
BLOOD FORMATION,COAGULATION AND		
ANTITHROMBOTIC AGENTS		
enoxaparin injectable 100mg/ml	2	
enoxaparin injectable 120/0.8	2	
enoxaparin injectable 150mg/ml	2	
enoxaparin injectable 30/0.3ml	2	
enoxaparin injectable 40/0.4ml	2	
enoxaparin injectable 60/0.6ml	2	
enoxaparin injectable 80/0.8ml	2	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin tablet 1mg	1	QL
QL 60 each per 30 day(s)		
doxazosin tablet 2mg	1	QL
QL 60 each per 30 day(s)		
doxazosin tablet 4mg	1	QL
QL 60 each per 30 day(s)		
doxazosin tablet 8mg	1	QL
QL 60 each per 30 day(s)		
prazosin hcl capsule 1mg	1	
prazosin hcl capsule 2mg	1	
prazosin hcl capsule 5mg	1	
terazosin capsule 10mg	1	QL
QL 60 each per 30 day(s)		
terazosin capsule 1mg	1	QL
QL 60 each per 30 day(s)		
terazosin capsule 2mg	1	QL
QL 60 each per 30 day(s)		
terazosin capsule 5mg	1	QL
QL 60 each per 30 day(s)		
ANTILIPEMIC AGENTS		
ALTOPREV TABLET 20MG ER	4	QL
QL 30 each per 30 day(s)		
ALTOPREV TABLET 40MG ER	4	QL
QL 30 each per 30 day(s)		
ALTOPREV TABLET 60MG ER	4	QL
QL 30 each per 30 day(s)		
atorvastatin tablet 10mg	1	QL
QL 30 each per 30 day(s)		
atorvastatin tablet 20mg	1	QL
QL 30 each per 30 day(s)		
atorvastatin tablet 40mg	1	QL
QL 30 each per 30 day(s)		
atorvastatin tablet 80mg	1	QL
QL 30 each per 30 day(s)		
cholestyram pow 4gm	2	QL
QL 720 each per 30 day(s)		
cholestyram pow 4gm lite	2	QL
QL 1195 each per 30 day(s)		
colesevelam packet 3.75gm	2	QL
QL 180 each per 30 day(s)		
colesevelam tablet 625mg	2	QL
QL 180 each per 30 day(s)		
COLESTIPOL GRA 5GM	2	QL
QL 900 each per 30 day(s)		
colestipol tablet 1gm	2	QL
QL 480 each per 30 day(s)		
ezetim/simva tablet 10-10mg	1	QL; ST
QL 30 each per 30 day(s)		
ezetim/simva tablet 10-20mg	1	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
ezetim/simva tablet 10-40mg	1	QL; ST
QL 30 each per 30 day(s)		
ezetim/simva tablet 10-80mg	1	QL; ST
QL 30 each per 30 day(s)		
ezetimibe tablet 10mg	1	QL
QL 30 each per 30 day(s)		
fenofibrate capsule 130mg	1	QL
QL 30 each per 30 day(s)		
fenofibrate capsule 134mg	1	QL
QL 60 each per 30 day(s)		
FENOFIBRATE CAPSULE 150MG	1	QL
QL 30 each per 30 day(s)		
fenofibrate capsule 200mg	1	QL
QL 60 each per 30 day(s)		
FENOFIBRATE CAPSULE 43MG	1	QL
QL 60 each per 30 day(s)		
FENOFIBRATE CAPSULE 50MG	1	QL
QL 60 each per 30 day(s)		
fenofibrate capsule 67mg	1	QL
QL 60 each per 30 day(s)		
fenofibrate tablet 120mg	1	QL
QL 30 each per 30 day(s)		
fenofibrate tablet 145mg	1	QL
QL 60 each per 30 day(s)		
fenofibrate tablet 160mg	1	QL
QL 60 each per 30 day(s)		
fenofibrate tablet 40mg	1	QL
QL 60 each per 30 day(s)		
fenofibrate tablet 48mg	1	QL
QL 60 each per 30 day(s)		
fenofibrate tablet 54mg	1	QL
QL 60 each per 30 day(s)		
fenofibric capsule 135mg dr	2	QL
QL 60 each per 30 day(s)		
fenofibric capsule 45mg dr	2	QL
QL 60 each per 30 day(s)		
fluvastatin capsule 20mg	1	QL
QL 120 each per 30 day(s)		
fluvastatin capsule 40mg	1	QL
QL 60 each per 30 day(s)		
gemfibrozil tablet 600mg	1	QL
QL 60 each per 30 day(s)		
icosapent capsule 0.5gm	2	QL
QL 120 each per 30 day(s)		
icosapent capsule 1gm	2	QL
QL 120 each per 30 day(s)		
JUXTAPID CAPSULE 10MG	5	QL; PA
QL 90 each per 30 day(s)		
JUXTAPID CAPSULE 20MG	5	QL; PA
QL 90 each per 30 day(s)		
JUXTAPID CAPSULE 30MG	5	QL; PA
QL 90 each per 30 day(s)		
JUXTAPID CAPSULE 5MG	5	QL; PA
QL 90 each per 30 day(s)		
LIVALO TABLET 1MG	3	QL; ST
QL 30 each per 30 day(s)		
LIVALO TABLET 2MG	3	QL; ST
QL 30 each per 30 day(s)		
LIVALO TABLET 4MG	3	QL; ST
QL 30 each per 30 day(s)		
lovastatin tablet 10mg	1	QL
QL 60 each per 30 day(s)		
lovastatin tablet 20mg	1	QL
QL 60 each per 30 day(s)		
lovastatin tablet 40mg	1	QL
QL 60 each per 30 day(s)		
NEXLETOL TABLET 180MG	4	QL; PA
QL 30 each per 30 day(s)		
NEXLIZET TABLET 180/10MG	4	QL; PA
QL 30 each per 30 day(s)		
omega-3-acid capsule 1gm	1	QL
QL 120 each per 30 day(s)		
pravastatin tablet 10mg	1	QL
QL 90 each per 30 day(s)		
pravastatin tablet 20mg	1	QL
QL 90 each per 30 day(s)		

Drug	Tier	Requirements /Limits
pravastatin tablet 40mg	1	QL
QL 30 each per 30 day(s)		
pravastatin tablet 80mg	1	QL
QL 30 each per 30 day(s)		
prevalite pow 4gm pk	2	QL
QL 1195 each per 30 day(s)		
REPATHA INJECTABLE 140MG/ML	3	QL; PA
QL 3 milliliter(s) 30 day(s)		
REPATHA PUSH INJECTABLE 420/3.5	3	QL; PA
QL 3.50 each per 30 day(s)		
REPATHA SURE INJECTABLE 140MG/ML	3	QL; PA
QL 3 milliliter(s) 30 day(s)		
rosuvastatin tablet 10mg	1	QL
QL 30 each per 30 day(s)		
rosuvastatin tablet 20mg	1	QL
QL 30 each per 30 day(s)		
rosuvastatin tablet 40mg	1	QL
QL 30 each per 30 day(s)		
rosuvastatin tablet 5mg	1	QL
QL 30 each per 30 day(s)		
simvastatin tablet 10mg	1	QL
QL 90 each per 30 day(s)		
simvastatin tablet 20mg	1	QL
QL 90 each per 30 day(s)		
simvastatin tablet 40mg	1	QL
QL 30 each per 30 day(s)		
simvastatin tablet 5mg	1	QL
QL 30 each per 30 day(s)		
simvastatin tablet 80mg	1	QL
QL 30 each per 30 day(s)		
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol capsule 200mg	1	QL
QL 120 each per 30 day(s)		
acebutolol capsule 400mg	1	QL
QL 90 each per 30 day(s)		

Drug	Tier	Requirements /Limits
atenolol tablet 100mg	1	
atenolol tablet 25mg	1	
atenolol tablet 50mg	1	
betaxolol tablet 10mg	1	
betaxolol tablet 20mg	1	
bisoprol fum tablet 10mg	1	
bisoprol fum tablet 5mg	1	
carteolol solution 1% op	2	
carvedilol capsule 10mg er	1	
carvedilol capsule 20mg er	1	
carvedilol capsule 40mg er	1	
carvedilol capsule 80mg er	1	
carvedilol tablet 12.5mg	1	
carvedilol tablet 25mg	1	
carvedilol tablet 3.125mg	1	
carvedilol tablet 6.25mg	1	
labetalol tablet 100mg	1	
labetalol tablet 200mg	1	
labetalol tablet 300mg	1	
metoprol suc tablet 100mg er	1	
metoprol suc tablet 200mg er	1	
metoprol suc tablet 25mg er	1	
metoprol suc tablet 50mg er	1	
metoprol tar tablet 100mg	1	
metoprol tar tablet 25mg	1	
metoprol tar tablet 37.5mg	1	
metoprol tar tablet 50mg	1	
metoprol tar tablet 75mg	1	
nadolol tablet 20mg	1	
nadolol tablet 40mg	1	
nadolol tablet 80mg	1	
nebivolol tablet 10mg	1	QL
QL 120 each per 30 day(s)		
nebivolol tablet 2.5mg	1	QL
QL 90 each per 30 day(s)		
nebivolol tablet 20mg	1	QL
QL 90 each per 30 day(s)		

Drug	Tier	Requirements /Limits
nebivolol tablet 5mg	1	QL
QL 90 each per 30 day(s)		
pindolol tablet 10mg	2	
pindolol tablet 5mg	2	
propranolol capsule 120mg er	1	
propranolol capsule 160mg er	1	
propranolol capsule 60mg er	1	
propranolol capsule 80mg er	1	
propranolol solution 20mg/5ml	2	
propranolol solution 40mg/5ml	2	
propranolol tablet 10mg	1	
propranolol tablet 20mg	1	
propranolol tablet 40mg	1	
propranolol tablet 60mg	1	
propranolol tablet 80mg	1	
sorine tablet 120mg	1	
sorine tablet 160mg	1	
sorine tablet 240mg	1	
sorine tablet 80mg	1	
sotalol af tablet 120mg	1	
sotalol af tablet 160mg	1	
sotalol af tablet 80mg	1	
sotalol hcl tablet 120mg	1	
sotalol hcl tablet 160mg	1	
sotalol hcl tablet 240mg	1	
sotalol hcl tablet 80mg	1	
timolol mal tablet 10mg	1	
timolol mal tablet 20mg	1	
timolol mal tablet 5mg	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
amlod/atorva tablet 10-10mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 10-20mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 10-40mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 10-80mg	2	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
amlod/atorva tablet 2.5-10mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 2.5-20mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 2.5-40mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 5-10mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 5-20mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 5-40mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/atorva tablet 5-80mg	2	QL; ST
QL 30 each per 30 day(s)		
amlod/benazp capsule 10-20mg	1	
amlod/benazp capsule 10-40mg	1	
amlod/benazp capsule 2.5-10mg	1	
amlod/benazp capsule 5-10mg	1	
amlod/benazp capsule 5-20mg	1	
amlod/benazp capsule 5-40mg	1	
amlod/olmesa tablet 10-20mg	1	
amlod/olmesa tablet 10-40mg	1	
amlod/olmesa tablet 5-20mg	1	
amlod/olmesa tablet 5-40mg	1	
amlod/valsar tablet 10-160mg	1	
amlod/valsar tablet 10-320mg	1	
amlod/valsar tablet 5-160mg	1	
amlod/valsar tablet 5-320mg	1	
amlodipine tablet 10mg	1	
amlodipine tablet 2.5mg	1	
amlodipine tablet 5mg	1	

Drug	Tier	Requirements /Limits
cartia xt capsule 120/24hr	1	
cartia xt capsule 180/24hr	1	
cartia xt capsule 240/24hr	1	
cartia xt capsule 300/24hr	1	
dilt-xr capsule 120mg	1	
dilt-xr capsule 180mg	1	
dilt-xr capsule 240mg	1	
diltiazem capsule 120mg er	1	
diltiazem capsule 120mg er	1	
diltiazem capsule 180mg er	1	
diltiazem capsule 240mg er	1	
diltiazem capsule 300mg er	1	
DILTIAZEM CAPSULE 360MG ER	1	
DILTIAZEM CAPSULE 420MG/24	1	
diltiazem capsule 60mg er	1	
diltiazem capsule 90mg er	1	
diltiazem tablet 120mg	1	
diltiazem tablet 120mg er	1	
diltiazem tablet 240mg er	1	
diltiazem tablet 300mg er	1	
diltiazem tablet 30mg	1	
diltiazem tablet 360mg er	1	
diltiazem tablet 60mg	1	
diltiazem tablet 90mg	1	
diltiazem er tablet 180mg	1	
diltiazem er tablet 420mg	1	
felodipine tablet 10mg er	1	
felodipine tablet 2.5mg er	1	
felodipine tablet 5mg er	1	
isradipine capsule 2.5mg	2	
isradipine capsule 5mg	2	
matzim la tablet 180mg/24	2	
matzim la tablet 240mg/24	2	
matzim la tablet 300mg/24	2	
matzim la tablet 360mg/24	2	
matzim la tablet 420mg/24	2	
nicardipine capsule 20mg	2	
nicardipine capsule 30mg	2	
nifedipine capsule 10mg	1	
nifedipine capsule 20mg	1	
nifedipine tablet 30mg er	1	
nifedipine tablet 30mg er	1	
nifedipine tablet 60mg er	1	
nifedipine tablet 60mg er	1	
nifedipine tablet 90mg er	1	
nifedipine tablet 90mg er	1	
nimodipine capsule 30mg	2	
NISOLDIPINE TABLET 17MG ER	2	
nisoldipine tablet 20mg er	2	
nisoldipine tablet 25.5mg	2	
nisoldipine tablet 30mg er	2	
NISOLDIPINE TABLET 34MG ER	2	
nisoldipine tablet 40mg er	2	
NISOLDIPINE TABLET 8.5MG ER	2	
taztia xt capsule 120mg/24	1	
taztia xt capsule 180mg/24	1	
taztia xt capsule 240mg/24	1	
taztia xt capsule 300mg er	1	
taztia xt capsule 360mg/24	1	
telmis/amlod tablet 40-10mg	1	
telmis/amlod tablet 40-5mg	1	
telmis/amlod tablet 80-10mg	1	
telmis/amlod tablet 80-5mg	1	
tiadylt capsule 120mg/24	1	
tiadylt capsule 180mg/24	1	
tiadylt capsule 240mg/24	1	
tiadylt capsule 300mg/24	1	
tiadylt capsule 420mg/24	1	
trando/verap tablet 1-240 er	1	
trando/verap tablet 2-180 er	1	
trando/verap tablet 2-240 er	1	
trando/verap tablet 4-240 er	1	
VERAPAMIL CAPSULE 100MG ER	1	

Drug	Tier	Requirements /Limits
VERAPAMIL CAPSULE 120MG SR	1	
VERAPAMIL CAPSULE 180MG SR	1	
VERAPAMIL CAPSULE 200MG ER	1	
VERAPAMIL CAPSULE 240MG SR	1	
VERAPAMIL CAPSULE 300MG ER	1	
VERAPAMIL CAPSULE 360MG SR	1	
verapamil tablet 120mg	1	
verapamil tablet 120mg er	1	
verapamil tablet 180mg er	1	
verapamil tablet 240mg er	1	
verapamil tablet 40mg	1	
verapamil tablet 80mg	1	
CARDIAC DRUGS		
amiodarone tablet 100mg	1	
amiodarone tablet 200mg	1	
amiodarone tablet 400mg	1	
CORLANOR SOLUTION 5MG/5ML QL 450 milliliter(s) 30 day(s)	3	QL; ST
CORLANOR TABLET 5MG QL 60 each per 30 day(s)	3	QL; ST
CORLANOR TABLET 7.5MG QL 60 each per 30 day(s)	3	QL; ST
DIGOXIN SOLUTION 50MCG/ML	1	
digoxin tablet 0.0625mg	2	
digoxin tablet 0.125mg	1	
digoxin tablet 0.25mg	1	
dofetilide capsule 125mcg	2	
dofetilide capsule 250mcg	2	
dofetilide capsule 500mcg	2	
flecainide tablet 100mg	1	
flecainide tablet 150mg	1	
flecainide tablet 50mg	1	
mexiletine capsule 150mg	2	
mexiletine capsule 200mg	2	
mexiletine capsule 250mg	2	
MULTAQ TABLET 400MG	3	
NORPACE CAPSULE 100MG CR	4	
NORPACE CAPSULE 150MG CR	4	
pacerone tablet 100mg	1	
pacerone tablet 200mg	1	
pacerone tablet 400mg	1	
propafenone capsule 225mg er	2	
propafenone capsule 325mg er	2	
propafenone capsule 425mg er	2	
propafenone tablet 150mg	2	
propafenone tablet 225mg	2	
propafenone tablet 300mg	2	
quinidine su tablet 200mg	2	NM
quinidine su tablet 300mg	2	NM
ranolazine tablet 1000mg QL 120 each per 30 day(s)	2	QL
ranolazine tablet 500mg er QL 120 each per 30 day(s)	2	QL
VYNDAMAX CAPSULE 61MG QL 30 each per 30 day(s)	5	QL; PA
VYNDAQEL CAPSULE 20MG QL 120 each per 30 day(s)	5	QL; PA
HYPOTENSIVE AGENTS		
clonidine dis 0.1/24hr	2	
clonidine dis 0.2/24hr	2	
clonidine dis 0.3/24hr	2	
clonidine tablet 0.1mg	1	
clonidine tablet 0.1mg er QL 120 each per 30 day(s)	2	QL; ST
clonidine tablet 0.2mg	1	
clonidine tablet 0.3mg	1	
furosemide injectable 100/10ml	1	
hydralazine tablet 100mg	1	
hydralazine tablet 10mg	1	
hydralazine tablet 25mg	1	

Drug	Tier	Requirements /Limits
hydralazine tablet 50mg	1	
minoxidil tablet 10mg	1	
minoxidil tablet 2.5mg	1	
NYMALIZE SOLUTION QL 1800 each per 30 day(s)	5	QL
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALISKIREN TABLET 150MG QL 30 each per 30 day(s)	2	QL; ST
ALISKIREN TABLET 300MG QL 30 each per 30 day(s)	2	QL; ST
benazepril tablet 10mg	1	
benazepril tablet 20mg	1	
benazepril tablet 40mg	1	
benazepril tablet 5mg	1	
candesartan tablet 16mg	1	
candesartan tablet 32mg	1	
candesartan tablet 4mg	1	
candesartan tablet 8mg	1	
captopril tablet 100mg	1	
captopril tablet 12.5mg	1	
captopril tablet 25mg	1	
captopril tablet 50mg	1	
enalapril tablet 10mg	1	
enalapril tablet 2.5mg	1	
enalapril tablet 20mg	1	
enalapril tablet 5mg	1	
ENTRESTO TABLET 24-26MG QL 60 each per 30 day(s)	3	QL
ENTRESTO TABLET 49-51MG QL 60 each per 30 day(s)	3	QL
ENTRESTO TABLET 97-103MG QL 60 each per 30 day(s)	3	QL
eplerenone tablet 25mg	2	ST
eplerenone tablet 50mg	2	ST
fosinopril tablet 10mg	1	
fosinopril tablet 20mg	1	
fosinopril tablet 40mg	1	
irbesartan tablet 150mg	1	
irbesartan tablet 300mg	1	
irbesartan tablet 75mg	1	
KERENDIA TABLET 10MG QL 30 each per 30 day(s)	4	QL; PA
KERENDIA TABLET 20MG QL 30 each per 30 day(s)	4	QL; PA
lisinopril tablet 10mg	1	
lisinopril tablet 2.5mg	1	
lisinopril tablet 20mg	1	
lisinopril tablet 30mg	1	
lisinopril tablet 40mg	1	
lisinopril tablet 5mg	1	
losartan pot tablet 100mg	1	
losartan pot tablet 25mg	1	
losartan pot tablet 50mg	1	
moexipril tablet 15mg	1	
moexipril tablet 7.5mg	1	
olmesa medox tablet 20mg	1	
olmesa medox tablet 40mg	1	
olmesa medox tablet 5mg	1	
perindopril tablet 2mg	1	
perindopril tablet 4mg	1	
perindopril tablet 8mg	1	
quinapril tablet 10mg	1	
quinapril tablet 20mg	1	
quinapril tablet 40mg	1	
quinapril tablet 5mg	1	
ramipril capsule 1.25mg	1	
ramipril capsule 10mg	1	
ramipril capsule 2.5mg	1	
ramipril capsule 5mg	1	
spironolact tablet 100mg	1	
spironolact tablet 25mg	1	
spironolact tablet 50mg	1	
telmisartan tablet 20mg	1	

Drug	Tier	Requirements /Limits
telmisartan tablet 40mg	1	
telmisartan tablet 80mg	1	
trandolapril tablet 1mg	1	
trandolapril tablet 2mg	1	
trandolapril tablet 4mg	1	
valsartan tablet 160mg	1	
valsartan tablet 320mg	1	
valsartan tablet 40mg	1	
valsartan tablet 80mg	1	
VASODILATING AGENTS		
asa/dipyrida capsule 25-200mg QL 60 each per 30 day(s)	2	QL
ENTADFI CAPSULE 5-5MG QL 30 each per 30 day(s)	4	QL
isosorb din tablet 10mg	1	
isosorb din tablet 20mg	1	
isosorb din tablet 30mg	1	
isosorb din tablet 40mg	1	
isosorb din tablet 5mg	1	
isosorb mono tablet 10mg	1	
isosorb mono tablet 120mg er	1	
isosorb mono tablet 20mg	1	
isosorb mono tablet 30mg er	1	
isosorb mono tablet 60mg er	1	
nitroglyceri sub 0.6mg	1	
nitroglycern sub 0.3mg	1	
nitroglycern sub 0.4mg	1	
sildenafil suspension 10mg/ml QL 180 milliliter(s) 30 day(s)	2	QL; PA
sildenafil tablet 20mg QL 90 each per 30 day(s)	1	QL; PA
tadalafil tablet 20mg QL 60 each per 30 day(s)	2	QL; PA
TADLIQ SUSPENSION 20MG/5ML QL 300 milliliter(s) 30 day(s)	5	QL; PA
VERQUVO TABLET 10MG QL 30 each per 30 day(s)	3	QL; PA
VERQUVO TABLET 2.5MG QL 30 each per 30 day(s)	3	QL; PA
VERQUVO TABLET 5MG QL 30 each per 30 day(s)	3	QL; PA
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
apap/codeine tablet 300-15mg QL 390 each per 30 day(s)	1	QL; NM
apap/codeine tablet 300-30mg QL 390 each per 30 day(s)	1	QL; NM
apap/codeine tablet 300-60mg QL 390 each per 30 day(s)	1	QL; NM
BELBUCA MIS 150MCG QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 300MCG QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 450MCG QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 600MCG QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 750MCG QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 75MCG QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 900MCG QL 60 each per 30 day(s)	3	QL; NM
bupren/nalox mis 12-3mg QL 120 each per 30 day(s)	2	QL; NM
bupren/nalox mis 2-0.5mg QL 120 each per 30 day(s)	2	QL; NM
bupren/nalox mis 4-1mg QL 120 each per 30 day(s)	2	QL; NM
bupren/nalox mis 8-2mg QL 120 each per 30 day(s)	2	QL; NM

Drug	Tier	Requirements /Limits
bupren/nalox sub 2-0.5mg	2	QL; NM
QL 120 each per 30 day(s)		
bupren/nalox sub 8-2mg	2	QL; NM
QL 120 each per 30 day(s)		
BUPRENORPHIN DIS 10MCG/HR	2	QL; NM
QL 4 each per 28 day(s)		
BUPRENORPHIN DIS 15MCG/HR	2	QL; NM
QL 4 each per 28 day(s)		
BUPRENORPHIN DIS 20MCG/HR	2	QL; NM
QL 4 each per 28 day(s)		
BUPRENORPHIN DIS 5MCG/HR	2	QL; NM
QL 4 each per 28 day(s)		
BUPRENORPHIN DIS 7.5/HR	2	QL; NM
QL 4 each per 28 day(s)		
buprenorphin sub 2mg	2	QL; NM
QL 210 each per 30 day(s)		
buprenorphin sub 8mg	2	QL; NM
QL 120 each per 30 day(s)		
butorphanol solution 10mg/ml	2	QL; NM
QL 25 milliliter(s) 30 day(s)		
celecoxib capsule 100mg	1	QL
QL 240 each per 30 day(s)		
celecoxib capsule 200mg	1	QL
QL 120 each per 30 day(s)		
celecoxib capsule 400mg	1	QL
QL 60 each per 30 day(s)		
celecoxib capsule 50mg	1	QL
QL 480 each per 30 day(s)		
CODEINE SULF TABLET 15MG	2	QL; NM
QL 180 each per 30 day(s)		
CODEINE SULF TABLET 30MG	2	QL; NM
QL 180 each per 30 day(s)		
CODEINE SULF TABLET 60MG	2	QL; NM
QL 180 each per 30 day(s)		
diclofen pot tablet 50mg	1	
diclofenac pow 50mg	2	QL; ST
QL 9 each per 30 day(s)		
diclofenac tablet 100mg er	1	
diclofenac tablet 25mg dr	1	
diclofenac tablet 50mg dr	1	
diclofenac tablet 75mg dr	1	
diflunisal tablet 500mg	2	QL
QL 90 each per 30 day(s)		
endocet tablet 10-325mg	2	QL; NM
QL 120 each per 30 day(s)		
endocet tablet 2.5-325	2	QL; NM
QL 120 each per 30 day(s)		
endocet tablet 5-325mg	2	QL; NM
QL 120 each per 30 day(s)		
endocet tablet 7.5-325	2	QL; NM
QL 120 each per 30 day(s)		
etodolac capsule 200mg	1	
etodolac capsule 300mg	1	
etodolac tablet 400mg	1	
etodolac tablet 500mg	1	
etodolac er tablet 400mg	1	QL
QL 60 each per 30 day(s)		
etodolac er tablet 500mg	1	QL
QL 60 each per 30 day(s)		
etodolac er tablet 600mg	1	QL
QL 30 each per 30 day(s)		
FENOPROFEN CAPSULE 400MG	2	
fenoprofen tablet 600mg	2	
fentanyl dis 100mcg/h	2	QL; NM
QL 10 each per 30 day(s)		
fentanyl dis 12mcg/hr	2	QL; NM
QL 10 each per 30 day(s)		
fentanyl dis 25mcg/hr	2	QL; NM
QL 10 each per 30 day(s)		
fentanyl dis 50mcg/hr	2	QL; NM
QL 10 each per 30 day(s)		
fentanyl dis 75mcg/hr	2	QL; NM
QL 10 each per 30 day(s)		

Drug	Tier	Requirements /Limits
FENTANYL CIT TABLET 100MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL CIT TABLET 200MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL CIT TABLET 400MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL CIT TABLET 600MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL CIT TABLET 800MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL OT LOZ 1200MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 1600MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 200MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 400MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 600MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 800MCG QL 120 each per 30 day(s)	2	QL; PA; NM
flurbiprofen tablet 100mg	1	
hydroco/apap tablet 10-325mg QL 120 each per 30 day(s)	1	QL; NM
hydroco/apap tablet 5-325mg QL 120 each per 30 day(s)	1	QL; NM
hydroco/apap tablet 7.5-325 QL 120 each per 30 day(s)	1	QL; NM
hydrocod/ibu tablet 7.5-200 QL 210 each per 30 day(s)	1	QL; NM
hydromorphon tablet 12mg er QL 30 each per 30 day(s)	2	QL; NM
hydromorphon tablet 16mg er QL 30 each per 30 day(s)	2	QL; NM
hydromorphon tablet 2mg QL 120 each per 30 day(s)	2	QL; NM
hydromorphon tablet 32mg er QL 30 each per 30 day(s)	2	QL; NM
hydromorphon tablet 4mg QL 120 each per 30 day(s)	2	QL; NM
hydromorphon tablet 8mg QL 120 each per 30 day(s)	2	QL; NM
hydromorphon tablet 8mg er QL 30 each per 30 day(s)	2	QL; NM
ibu tablet 600mg	1	
ibu tablet 800mg	1	
ibuprofen tablet 400mg	1	
ibuprofen tablet 600mg	1	
ibuprofen tablet 800mg	1	
indomethacin capsule 25mg QL 240 each per 30 day(s)	1	QL
indomethacin capsule 50mg QL 120 each per 30 day(s)	1	QL
ketoprofen capsule 25mg	2	
meclofen sod capsule 100mg QL 120 each per 30 day(s)	2	QL
meclofen sod capsule 50mg QL 240 each per 30 day(s)	2	QL
meloxicam tablet 15mg	1	
meloxicam tablet 7.5mg	1	
methadone solution 10mg/5ml QL 600 milliliter(s) 30 day(s)	2	QL; NM
methadone solution 5mg/5ml QL 600 milliliter(s) 30 day(s)	2	QL; NM
methadone tablet 10mg QL 60 each per 30 day(s)	2	QL; NM
methadone tablet 5mg QL 120 each per 30 day(s)	2	QL; NM
morphine sul capsule 100mg er QL 60 each per 30 day(s)	2	QL; NM
morphine sul capsule 10mg er QL 60 each per 30 day(s)	2	QL; NM

Drug	Tier	Requirements /Limits
morphine sul capsule 120mg er QL 30 each per 30 day(s)	2	QL; NM
morphine sul capsule 20mg er QL 60 each per 30 day(s)	2	QL; NM
morphine sul capsule 30mg er QL 60 each per 30 day(s)	2	QL; NM
morphine sul capsule 30mg er QL 30 each per 30 day(s)	2	QL; NM
morphine sul capsule 45mg er QL 30 each per 30 day(s)	2	QL; NM
morphine sul capsule 50mg er QL 60 each per 30 day(s)	2	QL; NM
morphine sul capsule 60mg er QL 30 each per 30 day(s)	2	QL; NM
morphine sul capsule 60mg er QL 60 each per 30 day(s)	2	QL; NM
morphine sul capsule 75mg er QL 30 each per 30 day(s)	2	QL; NM
morphine sul capsule 80mg er QL 60 each per 30 day(s)	2	QL; NM
morphine sul capsule 90mg er QL 30 each per 30 day(s)	2	QL; NM
MORPHINE SUL SOLUTION 10MG/5ML QL 960 milliliter(s) 30 day(s)	1	QL; NM
MORPHINE SUL SOLUTION 20MG/5ML QL 960 milliliter(s) 30 day(s)	1	QL; NM
morphine sul solution 20mg/ml QL 240 milliliter(s) 30 day(s)	1	QL; NM
morphine sul tablet 100mg er QL 60 each per 30 day(s)	2	QL; NM
MORPHINE SUL TABLET 15MG QL 120 each per 30 day(s)	1	QL; NM
morphine sul tablet 15mg er QL 90 each per 30 day(s)	2	QL; NM
morphine sul tablet 200mg er QL 60 each per 30 day(s)	2	QL; NM
MORPHINE SUL TABLET 30MG QL 120 each per 30 day(s)	1	QL; NM
morphine sul tablet 30mg er QL 60 each per 30 day(s)	2	QL; NM
morphine sul tablet 60mg er QL 60 each per 30 day(s)	2	QL; NM
nabumetone tablet 500mg	1	
nabumetone tablet 750mg	1	
naproxen suspension 125/5ml	1	
naproxen tablet 250mg	1	
naproxen tablet 375mg	1	
naproxen tablet 500mg	1	
naproxen sod tablet 275mg	1	
naproxen sod tablet 550mg	1	
oxycod/apap tablet 10-325mg QL 120 each per 30 day(s)	1	QL; NM
oxycod/apap tablet 2.5-325 QL 120 each per 30 day(s)	1	QL; NM
oxycod/apap tablet 5-325mg QL 120 each per 30 day(s)	1	QL; NM
oxycod/apap tablet 7.5-325 QL 120 each per 30 day(s)	1	QL; NM
oxycodone capsule hcl 5mg QL 180 each per 30 day(s)	2	QL; NM
oxycodone con 100/5ml QL 270 milliliter(s) 30 day(s)	2	QL; NM
oxycodone solution 5mg/5ml QL 240 milliliter(s) 30 day(s)	2	QL; NM
oxycodone tablet 10mg QL 180 each per 30 day(s)	2	QL; NM
OXYCODONE TABLET 10MG ER QL 60 each per 30 day(s)	2	QL; NM
oxycodone tablet 15mg QL 180 each per 30 day(s)	2	QL; NM
oxycodone tablet 20mg QL 180 each per 30 day(s)	2	QL; NM
OXYCODONE TABLET 20MG ER QL 60 each per 30 day(s)	2	QL; NM

Drug	Tier	Requirements /Limits
oxycodone tablet 30mg QL 180 each per 30 day(s)	2	QL; NM
oxycodone tablet 5mg QL 180 each per 30 day(s)	2	QL; NM
oxymorphone tablet 10mg er QL 60 each per 30 day(s)	2	QL; NM
oxymorphone tablet 15mg er QL 60 each per 30 day(s)	2	QL; NM
oxymorphone tablet 20mg er QL 60 each per 30 day(s)	2	QL; NM
oxymorphone tablet 30mg er QL 60 each per 30 day(s)	2	QL; NM
oxymorphone tablet 40mg er QL 60 each per 30 day(s)	2	QL; NM
oxymorphone tablet 5mg er QL 60 each per 30 day(s)	2	QL; NM
oxymorphone tablet 7.5mg er QL 60 each per 30 day(s)	2	QL; NM
piroxicam capsule 10mg	1	
piroxicam capsule 20mg	1	
sulindac tablet 150mg	1	
sulindac tablet 200mg	1	
tramadl/apap tablet 37.5-325 QL 120 each per 30 day(s)	1	QL
tramadol hcl tablet 100mg QL 120 each per 30 day(s)	1	QL
tramadol hcl tablet 100mg er QL 120 each per 30 day(s)	2	QL
tramadol hcl tablet 200mg er QL 60 each per 30 day(s)	2	QL
tramadol hcl tablet 300mg er QL 30 each per 30 day(s)	2	QL
tramadol hcl tablet 50mg QL 240 each per 30 day(s)	1	QL
XTAMPZA ER CAPSULE 13.5MG QL 60 each per 30 day(s)	3	QL; NM
XTAMPZA ER CAPSULE 18MG QL 60 each per 30 day(s)	3	QL; NM
XTAMPZA ER CAPSULE 27MG QL 60 each per 30 day(s)	3	QL; NM
XTAMPZA ER CAPSULE 36MG QL 60 each per 30 day(s)	3	QL; NM
XTAMPZA ER CAPSULE 9MG QL 60 each per 30 day(s)	3	QL; NM
ZUBSOLV SUB 0.7-0.18 QL 30 each per 30 day(s)	3	QL; NM
ZUBSOLV SUB 1.4-0.36 QL 30 each per 30 day(s)	3	QL; NM
ZUBSOLV SUB 11.4-2.9 QL 30 each per 30 day(s)	3	QL; NM
ZUBSOLV SUB 2.9-0.71 QL 30 each per 30 day(s)	3	QL; NM
ZUBSOLV SUB 5.7-1.4 QL 30 each per 30 day(s)	3	QL; NM
ZUBSOLV SUB 8.6-2.1 QL 30 each per 30 day(s)	3	QL; NM
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS		
amphet/dextr capsule 10mg er QL 60 each per 30 day(s)	2	QL
amphet/dextr capsule 15mg er QL 60 each per 30 day(s)	2	QL
amphet/dextr capsule 20mg er QL 60 each per 30 day(s)	2	QL
amphet/dextr capsule 25mg er QL 60 each per 30 day(s)	2	QL
amphet/dextr capsule 30mg er QL 60 each per 30 day(s)	2	QL
amphet/dextr capsule 5mg er QL 60 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
amphet/dextr tablet 10mg	2	QL
QL 60 each per 30 day(s)		
amphet/dextr tablet 12.5mg	2	QL
QL 60 each per 30 day(s)		
amphet/dextr tablet 15mg	2	QL
QL 60 each per 30 day(s)		
amphet/dextr tablet 20mg	2	QL
QL 60 each per 30 day(s)		
amphet/dextr tablet 30mg	2	QL
QL 60 each per 30 day(s)		
amphet/dextr tablet 5mg	2	QL
QL 60 each per 30 day(s)		
amphet/dextr tablet 7.5mg	2	QL
QL 60 each per 30 day(s)		
armodafinil tablet 150mg	2	QL
QL 30 each per 30 day(s)		
armodafinil tablet 200mg	2	QL
QL 30 each per 30 day(s)		
armodafinil tablet 250mg	2	QL
QL 30 each per 30 day(s)		
armodafinil tablet 50mg	2	QL
QL 30 each per 30 day(s)		
ascomp/cod capsule 30mg	2	QL; NM
QL 180 each per 30 day(s)		
but/apap/caf capsule	2	QL; NM
QL 60 each per 30 day(s)		
but/apap/caf capsule	2	QL; NM
QL 60 each per 30 day(s)		
but/apap/caf capsule codeine	2	QL; NM
QL 60 each per 30 day(s)		
but/apap/caf capsule codeine	2	QL; NM
QL 60 each per 30 day(s)		
but/apap/caf tablet	2	QL; NM
QL 60 each per 30 day(s)		
but/asa/caf/ capsule codeine	2	QL; NM
QL 60 each per 30 day(s)		
but/asa/caff capsule	2	QL; NM
QL 60 each per 30 day(s)		
dexmethylph capsule 15mg er	2	QL
QL 60 each per 30 day(s)		
dexmethylph capsule 30mg er	2	QL
QL 60 each per 30 day(s)		
dexmethylph capsule 40mg er	2	QL
QL 60 each per 30 day(s)		
dexmethylphe capsule 10mg er	2	QL
QL 60 each per 30 day(s)		
dexmethylphe capsule 20mg er	2	QL
QL 60 each per 30 day(s)		
dexmethylphe capsule 5mg er	2	QL
QL 60 each per 30 day(s)		
dexmethylphe capsule er 25mg	2	QL
QL 60 each per 30 day(s)		
dexmethylphe capsule er 35mg	2	QL
QL 60 each per 30 day(s)		
dextroamphet capsule 10mg er	2	QL
QL 120 each per 30 day(s)		
dextroamphet capsule 15mg er	2	QL
QL 120 each per 30 day(s)		
dextroamphet capsule 5mg er	2	QL
QL 60 each per 30 day(s)		
lisdexamfeta capsule 10mg	2	QL; ST
QL 30 each per 30 day(s)		
lisdexamfeta capsule 20mg	2	QL; ST
QL 30 each per 30 day(s)		
lisdexamfeta capsule 30mg	2	QL; ST
QL 30 each per 30 day(s)		
lisdexamfeta capsule 40mg	2	QL; ST
QL 30 each per 30 day(s)		
lisdexamfeta capsule 50mg	2	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
lisdexamfeta capsule 60mg QL 30 each per 30 day(s)	2	QL; ST
lisdexamfeta capsule 70mg QL 30 each per 30 day(s)	2	QL; ST
METHYLPHENID CAPSULE 10MG QL 180 each per 30 day(s)	2	QL
methylphenid capsule 10mg er QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 20MG QL 30 each per 30 day(s)	2	QL
methylphenid capsule 20mg er QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 30MG QL 60 each per 30 day(s)	2	QL
methylphenid capsule 30mg er QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 40MG ER QL 60 each per 30 day(s)	2	QL
methylphenid capsule 40mg er QL 60 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 50MG QL 30 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 60MG QL 30 each per 30 day(s)	2	QL
methylphenid capsule 60mg la QL 60 each per 30 day(s)	2	QL
methylphenid chw 10mg QL 180 each per 30 day(s)	2	QL
methylphenid chw 2.5mg QL 90 each per 30 day(s)	2	QL
methylphenid chw 5mg QL 180 each per 30 day(s)	2	QL
methylphenid pad 10mg/9hr QL 30 each per 30 day(s)	2	QL; ST
methylphenid pad 15mg/9hr QL 30 each per 30 day(s)	2	QL; ST
methylphenid pad 20mg/9hr QL 30 each per 30 day(s)	2	QL; ST
methylphenid pad 30mg/9hr QL 30 each per 30 day(s)	2	QL; ST
methylphenid solution 10mg/5ml QL 900 milliliter(s) 30 day(s)	2	QL
methylphenid solution 5mg/5ml QL 1800 milliliter(s) 30 day(s)	2	QL
methylphenid tablet 10mg QL 90 each per 30 day(s)	2	QL
methylphenid tablet 10mg er QL 120 each per 30 day(s)	2	QL
methylphenid tablet 18mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 18mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 20mg QL 90 each per 30 day(s)	2	QL
methylphenid tablet 20mg er QL 90 each per 30 day(s)	2	QL
methylphenid tablet 27mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 27mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 36mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 36mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 54mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 54mg er QL 60 each per 30 day(s)	2	QL
methylphenid tablet 5mg QL 90 each per 30 day(s)	2	QL
methylphenid tablet 72mg er QL 60 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
modafinil tablet 100mg QL 30 each per 30 day(s)	2	QL
modafinil tablet 200mg QL 60 each per 30 day(s)	2	QL
SOD OXYBATE SOLUTION 500MG/ML QL 540 milliliter(s) 30 day(s)	5	QL; PA
WAKIX TABLET 17.8MG QL 60 each per 30 day(s)	5	QL; PA
WAKIX TABLET 4.45MG QL 60 each per 30 day(s)	5	QL; PA
ANTICONVULSANTS		
APTIOM TABLET 200MG QL 30 each per 30 day(s)	5	QL; ST
APTIOM TABLET 400MG QL 30 each per 30 day(s)	5	QL; ST
APTIOM TABLET 600MG QL 60 each per 30 day(s)	5	QL; ST
APTIOM TABLET 800MG QL 60 each per 30 day(s)	5	QL; ST
BRIVIACT SOLUTION 10MG/ML QL 600 milliliter(s) 30 day(s)	5	QL
BRIVIACT TABLET 100MG QL 60 each per 30 day(s)	5	QL
BRIVIACT TABLET 10MG QL 60 each per 30 day(s)	5	QL
BRIVIACT TABLET 25MG QL 60 each per 30 day(s)	5	QL
BRIVIACT TABLET 50MG QL 60 each per 30 day(s)	5	QL
BRIVIACT TABLET 75MG QL 60 each per 30 day(s)	5	QL
CARBAMAZEPIN CAPSULE 100MG ER QL 480 each per 30 day(s)	2	QL
CARBAMAZEPIN CAPSULE 200MG ER QL 240 each per 30 day(s)	2	QL
CARBAMAZEPIN CAPSULE 300MG ER QL 150 each per 30 day(s)	2	QL
carbamazepin chw 100mg QL 480 each per 30 day(s)	1	QL
carbamazepin suspension 100/5ml QL 2400 milliliter(s) 30 day(s)	2	QL
carbamazepin tablet 100mger QL 480 each per 30 day(s)	2	QL
carbamazepin tablet 200mg QL 240 each per 30 day(s)	1	QL
carbamazepin tablet 200mg er QL 240 each per 30 day(s)	2	QL
carbamazepin tablet 400mg er QL 120 each per 30 day(s)	2	QL
clobazam suspension 2.5mg/ml QL 480 milliliter(s) 30 day(s)	2	QL
clobazam tablet 10mg QL 60 each per 30 day(s)	2	QL
clobazam tablet 20mg QL 60 each per 30 day(s)	2	QL
clonazep odt tablet 0.125mg QL 300 each per 30 day(s)	2	QL
clonazep odt tablet 0.25mg QL 300 each per 30 day(s)	2	QL
clonazep odt tablet 0.5mg QL 300 each per 30 day(s)	2	QL
clonazep odt tablet 1mg QL 300 each per 30 day(s)	2	QL
clonazep odt tablet 2mg QL 300 each per 30 day(s)	2	QL
clonazepam tablet 0.5mg QL 300 each per 30 day(s)	2	QL
clonazepam tablet 1mg QL 300 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
clonazepam tablet 2mg QL 300 each per 30 day(s)	2	QL
DIACOMIT CAPSULE 250MG QL 300 each per 30 day(s)	4	QL; PA
DIACOMIT CAPSULE 500MG QL 300 each per 30 day(s)	4	QL; PA
DIACOMIT PACKET 250MG QL 300 each per 30 day(s)	4	QL; PA
DIACOMIT PACKET 500MG QL 300 each per 30 day(s)	4	QL; PA
dilantin capsule 100mg QL 300 each per 30 day(s)	4	QL
dilantin capsule 30mg QL 600 each per 30 day(s)	4	QL
dilantin chw 50mg QL 600 each per 30 day(s)	4	QL
DILANTIN-125 SUSPENSION 125/5ML QL 750 milliliter(s) 30 day(s)	4	QL
divalproex capsule 125mg QL 1080 each per 30 day(s)	2	QL
divalproex tablet 125mg dr QL 600 each per 30 day(s)	1	QL
divalproex tablet 250mg dr QL 510 each per 30 day(s)	1	QL
divalproex tablet 250mg er QL 510 each per 30 day(s)	1	QL
divalproex tablet 500mg dr QL 270 each per 30 day(s)	1	QL
divalproex tablet 500mg er QL 270 each per 30 day(s)	1	QL
EPIDIOLEX SOLUTION 100MG/ML QL 900 milliliter(s) 30 day(s)	5	QL; PA
epitol tablet 200mg QL 240 each per 30 day(s)	1	QL
EPRONTIA SOLUTION 25MG/ML QL 480 milliliter(s) 30 day(s)	4	QL
EQUETRO CAPSULE 100MG QL 180 each per 30 day(s)	4	QL; ST
EQUETRO CAPSULE 200MG QL 180 each per 30 day(s)	4	QL; ST
EQUETRO CAPSULE 300MG QL 180 each per 30 day(s)	4	QL; ST
ethosuximide capsule 250mg	1	
ethosuximide solution 250/5ml QL 1200 milliliter(s) 30 day(s)	1	QL
felbamate suspension 600/5ml QL 900 milliliter(s) 30 day(s)	2	QL
felbamate tablet 400mg QL 270 each per 30 day(s)	2	QL
felbamate tablet 600mg QL 180 each per 30 day(s)	2	QL
FINTEPLA SOLUTION 2.2MG/ML QL 360 milliliter(s) 30 day(s)	5	QL; PA
FYCOMPA SUSPENSION 0.5MG/ML QL 720 milliliter(s) 30 day(s)	5	QL
FYCOMPA TABLET 10MG QL 30 each per 30 day(s)	5	QL
FYCOMPA TABLET 12MG QL 30 each per 30 day(s)	5	QL
FYCOMPA TABLET 2MG QL 30 each per 30 day(s)	4	QL
FYCOMPA TABLET 4MG QL 30 each per 30 day(s)	5	QL
FYCOMPA TABLET 6MG QL 30 each per 30 day(s)	5	QL
FYCOMPA TABLET 8MG QL 30 each per 30 day(s)	5	QL
gabapentin capsule 100mg QL 960 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
gabapentin capsule 300mg	1	QL
QL 330 each per 30 day(s)		
gabapentin capsule 400mg	1	QL
QL 270 each per 30 day(s)		
gabapentin solution 250/5ml	1	QL
QL 2160 milliliter(s) 30 day(s)		
gabapentin tablet 600mg	1	QL
QL 180 each per 30 day(s)		
gabapentin tablet 800mg	1	QL
QL 120 each per 30 day(s)		
lacosamide solution 10mg/ml	2	QL
QL 1200 milliliter(s) 30 day(s)		
lacosamide tablet 100mg	2	QL
QL 60 each per 30 day(s)		
lacosamide tablet 150mg	2	QL
QL 60 each per 30 day(s)		
lacosamide tablet 200mg	2	QL
QL 60 each per 30 day(s)		
lacosamide tablet 50mg	2	QL
QL 60 each per 30 day(s)		
LAMICTAL ODT TABLET 100MG	4	QL
QL 60 each per 30 day(s)		
LAMICTAL ODT TABLET 200MG	4	QL
QL 90 each per 30 day(s)		
LAMICTAL ODT TABLET 25MG	4	QL
QL 210 each per 30 day(s)		
LAMICTAL ODT TABLET 50MG	4	QL
QL 120 each per 30 day(s)		
lamotrig odt kit 25/50mg	2	QL
QL 28 each per 365 day(s)		
lamotrig odt kit 50/100mg	2	QL
QL 56 each per 365 day(s)		
lamotrigine chw 25mg	2	QL
QL 600 each per 30 day(s)		
lamotrigine chw 5mg	2	QL
QL 600 each per 30 day(s)		
lamotrigine kit odt	2	QL
QL 70 each per 365 day(s)		

Drug	Tier	Requirements /Limits
lamotrigine kit start 35	2	QL
QL 70 each per 365 day(s)		
lamotrigine kit start 49	2	QL
QL 98 each per 365 day(s)		
lamotrigine kit start 98	2	QL
QL 196 each per 365 day(s)		
lamotrigine tablet 100mg	1	QL
QL 180 each per 30 day(s)		
lamotrigine tablet 100mg	2	QL
QL 60 each per 30 day(s)		
lamotrigine tablet 100mg er	2	QL
QL 90 each per 30 day(s)		
lamotrigine tablet 150mg	1	QL
QL 120 each per 30 day(s)		
lamotrigine tablet 200mg	2	QL
QL 90 each per 30 day(s)		
lamotrigine tablet 200mg	1	QL
QL 90 each per 30 day(s)		
lamotrigine tablet 200mg er	2	QL
QL 90 each per 30 day(s)		
lamotrigine tablet 250mg er	2	QL
QL 90 each per 30 day(s)		
lamotrigine tablet 25mg	1	QL
QL 720 each per 30 day(s)		
lamotrigine tablet 25mg er	2	QL
QL 60 each per 30 day(s)		
lamotrigine tablet 25mg odt	2	QL
QL 210 each per 30 day(s)		
lamotrigine tablet 300mg er	2	QL
QL 90 each per 30 day(s)		
lamotrigine tablet 50mg er	2	QL
QL 30 each per 30 day(s)		
lamotrigine tablet 50mg odt	2	QL
QL 120 each per 30 day(s)		
levetiraceta solution 100mg/ml	1	QL
QL 900 milliliter(s) 30 day(s)		

Drug	Tier	Requirements /Limits
levetiraceta tablet 1000mg QL 120 each per 30 day(s)	1	QL
levetiraceta tablet 250mg QL 480 each per 30 day(s)	1	QL
levetiraceta tablet 500mg QL 240 each per 30 day(s)	1	QL
levetiraceta tablet 500mg er QL 120 each per 30 day(s)	1	QL
levetiraceta tablet 750mg QL 120 each per 30 day(s)	1	QL
levetiraceta tablet 750mg er QL 120 each per 30 day(s)	1	QL
MAGNESIUM SU INJECTABLE 50%	2	HI
magnesium su injectable 50%	2	HI
methsuximide capsule 300mg QL 120 each per 30 day(s)	2	QL
oxcarbazepin suspension 300mg/5m QL 1200 each per 30 day(s)	1	QL
oxcarbazepin tablet 150mg QL 600 each per 30 day(s)	1	QL
oxcarbazepin tablet 300mg QL 300 each per 30 day(s)	1	QL
oxcarbazepin tablet 600mg QL 120 each per 30 day(s)	1	QL
phenytoin chw 50mg QL 600 each per 30 day(s)	1	QL
phenytoin suspension 125/5ml QL 750 milliliter(s) 30 day(s)	2	QL
phenytoin ex capsule 100mg QL 300 each per 30 day(s)	1	QL
phenytoin ex capsule 200mg QL 180 each per 30 day(s)	1	QL
phenytoin ex capsule 300mg QL 120 each per 30 day(s)	2	QL
pregabalin capsule 100mg QL 90 each per 30 day(s)	1	QL
pregabalin capsule 150mg QL 120 each per 30 day(s)	1	QL
pregabalin capsule 200mg QL 90 each per 30 day(s)	1	QL
pregabalin capsule 225mg QL 90 each per 30 day(s)	1	QL
pregabalin capsule 25mg QL 90 each per 30 day(s)	1	QL
pregabalin capsule 300mg QL 60 each per 30 day(s)	1	QL
pregabalin capsule 50mg QL 90 each per 30 day(s)	1	QL
pregabalin capsule 75mg QL 90 each per 30 day(s)	1	QL
pregabalin solution 20mg/ml QL 900 milliliter(s) 30 day(s)	1	QL
primidone tablet 125mg QL 480 each per 30 day(s)	1	QL
primidone tablet 250mg QL 240 each per 30 day(s)	1	QL
primidone tablet 50mg QL 1200 each per 30 day(s)	1	QL
rufinamide suspension 40mg/ml QL 2400 milliliter(s) 30 day(s)	2	QL; PA
rufinamide tablet 200mg QL 120 each per 30 day(s)	2	QL; PA
rufinamide tablet 400mg QL 240 each per 30 day(s)	2	QL; PA
SPRITAM TABLET 1000MG QL 90 each per 30 day(s)	4	QL; ST
SPRITAM TABLET 250MG QL 90 each per 30 day(s)	4	QL; ST
SPRITAM TABLET 500MG QL 90 each per 30 day(s)	4	QL; ST
SPRITAM TABLET 750MG QL 90 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
SYMPAZAN MIS 10MG QL 60 each per 30 day(s)	5	QL; PA
SYMPAZAN MIS 20MG QL 60 each per 30 day(s)	5	QL; PA
SYMPAZAN MIS 5MG QL 60 each per 30 day(s)	5	QL; PA
TIAGABINE TABLET 12MG QL 120 each per 30 day(s)	2	QL
TIAGABINE TABLET 16MG QL 90 each per 30 day(s)	2	QL
tiagabine tablet 2mg QL 840 each per 30 day(s)	2	QL
tiagabine tablet 4mg QL 420 each per 30 day(s)	2	QL
topiramate capsule 15mg QL 480 each per 30 day(s)	2	QL
topiramate capsule 25mg QL 480 each per 30 day(s)	2	QL
topiramate tablet 100mg QL 180 each per 30 day(s)	1	QL
topiramate tablet 200mg QL 60 each per 30 day(s)	1	QL
topiramate tablet 25mg QL 720 each per 30 day(s)	1	QL
topiramate tablet 50mg QL 360 each per 30 day(s)	1	QL
valproic acd capsule 250mg QL 540 each per 30 day(s)	1	QL
valproic acd solution 250/5ml QL 3000 milliliter(s) 30 day(s)	1	QL
vigabatrin packet 500mg QL 9000 each per 30 day(s)	5	QL; PA
vigabatrin tablet 500mg QL 180 each per 30 day(s)	5	QL; PA
vigadrone pow 500mg QL 9000 each per 30 day(s)	5	QL; PA
VIMPAT SOLUTION 10MG/ML QL 1200 milliliter(s) 30 day(s)	5	QL
VIMPAT TABLET 100MG QL 60 each per 30 day(s)	5	QL
VIMPAT TABLET 150MG QL 60 each per 30 day(s)	5	QL
VIMPAT TABLET 200MG QL 60 each per 30 day(s)	5	QL
VIMPAT TABLET 50MG QL 60 each per 30 day(s)	4	QL
XCOPRI PACKET 100-150 QL 56 each per 28 day(s)	5	QL
XCOPRI PACKET 12.5-25 QL 28 each per 28 day(s)	4	QL
XCOPRI PACKET 150-200 QL 28 each per 28 day(s)	5	QL
XCOPRI PACKET 150-200 QL 56 each per 28 day(s)	5	QL
XCOPRI PACKET 50-100MG QL 28 each per 28 day(s)	5	QL
XCOPRI TABLET 100MG QL 60 each per 30 day(s)	5	QL
XCOPRI TABLET 150MG QL 60 each per 30 day(s)	5	QL
XCOPRI TABLET 200MG QL 60 each per 30 day(s)	5	QL
XCOPRI TABLET 50MG QL 60 each per 30 day(s)	5	QL
ZONISADE SUSPENSION 100MG/5	5	PA
zonisamide capsule 100mg QL 180 each per 30 day(s)	1	QL
zonisamide capsule 25mg QL 720 each per 30 day(s)	1	QL
zonisamide capsule 50mg QL 360 each per 30 day(s)	1	QL
ZTALMY SUSPENSION 50MG/ML QL 1080 milliliter(s) 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
ANTIMANIC AGENTS		
lithium solution 8meq/5ml	2	
lithium carb capsule 150mg	1	
lithium carb capsule 300mg	1	
LITHIUM CARB CAPSULE 600MG	1	
LITHIUM CARB TABLET 300MG	1	
lithium carb tablet 300mg er	1	
lithium carb tablet 450mg er	1	
ANTIMIGRAINE AGENTS		
AIMOVIG INJECTABLE 140MG/ML QL 2 milliliter(s) 28 day(s)	4	QL; PA
AIMOVIG INJECTABLE 70MG/ML QL 1 milliliter(s) 28 day(s)	4	QL; PA
AJOVY INJECTABLE 225/1.5 QL 4.50 each per 90 day(s)	3	QL; PA
AJOVY INJECTABLE 225/1.5 QL 4.50 each per 90 day(s)	3	QL; PA
eletriptan tablet 20mg QL 9 each per 30 day(s)	2	QL
eletriptan tablet 40mg QL 9 each per 30 day(s)	2	QL
EMGALITY INJECTABLE 100MG/ML QL 3 milliliter(s) 30 day(s)	4	QL; PA
EMGALITY INJECTABLE 120MG/ML QL 2 milliliter(s) 30 day(s)	4	QL; PA
EMGALITY INJECTABLE 120MG/ML QL 2 milliliter(s) 30 day(s)	4	QL; PA
FROVATRIPTAN TABLET 2.5MG QL 12 each per 30 day(s)	2	QL; ST
naratriptan tablet 1mg QL 9 each per 30 day(s)	2	QL
naratriptan tablet 2.5mg QL 9 each per 30 day(s)	2	QL
NURTEC TABLET 75MG ODT QL 18 each per 30 day(s)	3	QL; PA
QULIPTA TABLET 10MG QL 30 each per 30 day(s)	5	QL; PA
QULIPTA TABLET 30MG QL 30 each per 30 day(s)	5	QL; PA
QULIPTA TABLET 60MG QL 30 each per 30 day(s)	5	QL; PA
REYVOW TABLET 100MG QL 8 each per 30 day(s)	4	QL; PA
REYVOW TABLET 50MG QL 8 each per 30 day(s)	4	QL; PA
rizatriptan tablet 10mg QL 18 each per 30 day(s)	1	QL
rizatriptan tablet 10mg odt QL 18 each per 30 day(s)	1	QL
rizatriptan tablet 5mg QL 18 each per 30 day(s)	1	QL
rizatriptan tablet 5mg odt QL 18 each per 30 day(s)	1	QL
sumatriptan injectable 4mg/0.5 QL 4 each per 30 day(s)	2	QL
SUMATRIPTAN INJECTABLE 4MG/0.5 QL 4 each per 30 day(s)	2	QL
sumatriptan injectable 6mg/0.5 QL 4 each per 30 day(s)	2	QL
SUMATRIPTAN INJECTABLE 6MG/0.5 QL 4 each per 30 day(s)	2	QL
sumatriptan injectable 6mg/0.5 QL 4 each per 30 day(s)	2	QL
SUMATRIPTAN SPR 20MG/ACT QL 12 each per 30 day(s)	2	QL; ST
SUMATRIPTAN SPR 5MG/ACT QL 12 each per 30 day(s)	2	QL; ST

Drug	Tier	Requirements /Limits
sumatriptan tablet 100mg	1	QL
QL 9 each per 30 day(s)		
sumatriptan tablet 25mg	1	QL
QL 9 each per 30 day(s)		
sumatriptan tablet 50mg	1	QL
QL 9 each per 30 day(s)		
UBRELVY TABLET 100MG	3	QL; PA
QL 16 each per 30 day(s)		
UBRELVY TABLET 50MG	3	QL; PA
QL 16 each per 30 day(s)		
ZOLMITRIPTAN SPR 5MG	2	QL; ST
QL 8 each per 30 day(s)		
zolmitriptan tablet 2.5mg	2	QL
QL 9 each per 30 day(s)		
zolmitriptan tablet 2.5mg	2	QL
QL 9 each per 30 day(s)		
zolmitriptan tablet 5mg	2	QL
QL 9 each per 30 day(s)		
zolmitriptan tablet 5mg odt	2	QL
QL 9 each per 30 day(s)		
ZOMIG SPR 2.5MG	4	QL; ST
QL 8 each per 30 day(s)		
ANTIPARKINSONIAN AGENTS		
amantadine capsule 100mg	1	QL
QL 120 each per 30 day(s)		
amantadine solution 50mg/5ml	1	QL
QL 1200 milliliter(s) 30 day(s)		
amantadine tablet 100mg	1	QL
QL 120 each per 30 day(s)		
APOKYN INJECTABLE 10MG/ML	5	PA
apomorphine injectable 30mg/3ml	5	PA
benztropine tablet 0.5mg	1	QL
QL 90 each per 30 day(s)		
benztropine tablet 1mg	1	QL
QL 90 each per 30 day(s)		
benztropine tablet 2mg	1	

Drug	Tier	Requirements /Limits
bromocriptin capsule 5mg	2	
bromocriptin tablet 2.5mg	2	
cabergoline tablet 0.5mg	1	QL
QL 60 each per 30 day(s)		
carb/levo tablet 10-100mg	1	
carb/levo tablet 10-100mg	1	
carb/levo tablet 25-100mg	1	
carb/levo tablet 25-100mg	1	
carb/levo tablet 25-250mg	1	
carb/levo tablet 25-250mg	1	
CARB/LEVO 50 TABLET /ENTACAP	2	
CARB/LEVO 75 TABLET /ENTACAP	2	
carb/levo er tablet 25-100mg	1	QL
QL 360 each per 30 day(s)		
carb/levo er tablet 50-200mg	1	QL
QL 360 each per 30 day(s)		
CARB/LEVO100 TABLET /ENTACAP	2	
CARB/LEVO125 TABLET /ENTACAP	2	
CARB/LEVO150 TABLET /ENTACAP	2	
CARB/LEVO200 TABLET /ENTACAP	2	
carbidopa tablet 25mg	2	
entacapone tablet 200mg	2	
INBRIJA CAPSULE 42MG	5	QL; PA
QL 300 each per 30 day(s)		
NEUPRO DIS 1MG/24HR	4	QL
QL 30 each per 30 day(s)		
NEUPRO DIS 2MG/24HR	4	QL
QL 30 each per 30 day(s)		
NEUPRO DIS 3MG/24HR	4	QL
QL 30 each per 30 day(s)		
NEUPRO DIS 4MG/24HR	4	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
NEUPRO DIS 6MG/24HR QL 30 each per 30 day(s)	4	QL
NEUPRO DIS 8MG/24HR QL 30 each per 30 day(s)	4	QL
ONGENTYS CAPSULE 25MG QL 30 each per 30 day(s)	4	QL; ST
ONGENTYS CAPSULE 50MG QL 30 each per 30 day(s)	4	QL; ST
OSMOLEX ER TABLET 129MG QL 60 each per 30 day(s)	4	QL; ST
pramipexole tablet 0.125mg QL 120 each per 30 day(s)	1	QL
pramipexole tablet 0.25mg QL 120 each per 30 day(s)	1	QL
pramipexole tablet 0.5mg QL 120 each per 30 day(s)	1	QL
pramipexole tablet 0.75mg QL 120 each per 30 day(s)	1	QL
pramipexole tablet 1.5mg QL 120 each per 30 day(s)	1	QL
pramipexole tablet 1mg QL 120 each per 30 day(s)	1	QL
rasagiline tablet 0.5mg	2	
rasagiline tablet 1mg	2	
ropinirole tablet 0.25mg	1	
ropinirole tablet 0.5mg	1	
ropinirole tablet 12mg er QL 90 each per 30 day(s)	2	QL
ropinirole tablet 1mg	1	
ropinirole tablet 2mg	1	
ropinirole tablet 2mg er QL 90 each per 30 day(s)	2	QL
ropinirole tablet 3mg	1	
ropinirole tablet 4mg	1	
ropinirole tablet 4mg er QL 90 each per 30 day(s)	2	QL
ropinirole tablet 5mg	1	
ropinirole tablet 6mg er QL 90 each per 30 day(s)	2	QL
ropinirole tablet 8mg er QL 90 each per 30 day(s)	2	QL
RYTARY CAPSULE 145MG QL 90 each per 30 day(s)	4	QL; ST
RYTARY CAPSULE 195MG QL 240 each per 30 day(s)	4	QL; ST
RYTARY CAPSULE 245MG QL 300 each per 30 day(s)	4	QL; ST
RYTARY CAPSULE 95MG QL 90 each per 30 day(s)	4	QL; ST
selegiline capsule 5mg	2	
selegiline tablet 5mg	2	
tolcapone tablet 100mg QL 180 each per 30 day(s)	5	QL; PA
trihexyphen solution 0.4mg/ml	1	
trihexyphen tablet 2mg QL 150 each per 30 day(s)	1	QL
trihexyphen tablet 5mg QL 150 each per 30 day(s)	1	QL
ZELAPAR TABLET 1.25MG QL 60 each per 30 day(s)	5	QL; PA
ANTIPARKINSONIAN AGENTS (CNS)		
OSMOLEX ER TABLET 193MG QL 30 each per 30 day(s)	4	QL; ST
pramipexole tablet 0.375 er QL 30 each per 30 day(s)	2	QL; ST
pramipexole tablet 0.75 er QL 90 each per 30 day(s)	2	QL; ST
pramipexole tablet 1.5mg er QL 90 each per 30 day(s)	2	QL; ST
pramipexole tablet 2.25 er QL 30 each per 30 day(s)	2	QL; ST
pramipexole tablet 3.75 er QL 30 each per 30 day(s)	2	QL; ST

Drug	Tier	Requirements /Limits
pramipexole tablet 3mg er QL 30 each per 30 day(s)	2	QL; ST
pramipexole tablet 4.5mg er QL 30 each per 30 day(s)	2	QL; ST
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam con 1mg/ml QL 300 milliliter(s) 30 day(s)	2	QL
alprazolam tablet 0.25 odt QL 150 each per 30 day(s)	2	QL
alprazolam tablet 0.25mg QL 150 each per 30 day(s)	2	QL
alprazolam tablet 0.5mg QL 150 each per 30 day(s)	2	QL
alprazolam tablet 0.5mg er QL 90 each per 30 day(s)	2	QL
alprazolam tablet 0.5mg od QL 150 each per 30 day(s)	2	QL
alprazolam tablet 1mg QL 150 each per 30 day(s)	2	QL
alprazolam tablet 1mg er QL 90 each per 30 day(s)	2	QL
alprazolam tablet 1mg odt QL 150 each per 30 day(s)	2	QL
alprazolam tablet 2mg QL 150 each per 30 day(s)	2	QL
alprazolam tablet 2mg er QL 90 each per 30 day(s)	2	QL
alprazolam tablet 2mg odt QL 150 each per 30 day(s)	2	QL
alprazolam tablet 3mg er QL 90 each per 30 day(s)	2	QL
BELSOMRA TABLET 10MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 15MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 20MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 5MG QL 30 each per 30 day(s)	4	QL; ST
buspirone tablet 10mg	1	
buspirone tablet 15mg	1	
buspirone tablet 30mg	1	
buspirone tablet 5mg	1	
buspirone tablet 7.5mg	1	
cloraz dipot tablet 15mg QL 180 each per 30 day(s)	2	QL
cloraz dipot tablet 3.75mg QL 90 each per 30 day(s)	2	QL
cloraz dipot tablet 7.5mg QL 90 each per 30 day(s)	2	QL
diazepam con 5mg/ml QL 240 milliliter(s) 30 day(s)	2	QL
DIAZEPAM GEL 10MG	2	
DIAZEPAM GEL 2.5MG	2	
DIAZEPAM GEL 20MG	2	
diazepam solution 5mg/5ml QL 1200 milliliter(s) 30 day(s)	2	QL
diazepam tablet 10mg QL 120 each per 30 day(s)	2	QL
diazepam tablet 2mg QL 120 each per 30 day(s)	2	QL
diazepam tablet 5mg QL 120 each per 30 day(s)	2	QL
eszopiclone tablet 1mg QL 30 each per 30 day(s)	2	QL
eszopiclone tablet 2mg QL 30 each per 30 day(s)	2	QL
eszopiclone tablet 3mg QL 30 each per 30 day(s)	2	QL
HETLIOZ LQ SUSPENSION 4MG/ML QL 150 milliliter(s) 30 day(s)	5	QL; PA
hydroxyz hcl tablet 10mg	2	
hydroxyz hcl tablet 25mg	2	

Drug	Tier	Requirements /Limits
hydroxyz hcl tablet 50mg	2	
hydroxyz pam capsule 100mg	2	
hydroxyz pam capsule 25mg	2	
hydroxyz pam capsule 50mg	2	
lorazepam con 2mg/ml	2	QL
QL 150 milliliter(s) 30 day(s)		
lorazepam tablet 0.5mg	2	QL
QL 150 each per 30 day(s)		
lorazepam tablet 1mg	2	QL
QL 150 each per 30 day(s)		
lorazepam tablet 2mg	2	QL
QL 150 each per 30 day(s)		
NAYZILAM SPR 5MG	4	QL
QL 10 each per 30 day(s)		
PHENOBARB ELX 20MG/5ML	1	
PHENOBARB TABLET 100MG	1	
PHENOBARB TABLET 15MG	1	
PHENOBARB TABLET 16.2MG	1	
PHENOBARB TABLET 30MG	1	
PHENOBARB TABLET 32.4MG	1	
PHENOBARB TABLET 60MG	1	
PHENOBARB TABLET 64.8MG	1	
PHENOBARB TABLET 97.2MG	1	
promethazine sup 12.5mg	2	
promethazine sup 25mg	2	
promethazine syrup 6.25/5ml	2	
promethazine tablet 12.5mg	2	
promethazine tablet 25mg	2	
promethazine tablet 50mg	2	
promethegan sup 25mg	2	
promethegan sup 50mg	2	
ramelteon tablet 8mg	2	QL
QL 30 each per 30 day(s)		
tasimelteon capsule 20mg	5	QL; PA
QL 30 each per 30 day(s)		
temazepam capsule 15mg	2	QL
QL 60 each per 30 day(s)		
temazepam capsule 30mg	2	QL
QL 30 each per 30 day(s)		
triazolam tablet 0.125mg	2	QL
QL 30 each per 30 day(s)		
triazolam tablet 0.25mg	2	QL
QL 30 each per 30 day(s)		
VALTOCO SPR 10MG	4	QL
QL 10 each per 30 day(s)		
VALTOCO SPR 15MG	4	QL
QL 10 each per 30 day(s)		
VALTOCO SPR 20MG	4	QL
QL 10 each per 30 day(s)		
VALTOCO SPR 5MG	4	QL
QL 10 each per 30 day(s)		
zaleplon capsule 10mg	2	QL
QL 30 each per 30 day(s)		
zaleplon capsule 5mg	2	QL
QL 30 each per 30 day(s)		
zolpidem tablet 10mg	2	QL
QL 60 each per 30 day(s)		
zolpidem tablet 5mg	2	QL
QL 60 each per 30 day(s)		
zolpidem er tablet 12.5mg	2	QL
QL 30 each per 30 day(s)		
zolpidem er tablet 6.25mg	2	QL
QL 30 each per 30 day(s)		
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
acampro cal tablet 333mg	2	QL
QL 180 each per 30 day(s)		
atomoxetine capsule 100mg	2	QL
QL 30 each per 30 day(s)		
atomoxetine capsule 10mg	2	QL
QL 30 each per 30 day(s)		
atomoxetine capsule 18mg	2	QL
QL 30 each per 30 day(s)		
atomoxetine capsule 25mg	2	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
atomoxetine capsule 40mg QL 30 each per 30 day(s)	2	QL
atomoxetine capsule 60mg QL 30 each per 30 day(s)	2	QL
atomoxetine capsule 80mg QL 30 each per 30 day(s)	2	QL
EXSERVAN MIS 50MG QL 60 each per 30 day(s)	5	QL; PA
guanfacine tablet 1mg er	1	
guanfacine tablet 2mg er	1	
guanfacine tablet 3mg er	1	
guanfacine tablet 4mg er	1	
MEMANT TITRA PACKET 5-10MG QL 49 each per 28 day(s)	2	QL
memantine tablet hcl 10mg QL 60 each per 30 day(s)	1	QL
memantine tablet hcl 5mg QL 60 each per 30 day(s)	1	QL
memantine hc capsule 14mg er QL 30 each per 30 day(s)	2	QL; ST
memantine hc capsule 21mg er QL 30 each per 30 day(s)	2	QL; ST
memantine hc capsule 28mg er QL 30 each per 30 day(s)	2	QL; ST
memantine hc capsule 7mg er QL 30 each per 30 day(s)	2	QL; ST
memantine hc solution 2mg/ml	2	
NAMZARIC CAPSULE QL 28 each per 180 day(s)	4	QL; ST
NAMZARIC CAPSULE 14-10MG QL 30 each per 30 day(s)	4	QL; ST
NAMZARIC CAPSULE 21-10MG QL 30 each per 30 day(s)	4	QL; ST
NAMZARIC CAPSULE 28-10MG QL 30 each per 30 day(s)	4	QL; ST
NAMZARIC CAPSULE 7-10MG QL 30 each per 30 day(s)	4	QL; ST
NOURIANZ TABLET 20MG QL 30 each per 30 day(s)	5	QL; PA
NOURIANZ TABLET 40MG QL 30 each per 30 day(s)	5	QL; PA
NUEDEXTA CAPSULE 20-10MG QL 60 each per 30 day(s)	4	QL; PA
QELBREE CAPSULE 100MG ER QL 30 each per 30 day(s)	4	QL; ST
QELBREE CAPSULE 150MG ER QL 60 each per 30 day(s)	4	QL; ST
QELBREE CAPSULE 200MG ER QL 60 each per 30 day(s)	4	QL; ST
RADICAVA ORS SUSPENSION STARTER QL 70 each per 28 day(s)	5	QL; PA
RELYVRIO PACKET 3-1GM QL 60 each per 30 day(s)	5	QL; PA
riluzole tablet 50mg	2	
SUNOSI TABLET 150MG QL 30 each per 30 day(s)	4	QL; ST
SUNOSI TABLET 75MG QL 30 each per 30 day(s)	4	QL; ST
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PACKET QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 100MG QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 12.5MG QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 25MG QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 50MG QL 60 each per 30 day(s)	4	QL; ST
OPIATE ANTAGONISTS		
KLOXXADO SPR 8MG QL 7 each per 70 day(s)	3	QL
naloxone injectable 0.4mg/ml QL 2 milliliter(s) 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
naloxone injectable 0.4mg/ml QL 2 milliliter(s) 30 day(s)	1	QL
naloxone injectable 1mg/ml QL 2 milliliter(s) 30 day(s)	1	QL
naloxone hcl spr 4mg QL 2 each per 30 day(s)	1	QL
naltrexone tablet 50mg	2	
ZIMHI SOLUTION QL 2 each per 30 day(s)	3	QL
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIM INJECTABLE 720MG QL 2.40 each per 56 day(s)	5	QL
ABILIFY ASIM INJECTABLE 960MG QL 3.20 each per 56 day(s)	5	QL
ABILIFY MAIN INJECTABLE 300MG QL 2 each per 28 day(s)	5	QL
ABILIFY MAIN INJECTABLE 300MG QL 2 each per 28 day(s)	5	QL
ABILIFY MAIN INJECTABLE 400MG QL 2 each per 28 day(s)	5	QL
ABILIFY MAIN INJECTABLE 400MG QL 2 each per 28 day(s)	5	QL
amitriptylin tablet 100mg	1	
amitriptylin tablet 10mg	1	
amitriptylin tablet 150mg	1	
amitriptylin tablet 25mg	1	
amitriptylin tablet 50mg	1	
amitriptylin tablet 75mg	1	
amoxapine tablet 100mg	1	
amoxapine tablet 150mg	1	
amoxapine tablet 25mg	1	
amoxapine tablet 50mg	1	
APLENZIN TABLET 174MG QL 30 each per 30 day(s)	4	QL; ST
APLENZIN TABLET 348MG QL 30 each per 30 day(s)	4	QL; ST
APLENZIN TABLET 522MG QL 30 each per 30 day(s)	4	QL; ST
aripiprazole solution 1mg/ml QL 900 milliliter(s) 30 day(s)	2	QL
aripiprazole tablet 10mg	1	
aripiprazole tablet 10mg odt QL 60 each per 30 day(s)	1	QL
aripiprazole tablet 15mg	1	
aripiprazole tablet 15mg odt QL 60 each per 30 day(s)	1	QL
aripiprazole tablet 20mg	1	
aripiprazole tablet 2mg	1	
aripiprazole tablet 30mg	1	
aripiprazole tablet 5mg	1	
ARISTADA INJECTABLE 1064MG QL 3.90 each per 28 day(s)	5	QL; ST
ARISTADA INJECTABLE 441MG/1. QL 1.60 each per 28 day(s)	5	QL; ST
ARISTADA INJECTABLE 662MG/2 QL 2.40 each per 28 day(s)	5	QL; ST
ARISTADA INJECTABLE 882MG/3 QL 3.20 each per 28 day(s)	5	QL; ST
ARISTADA INJECTABLE INITIO QL 2.40 each per 28 day(s)	5	QL; ST
ASENAPINE SUB 10MG QL 60 each per 30 day(s)	2	QL; ST
asenapine sub 2.5mg QL 60 each per 30 day(s)	2	QL; ST
ASENAPINE SUB 5MG QL 60 each per 30 day(s)	2	QL; ST
AUVELITY TABLET 45-105MG QL 60 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
bupropion tablet 100mg	1	
bupropion tablet 100mg sr	1	
bupropion tablet 150mg sr	1	
bupropion tablet 150mg sr	1	
bupropion tablet 200mg sr	1	
bupropion tablet 75mg	1	
bupropn hcl tablet 150mg xl	1	
bupropn hcl tablet 300mg xl	1	
CAPLYTA CAPSULE 10.5MG QL 30 each per 30 day(s)	5	QL; PA
CAPLYTA CAPSULE 21MG QL 30 each per 30 day(s)	5	QL; PA
CAPLYTA CAPSULE 42MG QL 30 each per 30 day(s)	5	QL; PA
chlorpromaz tablet 100mg	1	
chlorpromaz tablet 10mg	1	
chlorpromaz tablet 200mg	1	
chlorpromaz tablet 25mg	1	
chlorpromaz tablet 50mg	1	
chlorpromazi con 100mg/ml	2	
chlorpromazi con 30mg/ml	2	
CITALOPRAM CAPSULE 30MG	2	
citalopram solution 10mg/5ml	2	
citalopram tablet 10mg	1	
citalopram tablet 20mg	1	
citalopram tablet 40mg	1	
clomipramine capsule 25mg	2	ST
clomipramine capsule 50mg	2	ST
clomipramine capsule 75mg	2	ST
clozapine tablet 100/odt QL 270 each per 30 day(s)	1	QL
clozapine tablet 100mg QL 180 each per 30 day(s)	1	QL
clozapine tablet 12.5/odt QL 270 each per 30 day(s)	1	QL
clozapine tablet 150/odt QL 180 each per 30 day(s)	1	QL
clozapine tablet 200/odt QL 180 each per 30 day(s)	1	QL
clozapine tablet 200mg QL 135 each per 30 day(s)	1	QL
clozapine tablet 25mg QL 90 each per 30 day(s)	1	QL
clozapine tablet 25mg odt QL 270 each per 30 day(s)	1	QL
clozapine tablet 50mg QL 90 each per 30 day(s)	1	QL
compro sup 25mg	2	
desipramine tablet 100mg	1	
desipramine tablet 10mg	1	
desipramine tablet 150mg	1	
desipramine tablet 25mg	1	
desipramine tablet 50mg	1	
desipramine tablet 75mg	1	
DESVENLAFAX TABLET 100MG ER QL 30 each per 30 day(s)	1	QL
desvenlafax tablet 100mg er QL 30 each per 30 day(s)	1	QL
desvenlafax tablet 25mg er QL 30 each per 30 day(s)	1	QL
DESVENLAFAX TABLET 50MG ER QL 30 each per 30 day(s)	1	QL
desvenlafax tablet 50mg er QL 30 each per 30 day(s)	1	QL
doxepin hcl capsule 100mg	1	
doxepin hcl capsule 10mg	1	
doxepin hcl capsule 150mg	1	
doxepin hcl capsule 25mg	1	
doxepin hcl capsule 50mg	1	
doxepin hcl capsule 75mg	1	
doxepin hcl con 10mg/ml	1	
duloxetine capsule 20mg	1	

Drug	Tier	Requirements /Limits
duloxetine capsule 30mg	1	
duloxetine capsule 40mg	1	QL
QL 60 each per 30 day(s)		
duloxetine capsule 60mg	1	
EMSAM DIS 12MG/24H	5	QL; ST
QL 30 each per 30 day(s)		
EMSAM DIS 6MG/24HR	5	QL; ST
QL 30 each per 30 day(s)		
EMSAM DIS 9MG/24HR	5	QL; ST
QL 30 each per 30 day(s)		
escitalopram solution 5mg/5ml	1	
escitalopram tablet 10mg	1	
escitalopram tablet 20mg	1	
escitalopram tablet 5mg	1	
FANAPT PACKET	4	QL; PA
QL 8 each per 30 day(s)		
FANAPT TABLET 10MG	5	QL; PA
QL 60 each per 30 day(s)		
FANAPT TABLET 12MG	5	QL; PA
QL 60 each per 30 day(s)		
FANAPT TABLET 1MG	5	QL; PA
QL 60 each per 30 day(s)		
FANAPT TABLET 2MG	5	QL; PA
QL 60 each per 30 day(s)		
FANAPT TABLET 4MG	5	QL; PA
QL 60 each per 30 day(s)		
FANAPT TABLET 6MG	5	QL; PA
QL 60 each per 30 day(s)		
FANAPT TABLET 8MG	5	QL; PA
QL 60 each per 30 day(s)		
FETZIMA CAPSULE 120MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE 20MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE 40MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE 80MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE TITRATIO	4	QL; ST
QL 30 each per 30 day(s)		
fluoxetine capsule 10mg	1	
fluoxetine capsule 20mg	1	
fluoxetine capsule 40mg	1	
fluoxetine capsule 90mg dr	2	QL
QL 4 each per 28 day(s)		
fluoxetine solution 20mg/5ml	1	
fluoxetine tablet 10mg	2	QL
QL 30 each per 30 day(s)		
fluoxetine tablet 10mg	2	
fluoxetine tablet 20mg	2	
fluoxetine tablet 20mg	2	QL
QL 120 each per 30 day(s)		
fluoxetine tablet 60mg	2	QL
QL 30 each per 30 day(s)		
fluphenaz de injectable 25mg/ml	2	BvsD
fluphenazine elx 2.5/5ml	2	
fluphenazine injectable 2.5mg/ml	2	BvsD
fluphenazine tablet 10mg	2	
fluphenazine tablet 1mg	2	
fluphenazine tablet 2.5mg	2	
fluphenazine tablet 5mg	2	
fluvoxamine capsule 100mg er	2	
fluvoxamine capsule 150mg er	2	
FLUVOXAMINE TABLET 100MG	1	
FLUVOXAMINE TABLET 25MG	1	
FLUVOXAMINE TABLET 50MG	1	
haloper dec injectable 100mg/ml	2	
haloper dec injectable 500/5ml	2	
haloper dec injectable 50mg/ml	2	

Drug	Tier	Requirements /Limits
haloper lac injectable 5mg/ml	2	
haloperidol con 2mg/ml	2	
haloperidol tablet 0.5mg	1	
haloperidol tablet 10mg	1	
haloperidol tablet 1mg	1	
haloperidol tablet 20mg	1	
haloperidol tablet 2mg	1	
haloperidol tablet 5mg	1	
imipram hcl tablet 10mg	1	
imipram hcl tablet 25mg	1	
imipram hcl tablet 50mg	1	
imipram pam capsule 100mg	1	
imipram pam capsule 125mg	1	
imipram pam capsule 150mg	1	
imipram pam capsule 75mg	1	
INVEGA HAFYE INJECTABLE 1092MG QL 3.50 each per 180 day(s)	5	QL
INVEGA HAFYE INJECTABLE 1560MG QL 5 each per 180 day(s)	5	QL
INVEGA SUST INJECTABLE 117/0.75	5	
INVEGA SUST INJECTABLE 156MG/ML	5	
INVEGA SUST INJECTABLE 234/1.5	5	
INVEGA SUST INJECTABLE 39/0.25	4	
INVEGA SUST INJECTABLE 78/0.5ML	5	
INVEGA TRINZ INJECTABLE 273MG QL 0.8750 each per 90 day(s)	5	QL
INVEGA TRINZ INJECTABLE 410MG QL 1.3150 each per 90 day(s)	5	QL
INVEGA TRINZ INJECTABLE 546MG QL 1.75 each per 90 day(s)	5	QL
INVEGA TRINZ INJECTABLE 819MG QL 2.6250 each per 90 day(s)	5	QL
loxapine capsule 10mg	1	
loxapine capsule 25mg	1	
loxapine capsule 50mg	1	
loxapine capsule 5mg	1	
lurasidone tablet 120mg QL 30 each per 30 day(s)	2	QL
lurasidone tablet 20mg QL 30 each per 30 day(s)	2	QL
lurasidone tablet 40mg QL 30 each per 30 day(s)	2	QL
lurasidone tablet 60mg QL 30 each per 30 day(s)	2	QL
lurasidone tablet 80mg QL 30 each per 30 day(s)	2	QL
LYBALVI TABLET 10-10MG QL 30 each per 30 day(s)	4	QL; PA
LYBALVI TABLET 15-10MG QL 30 each per 30 day(s)	4	QL; PA
LYBALVI TABLET 20-10MG QL 30 each per 30 day(s)	4	QL; PA
LYBALVI TABLET 5-10MG QL 30 each per 30 day(s)	4	QL; PA
MARPLAN TABLET 10MG	4	
mirtazapine tablet 15mg	1	
mirtazapine tablet 15mg odt QL 30 each per 30 day(s)	1	QL
mirtazapine tablet 30mg	1	
mirtazapine tablet 30mg odt QL 30 each per 30 day(s)	1	QL
mirtazapine tablet 45mg	1	
mirtazapine tablet 45mg odt QL 30 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
mirtazapine tablet 7.5mg	1	
molindone tablet hcl 10mg	2	QL
QL 270 each per 30 day(s)		
molindone tablet hcl 25mg	2	QL
QL 270 each per 30 day(s)		
molindone tablet hcl 5mg	2	QL
QL 270 each per 30 day(s)		
nefazodone tablet 100mg	1	
nefazodone tablet 150mg	1	
nefazodone tablet 200mg	1	
nefazodone tablet 250mg	1	
nefazodone tablet 50mg	1	
nortriptylin capsule 10mg	1	
nortriptylin capsule 25mg	1	
nortriptylin capsule 50mg	1	
nortriptylin capsule 75mg	1	
nortriptylin solution 10mg/5ml	1	
NUPLAZID CAPSULE 34MG	5	QL; PA
QL 60 each per 30 day(s)		
NUPLAZID TABLET 10MG	5	QL; PA
QL 60 each per 30 day(s)		
olanza/fluox capsule 12-25mg	2	
olanza/fluox capsule 12-50mg	2	
olanza/fluox capsule 3-25mg	2	
olanza/fluox capsule 6-25mg	2	
olanza/fluox capsule 6-50mg	2	
olanzapine injectable 10mg	2	BvsD
olanzapine tablet 10mg	1	
olanzapine tablet 10mg odt	2	QL
QL 30 each per 30 day(s)		
olanzapine tablet 15mg	1	
olanzapine tablet 15mg odt	2	QL
QL 30 each per 30 day(s)		
olanzapine tablet 2.5mg	1	
olanzapine tablet 20mg	1	
olanzapine tablet 20mg odt	2	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
olanzapine tablet 5mg	1	
olanzapine tablet 5mg odt	2	QL
QL 30 each per 30 day(s)		
olanzapine tablet 7.5mg	1	
paliperidone tablet er 1.5mg	2	QL; ST
QL 30 each per 30 day(s)		
paliperidone tablet er 3mg	2	QL; ST
QL 30 each per 30 day(s)		
paliperidone tablet er 6mg	2	QL; ST
QL 60 each per 30 day(s)		
paliperidone tablet er 9mg	2	QL; ST
QL 30 each per 30 day(s)		
paroxetin er tablet 12.5mg	1	QL
QL 30 each per 30 day(s)		
paroxetin er tablet 37.5mg	1	QL
QL 30 each per 30 day(s)		
paroxetine suspension 10mg/5ml	1	QL
QL 900 milliliter(s) 30 day(s)		
paroxetine tablet 10mg	1	
paroxetine tablet 20mg	1	
paroxetine tablet 25mg er	1	QL
QL 90 each per 30 day(s)		
paroxetine tablet 30mg	1	
paroxetine tablet 40mg	1	
PAXIL SUSPENSION 10MG/5ML	4	
perphenazine tablet 16mg	1	
perphenazine tablet 2mg	1	
perphenazine tablet 4mg	1	
perphenazine tablet 8mg	1	
PERSERIS INJECTABLE 120MG	5	QL; BvsD
QL 1 each per 30 day(s)		
PERSERIS INJECTABLE 90MG	5	QL; BvsD
QL 1 each per 30 day(s)		
PHENELZINE TABLET 15MG	1	
pimozide tablet 1mg	2	QL
QL 150 each per 30 day(s)		

Drug	Tier	Requirements /Limits
pimozide tablet 2mg	2	QL
QL 150 each per 30 day(s)		
prochlorper sup 25mg	2	
prochlorper tablet 10mg	2	
prochlorper tablet 5mg	2	
protriptylin tablet 10mg	1	
protriptylin tablet 5mg	1	
quetiapine tablet 100mg	1	
quetiapine tablet 150mg	1	
quetiapine tablet 150mg er	1	
quetiapine tablet 200mg	1	
quetiapine tablet 200mg er	1	
quetiapine tablet 25mg	1	
quetiapine tablet 300mg	1	
quetiapine tablet 300mg er	1	
quetiapine tablet 400mg	1	
quetiapine tablet 400mg er	1	
quetiapine tablet 50mg	1	
quetiapine tablet 50mg er	1	
REXULTI TABLET 0.25MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 0.5MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 1MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 2MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 3MG	4	QL; PA
QL 30 each per 30 day(s)		
REXULTI TABLET 4MG	4	QL; PA
QL 30 each per 30 day(s)		
RISPERDAL INJECTABLE 12.5MG	4	
RISPERDAL INJECTABLE 25MG	5	
RISPERDAL INJECTABLE 37.5MG	5	
RISPERDAL INJECTABLE 50MG	5	
risperidone solution 1mg/ml	1	QL
QL 240 milliliter(s) 30 day(s)		
risperidone tablet 0.25 odt	1	QL
QL 30 each per 30 day(s)		
risperidone tablet 0.25mg	1	
risperidone tablet 0.5mg	1	
risperidone tablet 0.5mg od	1	QL
QL 60 each per 30 day(s)		
risperidone tablet 1mg	1	
risperidone tablet 1mg odt	1	QL
QL 60 each per 30 day(s)		
risperidone tablet 2mg	1	
risperidone tablet 2mg odt	1	QL
QL 60 each per 30 day(s)		
risperidone tablet 3mg	1	
risperidone tablet 3mg odt	1	QL
QL 60 each per 30 day(s)		
risperidone tablet 4mg	1	
risperidone tablet 4mg odt	1	QL
QL 60 each per 30 day(s)		
SECUADO DIS 3.8MG	5	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 5.7MG	5	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 7.6MG	5	QL; ST
QL 30 each per 30 day(s)		
sertraline con 20mg/ml	1	QL
QL 300 milliliter(s) 30 day(s)		
sertraline tablet 100mg	1	
sertraline tablet 25mg	1	
sertraline tablet 50mg	1	
thioridazine tablet 100mg	1	PA
thioridazine tablet 10mg	1	PA
thioridazine tablet 25mg	1	PA
thioridazine tablet 50mg	1	PA
thiothixene capsule 10mg	2	
thiothixene capsule 1mg	2	
thiothixene capsule 2mg	2	
thiothixene capsule 5mg	2	

Drug	Tier	Requirements /Limits
tranylcyprom tablet 10mg	2	
trazodone tablet 100mg	1	
trazodone tablet 150mg	1	
trazodone tablet 50mg	1	
trifluoperaz tablet 10mg	2	
trifluoperaz tablet 1mg	2	
trifluoperaz tablet 2mg	2	
trifluoperaz tablet 5mg	2	
trimipramine capsule 100mg	2	
trimipramine capsule 25mg	2	
trimipramine capsule 50mg	2	
TRINTELLIX TABLET 10MG QL 30 each per 30 day(s)	4	QL; ST
TRINTELLIX TABLET 20MG QL 30 each per 30 day(s)	4	QL; ST
TRINTELLIX TABLET 5MG QL 30 each per 30 day(s)	4	QL; ST
UZEDY INJECTABLE 100MG QL 0.28 each per 28 day(s)	5	QL
UZEDY INJECTABLE 125MG QL 0.35 each per 28 day(s)	5	QL
UZEDY INJECTABLE 150MG QL 0.42 each per 28 day(s)	5	QL
UZEDY INJECTABLE 200MG QL 0.56 each per 28 day(s)	5	QL
UZEDY INJECTABLE 250MG QL 0.70 each per 28 day(s)	5	QL
UZEDY INJECTABLE 50MG QL 0.14 each per 28 day(s)	5	QL
UZEDY INJECTABLE 75MG QL 0.21 each per 28 day(s)	5	QL
venlafaxine capsule 150mg er QL 60 each per 30 day(s)	1	QL
venlafaxine capsule 37.5 er QL 30 each per 30 day(s)	1	QL
venlafaxine capsule 75mg er QL 90 each per 30 day(s)	1	QL
venlafaxine tablet 100mg	1	
VENLAFAXINE TABLET 112.5MG QL 30 each per 30 day(s)	2	QL; ST
venlafaxine tablet 25mg	1	
venlafaxine tablet 37.5mg	1	
venlafaxine tablet 50mg	1	
venlafaxine tablet 75mg	1	
VERSACLOZ SUSPENSION 50MG/ML QL 600 milliliter(s) 30 day(s)	5	QL; PA
VIIBRYD KIT STARTER QL 30 each per 30 day(s)	4	QL; ST
vilazodone tablet 10mg QL 30 each per 30 day(s)	2	QL
vilazodone tablet 20mg QL 30 each per 30 day(s)	2	QL
vilazodone tablet 40mg QL 30 each per 30 day(s)	2	QL
VRAYLAR CAPSULE 1.5-3MG QL 30 each per 30 day(s)	4	QL; PA
VRAYLAR CAPSULE 1.5MG QL 30 each per 30 day(s)	5	QL; PA
VRAYLAR CAPSULE 3MG QL 30 each per 30 day(s)	5	QL; PA
VRAYLAR CAPSULE 4.5MG QL 30 each per 30 day(s)	5	QL; PA
VRAYLAR CAPSULE 6MG QL 30 each per 30 day(s)	5	QL; PA
ziprasidone capsule 20mg	1	
ziprasidone capsule 40mg	1	
ziprasidone capsule 60mg	1	
ziprasidone capsule 80mg	1	
ziprasidone injectable 20mg	1	
ZYPREXA RELP INJECTABLE 210MG	4	BvsD
VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS		
AUSTEDO TABLET 12MG QL 120 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
AUSTEDO TABLET 6MG QL 120 each per 30 day(s)	5	QL; PA
AUSTEDO TABLET 9MG QL 120 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET 12MG QL 90 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET 24MG QL 60 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET 6MG QL 90 each per 30 day(s)	5	QL; PA
AUSTEDO XR TABLET TITR KIT QL 42 each per 180 day(s)	5	QL; PA
tetrabenazin tablet 12.5mg QL 240 each per 30 day(s)	2	QL; PA
tetrabenazin tablet 25mg QL 120 each per 30 day(s)	5	QL; PA
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
pot citra er tablet 1080mg	2	
pot citra er tablet 1620mg	2	
pot citra er tablet 540mg	2	
AMMONIA DETOXICANTS		
carglumic tablet 200mg	5	PA
constulose solution 10gm/15	1	
enulose solution 10gm/15	1	
generlac solution 10gm/15	1	
lactulose packet 10gm	2	
lactulose solution 10gm/15	1	
phenylbutyra pow sodium	2	
CALORIC AGENTS		
CLINIMIX INJECTABLE 4.25/D10	3	HI
CLINIMIX INJECTABLE 4.25/D5W	3	HI
CLINIMIX INJECTABLE 5%/D15W	3	HI
CLINIMIX INJECTABLE 5%/D20W	3	HI
CLINIMIX E INJECTABLE 2.75/D5W	3	HI
CLINIMIX E INJECTABLE 4.25/D10	3	HI
CLINIMIX E INJECTABLE 4.25/D5W	3	HI
CLINIMIX E INJECTABLE 5%/D15W	3	HI
CLINIMIX E INJECTABLE 5%/D20W	3	HI
clinisol sf injectable 15%	2	HI
DEXTROSE INJECTABLE 10%	2	HI
DEXTROSE INJECTABLE 5%	2	HI
ISOLYTE-P INJECTABLE /D5W	3	HI
NUTRILIPID EMU 20%	3	HI
plenamine injectable 15%	2	HI
premasol solution 10%	3	HI
PROSOL INJECTABLE 20%	3	HI
TRAVASOL INJECTABLE 10%	3	HI
TROPHAMINE INJECTABLE 10%	3	HI
DIURETICS		
amilor/hctz tablet 5-50	1	
AMILORIDE TABLET 5MG	1	
atenol/chlor tablet 100-25mg	1	
atenol/chlor tablet 50-25mg	1	
benazep/hctz tablet 10-12.5	1	
benazep/hctz tablet 20-12.5	1	
benazep/hctz tablet 20-25mg	1	
benazep/hctz tablet 5-6.25	1	
bisoprl/hctz tablet 10/6.25	1	
bisoprl/hctz tablet 2.5/6.25	1	
bisoprl/hctz tablet 5-6.25mg	1	
BUMETANIDE TABLET 0.5MG	1	
bumetanide tablet 1mg	1	
BUMETANIDE TABLET 2MG	1	
CANDESA/HCTZ TABLET 16-12.5	1	
CANDESA/HCTZ TABLET 32-12.5	1	
CANDESA/HCTZ TABLET 32-25MG	1	

Drug	Tier	Requirements /Limits
chlorthalid tablet 25mg	1	
chlorthalid tablet 50mg	1	
DIURIL SUSPENSION 250/5ML	3	
EDARBYCLOR TABLET 40-12.5	4	ST
EDARBYCLOR TABLET 40-25MG	4	ST
enalapr/hctz tablet 10-25mg	1	
enalapr/hctz tablet 5-12.5mg	1	
ethacrynic tablet acd 25mg QL 480 each per 30 day(s)	4	QL; PA
fosinop/hctz tablet 10/12.5	1	
fosinop/hctz tablet 20/12.5	1	
furosemide solution 10mg/ml	1	
furosemide solution 40mg/5ml	1	
furosemide tablet 20mg	1	
furosemide tablet 40mg	1	
furosemide tablet 80mg	1	
hydrochlorot capsule 12.5mg	1	
hydrochlorot tablet 12.5mg	1	
hydrochlorot tablet 25mg	1	
hydrochlorot tablet 50mg	1	
indapamide tablet 1.25mg	1	
indapamide tablet 2.5mg	1	
irbesar/hctz tablet 150-12.5	1	
irbesar/hctz tablet 300-12.5	1	
JYNARQUE PACKET 15MG QL 60 each per 30 day(s)	5	QL; PA
JYNARQUE PACKET 30-15MG QL 60 each per 30 day(s)	5	QL; PA
JYNARQUE PACKET 45-15MG QL 60 each per 30 day(s)	5	QL; PA
JYNARQUE PACKET 60-30MG QL 60 each per 30 day(s)	5	QL; PA
JYNARQUE PACKET 90-30MG QL 60 each per 30 day(s)	5	QL; PA
JYNARQUE TABLET 15MG QL 120 each per 30 day(s)	5	QL; PA
JYNARQUE TABLET 30MG QL 120 each per 30 day(s)	5	QL; PA
lisinop/hctz tablet 10-12.5	1	
lisinop/hctz tablet 20-12.5	1	
lisinop/hctz tablet 20-25mg	1	
losartan/hct tablet 100-12.5	1	
losartan/hct tablet 100-25	1	
losartan/hct tablet 50-12.5	1	
metolazone tablet 10mg	1	
metolazone tablet 2.5mg	1	
metolazone tablet 5mg	1	
metoprl/hctz tablet 100-25mg	1	
metoprl/hctz tablet 100-50mg	1	
metoprl/hctz tablet 50-25mg	1	
olm med/amlo tablet /hctz	1	
olm med/amlo tablet /hctz	1	
olm med/amlo tablet /hctz	1	
olm med/amlo tablet /hctz	1	
olm med/amlo tablet /hctz	1	
olm med/hctz tablet 20-12.5	1	
olm med/hctz tablet 40-12.5	1	
olm med/hctz tablet 40-25mg	1	
spirono/hctz tablet 25/25	1	
telmisa/hctz tablet 40-12.5	1	
telmisa/hctz tablet 80-12.5	1	
telmisa/hctz tablet 80-25mg	1	
tolvaptan tablet 15mg QL 30 each per 30 day(s)	5	QL
tolvaptan tablet 30mg QL 120 each per 30 day(s)	5	QL
torsemide tablet 100mg	1	
torsemide tablet 10mg	1	
torsemide tablet 20mg	1	
torsemide tablet 5mg	1	
triamt/hctz capsule 37.5-25	1	
triamt/hctz tablet 37.5-25	1	
triamt/hctz tablet 75-50mg	1	
TRIAMTERENE CAPSULE 100MG QL 90 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
TRIAMTERENE CAPSULE 50MG QL 90 each per 30 day(s)	2	QL
valsart/hctz tablet 160-12.5	1	
valsart/hctz tablet 160-25mg	1	
valsart/hctz tablet 320-12.5	1	
valsart/hctz tablet 320-25mg	1	
valsart/hctz tablet 80-12.5	1	
ION-REMOVING AGENTS		
AURYXIA TABLET 210MG QL 360 each per 30 day(s)	5	QL; PA
lanthanum chw 1000mg QL 150 each per 30 day(s)	5	QL; PA
lanthanum chw 500mg QL 450 each per 30 day(s)	5	QL; PA
lanthanum chw 750mg QL 180 each per 30 day(s)	5	QL; PA
LOKELMA PACKET 10GM QL 90 each per 30 day(s)	3	QL; PA
LOKELMA PACKET 5GM QL 30 each per 30 day(s)	3	QL; PA
sevelamer tablet 400mg	2	
sevelamer tablet 800mg	2	
sevelamer tablet 800mg	2	
sod poly sul pow	2	
sps suspension 15gm/60	2	
VELPHORO CHW 500MG QL 180 each per 30 day(s)	5	QL; PA
VELTASSA POW 16.8GM QL 30 each per 30 day(s)	5	QL; PA
VELTASSA POW 25.2GM QL 30 each per 30 day(s)	5	QL; PA
VELTASSA POW 8.4GM QL 30 each per 30 day(s)	5	QL; PA
IRRIGATING SOLUTIONS		
SODIUM CHLOR SOLUTION 0.9% IRR	1	BvsD
REPLACEMENT PREPARATIONS		
CALC ACETATE CAPSULE 667MG	2	

Drug	Tier	Requirements /Limits
D10W/NACL INJECTABLE 0.2%	2	HI
D10W/NACL INJECTABLE 0.45%	2	HI
D2.5W/NACL INJECTABLE 0.45%	2	HI
D5W/NACL INJECTABLE 0.2%	2	HI
D5W/NACL INJECTABLE 0.45%	2	HI
D5W/NACL INJECTABLE 0.9%	2	HI
ISOLYTE-S INJECTABLE PH 7.4	3	HI
KCL/D5W/LACT INJECTABLE 20MEQ/L	2	HI
kcl/d5w/nacl injectable	2	HI
kcl/d5w/nacl injectable	2	HI
kcl/d5w/nacl injectable	2	HI
kcl/d5w/nacl injectable	2	HI
kcl/d5w/nacl injectable	2	HI
kcl/d5w/nacl injectable	2	HI
KCL/D5W/NACL INJECTABLE 0.15/0.2	2	HI
klor-con packet 20meq	2	
KLOR-CON 10 TABLET 10MEQ ER	1	
KLOR-CON 8 TABLET 8MEQ ER	1	
klor-con m15 tablet 15meq er	4	
klor-con m20 tablet 20meq er	1	
mult electro injectable ph 5.5	3	HI
PLASMA-LYTE INJECTABLE -148	3	HI
PLASMA-LYTE INJECTABLE -A	3	HI
pot chl/d5w injectable 20meq/l	2	HI
pot chl/nacl injectable 20meq/l	2	HI
pot chl/nacl injectable 20meq/l	2	HI
pot chl/nacl injectable 40meq/l	2	HI

Drug	Tier	Requirements /Limits
pot chloride capsule 10meq er	1	
pot chloride capsule 8meq er	1	
POT CHLORIDE INJECTABLE 10MEQ	1	HI
POT CHLORIDE INJECTABLE 20MEQ	1	HI
pot chloride injectable 2meq/ml	2	HI
POT CHLORIDE INJECTABLE 40MEQ	1	HI
pot chloride pow 20meq	2	
pot chloride solution 10%	2	
pot chloride solution 20%	2	
pot chloride tablet 10meq er	1	
pot chloride tablet 20meq er	1	
POT CHLORIDE TABLET 8MEQ ER	1	
pot cl micro tablet 10meq er	1	
pot cl micro tablet 15meq er	2	
pot cl micro tablet 20meq er	1	
SOD CHLORIDE INJECTABLE 0.45%	2	HI
SOD CHLORIDE INJECTABLE 0.9%	2	HI
SOD CHLORIDE INJECTABLE 3%	2	HI
SOD CHLORIDE INJECTABLE 5%	2	HI
TPN ELECTROL INJECTABLE	2	HI
URICOSURIC AGENTS		
probenecid tablet 500mg	1	
ENZYMES		
ENZYMES		
PALYNZIQ INJECTABLE 10/0.5ML QL 60 milliliter(s) 30 day(s)	5	QL; PA
PALYNZIQ INJECTABLE 2.5/0.5 QL 60 each per 30 day(s)	5	QL; PA
PALYNZIQ INJECTABLE 20MG/ML QL 60 milliliter(s) 30 day(s)	5	QL; PA
REVCOVI INJECTABLE 1.6MG/ML	5	PA
SUCRAID SOLUTION 8500/ML QL 354 milliliter(s) 30 day(s)	5	QL; PA; LA

Drug	Tier	Requirements /Limits
EYE, EAR, NOSE, AND THROAT (EENT)		
ANTIALLERGIC AGENTS		
ALOMIDE SOLUTION 0.1% OP QL 30 each per 30 day(s)	4	QL
azelastine dro 0.05%	2	
azelastine spr 0.1% QL 60 each per 30 day(s)	1	QL
bepotastine dro 1.5% QL 15 each per 30 day(s)	2	QL
olopatadine dro 0.1% QL 15 each per 30 day(s)	2	QL
olopatadine spr 0.6% QL 30.50 each per 30 day(s)	2	QL; ST
ANTIGLAUCOMA AGENTS		
acetazolamid capsule 500mg er	2	
acetazolamid tablet 125mg	1	
acetazolamid tablet 250mg	1	
ALPHAGAN P SOLUTION 0.1% QL 15 each per 30 day(s)	3	QL
BETAXOLOL SOLUTION 0.5% OP	1	
BETOPTIC-S SUSPENSION 0.25% OP	4	
bimatoprost solution 0.03% QL 7.50 each per 30 day(s)	2	QL
brimonidine solution 0.2% op	1	
brinzolamide suspension 1% op QL 15 each per 30 day(s)	2	QL
COMBIGAN SOLUTION 0.2/0.5% QL 10 each per 30 day(s)	2	QL
dorzol/timol solution 2%-0.5%	2	
dorzol/timol solution 2-0.5%op	2	

Drug	Tier	Requirements /Limits
dorzolamide solution 2% op	2	
latanoprost solution 0.005%	1	
levobunolol solution 0.5% op	2	
LUMIGAN SOLUTION 0.01% QL 5 each per 30 day(s)	3	QL
methazolamid tablet 25mg	2	
methazolamid tablet 50mg	2	
PILOCARPINE SOLUTION 1% OP	2	
PILOCARPINE SOLUTION 2% OP	2	
PILOCARPINE SOLUTION 4% OP	2	
RHOPRESSA SOLUTION 0.02% QL 60 each per 30 day(s)	4	QL; ST
ROCKLATAN DRO QL 5 each per 30 day(s)	4	QL; ST
SIMBRINZA SUSPENSION 1-0.2% QL 16 each per 30 day(s)	3	QL
timolol gel solution 0.25% op	2	
timolol gel solution 0.5% op	2	
timolol mal solution 0.25% op	1	
timolol mal solution 0.25% op	1	
timolol mal solution 0.5% op	1	
timolol mal solution 0.5% op	1	
timolol male solution 0.5%	2	
VYZULTA SOLUTION 0.024%	4	ST
XELPROS EMU 0.005% QL 2.50 each per 30 day(s)	4	QL
ANTI-INFECTIVES		
AZASITE SOLUTION 1% QL 10 each per 30 day(s)	4	QL
bacit/polymy oin op	2	
bacitracin oin op	2	
BESIVANCE SUSPENSION 0.6% QL 15 each per 30 day(s)	4	QL
chlorhex glu solution 0.12%	2	
CILOXAN OIN 0.3% OP QL 17.50 each per 30 day(s)	4	QL
CIPRO HC SUSPENSION OTIC	3	
cipro/dexa suspension 0.3-0.1%	2	
CIPROFLOXACN SOLUTION 0.2%	2	NM
ciprofloxacn solution 0.3% op	2	
erythromycin oin 5mg/gm	2	
GATIFLOXACIN SOLUTION 0.5% QL 15 each per 30 day(s)	2	QL
gentamicin solution 0.3% op	2	
levofloxacin solution 0.5%	2	
moxifloxacin solution hcl 0.5% QL 15 each per 30 day(s)	2	QL
moxifloxacin tablet 400mg	2	NM
NATACYN SUSPENSION 5% OP	4	
neo/bac/poly oin op	2	
neo/poly/bac oin /hc 1%op	2	
NEO/POLY/DEX OIN 0.1% OP	1	
neo/poly/dex suspension 0.1% op	1	
neo/poly/gra solution op	2	
neo/poly/hc solution 1% otic	2	
neo/poly/hc suspension 1% otic	2	
neo/poly/hc suspension op	2	
ofloxacin dro 0.3% op	2	
ofloxacin dro 0.3%otic	2	
periogard solution 0.12%	2	
polymyxin b/ solution trimethp	1	
sulf/pred na solution op	2	
sulfacet sod oin 10% op	2	
sulfacet sod solution 10% op	2	
tobra/dexame suspension 0.3-0.1%	2	
TOBRADEX OIN 0.3-0.1%	4	
TOBRADEX ST SUSPENSION 0.3-0.05	4	

Drug	Tier	Requirements /Limits
tobramycin solution 0.3% op	1	
TOBREX OIN 0.3% OP	4	
trifluridine solution 1% op	2	
ZIRGAN GEL 0.15%	4	
ZYLET SUSPENSION 0.5-0.3%	4	
ANTI-INFLAMMATORY AGENTS		
ALREX SUSPENSION 0.2% QL 15 each per 30 day(s)	4	QL
BECONASE AQ SUSPENSION 0.042% QL 25 each per 30 day(s)	4	QL; ST
bromfenac solution 0.09% op	2	
cyclosporine emu 0.05% op QL 60 each per 30 day(s)	2	QL
dexameth pho solution 0.1% op	2	
diclofenac solution 0.1% op	2	
difluprednat emu 0.05% QL 15 each per 30 day(s)	2	QL
FLAREX SUSPENSION 0.1% OP	4	
flunisolide spr 0.025% QL 50 each per 30 day(s)	1	QL
fluocin acet oil 0.01%	2	
FLUOROMETHOL SUSPENSION 0.1% OP	2	
flurbiprofen solution 0.03% op	2	
fluticasone spr 50mcg QL 16 each per 30 day(s)	1	QL
FML FORTE SUSPENSION 0.25% OP	4	
ILEVRO DRO 0.3% OP QL 15 each per 30 day(s)	4	QL
KETOROLAC SOLUTION 0.4%	2	
ketorolac solution 0.5%	2	
LOTEMAX OIN 0.5% QL 15 each per 30 day(s)	4	QL
LOTEMAX SM GEL 0.38% QL 15 each per 30 day(s)	4	QL
LOTEPREDNOL GEL 0.5% QL 15 each per 30 day(s)	2	QL
LOTEPREDNOL SUSPENSION 0.5% QL 15 each per 30 day(s)	2	QL
MAXIDEX SUSPENSION 0.1% OP	4	
mometasone spr 50mcg QL 34 each per 30 day(s)	2	QL
NEVANAC SUSPENSION 0.1% OP QL 15 each per 30 day(s)	4	QL
pred sod pho solution 1% op	2	
PREDNISOLONE SUSPENSION 1% OP QL 30 each per 30 day(s)	2	QL
QNASL AER 80MCG QL 10.60 each per 30 day(s)	4	QL; ST
QNASL CHILD SPR 40MCG QL 10.60 each per 30 day(s)	4	QL; ST
triamcinolon pst den 0.1%	2	
TYRVAYA SOLUTION 0.03MG QL 8.40 each per 30 day(s)	3	QL
VERKAZIA EMU 0.1% OP QL 120 each per 30 day(s)	5	QL; PA
XHANCE MIS 93MCG	4	PA
XIIDRA DRO 5% QL 60 each per 30 day(s)	3	QL
EENT DRUGS, MISCELLANEOUS		
acetic acid solution 2% otic	2	
APRACLONIDIN SOLUTION 0.5% OP	2	
CYSTADROPS SOLUTION 0.37% QL 20 each per 30 day(s)	5	QL; PA
CYSTARAN SOLUTION 0.44% QL 60 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
IOPIDINE SOLUTION 1% OP	4	
ipratropium spr 0.03%	1	
ipratropium spr 0.06%	1	
OXERVATE SOLUTION 20MCG/ML QL 28 milliliter(s) 28 day(s)	5	QL; PA
GASTROINTESTINAL DRUGS		
ANTIDIARRHEA AGENTS		
diphen/atrop liq 2.5/5	2	
diphen/atrop tablet 2.5mg	2	
loperamide capsule 2mg	2	
XERMELO TABLET 250MG QL 90 each per 30 day(s)	5	QL; PA
ANTIEMETICS		
ANZEMET TABLET 50MG QL 7 each per 30 day(s)	4	QL; BvsD; ST
aprepitant capsule 125mg QL 3 each per 30 day(s)	2	QL; BvsD
aprepitant capsule 40mg QL 1 each per 30 day(s)	2	QL; BvsD
aprepitant capsule 80mg QL 6 each per 30 day(s)	2	QL; BvsD
aprepitant packet 80 & 125 QL 9 each per 30 day(s)	2	QL; BvsD
dronabinol capsule 10mg QL 60 each per 30 day(s)	2	QL; PA
dronabinol capsule 2.5mg QL 60 each per 30 day(s)	2	QL; PA
dronabinol capsule 5mg QL 60 each per 30 day(s)	2	QL; PA
granisetron tablet 1mg	2	BvsD
meclizine tablet 12.5mg	1	
meclizine tablet 25mg	1	
ondansetron solution 4mg/5ml	2	BvsD
ondansetron tablet 4mg QL 240 each per 30 day(s)	1	QL; BvsD
ondansetron tablet 4mg odt QL 240 each per 30 day(s)	1	QL; BvsD
ondansetron tablet 8mg QL 240 each per 30 day(s)	1	QL; BvsD
ondansetron tablet 8mg odt QL 240 each per 30 day(s)	1	QL; BvsD
VARUBI TABLET 90MG QL 4 each per 28 day(s)	4	QL; BvsD
ANTI-INFLAMMATORY AGENTS		
ALOSETRON TABLET 0.5MG QL 60 each per 30 day(s)	2	QL; ST
ALOSETRON TABLET 1MG QL 60 each per 30 day(s)	2	QL; ST
balsalazide capsule 750mg	2	
BUDESONIDE TABLET ER 9MG QL 30 each per 30 day(s)	5	QL; ST
DIPENTUM CAPSULE 250MG	4	
mesalamine capsule 0.375gm QL 120 each per 30 day(s)	2	QL
mesalamine capsule 400mg dr	2	
mesalamine capsule 500mg er QL 240 each per 30 day(s)	2	QL
mesalamine ene 4gm	2	
mesalamine tablet 1.2gm QL 120 each per 30 day(s)	2	QL
mesalamine tablet 800mg dr	2	
PENTASA CAPSULE 250MG CR QL 480 each per 30 day(s)	4	QL
ROWASA KIT 4GM	4	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
bismth/metr/ capsule tetracy	2	
cimetidine tablet 200mg	2	
cimetidine tablet 300mg	2	
cimetidine tablet 400mg	2	
cimetidine tablet 800mg	2	
dexlansopraz capsule 30mg dr QL 30 each per 30 day(s)	2	QL; ST
dexlansopraz capsule 60mg dr QL 30 each per 30 day(s)	2	QL; ST

Drug	Tier	Requirements /Limits
esomepra mag capsule 20mg dr	2	
esomepra mag capsule 40mg dr	2	
famotidine suspension 40mg/5ml	2	
famotidine tablet 20mg	1	
famotidine tablet 40mg	1	
lansopr/amox packet /clarith QL 122 each per 14 day(s)	2	QL; NM
lansoprazole capsule 15mg dr	1	
lansoprazole capsule 30mg dr	1	
lansoprazole tablet 15mg odt QL 60 each per 30 day(s)	2	QL; ST
lansoprazole tablet 30mg odt QL 60 each per 30 day(s)	2	QL; ST
misoprostol tablet 100mcg	2	
misoprostol tablet 200mcg	2	
nizatidine capsule 150mg	2	
nizatidine capsule 300mg	2	
omeprazole capsule 10mg	1	
omeprazole capsule 20mg	1	
omeprazole capsule 40mg	1	
pantoprazole packet 40mg QL 60 each per 30 day(s)	2	QL
pantoprazole tablet 20mg	1	
pantoprazole tablet 40mg	1	
rabeprazole tablet 20mg QL 60 each per 30 day(s)	2	QL
sucralfate suspension 1gm/10ml	2	
sucralfate tablet 1gm	2	
CATHARTICS AND LAXATIVES		
CLENPIQ SOLUTION	3	
CLENPIQ SOLUTION	3	
gavilyte-c solution	2	
gavilyte-g solution	2	
PEG-3350 SOLUTION ELECTROL	2	
peg-3350/kcl solution /sodium	2	
PEG/NASUL/C/ SOLUTION NACL/POT	2	
PLENVU SOLUTION	4	ST
RELISTOR TABLET 150MG QL 90 each per 30 day(s)	5	QL; PA
SODIUM/POTAS SOLUTION MAGNESIU	2	
SUPREP BOWEL SOLUTION PREP KIT	3	
CHOLELITHOLYTIC AGENTS		
chenodal tablet 250mg QL 240 each per 30 day(s)	4	QL
ursodiol capsule 300mg	2	
ursodiol tablet 250mg	2	
ursodiol tablet 500mg	2	
DIGESTANTS		
CREON CAPSULE 12000UNT	3	
CREON CAPSULE 24000UNT	3	
CREON CAPSULE 3000UNIT	3	
CREON CAPSULE 36000UNT	3	
CREON CAPSULE 6000UNIT	3	
PANCREAZE CAPSULE 10500UNT	3	
PANCREAZE CAPSULE 16800UNT	3	
PANCREAZE CAPSULE 21000UNT	3	
PANCREAZE CAPSULE 2600UNIT	3	
PANCREAZE CAPSULE 37000	3	
PANCREAZE CAPSULE 4200UNIT	3	
PERTZYE CAPSULE 16000U	5	
PERTZYE CAPSULE 24000U	5	
PERTZYE CAPSULE 4000UNIT	4	
PERTZYE CAPSULE 8000UNIT	4	
VIOKACE TABLET 10440	4	
VIOKACE TABLET 20880	5	
ZENPEP CAPSULE 10000UNT	3	

Drug	Tier	Requirements /Limits
ZENPEP CAPSULE 15000UNT	3	
ZENPEP CAPSULE 20000UNT	3	
ZENPEP CAPSULE 25000UNT	3	
ZENPEP CAPSULE 3000UNIT	3	
ZENPEP CAPSULE 40000UNT	3	
ZENPEP CAPSULE 5000UNIT	3	
GI DRUGS, MISCELLANEOUS		
CHOLBAM CAPSULE 250MG QL 120 each per 30 day(s)	5	QL; PA
CHOLBAM CAPSULE 50MG QL 120 each per 30 day(s)	5	QL; PA
GATTEX KIT 5MG	5	PA
LINZESS CAPSULE 145MCG QL 30 each per 30 day(s)	3	QL
LINZESS CAPSULE 290MCG QL 30 each per 30 day(s)	3	QL
LINZESS CAPSULE 72MCG QL 30 each per 30 day(s)	3	QL
lubiprostone capsule 24mcg QL 60 each per 30 day(s)	2	QL
lubiprostone capsule 8mcg QL 60 each per 30 day(s)	2	QL
MOVANTIK TABLET 12.5MG QL 30 each per 30 day(s)	3	QL
MOVANTIK TABLET 25MG QL 30 each per 30 day(s)	3	QL
OCALIVA TABLET 10MG QL 30 each per 30 day(s)	5	QL; PA
OCALIVA TABLET 5MG QL 30 each per 30 day(s)	5	QL; PA
RELISTOR INJECTABLE 12/0.6ML QL 16.80 milliliter(s) 28 day(s)	5	QL; PA
RELISTOR INJECTABLE 8/0.4ML QL 22.40 milliliter(s) 28 day(s)	5	QL; PA
SYMPROIC TABLET 0.2MG	3	
TRULANCE TABLET 3MG QL 30 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
PROKINETIC AGENTS		
metoclopram solution 5mg/5ml	2	
metoclopram tablet 10mg	1	
metoclopram tablet 5mg	1	
metoclopram tablet 5mg odt	2	
MOTEGRITY TABLET 1MG QL 30 each per 30 day(s)	4	QL; ST
MOTEGRITY TABLET 2MG QL 30 each per 30 day(s)	4	QL; ST
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPSULE 3MG	5	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPSULE 100MG	4	
deferasirox gra 180mg QL 120 each per 30 day(s)	5	QL; PA
deferasirox gra 360mg QL 120 each per 30 day(s)	5	QL; PA
deferasirox gra 90mg QL 120 each per 30 day(s)	5	QL; PA
deferasirox tablet 125mg QL 720 each per 30 day(s)	5	QL
deferasirox tablet 180mg QL 450 each per 30 day(s)	5	QL
deferasirox tablet 250mg QL 360 each per 30 day(s)	5	QL; PA
deferasirox tablet 360mg QL 120 each per 30 day(s)	5	QL
deferasirox tablet 500mg QL 180 each per 30 day(s)	5	QL; PA
deferasirox tablet 90mg QL 240 each per 30 day(s)	4	QL
deferiprone tablet 1000mg	5	
deferiprone tablet 500mg	5	
FERRIPROX SOLUTION 100MG/ML QL 2700 milliliter(s) 30 day(s)	5	QL

Drug	Tier	Requirements /Limits
penicillamin tablet 250mg	2	
trientine capsule 250mg	2	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ADVAIR DISKU AER 100/50 QL 60 each per 30 day(s)	1	QL
ADVAIR DISKU AER 250/50 QL 60 each per 30 day(s)	1	QL
ADVAIR DISKU AER 500/50 QL 60 each per 30 day(s)	1	QL
ADVAIR HFA AER 115/21 QL 12 each per 30 day(s)	1	QL
ADVAIR HFA AER 230/21 QL 12 each per 30 day(s)	1	QL
ADVAIR HFA AER 45/21 QL 12 each per 30 day(s)	1	QL
ARNUITY ELPT INH 100MCG QL 30 each per 30 day(s)	3	QL
ARNUITY ELPT INH 200MCG QL 30 each per 30 day(s)	3	QL
ARNUITY ELPT INH 50MCG QL 30 each per 30 day(s)	3	QL
ASMANEX 120 AER 220MCG QL 1 each per 30 day(s)	3	QL
ASMANEX 30 AER 110MCG QL 1 each per 30 day(s)	3	QL
ASMANEX 30 AER 220MCG QL 1 each per 30 day(s)	3	QL
ASMANEX 60 AER 220MCG QL 1 each per 30 day(s)	3	QL
ASMANEX HFA AER 100 MCG QL 13 each per 30 day(s)	3	QL
ASMANEX HFA AER 200 MCG QL 13 each per 30 day(s)	3	QL
ASMANEX HFA AER 50MCG QL 13 each per 30 day(s)	3	QL
BREO ELLIPTA INH 100-25 QL 60 each per 30 day(s)	1	QL
BREO ELLIPTA INH 200-25 QL 60 each per 30 day(s)	1	QL
BREO ELLIPTA INH 50-25MCG QL 60 each per 30 day(s)	1	QL
BREZTRI AERO AER SPHERE QL 10.70 each per 30 day(s)	3	QL
BUDES/FORMOT AER 160-4.5 QL 20.40 each per 30 day(s)	1	QL; PA
BUDES/FORMOT AER 80-4.5 QL 20.40 each per 30 day(s)	1	QL; PA
budesonide capsule 3mg dr	2	
budesonide suspension 0.25mg/2 QL 240 each per 30 day(s)	2	QL; BvsD
budesonide suspension 0.5mg/2 QL 240 each per 30 day(s)	2	QL; BvsD
budesonide suspension 1mg/2ml QL 240 milliliter(s) 30 day(s)	2	QL; BvsD
dexamethason solution 0.5/5ml	2	
dexamethason tablet 0.5mg	2	
dexamethason tablet 0.75mg	2	
dexamethason tablet 1.5mg	2	
dexamethason tablet 1mg	2	
dexamethason tablet 2mg	2	
dexamethason tablet 4mg	2	
dexamethason tablet 6mg	2	
DULERA AER 100-5MCG QL 13 each per 30 day(s)	4	QL; PA
DULERA AER 200-5MCG QL 13 each per 30 day(s)	4	QL; PA
DULERA AER 50-5MCG QL 13 each per 30 day(s)	4	QL; PA
FLOVENT DISK AER 100MCG QL 60 each per 30 day(s)	3	QL

Drug	Tier	Requirements /Limits
FLOVENT DISK AER 250MCG QL 60 each per 30 day(s)	3	QL
FLOVENT DISK AER 50MCG QL 60 each per 30 day(s)	3	QL
FLOVENT HFA AER 110MCG QL 12 each per 30 day(s)	3	QL
FLOVENT HFA AER 220MCG QL 24 each per 30 day(s)	3	QL
FLOVENT HFA AER 44MCG QL 10.60 each per 30 day(s)	3	QL
fludrocort tablet 0.1mg	1	
FLUTIC/SALME AER 100/50 QL 60 each per 30 day(s)	2	QL; PA
FLUTIC/SALME AER 250/50 QL 60 each per 30 day(s)	2	QL; PA
FLUTIC/SALME AER 500/50 QL 60 each per 30 day(s)	2	QL; PA
FLUTIC/SALME INH 113/14 QL 1 each per 30 day(s)	1	QL; PA
FLUTIC/SALME INH 232/14 QL 1 each per 30 day(s)	1	QL; PA
FLUTIC/SALME INH 55/14 QL 1 each per 30 day(s)	1	QL; PA
HEMADY TABLET 20MG QL 60 each per 30 day(s)	4	QL; PA
hydrocort tablet 10mg	2	
HYDROCORT TABLET 20MG	2	
hydrocort tablet 5mg	2	
INTRAROSA SUP 6.5MG QL 30 each per 30 day(s)	4	QL
methylpred tablet 16mg	2	
methylpred tablet 32mg	2	
methylpred tablet 4mg	2	
methylpred tablet 4mg	2	
methylpred tablet 8mg	2	
OMNARIS SPR QL 12.50 each per 30 day(s)	4	QL; ST
PRED SOD PHO SOLUTION 5MG/5ML	2	
prednisolone solution 10mg/5ml	2	
prednisolone solution 15mg/5ml	2	
prednisolone solution 20mg/5ml	2	
prednisolone solution 25mg/5ml	2	
PREDNISOLONE TABLET 10MG ODT	2	
PREDNISOLONE TABLET 15MG ODT	2	
PREDNISOLONE TABLET 30MG ODT	2	
prednisone con 5mg/ml	2	
prednisone solution 5mg/5ml	2	
prednisone tablet 10mg	1	
prednisone tablet 1mg	1	
prednisone tablet 2.5mg	1	
prednisone tablet 20mg	1	
prednisone tablet 50mg	1	
prednisone tablet 5mg	1	
SYMBICORT AER 160-4.5 QL 20.40 each per 30 day(s)	1	QL
SYMBICORT AER 80-4.5 QL 20.40 each per 30 day(s)	1	QL
TARPEYO CAPSULE 4MG QL 120 each per 30 day(s)	5	QL; PA
wixela inhub aer 100/50 QL 60 each per 30 day(s)	2	QL; PA
wixela inhub aer 250/50 QL 60 each per 30 day(s)	2	QL; PA
wixela inhub aer 500/50 QL 60 each per 30 day(s)	2	QL; PA
ZETONNA AER 37MCG QL 6.10 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
ANDROGENS		
danazol capsule 100mg	2	
danazol capsule 200mg	2	
danazol capsule 50mg	2	
depo-testost injectable 100mg/ml QL 10 milliliter(s) 30 day(s)	4	QL; BvsD
depo-testost injectable 200mg/ml QL 10 milliliter(s) 30 day(s)	4	QL; BvsD
testost cyp injectable 100mg/ml	2	
testost cyp injectable 200mg/ml	2	
testost enan injectable 200mg/ml QL 10 milliliter(s) 30 day(s)	2	QL
testosterone gel 1%(25mg) QL 300 each per 30 day(s)	2	QL
testosterone gel 1%(50mg) QL 300 each per 30 day(s)	2	QL
testosterone gel 1.62% QL 150 each per 30 day(s)	2	QL
testosterone gel 1.62% QL 150 each per 30 day(s)	2	QL
testosterone gel 1.62% QL 150 each per 30 day(s)	2	QL
testosterone gel 10mg/act QL 120 each per 30 day(s)	2	QL; PA
testosterone gel pump 1% QL 300 each per 30 day(s)	2	QL
testosterone solution 30mg/act QL 180 each per 30 day(s)	2	QL; PA
ANTIDIABETIC AGENTS		
acarbose tablet 100mg QL 90 each per 30 day(s)	1	QL; GC
acarbose tablet 25mg QL 90 each per 30 day(s)	1	QL; GC
acarbose tablet 50mg QL 90 each per 30 day(s)	1	QL; GC
ALOG/PIOGLIT TABLET 12.5-30 QL 30 each per 30 day(s)	1	QL; GC
ALOG/PIOGLIT TABLET 25-15MG QL 30 each per 30 day(s)	1	QL; GC
ALOG/PIOGLIT TABLET 25-30MG QL 30 each per 30 day(s)	1	QL; GC
ALOG/PIOGLIT TABLET 25-45MG QL 30 each per 30 day(s)	1	QL; GC
ALOGLIPTIN TABLET 12.5MG QL 30 each per 30 day(s)	1	QL; GC
ALOGLIPTIN TABLET 25MG QL 30 each per 30 day(s)	1	QL; GC
ALOGLIPTIN TABLET 6.25MG QL 30 each per 30 day(s)	1	QL; GC
ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL; GC
ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL; GC
FARXIGA TABLET 10MG QL 30 each per 30 day(s)	3	QL
FARXIGA TABLET 5MG QL 30 each per 30 day(s)	3	QL
FIASP INJECTABLE 100/ML	3	IC
FIASP FLEX INJECTABLE TOUCH	3	IC
FIASP PENFIL INJECTABLE U-100	3	IC
glimepiride tablet 1mg	1	GC
glimepiride tablet 2mg	1	GC
glimepiride tablet 4mg	1	GC
glip/metform tablet 2.5-250m	1	GC
glip/metform tablet 2.5-500m	1	GC

Drug	Tier	Requirements /Limits
glip/metform tablet 5-500mg	1	GC
glipizide tablet 10mg	1	GC
glipizide tablet 5mg	1	GC
glipizide er tablet 10mg	1	GC
glipizide er tablet 2.5mg	1	GC
glipizide er tablet 5mg	1	GC
glyb/metform tablet 1.25-250 QL 120 each per 30 day(s)	1	QL; GC
glyb/metform tablet 2.5-500 QL 120 each per 30 day(s)	1	QL; GC
glyb/metform tablet 5-500mg QL 120 each per 30 day(s)	1	QL; GC
GLYXAMBI TABLET 10-5MG QL 30 each per 30 day(s)	3	QL
GLYXAMBI TABLET 25-5MG QL 30 each per 30 day(s)	3	QL
HUMALOG INJECTABLE 100/ML	3	IC
HUMALOG INJECTABLE 100/ML	3	IC
HUMALOG JR INJECTABLE 100/ML	3	IC
HUMALOG KWIK INJECTABLE 100/ML	3	IC
HUMALOG KWIK INJECTABLE 200/ML	3	IC
HUMALOG MIX INJECTABLE 50/50	3	IC
HUMALOG MIX INJECTABLE 50/50KWP	3	IC
HUMALOG MIX INJECTABLE 75/25KWP	3	IC
HUMALOG MIX SUSPENSION 75/25	3	IC
HUMALOG TMPO INJECTABLE 100/ML	3	IC
HUMULIN R INJECTABLE U-500	3	PA
HUMULIN R INJECTABLE U-500	3	PA
INS ASP PROT INJECTABLE FLEXPEN	1	IC
INS DEGL FLX INJECTABLE 100UNIT QL 120 each per 30 day(s)	4	QL; PA; IC
INS DEGL FLX INJECTABLE 200UNIT QL 120 each per 30 day(s)	4	QL; PA; IC
INSULIN ASPA INJECTABLE 100/ML	1	IC
INSULIN ASPA INJECTABLE 70/30	1	IC
INSULIN ASPA INJECTABLE FLEXPEN	1	IC
INSULIN ASPA INJECTABLE PENFILL	1	IC
INSULIN DEGL INJECTABLE 100UNIT QL 120 each per 30 day(s)	4	QL; PA; IC
INSULIN LISP INJECTABLE 100/ML	1	IC
INSULIN LISP INJECTABLE 100/ML	1	IC
INSULIN LISP INJECTABLE JUNIOR	1	IC
INSULIN LISP INJECTABLE PROTAMIN	1	IC
JANUMET TABLET 50-1000 QL 60 each per 30 day(s)	3	QL
JANUMET TABLET 50-500MG QL 60 each per 30 day(s)	3	QL
JANUMET XR TABLET 100-1000 QL 30 each per 30 day(s)	3	QL
JANUMET XR TABLET 50-1000 QL 60 each per 30 day(s)	3	QL
JANUMET XR TABLET 50-500MG QL 60 each per 30 day(s)	3	QL

Drug	Tier	Requirements /Limits
JANUVIA TABLET 100MG QL 30 each per 30 day(s)	3	QL
JANUVIA TABLET 25MG QL 30 each per 30 day(s)	3	QL
JANUVIA TABLET 50MG QL 30 each per 30 day(s)	3	QL
JARDIANCE TABLET 10MG QL 30 each per 30 day(s)	3	QL
JARDIANCE TABLET 25MG QL 30 each per 30 day(s)	3	QL
JENTADUETO TABLET 2.5-1000 QL 60 each per 30 day(s)	3	QL
JENTADUETO TABLET 2.5-500 QL 120 each per 30 day(s)	3	QL
JENTADUETO TABLET XR QL 60 each per 30 day(s)	3	QL
JENTADUETO TABLET XR QL 30 each per 30 day(s)	3	QL
LANTUS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	3	QL; IC
LANTUS SOLOS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	3	QL; IC
LEVEMIR INJECTABLE QL 120 each per 30 day(s)	4	QL; PA; IC
LEVEMIR INJECTABLE FLEXPEN QL 120 each per 30 day(s)	4	QL; PA; IC
metformin solution 500/5ml	1	GC
metformin tablet 1000mg	1	GC
metformin tablet 500mg	1	GC
metformin tablet 500mg er	1	GC
metformin tablet 750mg er	1	GC
metformin tablet 850mg	1	GC
miglitol tablet 100mg	2	GC
miglitol tablet 25mg	2	GC
miglitol tablet 50mg	2	GC
nateglinide tablet 120mg	1	GC
nateglinide tablet 60mg	1	GC
NOVOLIN INJECTABLE 70/30	1	IC
NOVOLIN INJECTABLE 70/30 FP	1	IC
NOVOLIN N INJECTABLE 100 UNIT	1	IC
NOVOLIN N INJECTABLE U-100	1	IC
NOVOLIN R INJECTABLE 100 UNIT	1	IC
NOVOLIN R INJECTABLE U-100	1	IC
NOVOLOG INJECTABLE 100/ML	3	IC
NOVOLOG INJECTABLE FLEXPEN	3	IC
NOVOLOG INJECTABLE PENFILL	3	IC
NOVOLOG MIX INJECTABLE 70/30	3	IC
NOVOLOG MIX INJECTABLE FLEXPEN	3	IC
OZEMPIC INJECTABLE 2MG/3ML QL 3 milliliter(s) 28 day(s)	3	QL; PA
OZEMPIC INJECTABLE 4MG/3ML QL 3 milliliter(s) 28 day(s)	3	QL; PA
OZEMPIC INJECTABLE 8MG/3ML QL 3 milliliter(s) 28 day(s)	3	QL; PA
PIOGLIT/GLIM TABLET 30-2MG QL 30 each per 30 day(s)	1	QL; GC
PIOGLIT/GLIM TABLET 30-4MG QL 30 each per 30 day(s)	1	QL; GC
pioglita/met tablet 15-500mg QL 90 each per 30 day(s)	1	QL; GC

Drug	Tier	Requirements /Limits
pioglita/met tablet 15-850mg	1	QL; GC
QL 90 each per 30 day(s)		
pioglitazone tablet 15mg	1	QL; GC
QL 30 each per 30 day(s)		
pioglitazone tablet 30mg	1	QL; GC
QL 30 each per 30 day(s)		
pioglitazone tablet 45mg	1	QL; GC
QL 30 each per 30 day(s)		
repaglinide tablet 0.5mg	1	GC
repaglinide tablet 1mg	1	GC
repaglinide tablet 2mg	1	GC
RYBELSUS TABLET 14MG	3	QL; PA
QL 30 each per 30 day(s)		
RYBELSUS TABLET 3MG	3	QL; PA
QL 30 each per 30 day(s)		
RYBELSUS TABLET 7MG	3	QL; PA
QL 30 each per 30 day(s)		
saxa/metfor tablet 2.5-1000	1	QL; GC
QL 60 each per 30 day(s)		
saxa/metfor tablet 5-1000mg	1	QL; GC
QL 30 each per 30 day(s)		
saxa/metfor tablet 5-500mg	1	QL; GC
QL 30 each per 30 day(s)		
saxagliptin tablet 2.5mg	1	QL; GC
QL 30 each per 30 day(s)		
saxagliptin tablet 5mg	1	QL; GC
QL 30 each per 30 day(s)		
SEGLUROMET TABLET 2.5-1000	4	QL; ST
QL 60 each per 30 day(s)		
SEGLUROMET TABLET 2.5-500	4	QL; ST
QL 60 each per 30 day(s)		
SEGLUROMET TABLET 7.5-1000	4	QL; ST
QL 60 each per 30 day(s)		
SEGLUROMET TABLET 7.5-500	4	QL; ST
QL 60 each per 30 day(s)		
SOLIQUA INJECTABLE 100/33	3	QL; ST; IC
QL 18 each per 30 day(s)		
STEGLATRO TABLET 15MG	4	QL; ST
QL 30 each per 30 day(s)		
STEGLATRO TABLET 5MG	4	QL; ST
QL 30 each per 30 day(s)		
SYMLINPEN 60 INJECTABLE 1000MCG	5	QL; ST
QL 10.80 each per 30 day(s)		
SYMLNPEN 120 INJECTABLE 1000MCG	5	QL; ST
QL 10.80 each per 30 day(s)		
SYNJARDY TABLET	3	QL
QL 60 each per 30 day(s)		
SYNJARDY TABLET 12.5-500	3	QL
QL 60 each per 30 day(s)		
SYNJARDY TABLET 5-1000MG	3	QL
QL 60 each per 30 day(s)		
SYNJARDY TABLET 5-500MG	3	QL
QL 60 each per 30 day(s)		
TOUJEO MAX INJECTABLE 300IU/ML	3	QL; IC
QL 30 milliliter(s) 30 day(s)		
TOUJEO SOLO INJECTABLE 300IU/ML	3	QL; IC
QL 45 milliliter(s) 30 day(s)		
TRADJENTA TABLET 5MG	3	QL
QL 30 each per 30 day(s)		
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRULICITY INJECTABLE 0.75/0.5	3	QL; PA
QL 4 each per 28 day(s)		
TRULICITY INJECTABLE 1.5/0.5	3	QL; PA
QL 4 each per 28 day(s)		
TRULICITY INJECTABLE 3/0.5	3	QL; PA
QL 4 each per 28 day(s)		

Drug	Tier	Requirements /Limits
TRULICITY INJECTABLE 4.5/0.5	3	QL; PA
QL 4 each per 28 day(s)		
VICTOZA INJECTABLE 18MG/3ML	4	QL; PA
QL 9 milliliter(s) 30 day(s)		
XIGDUO XR TABLET 10-1000	3	QL
QL 30 each per 30 day(s)		
XIGDUO XR TABLET 10-500MG	3	QL
QL 30 each per 30 day(s)		
XIGDUO XR TABLET 2.5-1000	3	QL
QL 60 each per 30 day(s)		
XIGDUO XR TABLET 5-1000MG	3	QL
QL 60 each per 30 day(s)		
XIGDUO XR TABLET 5-500MG	3	QL
QL 60 each per 30 day(s)		
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI ONE POW 3MG/DOSE	3	
diazoxide suspension 50mg/ml	2	
GLUCAGEN INJECTABLE HYPOKIT	3	
GLUCAGON KIT 1MG	3	
GVOKE HYPO 2 INJECTABLE	3	
.5/.1ML		
GVOKE HYPO 2 INJECTABLE	3	
1MG/.2ML		
GVOKE KIT SOLUTION 1MG/0.2M	3	
GVOKE PFS INJECTABLE	3	
GVOKE PFS INJECTABLE	3	
KORLYM TABLET 300MG	5	QL; PA
QL 120 each per 30 day(s)		
ZEGALOGUE INJECTABLE 0.6/0.6	4	
ZEGALOGUE INJECTABLE 0.6/0.6	4	
CONTRACEPTIVES		
amabelz tablet 0.5-0.1	2	
amabelz tablet 1-0.5mg	2	
amethia tablet	2	QL
QL 91 each per 91 day(s)		
apri tablet	2	
aranelle tablet	1	

Drug	Tier	Requirements /Limits
aviane tablet	1	
balziva tablet	2	
blisovi fe tablet 1.5/30	2	
briellyn tablet	2	
camila tablet 0.35mg	2	
cryselle-28 tablet 28 tablets	1	
deso/ethinyl tablet estradio	2	
deso/ethinyl tablet estradio	1	
dolishale tablet 90-20mcg	2	
drospir/ethi tablet 3-0.03mg	1	
DROSPIRE/ETH TABLET	2	
ESTR/LEV		
eluryng mis	2	QL
QL 1 each per 28 day(s)		
errin tablet 0.35mg	2	
estarylla tablet 0.25-35	2	
estra/noreth tablet 0.5-0.1	2	
estra/noreth tablet 1-0.5mg	2	
ethy eth est tablet 1-35	2	
ethynodiol tablet 1-50	2	
etonogestrel mis ethy est	2	QL
QL 1 each per 28 day(s)		
fyavolv tablet 0.5-2.5	2	
fyavolv tablet 1-5	2	
hailey 24 tablet fe	2	
haloette mis	2	QL
QL 1 each per 28 day(s)		
iclevia tablet	1	QL
QL 91 each per 91 day(s)		
introvale tablet	2	QL
QL 91 each per 91 day(s)		
jasmiel tablet 3-0.02mg	2	
jinteli tablet 1mg-5mcg	2	
junel 1.5/30 tablet	1	
junel 1/20 tablet	1	
junel fe tablet 1.5/30	1	
junel fe tablet 1/20	1	

Drug	Tier	Requirements /Limits
junel fe 24 tablet 1/20	1	
kariva tablet 28 day	2	
kelnor tablet 1/35	1	
kelnor 1/50 tablet	1	
lessina tablet	2	
levo-eth est tablet 90-20mcg	2	
levonest tablet	2	
levonor/ethi tablet	1	
levonor/ethi tablet estradio	1	
levonor/ethi tablet estradio	1	QL
QL 91 each per 91 day(s)		
levora-28 tablet 0.15/30	2	
LO LOESTRIN TABLET 1-10-10	4	
loestrin tablet 1/20-21	4	
loestrin 21 tablet 1.5/30	4	
loestrin fe tablet 1.5/30	4	
loestrin fe tablet 1/20	4	
loryna tablet 3-0.02mg	1	
lutera tablet	1	
lyleq tablet 0.35mg	2	
marlissa tablet 0.15/30	2	
merzee capsule 1/20	2	
micrgstin 24 tablet fe 1/20	1	
microgestin tablet 1.5/30	1	
microgestin tablet 1/20	1	
microgestin tablet fe 1/20	1	
microgestin tablet fe1.5/30	1	
mili tablet 0.25/35	2	
mimvey tablet 1-0.5mg	2	
necon tablet 0.5/35	2	
noreth/ethin tablet 0.5-2.5	2	
noreth/ethin tablet 1/20	1	
noreth/ethin tablet 1mg-5mcg	2	
noreth/ethin tablet fe	2	
noreth/ethin tablet fe 1/20	2	
norethin ace tablet 5mg	1	
norethindron tablet 0.35mg	2	
norgest/ethi tablet 0.25/35	1	
norgest/ethi tablet estradio	1	
nortrel tablet 0.5/35	1	
nortrel tablet 1/35	1	
nortrel tablet 7/7/7	1	
nylia tablet 1/35	2	
nylia tablet 7/7/7	2	
nymyo tablet 0.25-35	1	
portia-28 tablet	2	
prefest tablet	4	QL; PA
QL 30 each per 30 day(s)		
reclipsen tablet	1	
SAFYRAL TABLET	4	
SLYND TABLET 4MG	4	ST
sprintec 28 tablet 28 day	1	
sronyx tablet	2	
tarina 24 fe tablet	2	
tilia fe tablet	2	
tri-estaryll tablet	2	
tri-legest tablet fe	2	
tri-lo tablet estaryll	2	
tri-lo- tablet sprintec	2	
tri-nymyo tablet	2	
tri-sprintec tablet	2	
tri-vylibra tablet lo	2	
trivora-28 tablet	2	
velivet packet	2	
vestura tablet 3-0.02mg	2	
vienva tablet 0.1-20	1	
vylibra tablet 0.25-35	2	
xulane dis 150-35	2	QL
QL 4 each per 28 day(s)		
zovia 1/35 tablet	1	
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
anastrozole tablet 1mg	1	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
depo-estradi injectable 5mg/ml	4	
dotti dis 0.025mg	2	
dotti dis 0.0375mg	2	
dotti dis 0.05mg	2	
dotti dis 0.075mg	2	
dotti dis 0.1mg	2	
estradiol cre 0.01%	1	QL
QL 127.50 each per 30 day(s)		
ESTRADIOL DIS 0.025MG	2	
estradiol dis 0.025mg	2	
estradiol dis 0.0375mg	2	
ESTRADIOL DIS 0.0375MG	2	
ESTRADIOL DIS 0.05MG	2	
estradiol dis 0.05mg	2	
ESTRADIOL DIS 0.06MG	2	
estradiol dis 0.075mg	2	
ESTRADIOL DIS 0.075MG	2	
estradiol dis 0.1mg	2	
ESTRADIOL DIS 0.1MG	2	
estradiol tablet 0.5mg	1	QL
QL 450 each per 30 day(s)		
estradiol tablet 10mcg	2	QL
QL 30 each per 30 day(s)		
estradiol tablet 1mg	1	QL
QL 450 each per 30 day(s)		
estradiol tablet 2mg	1	QL
QL 450 each per 30 day(s)		
exemestane tablet 25mg	2	QL
QL 60 each per 30 day(s)		
FEMRING MIS 0.05/24H	4	QL; ST
QL 1 each per 90 day(s)		
FEMRING MIS 0.1MG/24	4	QL; ST
QL 1 each per 90 day(s)		
IMVEXXY MAIN SUP 10MCG	4	QL
QL 30 each per 30 day(s)		
IMVEXXY MAIN SUP 4MCG	4	QL
QL 30 each per 30 day(s)		
IMVEXXY STRT SUP 10MCG	4	QL
QL 30 each per 30 day(s)		
IMVEXXY STRT SUP 4MCG	4	QL
QL 30 each per 30 day(s)		
KISQALI 200 PACKET FEMARA	5	QL; PA
QL 49 each per 28 day(s)		
KISQALI 400 PACKET FEMARA	5	QL; PA
QL 70 each per 28 day(s)		
KISQALI 600 PACKET FEMARA	5	QL; PA
QL 91 each per 28 day(s)		
letrozole tablet 2.5mg	1	QL
QL 30 each per 30 day(s)		
lyllana dis 0.025mg	2	
lyllana dis 0.0375mg	2	
lyllana dis 0.05mg	2	
lyllana dis 0.075mg	2	
lyllana dis 0.1mg	2	
ORIAHNN CAPSULE	5	QL; PA
QL 60 each per 30 day(s)		
OSPHENA TABLET 60MG	4	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.3MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.45MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.625MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 0.9MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN TABLET 1.25MG	3	QL
QL 30 each per 30 day(s)		
PREMARIN VAG CRE 0.625MG	3	QL
QL 60 each per 30 day(s)		
raloxifene tablet 60mg	1	QL
QL 30 each per 30 day(s)		
SOLTAMOX SOLUTION 10MG/5ML	4	

Drug	Tier	Requirements /Limits
tamoxifen tablet 10mg	1	QL
QL 30 each per 30 day(s)		
tamoxifen tablet 20mg	1	QL
QL 60 each per 30 day(s)		
toremifene tablet 60mg	5	QL; PA
QL 30 each per 30 day(s)		
yuvafem tablet 10mcg	2	QL
QL 30 each per 30 day(s)		
GONADOTROPINS AND ANTIGONADOTROPINS		
ELIGARD INJECTABLE 22.5MG	4	BvsD
ELIGARD INJECTABLE 30MG	4	BvsD
ELIGARD INJECTABLE 7.5MG	4	BvsD
FIRMAGON INJECTABLE 120MG	5	BvsD
FIRMAGON INJECTABLE 80MG	4	BvsD
leuprolide injectable 1mg/0.2	5	
LEUPROLIDE INJECTABLE 22.5MG	5	BvsD
LUPR DEP-PED INJECTABLE 11.25MG	5	BvsD
LUPR DEP-PED INJECTABLE 7.5MG	5	BvsD
LUPRON DEPOT INJECTABLE 11.25MG	5	BvsD
LUPRON DEPOT INJECTABLE 22.5MG	5	BvsD
LUPRON DEPOT INJECTABLE 3.75MG	5	BvsD
LUPRON DEPOT INJECTABLE 30MG	5	BvsD
LUPRON DEPOT INJECTABLE 45MG	5	BvsD
LUPRON DEPOT INJECTABLE 7.5MG	5	BvsD
MYFEMBREE TABLET	5	QL; PA
QL 30 each per 30 day(s)		
ORGOVYX TABLET 120MG	5	QL; PA
QL 32 each per 30 day(s)		
ORILISSA TABLET 150MG	5	QL; PA
QL 30 each per 30 day(s)		
ORILISSA TABLET 200MG	5	QL; PA
QL 60 each per 30 day(s)		
SYNAREL SOLUTION 2MG/ML	4	PA
TRELSTAR MIX INJECTABLE 11.25MG	5	BvsD
TRELSTAR MIX INJECTABLE 22.5MG	5	BvsD
TRELSTAR MIX INJECTABLE 3.75MG	5	BvsD
LEPTINS		
MYALEPT INJECTABLE 11.3MG	5	QL; PA
QL 67.80 each per 30 day(s)		
PARATHYROID AND ANTIPARATHYROID AGENTS		
calcitonin spr 200/act	1	
cinacalcet tablet 30mg	2	QL
QL 120 each per 30 day(s)		
cinacalcet tablet 60mg	2	QL
QL 120 each per 30 day(s)		
cinacalcet tablet 90mg	2	QL
QL 120 each per 30 day(s)		
NATPARA INJECTABLE 100MCG	5	QL
QL 2 each per 28 day(s)		
NATPARA INJECTABLE 25MCG	5	QL
QL 2 each per 28 day(s)		
NATPARA INJECTABLE 50MCG	5	QL
QL 2 each per 28 day(s)		
NATPARA INJECTABLE 75MCG	5	QL
QL 2 each per 28 day(s)		
TERIPARATIDE INJECTABLE	5	PA
TYMLOS INJECTABLE	5	QL; PA
QL 1.56 each per 30 day(s)		
PITUITARY		
desmopressin spr 0.01%	1	QL
QL 15 each per 30 day(s)		
desmopressin tablet 0.1mg	1	QL
QL 180 each per 30 day(s)		

Drug	Tier	Requirements /Limits
desmopressin tablet 0.2mg QL 180 each per 30 day(s)	1	QL
OMNITROPE INJECTABLE 5.8MG	5	PA
ZOMACTON INJECTABLE 10MG	5	PA
ZOMACTON INJECTABLE 5MG	4	PA
PROGESTINS		
CRINONE GEL 4% VAG	4	PA
DEPO-SQ PROV INJECTABLE 104 QL 1 each per 90 day(s)	4	QL
medroxypr ac injectable 150mg/ml QL 1 milliliter(s) 90 day(s)	1	QL
medroxypr ac injectable 150mg/ml QL 1 milliliter(s) 90 day(s)	1	QL
medroxypr ac tablet 10mg	1	
medroxypr ac tablet 2.5mg	1	
medroxypr ac tablet 5mg	1	
megestrol suspension 625mg/5m	1	
megestrol ac suspension 40mg/ml	1	
megestrol ac tablet 20mg	1	
megestrol ac tablet 40mg	1	
progesterone capsule 100mg	1	
progesterone capsule 200mg	1	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
MYCAPSSA CAPSULE 20MG QL 120 each per 30 day(s)	5	QL; PA
octreotide injectable 1000mcg	5	PA
octreotide injectable 100mcg	2	PA
octreotide injectable 200mcg	2	PA
octreotide injectable 500mcg	5	PA
octreotide injectable 50mcg/ml	2	PA
SIGNIFOR INJECTABLE 0.3MG/ML QL 60 milliliter(s) 30 day(s)	5	QL; PA
SIGNIFOR INJECTABLE 0.6MG/ML QL 60 milliliter(s) 30 day(s)	5	QL; PA
SIGNIFOR INJECTABLE 0.9MG/ML QL 60 milliliter(s) 30 day(s)	5	QL; PA
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
GENOTROPIN INJECTABLE 0.2MG	5	PA
GENOTROPIN INJECTABLE 0.4MG	5	PA
GENOTROPIN INJECTABLE 0.6MG	5	PA
GENOTROPIN INJECTABLE 0.8MG	5	PA
GENOTROPIN INJECTABLE 1.2MG	5	PA
GENOTROPIN INJECTABLE 1.4MG	5	PA
GENOTROPIN INJECTABLE 1.6MG	5	PA
GENOTROPIN INJECTABLE 1.8MG	5	PA
GENOTROPIN INJECTABLE 12MG	5	PA
GENOTROPIN INJECTABLE 1MG	5	PA
GENOTROPIN INJECTABLE 2MG	5	PA
GENOTROPIN INJECTABLE 5MG	5	PA
HUMATROPE INJECTABLE 12MG	5	PA
HUMATROPE INJECTABLE 24MG	5	PA
HUMATROPE INJECTABLE 6MG	5	PA
INCRELEX INJECTABLE 40MG/4ML	5	PA
NORDITROPIN INJECTABLE 10/1.5ML	5	PA

Drug	Tier	Requirements /Limits
NORDITROPIN INJECTABLE 15/1.5ML	5	PA
NORDITROPIN INJECTABLE 30/3ML	5	PA
NORDITROPIN INJECTABLE 5/1.5ML	5	PA
NUTROPIN AQ INJECTABLE 10MG/2ML	5	PA
NUTROPIN AQ INJECTABLE 20MG/2ML	5	PA
NUTROPIN AQ INJECTABLE NUSPIN 5	5	PA
OMNITROPE INJECTABLE 10/1.5ML	5	PA
OMNITROPE INJECTABLE 5/1.5ML	5	PA
SAIZEN INJECTABLE 5MG	5	PA
SAIZEN INJECTABLE 8.8MG	5	PA
SOMAVERT INJECTABLE 10MG QL 90 each per 30 day(s)	5	QL; PA
SOMAVERT INJECTABLE 15MG QL 60 each per 30 day(s)	5	QL; PA
SOMAVERT INJECTABLE 20MG QL 60 each per 30 day(s)	5	QL; PA
THYROID AND ANTITHYROID AGENTS		
EUTHYROX TABLET 100MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 112MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 125MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 137MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 150MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 175MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 200MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 25MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 50MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 75MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 88MCG QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 100mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 112mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 125mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 137mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 150mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 175mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 200mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 25mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 300mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 50mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 75mcg QL 90 each per 30 day(s)	1	QL
levothyroxin tablet 88mcg QL 90 each per 30 day(s)	1	QL
LEVOXYL TABLET 100MCG QL 90 each per 30 day(s)	2	QL
LEVOXYL TABLET 112MCG QL 90 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
LEVOXYL TABLET 125MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 137MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 150MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 175MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 200MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 25MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 50MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 75MCG	2	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 88MCG	2	QL
QL 90 each per 30 day(s)		
liothyronine tablet 25mcg	2	
liothyronine tablet 50mcg	2	
liothyronine tablet 5mcg	2	
methimazole tablet 10mg	2	
methimazole tablet 5mg	2	
propylthiour tablet 50mg	2	
SYNTHROID TABLET 100MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 112MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 125MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 137MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 150MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 175MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 200MCG	3	QL
QL 90 each per 30 day(s)		

Drug	Tier	Requirements /Limits
SYNTHROID TABLET 25MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 300MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 50MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 75MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 88MCG	3	QL
QL 90 each per 30 day(s)		
TIROSINT-SOL SOLUTION 100MCG	3	
TIROSINT-SOL SOLUTION 112MCG	3	
TIROSINT-SOL SOLUTION 125MCG	3	
TIROSINT-SOL SOLUTION 137MCG	3	
TIROSINT-SOL SOLUTION 13MCG/ML	3	
TIROSINT-SOL SOLUTION 150MCG	3	
TIROSINT-SOL SOLUTION 175MCG	3	
TIROSINT-SOL SOLUTION 200MCG	3	
TIROSINT-SOL SOLUTION 25MCG/ML	3	
TIROSINT-SOL SOLUTION 37.5/ML	3	
TIROSINT-SOL SOLUTION 44MCG/ML	3	
TIROSINT-SOL SOLUTION 50MCG/ML	3	
TIROSINT-SOL SOLUTION 62.5/ML	3	
TIROSINT-SOL SOLUTION 75MCG/ML	3	

Drug	Tier	Requirements /Limits
TIROSINT-SOL SOLUTION 88MCG/ML	3	
UNITHROID TABLET 100MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 112MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 125MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 137MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 150MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 175MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 200MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 25MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 300MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 50MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 75MCG QL 90 each per 30 day(s)	4	QL
UNITHROID TABLET 88MCG QL 90 each per 30 day(s)	4	QL
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutast/tamsu capsule 0.5-0.4 QL 30 each per 30 day(s)	1	QL
dutasteride capsule 0.5mg QL 30 each per 30 day(s)	1	QL
ALCOHOL DETERRENTS		
disulfiram tablet 250mg	2	
disulfiram tablet 500mg	2	
ANTIDOTES		
acetylcyst solution 10%	2	BvsD
acetylcyst solution 20%	2	BvsD
leucovor ca tablet 10mg	1	
leucovor ca tablet 15mg	1	
leucovor ca tablet 25mg	1	
leucovor ca tablet 5mg	1	
XURIDEN POW 2GM QL 120 each per 30 day(s)	5	QL; PA
ANTIGOUT AGENTS		
allopurinol tablet 100mg	1	
allopurinol tablet 300mg	1	
COLCHICINE CAPSULE 0.6MG QL 120 each per 30 day(s)	2	QL
colchicine tablet 0.6mg QL 120 each per 30 day(s)	2	QL
febuxostat tablet 40mg QL 30 each per 30 day(s)	2	QL
febuxostat tablet 80mg QL 30 each per 30 day(s)	2	QL
proben/colch tablet 500-0.5	1	
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI INJECTABLE 284/1.5 QL 6 each per 28 day(s)	5	QL; PA
BONE ANABOLIC AGENTS		
EVENITY INJECTABLE 105MG QL 2.40 each per 30 day(s)	5	QL; PA
BONE RESORPTION INHIBITORS		
alendronate tablet 10mg QL 30 each per 30 day(s)	1	QL
alendronate tablet 35mg QL 4 each per 28 day(s)	1	QL
alendronate tablet 70mg QL 4 each per 28 day(s)	1	QL
ibandronate tablet 150mg QL 1 each per 28 day(s)	1	QL
PROLIA INJECTABLE 60MG/ML QL 1 milliliter(s) 180 day(s)	4	QL; BvsD
RISEDRON SOD TABLET 35MG DR QL 4 each per 28 day(s)	2	QL; ST

Drug	Tier	Requirements /Limits
risedronate tablet 150mg QL 1 each per 28 day(s)	2	QL; ST
risedronate tablet 30mg QL 30 each per 30 day(s)	2	QL; ST
risedronate tablet 35mg QL 4 each per 28 day(s)	2	QL; ST
risedronate tablet 35mg QL 12 each per 84 day(s)	2	QL; ST
risedronate tablet 5mg QL 30 each per 30 day(s)	2	QL; ST
XGEVA INJECTABLE	5	PA
CARBONIC ANHYDRASE INHIBITORS		
KEVEYIS TABLET 50MG QL 120 each per 30 day(s)	5	QL; PA
COMPLEMENT INHIBITORS		
HAEGARDA INJECTABLE 2000UNIT QL 16 each per 28 day(s)	5	QL; PA
HAEGARDA INJECTABLE 3000UNIT QL 16 each per 28 day(s)	5	QL; PA
icatibant injectable 30mg/3ml QL 18 milliliter(s) 30 day(s)	5	QL; PA
ORLADEYO CAPSULE 110MG QL 30 each per 30 day(s)	5	QL; PA
ORLADEYO CAPSULE 150MG QL 30 each per 30 day(s)	5	QL; PA
TAKHZYRO INJECTABLE 150MG/ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
TAKHZYRO INJECTABLE 300/2ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
TAVNEOS CAPSULE 10MG QL 180 each per 30 day(s)	5	QL; PA
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
ACTEMRA INJECTABLE 162/0.9 QL 3.60 each per 28 day(s)	5	QL; PA
ACTEMRA INJECTABLE ACTPEN QL 3.60 each per 28 day(s)	5	QL; PA
CIMZIA KIT 200MG QL 6 each per 28 day(s)	5	QL; PA
CIMZIA PREFL KIT 200MG/ML QL 6 milliliter(s) 28 day(s)	5	QL; PA
ENBREL INJECTABLE 25/0.5ML QL 8 milliliter(s) 28 day(s)	5	QL; PA
ENBREL INJECTABLE 25MG QL 8 each per 28 day(s)	5	QL; PA
ENBREL INJECTABLE 50MG/ML QL 8 milliliter(s) 28 day(s)	5	QL; PA
ENBREL MINI INJECTABLE 50MG/ML QL 8 milliliter(s) 28 day(s)	5	QL; PA
ENBREL SRCLK INJECTABLE 50MG/ML QL 8 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA INJECTABLE 10/0.1ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA INJECTABLE 20/0.2ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA INJECTABLE 40/0.4ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA KIT 40MG/0.8 QL 6 each per 28 day(s)	5	QL; PA
HUMIRA PEDIA INJECTABLE CROHNS QL 2 each per 28 day(s)	5	QL; PA
HUMIRA PEDIA INJECTABLE CROHNS QL 2 each per 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE 40/0.4ML QL 2 milliliter(s) 28 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
HUMIRA PEN INJECTABLE 40MG/0.8 QL 2 each per 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE 80/0.8ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE CD/UC/HS QL 6 each per 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE PS/UV QL 4 each per 28 day(s)	5	QL; PA
HUMIRA PEN KIT CD/UC/HS QL 3 each per 28 day(s)	5	QL; PA
HUMIRA PEN KIT PED UC QL 4 each per 28 day(s)	5	QL; PA
HUMIRA PEN KIT PS/UV QL 3 each per 28 day(s)	5	QL; PA
KEVZARA INJECTABLE 150/1.14	5	PA
KEVZARA INJECTABLE 150/1.14	5	PA
KEVZARA INJECTABLE 200/1.14	5	PA
KEVZARA INJECTABLE 200/1.14	5	PA
KINERET INJECTABLE QL 20.10 each per 30 day(s)	5	QL; PA
leflunomide tablet 10mg	1	
leflunomide tablet 20mg	1	
OLUMIANT TABLET 1MG	5	PA
OLUMIANT TABLET 2MG	5	PA
ORENCIA INJECTABLE 125MG/ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
ORENCIA INJECTABLE 50/0.4ML QL 1.60 milliliter(s) 28 day(s)	5	QL; PA
ORENCIA INJECTABLE 87.5/0.7 QL 2.80 each per 28 day(s)	5	QL; PA
ORENCIA CLCK INJECTABLE 125MG/ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
OTEZLA TABLET 10/20/30 QL 55 each per 30 day(s)	5	QL; PA
OTEZLA TABLET 30MG QL 60 each per 30 day(s)	5	QL; PA
RINVOQ TABLET 15MG ER QL 30 each per 30 day(s)	5	QL; PA
RINVOQ TABLET 30MG ER QL 30 each per 30 day(s)	5	QL; PA
RINVOQ TABLET 45MG ER QL 56 each per 180 day(s)	5	QL; PA
STELARA INJECTABLE 45MG/0.5 QL 2 each per 28 day(s)	5	QL; PA
STELARA INJECTABLE 45MG/0.5 QL 2 each per 84 day(s)	5	QL; PA
STELARA INJECTABLE 90MG/ML QL 2 milliliter(s) 84 day(s)	5	QL; PA
XELJANZ SOLUTION 1MG/ML QL 600 milliliter(s) 30 day(s)	5	QL; PA
XELJANZ TABLET 10MG QL 60 each per 30 day(s)	5	QL; PA
XELJANZ TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA
XELJANZ XR TABLET 11MG QL 30 each per 30 day(s)	5	QL; PA
XELJANZ XR TABLET 22MG QL 30 each per 30 day(s)	5	QL; PA
IMMUNOMODULATORY AGENTS		
ACTIMMUNE INJECTABLE 2MU/0.5	5	PA
AVONEX PEN KIT 30MCG QL 4 each per 30 day(s)	5	QL; PA
AVONEX PREFL KIT 30MCG QL 4 each per 30 day(s)	5	QL; PA
BESREMI SOLUTION 500MCG QL 2 each per 28 day(s)	5	QL; PA
COPAXONE INJECTABLE 20MG/ML QL 30 milliliter(s) 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
COPAXONE INJECTABLE 40MG/ML QL 30 milliliter(s) 30 day(s)	5	QL; PA
EXTAVIA INJECTABLE 0.3MG QL 28 each per 30 day(s)	5	QL; PA
fingolimod capsule 0.5mg QL 30 each per 30 day(s)	2	QL
PLEGRIDY INJECTABLE QL 2 each per 30 day(s)	5	QL; PA
PLEGRIDY INJECTABLE PEN QL 2 each per 30 day(s)	5	QL; PA
TECFIDERA CAPSULE 120MG QL 60 each per 30 day(s)	5	QL; PA
TECFIDERA CAPSULE 240MG QL 60 each per 30 day(s)	5	QL; PA
TECFIDERA CAPSULE STARTER QL 60 each per 30 day(s)	5	QL; PA
teriflunomid tablet 14mg QL 30 each per 30 day(s)	2	QL
teriflunomid tablet 7mg QL 30 each per 30 day(s)	2	QL
THALOMID CAPSULE 100MG QL 30 each per 30 day(s)	5	QL
THALOMID CAPSULE 150MG QL 60 each per 30 day(s)	5	QL
THALOMID CAPSULE 200MG QL 30 each per 30 day(s)	5	QL
THALOMID CAPSULE 50MG QL 30 each per 30 day(s)	5	QL
VUMERITY CAPSULE 231MG QL 120 each per 30 day(s)	5	QL; PA
ZEPOSIA CAPSULE .92MG QL 30 each per 30 day(s)	5	QL; PA
ZEPOSIA CAPSULE STR KIT QL 28 each per 180 day(s)	5	QL; PA
ZEPOSIA 7DAY CAPSULE STR PACK QL 7 each per 180 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAPSULE 0.5MG	4	BvsD
ASTAGRAF XL CAPSULE 1MG	4	BvsD
ASTAGRAF XL CAPSULE 5MG	4	BvsD
azathioprine tablet 100mg	1	BvsD
azathioprine tablet 50mg	1	BvsD
azathioprine tablet 75mg	1	BvsD
BENLYSTA INJECTABLE 200MG/ML	5	PA
BENLYSTA INJECTABLE 200MG/ML	5	PA
cyclosporine capsule 100mg	2	BvsD
cyclosporine capsule 100mg md	2	BvsD
cyclosporine capsule 25mg	2	BvsD
cyclosporine capsule 25mg mod	2	BvsD
cyclosporine capsule 50mg mod	2	BvsD
cyclosporine solution modified	2	BvsD
ENSPRYNG INJECTABLE QL 7 each per 168 day(s)	5	QL; PA
ENVARSUS XR TABLET 0.75MG	4	BvsD; ST
ENVARSUS XR TABLET 1MG	4	BvsD; ST
ENVARSUS XR TABLET 4MG	4	BvsD; ST
gengraf capsule 100mg	2	BvsD
gengraf capsule 25mg	2	BvsD
gengraf solution 100mg/ml	2	BvsD
LUPKYNIS CAPSULE 7.9MG QL 180 each per 30 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(10) QL 40 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(4) QL 16 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(5) QL 20 each per 365 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
MAVENCLAD PACKET 10MG(6) QL 24 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(7) QL 28 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(8) QL 32 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(9) QL 36 each per 365 day(s)	5	QL; PA
mycophenolat capsule 250mg	1	BvsD
mycophenolat suspension 200mg/ml	2	BvsD
mycophenolat tablet 500mg	1	BvsD
mycophenolic tablet 180mg dr QL 240 each per 30 day(s)	2	QL; BvsD
mycophenolic tablet 360mg dr QL 120 each per 30 day(s)	2	QL; BvsD
REZUROCK TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
SANDIMMUNE SOLUTION 100MG/ML	3	BvsD
sirolimus solution 1mg/ml	5	BvsD
sirolimus tablet 0.5mg	4	BvsD
sirolimus tablet 1mg	4	BvsD
sirolimus tablet 2mg	5	BvsD
tacrolimus capsule 0.5mg	1	BvsD
tacrolimus capsule 1mg	1	BvsD
tacrolimus capsule 5mg	1	BvsD
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST INJECTABLE 220MG	5	PA
betaine anhy pow	5	
CERDELGA CAPSULE 84MG QL 60 each per 30 day(s)	5	QL; PA
CYSTAGON CAPSULE 150MG	4	PA
CYSTAGON CAPSULE 50MG	4	PA
dalfampridin tablet 10mg er QL 60 each per 30 day(s)	2	QL
ENDARI POW 5GM QL 180 each per 30 day(s)	5	QL; PA
EVOTAZ TABLET 300-150 QL 30 each per 30 day(s)	4	QL; NM
EVRYSDI SOLUTION QL 201 each per 30 day(s)	5	QL; PA
FILSPARI TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
FILSPARI TABLET 400MG QL 30 each per 30 day(s)	5	QL; PA
FIRDAPSE TABLET 10MG QL 240 each per 30 day(s)	5	QL; PA
GALAFOLD CAPSULE 123MG QL 14 each per 28 day(s)	5	QL; PA
hc/acet acid solution otic	2	
ISTURISA TABLET 10MG QL 180 each per 30 day(s)	5	QL; PA
ISTURISA TABLET 1MG QL 240 each per 30 day(s)	5	QL; PA
ISTURISA TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA
METYROSINE CAPSULE 250MG	5	PA
miglustat capsule 100mg QL 90 each per 30 day(s)	5	QL; PA
nitisinone capsule 10mg QL 600 each per 30 day(s)	2	QL; PA
nitisinone capsule 20mg QL 600 each per 30 day(s)	5	QL; PA
nitisinone capsule 2mg QL 600 each per 30 day(s)	2	QL; PA
nitisinone capsule 5mg QL 600 each per 30 day(s)	2	QL; PA
NITYR TABLET 10MG QL 600 each per 30 day(s)	5	QL; PA
NITYR TABLET 2MG QL 600 each per 30 day(s)	5	QL; PA
NITYR TABLET 5MG QL 600 each per 30 day(s)	5	QL; PA
ORFADIN SUSPENSION 4MG/ML QL 1500 milliliter(s) 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
PREZCOBIX TABLET 800-150 QL 30 each per 30 day(s)	5	QL; NM
PYRUKYND TABLET 20MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 20MGX5MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 50MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 50MGX20M QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 5MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 5MG TP QL 56 each per 28 day(s)	5	QL; PA
sapropterin pow 100mg	2	PA
sapropterin pow 500mg	2	PA
sapropterin tablet 100mg	2	PA
TYBOST TABLET 150MG QL 30 each per 30 day(s)	3	QL; NM
VOXZOGO INJECTABLE 0.4MG QL 30 each per 30 day(s)	5	QL; PA
VOXZOGO INJECTABLE 0.56MG QL 30 each per 30 day(s)	5	QL; PA
VOXZOGO INJECTABLE 1.2MG QL 30 each per 30 day(s)	5	QL; PA
PROTECTIVE AGENTS		
ELMIRON CAPSULE 100MG	4	
MESNEX TABLET 400MG	5	
NONHORMONAL CONTRACEPTIVES		
NONHORMONAL CONTRACEPTIVES		
PHEXXI GEL	4	
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
OFEV CAPSULE 100MG QL 60 each per 30 day(s)	5	QL; PA
OFEV CAPSULE 150MG QL 60 each per 30 day(s)	5	QL; PA
pirfenidone capsule 267mg QL 270 each per 30 day(s)	5	QL; PA
pirfenidone tablet 267mg QL 270 each per 30 day(s)	5	QL; PA
pirfenidone tablet 534mg QL 90 each per 30 day(s)	5	QL; PA
pirfenidone tablet 801mg QL 90 each per 30 day(s)	5	QL; PA
ANTI-INFLAMMATORY AGENTS		
cromolyn sod con 100/5ml	2	PA
cromolyn sod solution 4% op	2	
FASENRA INJECTABLE 30MG/ML QL 1 milliliter(s) 28 day(s)	5	QL; PA
FASENRA PEN INJECTABLE 30MG/ML QL 1 milliliter(s) 28 day(s)	5	QL; PA
montelukast chw 4mg QL 60 each per 30 day(s)	1	QL
montelukast chw 5mg QL 60 each per 30 day(s)	1	QL
montelukast gra 4mg QL 30 each per 30 day(s)	1	QL
montelukast tablet 10mg QL 60 each per 30 day(s)	1	QL
NUCALA INJECTABLE 100MG/ML QL 3 milliliter(s) 28 day(s)	5	QL; PA
NUCALA INJECTABLE 100MG/ML QL 3 milliliter(s) 28 day(s)	5	QL; PA
NUCALA INJECTABLE 40MG/0.4 QL 0.40 each per 28 day(s)	5	QL; PA
zafirlukast tablet 10mg QL 60 each per 30 day(s)	1	QL
zafirlukast tablet 20mg QL 60 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
azel/flutic spr 137-50	2	QL
QL 23 each per 30 day(s)		
cromolyn sod neb 20mg/2ml	2	BvsD
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS		
KALYDECO GRA 13.4MG	5	QL; PA
QL 60 each per 30 day(s)		
KALYDECO PACKET 25MG	5	QL; PA
QL 60 each per 30 day(s)		
KALYDECO PACKET 50MG	5	QL; PA
QL 60 each per 30 day(s)		
KALYDECO PACKET 75MG	5	QL; PA
QL 60 each per 30 day(s)		
KALYDECO TABLET 150MG	5	QL; PA
QL 60 each per 30 day(s)		
ORKAMBI GRA 100-125	5	QL; PA
QL 60 each per 30 day(s)		
ORKAMBI GRA 150-188	5	QL; PA
QL 60 each per 30 day(s)		
ORKAMBI GRA 75-94MG	5	QL; PA
QL 60 each per 30 day(s)		
ORKAMBI TABLET 100-125	5	QL; PA
QL 112 each per 28 day(s)		
ORKAMBI TABLET 200-125	5	QL; PA
QL 112 each per 28 day(s)		
SYMDEKO TABLET 100-150	5	QL; PA
QL 60 each per 30 day(s)		
SYMDEKO TABLET 50-75MG	5	QL; PA
QL 60 each per 30 day(s)		
TRIKAFTA PACKET 59.5MG	5	QL; PA
QL 60 each per 30 day(s)		
TRIKAFTA PACKET 75MG	5	QL; PA
QL 60 each per 30 day(s)		
TRIKAFTA TABLET	5	QL; PA
QL 90 each per 30 day(s)		
TRIKAFTA TABLET	5	QL; PA
QL 90 each per 30 day(s)		

Drug	Tier	Requirements /Limits
MUCOLYTIC AGENTS		
PULMOZYME SOLUTION 1MG/ML	5	QL; BvsD
QL 150 milliliter(s) 30 day(s)		
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
roflumilast tablet 250mcg	2	QL
QL 30 each per 30 day(s)		
roflumilast tablet 500mcg	2	QL
QL 30 each per 30 day(s)		
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP INJECTABLE 1000MG	5	PA
GLASSIA INJECTABLE	5	PA
PROLASTIN-C INJECTABLE 1000MG	5	PA
XOLAIR INJECTABLE 150MG/ML	5	PA
XOLAIR INJECTABLE 75/0.5	5	PA
XOLAIR SOLUTION 150MG	5	PA
ZEMAIRA INJECTABLE 1000MG	5	PA
VASODILATING AGENTS		
ADEMPAS TABLET 0.5MG	5	QL; PA
QL 90 each per 30 day(s)		
ADEMPAS TABLET 1.5MG	5	QL; PA
QL 90 each per 30 day(s)		
ADEMPAS TABLET 1MG	5	QL; PA
QL 90 each per 30 day(s)		
ADEMPAS TABLET 2.5MG	5	QL; PA
QL 90 each per 30 day(s)		
ADEMPAS TABLET 2MG	5	QL; PA
QL 90 each per 30 day(s)		
ambrisentan tablet 10mg	5	QL; PA; LA
QL 30 each per 30 day(s)		
ambrisentan tablet 5mg	5	QL; PA; LA
QL 30 each per 30 day(s)		
bosentan tablet 125mg	5	QL; PA
QL 60 each per 30 day(s)		

Drug	Tier	Requirements /Limits
bosentan tablet 62.5mg	5	QL; PA
QL 60 each per 30 day(s)		
CAMZYOS CAPSULE 10MG	5	QL; PA
QL 30 each per 30 day(s)		
CAMZYOS CAPSULE 15MG	5	QL; PA
QL 30 each per 30 day(s)		
CAMZYOS CAPSULE 2.5MG	5	QL; PA
QL 30 each per 30 day(s)		
CAMZYOS CAPSULE 5MG	5	QL; PA
QL 30 each per 30 day(s)		
LETAIRIS TABLET 10MG	5	QL; PA
QL 30 each per 30 day(s)		
LETAIRIS TABLET 5MG	5	QL; PA
QL 30 each per 30 day(s)		
OPSUMIT TABLET 10MG	5	QL; PA; LA
QL 30 each per 30 day(s)		
ORENITRAM TABLET 0.125MG	4	QL; PA
QL 300 each per 30 day(s)		
ORENITRAM TABLET 0.25MG	5	QL; PA
QL 300 each per 30 day(s)		
ORENITRAM TABLET 1MG	5	QL; PA
QL 300 each per 30 day(s)		
ORENITRAM TABLET 2.5MG	5	QL; PA
QL 300 each per 30 day(s)		
ORENITRAM TABLET 5MG	5	QL; PA
QL 300 each per 30 day(s)		
ORENITRAM TABLET MONTH 1	5	QL; PA
QL 168 each per 365 day(s)		
ORENITRAM TABLET MONTH 2	5	QL; PA
QL 336 each per 365 day(s)		
ORENITRAM TABLET MONTH 3	5	QL; PA
QL 252 each per 365 day(s)		
TRACLEER TABLET 32MG	5	QL; PA
QL 120 each per 30 day(s)		
TYVASO DPI POW 16-32-48	5	QL; PA
QL 252 each per 180 day(s)		
TYVASO DPI POW 16-32MCG	5	QL; PA
QL 196 each per 180 day(s)		
TYVASO DPI POW 16MCG	5	QL; PA
QL 120 each per 30 day(s)		
TYVASO DPI POW 32-48MCG	5	QL; PA
QL 224 each per 30 day(s)		
TYVASO DPI POW 32MCG	5	QL; PA
QL 120 each per 30 day(s)		
TYVASO DPI POW 48MCG	5	QL; PA
QL 120 each per 30 day(s)		
TYVASO DPI POW 64MCG	5	QL; PA
QL 120 each per 30 day(s)		
UPTRAVI TABLET 1000MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI TABLET 1200MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI TABLET 1400MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI TABLET 1600MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI TABLET 200MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI TABLET 400MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI TABLET 600MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI TABLET 800MCG	5	QL; PA
QL 60 each per 30 day(s)		
UPTRAVI PACK TABLET 200/800	5	QL; PA
QL 200 each per 30 day(s)		
VENTAVIS SOLUTION 10MCG/ML	5	PA
VENTAVIS SOLUTION 20MCG/ML	5	PA
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
acyclovir oin 5%	2	
ciclopirox cre 0.77%	2	

Drug	Tier	Requirements /Limits
ciclopirox gel 0.77%	2	
ciclopirox sha 1%	2	
ciclopirox solution 8%	2	NM
ciclopirox suspension 0.77%	2	
CLEOCIN SUP 100MG	3	
clindam/benz gel 1.2-2.5%	2	ST
clindamy/ben gel 1-5%	2	ST
clindamy/ben gel 1.2-5%	1	
CLINDAMYCIN CRE 2% VAG	2	
clindamycin gel 1%	2	
CLINDAMYCIN LOT 10MG/ML	2	
clindamycin mis 1%	2	
clindamycin solution 1%	2	
clotrim/beta cre diprop	2	
clotrim/beta lot diprop	2	
clotrimazole cre 1%	2	
clotrimazole solution 1%	2	
clotrimazole tro 10mg	2	
econazole cre 1%	2	
ery pad 2%	2	
ery/benzoyl gel 3-5%	2	
erythromycin gel 2%	2	
erythromycin solution 2%	2	
gentamicin cre 0.1%	2	
gentamicin oin 0.1%	2	
ivermectin cre 1%	2	QL; ST
QL 45 each per 30 day(s)		
ketoconazole cre 2%	2	
ketoconazole sha 2%	2	
metronidazol cre 0.75%	2	
metronidazol gel 0.75%	2	
metronidazol gel 0.75%vag	2	
metronidazol gel 1%	2	QL
QL 60 each per 30 day(s)		
METRONIDAZOL LOT 0.75%	2	
miconazole 3 sup 200mg	4	
mupirocin cre 2%	1	

Drug	Tier	Requirements /Limits
mupirocin oin 2%	1	
naftifine cre hcl 2%	2	
nyamyc pow 100000	2	
nystat/triam cre	2	
nystat/triam oin	2	
nystatin cre 100000	1	
nystatin oin 100000	2	
nystatin pow 100000	2	
nystop pow 100000	2	
oxiconazole cre nitrate	2	
PENCICLOVIR CRE 1%	2	
permethrin cre 5%	2	
SILVER SULFA CRE 1%	2	
SPINOSAD SUSPENSION 0.9%	4	
SSD CRE 1%	2	
sulfacetamid lot 10%	2	
terconazole cre 0.4%	2	
terconazole cre 0.8%	2	
terconazole sup 80mg	2	
VANDAZOLE GEL 0.75%	2	
ANTI-INFLAMMATORY AGENTS		
ala-cort cre 2.5%	2	
alclometason cre 0.05%	2	
alclometason oin 0.05%	2	
amcinonide lot 0.1%	2	
amcinonide oin 0.1%	2	
beta diprop cre 0.05%	2	
beta diprop gel 0.05%	2	
beta diprop lot 0.05%	2	
BETA DIPROP OIN 0.05%	2	
betameth dip cre 0.05%	2	
betameth dip lot 0.05%	2	
betameth dip oin 0.05%	2	
betameth val aer 0.12%	2	
BETAMETH VAL CRE 0.1%	2	
BETAMETH VAL LOT 0.1%	2	
BETAMETH VAL OIN 0.1%	2	

Drug	Tier	Requirements /Limits
calcip/betam suspension	2	
calcipotrien oin betameth	2	
CAPEX SHA 0.01%	4	ST
clobetasol aer 0.05%	2	
clobetasol cre 0.05%	2	
clobetasol gel 0.05%	2	
clobetasol lot 0.05%	2	
clobetasol oin 0.05%	2	
clobetasol sha 0.05%	2	
clobetasol solution 0.05%	2	
clobetasol spr 0.05%	2	QL
QL 125 each per 14 day(s)		
clobetasol e cre 0.05%	2	
desonide cre 0.05%	2	
desonide gel 0.05%	2	
desonide lot 0.05%	2	
desonide oin 0.05%	2	
desoximetas cre 0.05%	2	
desoximetas cre 0.25%	2	
desoximetas gel 0.05%	2	
DESOXIMETAS OIN 0.05%	2	
desoximetas oin 0.25%	2	
desoximetaso spr 0.25%	2	
diclofenac gel 1%	2	QL
QL 1000 each per 30 day(s)		
diclofenac gel 3%	2	
diclofenac solution 1.5%	1	QL
QL 450 each per 30 day(s)		
diflorasone cre 0.05%	2	
diflorasone oin 0.05%	2	
ENSTILAR AER	5	
EUCRISA OIN 2%	3	QL
QL 60 each per 30 day(s)		
fluocin acet cre 0.01%	2	
fluocin acet cre 0.025%	2	
fluocin acet oil 0.01% sc	2	
fluocin acet oin 0.025%	2	

Drug	Tier	Requirements /Limits
fluocin acet solution 0.01%	2	
fluocinonide cre 0.05%	2	
fluocinonide cre 0.1%	2	
fluocinonide cre e 0.05%	2	
fluocinonide gel 0.05%	2	
fluocinonide oin 0.05%	2	
fluocinonide solution 0.05%	2	
fluticasone cre 0.05%	2	
fluticasone lot 0.05%	2	
fluticasone oin 0.005%	2	
halobetasol cre 0.05%	2	
halobetasol oin 0.05%	2	
hc butyrate cre 0.1%	1	
HC BUTYRATE OIN 0.1%	1	
hc butyrate solution 0.1%	2	
hc valerate oin 0.2%	2	
hydrocort cre 1%	1	
HYDROCORT ENE 100MG	2	
hydrocort lot 2.5%	2	
hydrocort oin 1%	1	
hydrocort oin 2.5%	2	
hydrocortiso cre 2.5%	2	
HYDROCORTISO LOT 0.1%	2	
mometasone cre 0.1%	2	
mometasone oin 0.1%	2	
mometasone solution 0.1%	2	
procto-med cre hc 2.5%	2	
proctosol hc cre 2.5%	2	
proctozone cre -hc 2.5%	2	
triamcinolon aer spray	2	
triamcinolon cre 0.025%	1	
triamcinolon cre 0.1%	1	
triamcinolon cre 0.5%	1	
triamcinolon lot 0.025%	1	
triamcinolon lot 0.1%	1	
triamcinolon oin 0.025%	1	
triamcinolon oin 0.1%	1	

Drug	Tier	Requirements /Limits
triamcinolon oin 0.5%	1	
triderm cre 0.5%	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
hc pramoxine cre 1-1%	2	
lido/prilocn cre 2.5-2.5%	2	
lidocaine oin 5%	2	
lidocaine pad 5%	2	PA
lidocaine solution 2% visc	2	
lidocaine solution 4%	2	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO LOT 0.05% QL 45 each per 30 day(s)	4	QL
tretinoin cre 0.025%	1	
tretinoin cre 0.05%	1	
tretinoin cre 0.1%	1	
tretinoin gel 0.01%	1	
tretinoin gel 0.025%	1	
TRETINOIN GEL 0.04%	2	ST
TRETINOIN GEL 0.05%	2	ST
TRETINOIN GEL 0.1%	2	ST
DEPIGMENTING AND PIGMENTING AGENTS		
methoxsalen capsule 10mg	5	
KERATOLYTIC AGENTS		
adapal/ben p gel 0.1-2.5%	2	ST
ammonium lac cre 12%	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
accutane capsule 10mg	2	
accutane capsule 20mg	2	
accutane capsule 30mg	2	
accutane capsule 40mg	2	
acitretin capsule 10mg QL 60 each per 30 day(s)	2	QL
acitretin capsule 17.5mg QL 60 each per 30 day(s)	2	QL
acitretin capsule 25mg QL 60 each per 30 day(s)	2	QL
adapalene cre 0.1%	2	ST
adapalene gel 0.3%	2	ST
ADBRY INJECTABLE 150MG/ML QL 6 milliliter(s) 28 day(s)	5	QL; PA
amnesteem capsule 10mg	2	
amnesteem capsule 20mg	2	
amnesteem capsule 40mg	2	
azelaic acid gel 15% QL 50 each per 30 day(s)	2	QL
AZELEX CRE 20%	4	ST
bexarotene gel 1%	5	PA
CALCIPOTRIEN CRE 0.005%	2	
calcipotrien oin 0.005%	2	
calcipotrien solution 0.005%	2	
CIBINQO TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
CIBINQO TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
CIBINQO TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
claravis capsule 10mg	2	
claravis capsule 20mg	2	
claravis capsule 30mg	2	
claravis capsule 40mg	2	
COSENTYX INJECTABLE 300DOSE QL 2 each per 28 day(s)	5	QL; PA
COSENTYX INJECTABLE 75MG/0.5 QL 2.50 each per 28 day(s)	5	QL; PA
COSENTYX PEN INJECTABLE 300DOSE QL 2 each per 28 day(s)	5	QL; PA
COSENTYX UNO INJECTABLE 300/2ML QL 2 milliliter(s) 28 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
dapsone gel 5%	2	ST
DUPIXENT INJECTABLE 100/0.67 QL 1.34 each per 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 200/1.14 QL 3.42 each per 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 200MG QL 3.42 each per 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 300/2ML QL 8 milliliter(s) 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 300/2ML QL 8 milliliter(s) 28 day(s)	5	QL; PA
FINACEA AER 15%	4	
finasteride tablet 5mg QL 30 each per 30 day(s)	1	QL
fluorouracil cre 5%	2	
fluorouracil solution 2%	2	
fluorouracil solution 5%	2	
HYFTOR GEL 0.2%	5	PA
ILUMYA SOLUTION 100MG/ML	5	PA
imiquimod cre 5%	2	
isotretinoin capsule 10mg	2	
isotretinoin capsule 20mg	2	
isotretinoin capsule 30mg	2	
isotretinoin capsule 40mg	2	
nitro-bid oin 2%	4	
nitroglycer dis 0.1mg/hr	1	
nitroglycer dis 0.2mg/hr	1	
nitroglycer dis 0.4mg/hr	1	
nitroglycer dis 0.6mg/hr	1	
nitroglycrn spr 0.4mg	1	
NITROLINGUAL SPR PUMPSPRA	1	
PANRETIN GEL 0.1% QL 60 each per 30 day(s)	5	QL; PA
PIMECROLIMUS CRE 1%	2	ST
podofilox solution 0.5%	2	
QBREXZA PAD 2.4% QL 30 each per 30 day(s)	4	QL; PA
RECTIV OIN 0.4% QL 30 each per 30 day(s)	4	QL
RHOFADE CRE 1% QL 30 each per 30 day(s)	4	QL
SANTYL OIN 250/GM	4	
SKYRIZI INJECTABLE 150MG/ML QL 1 milliliter(s) 84 day(s)	5	QL; PA
SKYRIZI INJECTABLE 180/1.2 QL 1.20 each per 56 day(s)	5	QL; PA
SKYRIZI INJECTABLE 360/2.4 QL 2.40 each per 56 day(s)	5	QL; PA
SKYRIZI PEN INJECTABLE 150MG/ML QL 1 milliliter(s) 84 day(s)	5	QL; PA
tacrolimus oin 0.03% QL 100 each per 30 day(s)	2	QL
tacrolimus oin 0.1% QL 100 each per 30 day(s)	2	QL
tazarotene cre 0.1%	2	ST
tazarotene gel 0.05%	2	
tazarotene gel 0.1%	2	
TAZORAC CRE 0.05%	4	ST
VALCHLOR GEL 0.016% QL 120 each per 30 day(s)	5	QL; PA
VTAMA CRE 1% QL 60 each per 30 day(s)	4	QL; ST
zenatane capsule 10mg	2	
zenatane capsule 20mg	2	
zenatane capsule 30mg	2	
zenatane capsule 40mg	2	
ZORYVE CRE 0.3% QL 60 each per 30 day(s)	4	QL; ST
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
darifenacin tablet 15mg QL 30 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
darifenacin tablet 7.5mg QL 30 each per 30 day(s)	2	QL
fesoterodine tablet 4mg er QL 30 each per 30 day(s)	2	QL
fesoterodine tablet 8mg er QL 30 each per 30 day(s)	2	QL
flavoxate tablet 100mg	2	
GELNIQUE GEL 10% QL 30 each per 30 day(s)	4	QL; ST
GEMTESA TABLET 75MG QL 30 each per 30 day(s)	4	QL; ST
MYRBETRIQ SUSPENSION 8MG/ML QL 300 milliliter(s) 30 day(s)	3	QL
MYRBETRIQ TABLET 25MG QL 30 each per 30 day(s)	3	QL
MYRBETRIQ TABLET 50MG QL 30 each per 30 day(s)	3	QL
oxybutynin solution 5mg/5ml QL 473 milliliter(s) 23 day(s)	1	QL
oxybutynin tablet 10mg er QL 60 each per 30 day(s)	1	QL
oxybutynin tablet 15mg er QL 60 each per 30 day(s)	1	QL
oxybutynin tablet 5mg QL 120 each per 30 day(s)	1	QL
oxybutynin tablet 5mg er QL 60 each per 30 day(s)	1	QL
solifenacin tablet 10mg QL 30 each per 30 day(s)	1	QL
solifenacin tablet 5mg QL 30 each per 30 day(s)	1	QL
tolterodine capsule 2mg er QL 30 each per 30 day(s)	2	QL
tolterodine capsule 4mg er QL 30 each per 30 day(s)	2	QL
tolterodine tablet 1mg QL 60 each per 30 day(s)	1	QL
tolterodine tablet 2mg QL 60 each per 30 day(s)	1	QL
trospium chl capsule 60mg er QL 30 each per 30 day(s)	2	QL
trospium cl tablet 20mg QL 60 each per 30 day(s)	1	QL
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
theophylline tablet 300mg er	2	
theophylline tablet 400mg er	2	
theophylline tablet 600mg er	2	
SUPPLIES		
SUPPLIES		
GAUZE PADS & DRESSINGS - PADS 2 X 2 QL 100 each per 30 day(s)	2	QL
INSULIN PEN NEEDLE QL 200 each per 30 day(s)	2	QL
INSULIN SYRINGE (DISP) U-100 0.3ML QL 200 milliliter(s) 30 day(s)	2	QL
INSULIN SYRINGE (DISP) U-100 1ML QL 200 milliliter(s) 30 day(s)	2	QL
INSULIN SYRINGE (DISP) U-100 1/2ML QL 200 milliliter(s) 30 day(s)	2	QL
ISOPROPYL ALCOHOL 0.7ML/ML MEDICATED PAD	2	
NEEDLES, INSULIN DISP., SAFETY QL 200 each per 30 day(s)	2	QL
VITAMINS		
VITAMIN B COMPLEX		
niacin tablet 500mg er QL 120 each per 30 day(s)	1	QL
niacin er tablet 1000mg QL 120 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
niacin er tablet 750mg	1	QL
QL 120 each per 30 day(s)		
VITAMIN D		
calcitriol capsule 0.25mcg	1	
calcitriol capsule 0.5mcg	1	
CALCITRIOL OIN 3MCG/GM	2	
calcitriol solution 1mcg/ml	2	
doxercalcif capsule 0.5mcg	2	
doxercalcif capsule 1mcg	2	
doxercalcif capsule 2.5mcg	2	
paricalcitol capsule 1 mcg	2	
paricalcitol capsule 2 mcg	2	
paricalcitol capsule 4 mcg	2	
VITAMINS		
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8MG ORAL TABLET	3	
SODIUM FLUORIDE 2.2MG (FLUORIDE ION 1MG) ORAL TABLET	2	

Drug	Tier	Requirements /Limits

Index

Index

Index

Index

Index

Index

Index

Index

Index

Index

Index

Index

Index

Index

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This page intentionally left blank

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P.O. Box 30196
Salt Lake City, UT 84130-0196
855-442-9900 Toll-Free TTY Users: 711
selecthealth.org/medicare

This formulary was updated on 12/01/2023.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

This formulary is for the following plans:
Idaho
SelectHealth Medicare Enhanced (HMO) 008

For more recent information or other questions, please contact SelectHealth Member Services at **855-442-9900** (TTY users should call 711), during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit **selecthealth.org/medicare**.

SelectHealth is an HMO, PPO, SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Medicare depends on contract renewal.

HPMS Approved Formulary File Submission ID 23050 Version 30

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