SIGNATURE ADVANTAGE

2021 Formulary

(List of Covered Drugs)

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

Formulary ID 00020232, Version Number 21

This formulary was updated on 08/01/2021. For more recent information or other questions, please contact

Signature Advantage (HMO ISNP) Member Services, at 844-214-8633 or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30 or visit www.signatureadvantageplan.com.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 07/01/2021. 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 August 1, 2021, and from time to time during the year.

What is the Signature Advantage Formulary?

A formulary is a list of covered drugs selected by Signature Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Signature Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Signature Advantage 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.

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 Signature Advantage's Formulary?"

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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.

The enclosed formulary is current as of 08/01/2021. To get updated information about the drugs covered by Signature Advantage, please contact us. Our contact information appears on the front and back cover pages.

Note: Signature Advantage will send you a notice in the event of a mid-year-non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at www.signatureadvantageplan.com, along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "cardiovascular agents". If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 94. 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?

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

- **Quantity Limits:** For certain drugs, Signature Advantage limits the amount of the drug that Signature Advantage will cover. For example, Signature Advantage provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Signature Advantage 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, Signature Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Signature Advantage 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Signature Advantage 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 Signature Advantage's formulary?" on page IV 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 Signature Advantage does not cover your drug, you have two options:

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

- You can ask Signature Advantage 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 Signature Advantage's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Signature Advantage 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, Signature Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 or utilization restriction exception. **When you request a formulary 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.

Note: For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home): We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term care setting for formulary medications and an emergency transition fill for non-formulary medication (including those medications that are on the formulary but require prior authorization, step therapy or are subject to quantity limit restrictions).

For more information

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

If you have questions about Signature Advantage, 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.

Signature Advantage's Formulary

The formulary below provides coverage information about the drugs covered by Signature Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

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

List of Covered Drugs

List of Drugs by Medical Condition

ANALGESICS 11

ANESTHETICS 14

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS 14

ANTIBACTERIALS 15

ANTICONVULSANTS 22

ANTIDEMENTIA AGENTS 25

ANTIDEPRESSANTS 26

ANTIEMETICS 29

ANTIFUNGALS 30

ANTIGOUT AGENTS 32

ANTIMIGRAINE AGENTS 32

ANTIMYASTHENIC AGENTS 34

ANTIMYCOBACTERIALS 34

ANTINEOPLASTICS 34

ANTIPARASITICS 41

ANTIPARKINSON AGENTS 42

ANTIPSYCHOTICS 44

ANTISPASTICITY AGENTS 47

ANTIVIRALS 47

ANXIOLYTICS 51

BIPOLAR AGENTS 52

BLOOD GLUCOSE REGULATORS 53

BLOOD PRODUCTS AND MODIFIERS 57

CARDIOVASCULAR AGENTS 58

CENTRAL NERVOUS SYSTEM AGENTS 67

DENTAL AND ORAL AGENTS 69

DERMATOLOGICAL AGENTS 69

ELECTROLYTES/MINERALS/METALS/VITAMINS 74

GASTROINTESTINAL AGENTS 78

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT 80

GENITOURINARY AGENTS 81

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) ... 82

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY) . 83

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) 84

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID) 90

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) 91

HORMONAL AGENTS, SUPPRESSANT (THYROID) 92

IMMUNOLOGICAL AGENTS 92

INFLAMMATORY BOWEL DISEASE AGENTS 98

METABOLIC BONE DISEASE AGENTS 99

OPHTHALMIC AGENTS 100

OTIC AGENTS 103

RESPIRATORY TRACT/ PULMONARY AGENTS 104

SKELETAL MUSCLE RELAXANTS 108

SLEEP DISORDER AGENTS..... 108

Legend

1: Covered Medications

BvsD: Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

LA: Limited Access - This prescription drug is limited to certain pharmacies.

PA1: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA2: Prior Authorization (New Starts Only) - You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST2: Step Therapy (New Starts Only) - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
ANALGESICS		
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (180 per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	QL (180 per 30 days)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external gel 1 %	1	
diclofenac sodium external gel 3 %	1	PA1
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac sodium transdermal gel 1 %	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
diflunisal oral tablet 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg	1	
IBU ORAL TABLET 600 MG, 800 MG	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er oral capsule extended release 24 hour 200 mg	1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
ketorolac tromethamine oral tablet 10 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin sodium oral capsule 400 mg	1	
tolmetin sodium oral tablet 600 mg	1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA2; QL (10 per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	1	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methadone hcl oral tablet 10 mg, 5 mg	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine #3 oral tablet 300-30 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA1; QL (180 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl oral liquid 1 mg/ml	1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution 5 mg/5ml	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl oral tablet 10 mg, 5 mg	1	
tramadol hcl oral tablet 100 mg	1	QL (120 per 30 days)
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (240 per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine external ointment 5 %	1	QL (50 per 30 days)
lidocaine external patch 5 %	1	PA1; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %	1	
lidocaine hcl external solution 4 %	1	QL (50 per 30 days)
lidocaine hcl injection solution 1 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	QL (30 per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium oral tablet delayed release 333 mg	1	
disulfiram oral tablet 250 mg	1	
naltrexone hcl oral tablet 50 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
OPIOID DEPENDENCE		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	1	
OPIOID REVERSAL AGENTS		
naloxone hcl injection solution 0.4 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
NARCAN NASAL LIQUID 4 MG/0.1ML	1	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	
NICOTROL INHALATION INHALER 10 MG	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate injection solution 500 mg/2ml	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA1
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate injection solution 40 mg/ml	1	
neomycin sulfate oral tablet 500 mg	1	
paromomycin sulfate oral capsule 250 mg	1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	1	
ANTIBACTERIALS, OTHER		
aztreonam injection solution reconstituted 1 gm	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	
clindamycin phosphate vaginal cream 2 %	1	
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	
fosfomycin tromethamine oral packet 3 gm	1	
linezolid intravenous solution 600 mg/300ml	1	
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
methenamine hippurate oral tablet 1 gm	1	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd macro oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
tigecycline intravenous solution reconstituted 50 mg	1	
tinidazole oral tablet 250 mg, 500 mg	1	
trimethoprim oral tablet 100 mg	1	
vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 5000 mg, 750 mg	1	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
VANDAZOLE VAGINAL GEL 0.75 %	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	
BETA-LACTAM, CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	1	
cefixime oral capsule 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefoxitin sodium injection solution reconstituted 10 gm	1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium intravenous solution reconstituted 10 gm	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	PA1
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	1	
BETA-LACTAM, PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	
ampicillin sodium intravenous solution reconstituted 10 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm	1	
oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml	1	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous solution reconstituted 10 gm	1	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin g sodium injection solution reconstituted 5000000 unit	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	1	
CARBAPENEMS		
ertapenem sodium injection solution reconstituted 1 gm	1	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	1	
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	
MACROLIDES		
azithromycin intravenous solution reconstituted 500 mg	1	
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	1	ST2
DIFICID ORAL TABLET 200 MG	1	ST2

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
QUINOLONES		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFONAMIDES		
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
TETRACYCLINES		
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA2
DIACOMIT ORAL PACKET 250 MG, 500 MG	1	PA2
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA2
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA2
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	PA2
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA2

Drug Name	Drug Tier	Requirements/Limits
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 250 mg, 50 mg	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	QL (90 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	1	QL (120 per 30 days)
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	1	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	QL (28 per 28 days)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	1	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam oral suspension 2.5 mg/ml	1	PA2
clobazam oral tablet 10 mg, 20 mg	1	PA2; QL (60 per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	QL (10 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA2; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	
vigabatrin oral packet 500 mg	1	PA2; LA
vigabatrin oral tablet 500 mg	1	PA2
VIGADRONE ORAL PACKET 500 MG	1	PA2

Drug Name	Drug Tier	Requirements/Limits
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG	1	QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG	1	QL (60 per 30 days)
APTIOM ORAL TABLET 800 MG	1	QL (45 per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	1	PA2; QL (240 per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
DILANTIN ORAL CAPSULE 30 MG	1	
EPITOL ORAL TABLET 200 MG	1	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	1	QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	1	QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	1	QL (120 per 30 days)
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
rufinamide oral suspension 40 mg/ml	1	PA2; QL (2400 per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	1	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	QL (60 per 30 days)
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		

Drug Name	Drug Tier	Requirements/Limits
ergoloid mesylates oral tablet 1 mg	1	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	
CHOLINESTERASE INHIBITORS		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	QL (30 per 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral tablet 100 mg, 75 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA2; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	
phenelzine sulfate oral tablet 15 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	QL (60 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	QL (56 per 365 days)
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
PAXIL ORAL SUSPENSION 10 MG/5ML	1	QL (900 per 30 days)
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	QL (30 per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	QL (30 per 30 days)
TRICYCLICS		

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIEMETICS		
ANTIEMETICS, OTHER		
COMPRO RECTAL SUPPOSITORY 25 MG	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
PHENADOZ RECTAL SUPPOSITORY 25 MG	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
promethazine hcl injection solution 25 mg/ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	

Drug Name	Drug Tier	Requirements/Limits
scopolamine transdermal patch 72 hour 1 mg/3days	1	
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	
trimethobenzamide hcl oral capsule 300 mg	1	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	BvsD; QL (8 per 30 days)
aprepitant oral capsule 80 & 125 mg	1	BvsD; QL (12 per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA1; QL (60 per 30 days)
granisetron hcl oral tablet 1 mg	1	BvsD; QL (60 per 30 days)
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1	BvsD; QL (360 per 30 days)
ondansetron hcl oral solution 4 mg/5ml	1	BvsD; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	1	BvsD; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg	1	BvsD; QL (180 per 30 days)
ondansetron hcl oral tablet 8 mg	1	BvsD; QL (90 per 30 days)
ondansetron oral tablet dispersible 4 mg	1	BvsD; QL (180 per 30 days)
ondansetron oral tablet dispersible 8 mg	1	BvsD; QL (90 per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	1	BvsD; QL (8 per 30 days)
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvsD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvsD
amphotericin b intravenous solution reconstituted 50 mg	1	BvsD

Drug Name	Drug Tier	Requirements/Limits
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
econazole nitrate external cream 1 %	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	1	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral capsule 100 mg	1	PA1
itraconazole oral solution 10 mg/ml	1	PA1
JUBLIA EXTERNAL SOLUTION 10 %	1	
ketoconazole external cream 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	1	
miconazole 3 vaginal suppository 200 mg	1	
naftifine hcl external cream 1 %, 2 %	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA1

Drug Name	Drug Tier	Requirements/Limits
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
ORAVIG BUCCAL TABLET 50 MG	1	
posaconazole oral tablet delayed release 100 mg	1	PA1
terbinafine hcl oral tablet 250 mg	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
voriconazole intravenous solution reconstituted 200 mg	1	
voriconazole oral suspension reconstituted 40 mg/ml	1	QL (300 per 30 days)
voriconazole oral tablet 200 mg, 50 mg	1	QL (120 per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	PA1
probenecid oral tablet 500 mg	1	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
dihydroergotamine mesylate nasal solution 4 mg/ml	1	QL (24 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ergotamine-caffeine oral tablet 1-100 mg	1	QL (40 per 28 days)
PROPHYLACTIC		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA1
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA1
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA1
propranolol hcl er oral capsule extended release 24 hour 80 mg	1	
propranolol hcl oral tablet 80 mg	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	1	QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	1	QL (60 per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONIST		
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	QL (12 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL (12 per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	QL (12 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	QL (12 per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (12 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (12 per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	QL (12 per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
guanidine hcl oral tablet 125 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone oral tablet 100 mg, 25 mg	1	
PRIFTIN ORAL TABLET 150 MG	1	
rifabutin oral capsule 150 mg	1	
ANTITUBERCULARS		
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
PASER ORAL PACKET 4 GM	1	
pyrazinamide oral tablet 500 mg	1	
rifampin intravenous solution reconstituted 600 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA1
TRECATOR ORAL TABLET 250 MG	1	
ANTINEOPLASTICS		

Drug Name	Drug Tier	Requirements/Limits
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	1	BvsD
cyclophosphamide oral tablet 25 mg, 50 mg	1	BvsD
LEUKERAN ORAL TABLET 2 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	PA2; LA
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; QL (60 per 30 days)
ANTIANDROGENS		
abiraterone acetate oral tablet 250 mg, 500 mg	1	PA2; QL (120 per 30 days)
bicalutamide oral tablet 50 mg	1	QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA2; LA; QL (120 per 30 days)
flutamide oral capsule 125 mg	1	
LYSODREN ORAL TABLET 500 MG	1	
nilutamide oral tablet 150 mg	1	QL (60 per 30 days)
NUBEQA ORAL TABLET 300 MG	1	PA2; QL (120 per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA2; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA2; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; QL (120 per 30 days)
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA2
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA2
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE 140 MG	1	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
toremifene citrate oral tablet 60 mg	1	PA2; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
hydroxyurea oral capsule 500 mg	1	
INQOVI ORAL TABLET 35-100 MG	1	PA2
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA2
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	LA
TABLOID ORAL TABLET 40 MG	1	
ANTINEOPLASTICS, OTHER		
IDHIFA ORAL TABLET 100 MG	1	PA2; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA2; LA; QL (60 per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA2; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA2; LA
MESNEX ORAL TABLET 400 MG	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvsD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	1	PA2
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	1	PA2

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	1	PA2
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	1	PA2
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	1	PA2
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; QL (120 per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole oral tablet 1 mg	1	
exemestane oral tablet 25 mg	1	
letrozole oral tablet 2.5 mg	1	
MOLECULAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	1	PA2; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	1	PA2; QL (60 per 30 days)
AFINITOR ORAL TABLET 10 MG	1	PA2; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA2
ALUNBRIG ORAL TABLET 180 MG	1	PA2; LA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; LA; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; LA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; LA; QL (30 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA2
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA2
BOSULIF ORAL TABLET 100 MG	1	PA2; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI ORAL CAPSULE 75 MG	1	PA2; LA
BRUKINSA ORAL CAPSULE 80 MG	1	PA2
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA2; LA; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA2; LA; QL (60 per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA2; LA; QL (120 per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; LA; QL (90 per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA2; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA2
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2
erlotinib hcl oral tablet 100 mg, 150 mg	1	PA2; QL (30 per 30 days)
erlotinib hcl oral tablet 25 mg	1	PA2; QL (90 per 30 days)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	1	PA2; QL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA2
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA2
GAVRETO ORAL CAPSULE 100 MG	1	PA2
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; LA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA2
ICLUSIG ORAL TABLET 10 MG	1	PA2; QL (60 per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA2; LA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 30 MG	1	PA2; QL (30 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA2; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate oral tablet 100 mg	1	PA2; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg	1	PA2; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA2; LA
INLYTA ORAL TABLET 1 MG	1	PA2; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA2; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA2
IRESSA ORAL TABLET 250 MG	1	PA2; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (60 per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA2
lapatinib ditosylate oral tablet 250 mg	1	PA2; QL (150 per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA2
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA2
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA2
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA2
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA2
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA2

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA2
LORBRENA ORAL TABLET 100 MG, 25 MG	1	PA2
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA2; LA
MEKTOVI ORAL TABLET 15 MG	1	PA2; LA
NERLYNX ORAL TABLET 40 MG	1	PA2; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; LA; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA2
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA2
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA2
QINLOCK ORAL TABLET 50 MG	1	PA2
RETEVMO ORAL CAPSULE 40 MG, 80 MG	1	PA2
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	1	PA2
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; LA
RYDAPT ORAL CAPSULE 25 MG	1	PA2; QL (240 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA2; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA2
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA2
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA2; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA2; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	1	PA2

Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA2
TEPMETKO ORAL TABLET 225 MG	1	PA2
TIBSOVO ORAL TABLET 250 MG	1	PA2; LA
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA2
TURALIO ORAL CAPSULE 200 MG	1	PA2
UKONIQ ORAL TABLET 200 MG	1	PA2
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA2; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA2; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA2; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	1	PA2
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA2
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA2; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA2
ZEJULA ORAL CAPSULE 100 MG	1	PA2; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG	1	PA2; LA; QL (90 per 30 days)
ZYDELIG ORAL TABLET 150 MG	1	PA2; LA; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA2
RETINOIDS		
bexarotene oral capsule 75 mg	1	PA2
TARGRETIN EXTERNAL GEL 1 %	1	PA2; QL (60 per 30 days)
tretinoin oral capsule 10 mg	1	
ANTIPARASITICS		

Drug Name	Drug Tier	Requirements/Limits
ANTHELMINTICS		
albendazole oral tablet 200 mg	1	
EMVERM ORAL TABLET CHEWABLE 100 MG	1	
ivermectin oral tablet 3 mg	1	
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	1	
atovaquone oral suspension 750 mg/5ml	1	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
benznidazole oral tablet 100 mg, 12.5 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	1	
hydroxychloroquine sulfate oral tablet 200 mg	1	
LAMPIT ORAL TABLET 120 MG, 30 MG	1	
mefloquine hcl oral tablet 250 mg	1	
nitazoxanide oral tablet 500 mg	1	
pentamidine isethionate inhalation solution reconstituted 300 mg	1	BvsD
pentamidine isethionate injection solution reconstituted 300 mg	1	
primaquine phosphate oral tablet 26.3 mg	1	
quinine sulfate oral capsule 324 mg	1	PA1
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral syrup 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA1
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	1	PA1; LA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	1	PA1; LA; QL (30 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	ST2
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST2
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	ST2
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	ST2
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	ST2; QL (30 per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	1	ST2; QL (60 per 30 days)
aripiprazole oral solution 1 mg/ml	1	QL (750 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL (30 per 30 days)
aripiprazole oral tablet 2 mg, 5 mg	1	QL (60 per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	QL (60 per 30 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	ST2; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; QL (8 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	ST2
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	ST2
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	1	ST2; QL (30 per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	1	ST2; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE 34 MG	1	ST2; LA
NUPLAZID ORAL TABLET 10 MG	1	ST2; LA
olanzapine intramuscular solution reconstituted 10 mg	1	
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	1	QL (30 per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg	1	QL (60 per 30 days)
paliperidone er oral tablet extended release 24 hour 9 mg	1	QL (30 per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	ST2
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST2; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	ST2
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST2
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; QL (120 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	1	ST2; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	1	ST2; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; QL (14 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (60 per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	ST2
TREATMENT-RESISTANT		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
ZIRGAN OPHTHALMIC GEL 0.15 %	1	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil oral tablet 10 mg	1	PA1; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	PA1; QL (600 per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	1	PA1; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
lamivudine oral tablet 100 mg	1	
VEMLIDY ORAL TABLET 25 MG	1	PA1

Drug Name	Drug Tier	Requirements/Limits
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET ORAL TABLET 100-40 MG	1	PA1
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
sofosbuvir-velpatasvir oral tablet 400-100 mg	1	PA1
VOSEVI ORAL TABLET 400-100-100 MG	1	PA1
ANTIHERPETIC AGENTS		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	BvsD
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
trifluridine ophthalmic solution 1 %	1	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET 50-200-25 MG	1	
DOVATO ORAL TABLET 50-300 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	1	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
PIFELTRO ORAL TABLET 100 MG	1	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	1	
CIMDUO ORAL TABLET 300-300 MG	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 200-25 MG	1	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
JULUCA ORAL TABLET 50-25 MG	1	
lamivudine oral solution 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
TEMIXYS ORAL TABLET 300-300 MG	1	
tenofovir disoproxil fumarate oral tablet 300 mg	1	
VIREAD ORAL POWDER 40 MG/GM	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	
TYBOST ORAL TABLET 150 MG	1	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS ORAL CAPSULE 250 MG	1	
APTIVUS ORAL SOLUTION 100 MG/ML	1	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
fosamprenavir calcium oral tablet 700 mg	1	
INVIRASE ORAL TABLET 500 MG	1	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
NORVIR ORAL PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
PREZCOBIX ORAL TABLET 800-150 MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	
REYATAZ ORAL PACKET 50 MG	1	
ritonavir oral tablet 100 mg	1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	
rimantadine hcl oral tablet 100 mg	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	1	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
lorazepam injection solution 2 mg/ml	1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
BIPOLAR AGENTS		
MOOD STABILIZERS		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lithium oral solution 8 meq/5ml	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
CYCLOSET ORAL TABLET 0.8 MG	1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	
INVOKANA ORAL TABLET 100 MG, 300 MG	1	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA1; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA1; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	QL (15 per 30 days)
GLYCEMIC AGENTS		

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	1	
diazoxide oral suspension 50 mg/ml	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	
glucagon emergency injection kit 1 mg	1	
KORLYM ORAL TABLET 300 MG	1	PA1; LA; QL (120 per 30 days)
INSULINS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
cvs gauze sterile pad 2"x2"	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	1	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	1	
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	1	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	1	
insulin aspart subcutaneous solution 100 unit/ml	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
preferred plus insulin syringe 28g x 1/2" 0.5 ml	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	QL (18 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA1

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL PACKET 12.5 MG	1	PA1; QL (360 per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA1; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA1; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA1
tranexamic acid oral tablet 650 mg	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA1
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA1
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA1; QL (60 per 30 days)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA1
guanfacine hcl oral tablet 1 mg, 2 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		

Drug Name	Drug Tier	Requirements/Limits
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine hcl oral capsule 10 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML	1	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
CARDIOVASCULAR AGENTS, OTHER		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BIDIL ORAL TABLET 20-37.5 MG	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA1; QL (60 per 30 days)
DIGITEK ORAL TABLET 125 MCG	1	QL (30 per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	
DIGOX ORAL TABLET 125 MCG	1	QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG	1	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg	1	QL (30 per 30 days)
digoxin oral tablet 250 mcg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA1; QL (60 per 30 days)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metyrosine oral capsule 250 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
pentoxifylline er oral tablet extended release 400 mg	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA1; QL (30 per 30 days)
DIURETICS, LOOP		
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS, POTASSIUM-SPARING		
amiloride hcl oral tablet 5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 200 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 50 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 50 MG	1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	
fluvastatin sodium oral capsule 20 mg, 40 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	
DYSLIPIDEMICS, OTHER		
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
NIACOR ORAL TABLET 500 MG	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
PREVALITE ORAL PACKET 4 GM	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA1
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA1
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA1
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
RECTIV RECTAL OINTMENT 0.4 %	1	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA1; LA; QL (120 per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA1
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA1
riluzole oral tablet 50 mg	1	PA1
tetrabenazine oral tablet 12.5 mg	1	PA1; QL (90 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA1; QL (120 per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	1	PA1
FIBROMYALGIA AGENTS		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (120 per 30 days)
pregabalin oral capsule 300 mg	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	QL (110 per 365 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA2
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA2
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA2

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	1	PA2
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA2
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	1	PA2
dimethyl fumarate starter pack oral 120 & 240 mg	1	PA2
GILENYA ORAL CAPSULE 0.5 MG	1	PA2
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	PA2
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA2
MAYZENT ORAL TABLET 0.25 MG, 2 MG	1	PA2
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	1	PA2
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
cevimeline hcl oral capsule 30 mg	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	PA1
adapalene external cream 0.1 %	1	PA1
adapalene external gel 0.1 %, 0.3 %	1	PA1
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	

Drug Name	Drug Tier	Requirements/Limits
AVITA EXTERNAL CREAM 0.025 %	1	PA1
AVITA EXTERNAL GEL 0.025 %	1	PA1
benzoyl peroxide-erythromycin external gel 5-3 %	1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
tazarotene external cream 0.1 %	1	PA1
TAZORAC EXTERNAL CREAM 0.05 %	1	PA1
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	1	PA1
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	PA1
tretinoin external gel 0.01 %, 0.025 %	1	PA1
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
DERMATITIS AND PRURITUS AGENTS		
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external cream 0.1 %	1	
amcinonide external lotion 0.1 %	1	
amcinonide external ointment 0.1 %	1	
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLODAN EXTERNAL SHAMPOO 0.05 %	1	
desonide external cream 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
EUCRISA EXTERNAL OINTMENT 2 %	1	ST2
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	

Drug Name	Drug Tier	Requirements/Limits
fluocinonide external cream 0.05 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
pimecrolimus external cream 1 %	1	
prednicarbate external ointment 0.1 %	1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	
PROCTO-PAK EXTERNAL CREAM 1 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
selenium sulfide external lotion 2.5 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcitriol external ointment 3 mcg/gm	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CONDYLOX EXTERNAL GEL 0.5 %	1	
FLUOROPLEX EXTERNAL CREAM 1 %	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
global alcohol prep ease pad 70 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
imiquimod external cream 5 %	1	
methoxsalen rapid oral capsule 10 mg	1	PA2
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	
podofilox external solution 0.5 %	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA1
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
silver sulfadiazine external cream 1 %	1	
SSD EXTERNAL CREAM 1 %	1	

Drug Name	Drug Tier	Requirements/Limits
PEDICULICIDES/SCABICIDES		
lindane external shampoo 1 %	1	
malathion external lotion 0.5 %	1	
permethrin external cream 5 %	1	
TOPICAL ANTI-INFECTIVES		
acyclovir external ointment 5 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
ery external pad 2 %	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET 200 MG	1	PA1; LA
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvsD
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	1	
kcl-lactated ringers-d5w intravenous solution 20 meq/l	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	1	
lactated ringers intravenous solution	1	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	1	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvsD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvsD
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	1	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	1	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CLOVIQUE ORAL CAPSULE 250 MG	1	PA1
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	PA1
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA1
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA1
deferiprone oral tablet 500 mg	1	PA1
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA1; LA
FERRIPROX ORAL TABLET 1000 MG	1	PA1; LA
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	1	PA1
tolvaptan oral tablet 15 mg, 30 mg	1	PA1
trientine hcl oral capsule 250 mg	1	PA1
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	1	BvsD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvsD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvsD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvsD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvsD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvsD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvsD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvsD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvsD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvsD
CLINISOL SF INTRAVENOUS SOLUTION 15 %	1	BvsD
dextrose intravenous solution 10 %, 5 %	1	
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	1	
DOJOLVI ORAL LIQUID 100 %	1	PA1
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvsD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvsD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvsD
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	BvsD
PLENAMINE INTRAVENOUS SOLUTION 15 %	1	BvsD
PREMASOL INTRAVENOUS SOLUTION 10 %	1	BvsD
prenatal oral tablet 27-1 mg	1	
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvsD
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvsD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvsD
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvsD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvsD

Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	1	PA1
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	
POTASSIUM BINDERS		
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	
generlac oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	
lubiprostone oral capsule 24 mcg, 8 mcg	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	1	
SUTAB ORAL TABLET 1479-225-188 MG	1	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	
ANTI-DIARRHEAL AGENTS		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	PA1
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
loperamide hcl oral capsule 2 mg	1	
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GASTROINTESTINAL AGENTS, OTHER		
amoxicill-clarithro-lansopraz oral	1	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	1	
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA1
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
famotidine oral suspension reconstituted 40 mg/5ml	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
nizatidine oral solution 15 mg/ml	1	
PROTECTANTS		
misoprostol oral tablet 100 mcg, 200 mcg	1	
sucralfate oral suspension 1 gm/10ml	1	
sucralfate oral tablet 1 gm	1	
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	1	ST2; QL (30 per 30 days)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
pantoprazole sodium oral packet 40 mg	1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTADANE ORAL POWDER	1	

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	LA
ENDARI ORAL PACKET 5 GM	1	PA1; LA; QL (180 per 30 days)
miglustat oral capsule 100 mg	1	PA1
nitisinone oral capsule 10 mg, 2 mg, 5 mg	1	PA1
ORFADIN ORAL CAPSULE 20 MG	1	PA1; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA1; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA1; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA1; LA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	1	PA1
sapropterin dihydrochloride oral tablet 100 mg	1	PA1
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA1
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
flavoxate hcl oral tablet 100 mg	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral syrup 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
GENITOURINARY AGENTS, OTHER		
acetic acid irrigation solution 0.25 %	1	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
ELMIRON ORAL CAPSULE 100 MG	1	
LITHOSTAT ORAL TABLET 250 MG	1	
penicillamine oral tablet 250 mg	1	PA1
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	1	PA1
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone sod phosphate pf injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
fludrocortisone acetate oral tablet 0.1 mg	1	
HEMADY ORAL TABLET 20 MG	1	PA2

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
MEDROL ORAL TABLET 2 MG	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA1; LA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	1	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA1
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA1

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
oxandrolone oral tablet 10 mg, 2.5 mg	1	PA2
ANDROGENS		
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
methyltestosterone oral capsule 10 mg	1	PA2
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	PA2
testosterone enanthate intramuscular solution 200 mg/ml	1	PA2
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA2
testosterone transdermal solution 30 mg/act	1	PA2
ESTROGENS		
DIVIGEL TRANSDERMAL GEL 1 MG/GM	1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	1	

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
YUVAFEM VAGINAL TABLET 10 MCG	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	1	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1	
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
briellyn oral tablet 0.4-35 mg-mcg	1	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	1	
CAZIANT ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	

Drug Name	Drug Tier	Requirements/Limits
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
ICLEVIA ORAL TABLET 0.15-0.03 MG	1	
INTROVALE ORAL TABLET 0.15-0.03 MG	1	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	
JASMIEL ORAL TABLET 3-0.02 MG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	1	
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	

Drug Name	Drug Tier	Requirements/Limits
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LORYNA ORAL TABLET 3-0.02 MG	1	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
marlissa oral tablet 0.15-30 mg-mcg	1	

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
MIMVEY ORAL TABLET 1-0.5 MG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NIKKI ORAL TABLET 3-0.02 MG	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	
OCELLA ORAL TABLET 3-0.03 MG	1	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	

Drug Name	Drug Tier	Requirements/Limits
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	
VESTURA ORAL TABLET 3-0.02 MG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Formulary FID 21334, Version 21. Information last updated 08/01/2021. Effective date 08/01/2021.

Drug Name	Drug Tier	Requirements/Limits
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
ZARAH ORAL TABLET 3-0.03 MG	1	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
ERRIN ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
NORA-BE ORAL TABLET 0.35 MG	1	
norethindrone acetate oral tablet 5 mg	1	
norethindrone oral tablet 0.35 mg	1	
progesterone oral capsule 100 mg, 200 mg	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA ORAL TABLET 60 MG	1	PA1
raloxifene hcl oral tablet 60 mg	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline oral tablet 0.5 mg	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA2
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA2
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA2
ISTURISA ORAL TABLET 1 MG	1	PA1; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	1	PA1; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 5 MG	1	PA1; QL (120 per 30 days)
leuprolide acetate injection kit 1 mg/0.2ml	1	PA2
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA2
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA2
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA1
ORGOVYX ORAL TABLET 120 MG	1	PA2
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA1; LA; QL (60 per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA1; LA
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA1
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA2
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA1
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	1	PA1
IMMUNOGLOBULINS		

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	1	PA1
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	1	PA1
GAMMAKED INJECTION SOLUTION 1 GM/10ML	1	PA1
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	1	PA1
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	PA1
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	PA1
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	PA1
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA1
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA2
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA2
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	1	PA1
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	1	PA1
leflunomide oral tablet 10 mg, 20 mg	1	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA2
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA2
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA2

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA2
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA2
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA2
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA2
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA1; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA1; LA; QL (6 per 28 days)
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; LA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	1	PA1
IMMUNOSUPPRESSANTS		
AZASAN ORAL TABLET 100 MG, 75 MG	1	BvsD
azathioprine oral tablet 50 mg	1	BvsD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA1
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA1
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	BvsD
cyclosporine modified oral solution 100 mg/ml	1	BvsD
cyclosporine oral capsule 100 mg, 25 mg	1	BvsD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA2

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA2
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA2
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA2
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA2
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA2
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	BvsD
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	BvsD
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvsD
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvsD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA2
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA2
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA2
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA2
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA2
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA2
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA2
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA1; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine oral tablet 50 mg	1	
methotrexate oral tablet 2.5 mg	1	BvsD
methotrexate sodium (pf) injection solution 50 mg/2ml	1	BvsD
methotrexate sodium injection solution 50 mg/2ml	1	BvsD
mycophenolate mofetil oral capsule 250 mg	1	BvsD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	BvsD
mycophenolate mofetil oral tablet 500 mg	1	BvsD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	BvsD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvsD
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvsD
sirolimus oral solution 1 mg/ml	1	BvsD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	BvsD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	BvsD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	BvsD
ZORTRESS ORAL TABLET 1 MG	1	BvsD
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
bcg vaccine injection injectable	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	1	BvsD

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvsD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvsD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	1	
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENQUADFI INTRAMUSCULAR INJECTABLE	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvsD

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvsD
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvsD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvsD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	1	PA1
YF-VAX SUBCUTANEOUS INJECTABLE	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium oral capsule 750 mg	1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	1	
mesalamine oral capsule delayed release 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
GLUCOCORTICOIDS		
budesonide er oral tablet extended release 24 hour 9 mg	1	ST2
budesonide oral capsule delayed release particles 3 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
UCERIS RECTAL FOAM 2 MG/ACT	1	ST2
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
calcitonin (salmon) nasal solution 200 unit/act	1	BvsD
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	BvsD
calcitriol oral solution 1 mcg/ml	1	BvsD
cinacalcet hcl oral tablet 30 mg, 90 mg	1	BvsD; QL (120 per 30 days)
cinacalcet hcl oral tablet 60 mg	1	BvsD; QL (150 per 30 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	1	PA1
ibandronate sodium oral tablet 150 mg	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA1; LA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	BvsD
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium oral tablet delayed release 35 mg	1	
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	1	PA1
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA1
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA1; QL (1.7 per 28 days)
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine sulfate ophthalmic solution 1 %	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	1	PA1; QL (20 per 28 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA1; QL (60 per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	

Drug Name	Drug Tier	Requirements/Limits
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	1	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	1	
proparacaine hcl ophthalmic solution 0.5 %	1	
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	QL (60 per 30 days)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl ophthalmic solution 0.05 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE OPHTHALMIC SOLUTION 1 %	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
erythromycin ophthalmic ointment 5 mg/gm	1	
gatifloxacin ophthalmic solution 0.5 %	1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
levofloxacin ophthalmic solution 0.5 %	1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	
ofloxacin ophthalmic solution 0.3 %	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	

Drug Name	Drug Tier	Requirements/Limits
tobramycin ophthalmic solution 0.3 %	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
diclofenac sodium ophthalmic solution 0.1 %	1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl ophthalmic solution 0.5 %	1	
carteolol hcl ophthalmic solution 1 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AZOPT OPHTHALMIC SUSPENSION 1 %	1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	1	
dorzolamide hcl ophthalmic solution 2 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	
methazolamide oral tablet 25 mg, 50 mg	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophthalmic solution 0.03 %	1	
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	
travoprost (bak free) ophthalmic solution 0.004 %	1	
OTIC AGENTS		
OTIC AGENTS		
acetic acid otic solution 2 %	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
neomycin-polymyxin-hc otic solution 1 %	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
ofloxacin otic solution 0.3 %	1	
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTIHISTAMINES		
azelastine hcl nasal solution 0.1 %, 0.15 %	1	
cetirizine hcl oral solution 1 mg/ml	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	BvsD

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
ANTILEUKOTRIENES		
montelukast sodium oral packet 4 mg	1	
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
zafirlukast oral tablet 10 mg, 20 mg	1	
BRONCHODILATORS, ANTICHOLINERGIC		
ipratropium bromide inhalation solution 0.02 %	1	BvsD
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	BvsD
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
epinephrine injection solution 0.3 mg/0.3ml	1	QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (2 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	BvsD
levalbuterol tartrate inhalation aerosol 45 mcg/act	1	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA1; LA
KALYDECO ORAL PACKET 25 MG	1	PA1
KALYDECO ORAL PACKET 50 MG, 75 MG	1	PA1; LA
KALYDECO ORAL TABLET 150 MG	1	PA1; LA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	1	PA1; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA1; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	BvsD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA1; LA
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	1	PA1
tobramycin inhalation nebulization solution 300 mg/5ml	1	BvsD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	1	PA1

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	QL (30 per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA1; LA; QL (90 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	1	PA1; QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA1; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA1; LA; QL (30 per 30 days)
sildenafil citrate oral tablet 20 mg	1	PA1; QL (90 per 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	1	PA1
ESBRIET ORAL TABLET 267 MG, 801 MG	1	PA1
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine inhalation solution 10 %, 20 %	1	BvsD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	BvsD
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 55-14 mcg/act	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	BvsD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA1
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA1
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA1
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	1	
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl oral tablet 3 mg, 6 mg	1	QL (30 per 30 days)
estazolam oral tablet 1 mg	1	QL (60 per 30 days)
estazolam oral tablet 2 mg	1	QL (30 per 30 days)
flurazepam hcl oral capsule 15 mg	1	QL (60 per 30 days)
flurazepam hcl oral capsule 30 mg	1	QL (30 per 30 days)
ramelteon oral tablet 8 mg	1	QL (30 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	1	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	1	QL (120 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
WAKEFULNESS PROMOTING AGENTS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA1; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	1	PA1; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA1; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA1; LA; QL (540 per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	1	PA1; QL (540 per 30 days)

Alphabetical Listing

A

abacavir sulfate 52
abacavir sulfate-lamivudine . 52
abacavir-lamivudine-zidovudine 52
ABELCET 28
ABILIFY MAINTENA . 46, 47
ABILIFY MYCITE 47
abiraterone acetate 34
acamprosate calcium 8
acarbose 56
ACCUTANE 76
acebutolol hcl 65
acetaminophen-codeine 6
acetaminophen-codeine #3 6
acetazolamide 117
acetazolamide er 117
acetic acid 92, 118
acetylcysteine 122
acitretin 76
ACTHIB 109
ACTIMMUNE 106
acyclovir 50, 82
acyclovir sodium 50
ADACEL 109
adapalene 76
adefovir dipivoxil 50
ADEMPAS 122
ADVAIR DISKUS 123
ADVAIR HFA 123
AFINITOR 37
AFINITOR DISPERZ 37
albendazole 43
albuterol sulfate 120
albuterol sulfate hfa 120
alclometasone dipropionate . 77
ALECENSA 37
alendronate sodium 112, 113
alfuzosin hcl er 92
ALINIA 43
aliskiren fumarate 67
ALKINDI SPRINKLE 92
allopurinol 31
alosetron hcl 88
ALPHAGAN P 117
alprazolam 55
ALPRAZOLAM INTENSOL 55
ALTAVERA 96
ALUNBRIG 37
alyacen 1/35 96
AMABELZ 96
amantadine hcl 44
AMBISOME 28
ambrisentan 122
amcinonide 77, 78
AMETHIA 96
amikacin sulfate 9
amiloride hcl 71
amiloride-hydrochlorothiazide 68
AMINOSYN-PF 85
amiodarone hcl 65
amitriptyline hcl 26
amlodipine besy-benazepril hcl 68
amlodipine besylate 66
amlodipine besylate-valsartan 68
amlodipine-atorvastatin 68
amlodipine-olmesartan 68
amlodipine-valsartan-hctz 68
ammonium lactate 78
AMNESTEEM 77
amoxapine 26
amoxicill-clarithro-lansopraz 89
amoxicillin 13
amoxicillin-pot clavulanate .. 14
amphetamine-dextroamphetamine 74
amphotericin b 28
ampicillin 14
ampicillin sodium 14
ampicillin-sulbactam sodium 14
anagrelide hcl 62
anastrozole 37
ANORO ELLIPTA 123
APOKYN 44
apraclonidine hcl 117
aprepitant 28
APRI 96
APTIOM 21
APTIVUS 53
ARANELLE 96
ARCALYST 105
ARIKAYCE 9
aripiprazole 47
armodafinil 124
ARNUITY ELLIPTA 119
asenapine maleate 47
ASHLYNA 96
ASMANEX (120 METERED DOSES) 119
ASMANEX (30 METERED DOSES) 119
ASMANEX (60 METERED DOSES) 119
ASMANEX HFA 119
aspirin-dipyridamole er 63
ASSURE ID INSULIN SAFETY SYR 59
atazanavir sulfate 53
atenolol 65
atenolol-chlorthalidone 68
atomoxetine hcl 74
atorvastatin calcium 71
atovaquone 43
atovaquone-proguanil hcl 43
atropine sulfate 114
AUBRA EQ 96
AURYXIA 87
AUSTEDO 74
AVIANE 96
AVITA 77
AVONEX PEN 75
AVONEX PREFILLED 75
AYVAKIT 37
AZASAN 107
AZASITE 115
azathioprine 107
azelastine hcl 115, 118
azithromycin 15, 16
AZOPT 117
aztreonam 10

B

bacitracin 115
bacitracin-polymyxin b 115

bacitra-neomycin-polymyxin-hc ... 114
baclofen ... 49
balsalazide disodium ... 112
BALVERSA ... 37
BALZIVA ... 96
BANZEL ... 21
BAQSIMI TWO PACK ... 59
BARACLUDE ... 50
bcg vaccine ... 109
BELSOMRA ... 124
benazepril hcl ... 64
benazepril-hydrochlorothiazide ... 68
BENLYSTA ... 107
benznidazole ... 43
benzoyl peroxide-erythromycin ... 77
benztropine mesylate ... 44
BESIVANCE ... 16
betamethasone dipropionate 78
betamethasone dipropionate aug ... 78
betamethasone valerate ... 78
BETASERON ... 75
betaxolol hcl ... 66, 117
bethanechol chloride ... 92
bexarotene ... 43
BEXSERO ... 109
bicalutamide ... 34
BICILLIN C-R ... 14
BICILLIN C-R 900/300 ... 14
BICILLIN L-A ... 14
BIDIL ... 68
BIKTARVY ... 50
bimatoprost ... 118
bisoprolol fumarate ... 66
bisoprolol-hydrochlorothiazide ... 68
BLEPHAMIDE ... 114
BLEPHAMIDE S.O.P. ... 114
BLISOVI 24 FE ... 96
BLISOVI FE 1.5/30 ... 96
BOOSTRIX ... 109
bosentan ... 122
BOSULIF ... 37
BRAFTOVI ... 37
BREO ELLIPTA ... 123
BREZTRI AEROSPHERE 123
briellyn ... 96
BRILINTA ... 63
brimonidine tartrate ... 117
BRIVIACT ... 18
bromfenac sodium (once-daily) ... 116
bromocriptine mesylate ... 44
BROMSITE ... 116
BRUKINSA ... 37
budesonide ... 112, 119
budesonide er ... 112
bumetanide ... 70
buprenorphine hcl ... 8
buprenorphine hcl-naloxone hcl ... 8
bupropion hcl ... 23
bupropion hcl er (smoking det) ... 9
bupropion hcl er (sr) ... 23
bupropion hcl er (xl) ... 23
buspirone hcl ... 55
butalbital-apap-caff-cod ... 4
butalbital-apap-caffeine ... 4
butalbital-asa-caff-codeine ... 4
butalbital-aspirin-caffeine ... 4
butorphanol tartrate ... 6
BYSTOLIC ... 66

C

cabergoline ... 103
CABOMETYX ... 37
calcipotriene ... 81
calcitonin (salmon) ... 113
calcitriol ... 81, 113
calcium acetate (phos binder) ... 87
CALQUENCE ... 38
CAMILA ... 102
CAMRESE LO ... 96
candesartan cilexetil ... 64
candesartan cilexetil-hctz ... 68
CAPLYTA ... 47
CAPRELSA ... 38
captopril ... 64
CARBAGLU ... 83
carbamazepine ... 21, 22
carbamazepine er ... 21
carbidopa ... 45
carbidopa-levodopa ... 45
carbidopa-levodopa er ... 45
carbidopa-levodopa-entacapone ... 44
carteolol hcl ... 117
CARTIA XT ... 67
carvedilol ... 66
caspofungin acetate ... 29
CAYSTON ... 121
CAZIANT ... 96
cefaclor ... 12
cefadroxil ... 12
cefazolin sodium ... 12
cefdinir ... 12
cefepime hcl ... 12
cefixime ... 12
cefoxitin sodium ... 12
cefpodoxime proxetil ... 12
cefprozil ... 13
ceftazidime ... 13
ceftriaxone sodium ... 13
cefuroxime axetil ... 13
cefuroxime sodium ... 13
celecoxib ... 4
CELONTIN ... 20
cephalexin ... 13
cetirizine hcl ... 118
cevimeline hcl ... 76
CHANTIX ... 9
CHANTIX CONTINUING MONTH PAK ... 9
CHANTIX STARTING MONTH PAK ... 9
chlordiazepoxide hcl ... 55
chlordiazepoxide-amitriptyline ... 24
chlorhexidine gluconate ... 76
chloroquine phosphate ... 43
chlorpromazine hcl ... 46
chlorthalidone ... 71
chlorzoxazone ... 124
cholestyramine ... 72
cholestyramine light ... 72
ciclopirox ... 82
ciclopirox olamine ... 29
cilostazol ... 63
CIMDUO ... 52
cimetidine ... 89
cimetidine hcl ... 89
cinacalcet hcl ... 113
CINRYZE ... 105
CIPRODEX ... 118
ciprofloxacin hcl ... 16, 118
ciprofloxacin in d5w ... 16

ciprofloxacin-fluocinolone pf 118
citalopram hydrobromide..... 24
CLARAVIS 77
clarithromycin 16
clarithromycin er..... 16
CLENPIQ..... 89
clindamycin hcl..... 10
clindamycin palmitate hcl.... 10
clindamycin phos-benzoyl perox 77
clindamycin phosphate .. 10, 82
clindamycin phosphate in d5w 10
CLINIMIX E/DEXTROSE (2.75/5)..... 85
CLINIMIX E/DEXTROSE (4.25/10)..... 85
CLINIMIX E/DEXTROSE (4.25/5)..... 85
CLINIMIX E/DEXTROSE (5/15)..... 85
CLINIMIX E/DEXTROSE (5/20)..... 85
CLINIMIX/DEXTROSE (4.25/10)..... 86
CLINIMIX/DEXTROSE (4.25/5)..... 86
CLINIMIX/DEXTROSE (5/15)..... 86
CLINIMIX/DEXTROSE (5/20)..... 86
CLINISOL SF..... 86
clobazam 20
clobetasol propionate 78, 79
clobetasol propionate e 78
CLODAN..... 79
clomipramine hcl 26
clonazepam 55
clonidine..... 63
clonidine hcl..... 63
clonidine hcl er..... 74
clopidogrel bisulfate 63
clorazepate dipotassium..... 55
clotrimazole 29
clotrimazole-betamethasone 81
CLOVIQUE..... 85
clozapine 49
COARTEM..... 43
codeine sulfate 6
colchicine 31
colchicine-probenecid..... 31
colesevelam hcl..... 72
colestipol hcl 72
colistimethate sodium (cba) . 10
COMBIGAN..... 117
COMBIVENT RESPIMAT123
COMETRIQ (100 MG DAILY DOSE)..... 38
COMETRIQ (140 MG DAILY DOSE)..... 38
COMETRIQ (60 MG DAILY DOSE)..... 38
COMFORT ASSIST INSULIN SYRINGE 59
COMPLERA..... 51
COMPRO..... 27
CONDYLOX 81
constulose..... 87
COPAXONE..... 75
COPIKTRA..... 38
CORLANOR..... 68
COSENTYX (300 MG DOSE) 105
COSENTYX SENSOREADY (300 MG) 106
COTELLIC 38
CREON 90
cromolyn sodium . 90, 115, 123
CRYSELLE-28 96
cvs gauze sterile 59
CYCLAFEM 1/35..... 97
CYCLAFEM 7/7/7..... 97
cyclobenzaprine hcl 124
cyclophosphamide..... 34
CYCLOSET 56
cyclosporine 107
cyclosporine modified..... 107
cyproheptadine hcl 118, 119
CYRED EQ..... 97
CYSTADANE 90
CYSTADROPS..... 114
CYSTAGON..... 90
CYSTARAN 114

D

dalfampridine er 75
DALIRESP 122
danazol 94
dapsone 33
DAPTACEL..... 110
daptomycin..... 10
darifenacin hydrobromide er 91
DAURISMO 38
DEBLITANE 102
deferasirox..... 85
deferasirox granules 85
deferiprone 85
DELSTRIGO 52
demeclocycline hcl..... 17
DESCOVY 52
desipramine hcl 26
desloratadine 119
desmopressin ace spray refrig 94
desmopressin acetate..... 94
desogestrel-ethinyl estradiol 97
desonide 79
desoximetasone 79
desvenlafaxine er..... 24
desvenlafaxine succinate er.. 24
dexamethasone 93
dexamethasone sod phosphate pf 93
dexamethasone sodium phosphate 93, 116
DEXILANT 90
dexmethylphenidate hcl 74
dextroamphetamine sulfate .. 74
dextrose 86
dextrose-nacl 86
DIACOMIT..... 18
DIASTAT ACUDIAL..... 20
DIASTAT PEDIATRIC..... 20
diazepam 20, 55
diazoxide 59
diclofenac potassium..... 4
diclofenac sodium 4, 116
diclofenac sodium er 4
diclofenac-misoprostol..... 4
dicloxacillin sodium..... 14
dicyclomine hcl 89
DIFICID 16
diflunisal..... 4
DIGITEK 68
DIGOX..... 68, 69
digoxin 69
dihydroergotamine mesylate 31
DILANTIN..... 22
diltiazem hcl..... 67
diltiazem hcl er..... 67

diltiazem hcl er beads 67
diltiazem hcl er coated beads 67
dilt-xr 67
dimethyl fumarate 75
dimethyl fumarate starter pack 76
diphenoxylate-atropine 88
diphtheria-tetanus toxoids dt 110
dipyridamole 63
disopyramide phosphate 65
disulfiram 8
DIURIL 71
divalproex sodium 56
divalproex sodium er 56
DIVIGEL 95
dofetilide 65
DOJOLVI 86
donepezil hcl 23
dorzolamide hcl 117
dorzolamide hcl-timolol mal 117
DOVATO 51
doxazosin mesylate 64
doxepin hcl 26, 124
DOXY 100 17
doxycycline hyclate 17
doxycycline monohydrate ... 17, 18
DRIZALMA SPRINKLE 25
dronabinol 28
drospirenone-ethinyl estradiol 97
DROXIA 35
droxidopa 63
duloxetine hcl 25
DUPIXENT 106
DUREZOL 116
dutasteride 92
dutasteride-tamsulosin hcl ... 92
E
econazole nitrate 29
EDURANT 51
efavirenz 51
efavirenz-emtricitab-tenofovir 52
efavirenz-lamivudine-tenofovir 52
ELESTRIN 95
eletriptan hydrobromide 32
ELIGARD 103
ELIQUIS 61
ELIQUIS DVT/PE STARTER PACK 61
ELMIRON 92
EMCYT 35
EMGALITY 31
EMGALITY (300 MG DOSE) 31
EMOQUETTE 97
EMSAM 24
emtricitabine 52
emtricitabine-tenofovir df 52
EMTRIVA 52
EMVERM 43
enalapril maleate 64
enalapril-hydrochlorothiazide 69
ENBREL 107
ENBREL MINI 107
ENBREL SURECLICK 107
ENDARI 90
ENDOCET 6
ENGERIX-B 110
enoxaparin sodium 61
ENPRESSE-28 97
ENSKYCE 97
ENSPRYNG 107
entacapone 44
entecavir 50
ENTRESTO 69
enulose 87
ENVARSUS XR 107
EPIDIOLEX 18
epinastine hcl 115
epinephrine 120, 121
EPITOL 22
EPIVIR HBV 50
eplerenone 71
ERAXIS 29
ergoloid mesylates 22
ergotamine-caffeine 31
ERIVEDGE 38
ERLEADA 34
erlotinib hcl 38
ERRIN 102
ertapenem sodium 15
ery 82
ERYTHROCIN LACTOBIONATE 16
ERYTHROCIN STEARATE 16
erythromycin 82, 115
erythromycin base 16
erythromycin ethylsuccinate 16
ESBRIET 122
escitalopram oxalate 25
esomeprazole magnesium 90
ESTARYLLA 97
estazolam 124
estradiol 95
estradiol-norethindrone acet . 97
ESTROGEL 95
ethambutol hcl 33
ethosuximide 20
ethynodiol diac-eth estradiol 97
etodolac 4
etodolac er 4
EUCRISA 79
EUTHYROX 103
EVAMIST 95
everolimus 38, 108
EVOTAZ 53
EVRYSDI 75
EXEL COMFORT POINT PEN NEEDLE 59
exemestane 37
ezetimibe 72
ezetimibe-simvastatin 72
F
FALMINA 97
famciclovir 50
famotidine 89
FANAPT 47
FANAPT TITRATION PACK 47
FARYDAK 38
febuxostat 31
felbamate 18
felodipine er 66
FEMYNOR 97
fenofibrate 71
fenofibrate micronized 71
fenofibric acid 71
fentanyl 6
fentanyl citrate 6
FERRIPROX 85
FETZIMA 25
FETZIMA TITRATION 25
FIASP 59

FIASP FLEXTOUCH 59
FIASP PENFILL 59
finasteride 92
FINTEPLA 18
FIRAZYR 105
FIRMAGON 104
FIRMAGON (240 MG DOSE) 103
FIRVANQ 10
flavoxate hcl 91
flecainide acetate 65
FLOVENT DISKUS 119
FLOVENT HFA 119
fluconazole 29
fluconazole in sodium chloride 29
flucytosine 29
fludrocortisone acetate 93
flunisolide 120
fluocinolone acetonide . 79, 118
fluocinolone acetonide scalp 79
fluocinonide 79
fluocinonide emulsified base 79
fluorometholone 116
FLUOROPLEX 81
fluorouracil 81
fluoxetine hcl 25
fluoxetine hcl (pmdd) 25
fluphenazine decanoate 46
fluphenazine hcl 46
flurazepam hcl 124
flurbiprofen 5
flurbiprofen sodium 116
flutamide 34
fluticasone propionate .. 79, 120
fluticasone-salmeterol 123
fluvastatin sodium 72
fluvastatin sodium er 72
fluvoxamine maleate 25
fluvoxamine maleate er 25
fondaparinux sodium 62
FORTEO 113
fosamprenavir calcium 53
fosfomycin tromethamine 10
fosinopril sodium 64
fosinopril sodium-hctz 69
FOTIVDA 38
FRAGMIN 62
furosemide 70
FUZEON 53
FYAVOLV 97
FYCOMPA 18

G

gabapentin 20
galantamine hydrobromide .. 23
galantamine hydrobromide er 23
GAMMAGARD 105
GAMMAGARD S/D LESS IGA 105
GAMMAKED 105
GAMMAPLEX 105
GAMUNEX-C 105
GARDASIL 9 110
gatifloxacin 115
GATTEX 89
GAVILYTE-C 88
GAVILYTE-G 88
GAVILYTE-N WITH FLAVOR PACK 88
GAVRETO 38
gemfibrozil 71
generlac 88
GENGRAF 108
GENTAK 115
gentamicin in saline 9
gentamicin sulfate 9, 115
GENVOYA 51
GILENYA 76
GILOTRIF 38
glatiramer acetate 76
glimepiride 56
glipizide 56
glipizide er 56
glipizide-metformin hcl 56
global alcohol prep ease 81
GLUCAGEN HYPOKIT 59
glucagon emergency 59
glyburide 57
glyburide micronized 57
glyburide-metformin 57
glycopyrrolate 89
GOCOVRI 45
granisetron hcl 28
griseofulvin microsize 29
griseofulvin ultramicrosize .. 29
guanfacine hcl 63
guanfacine hcl er 74
guanidine hcl 33

H

HAILEY 24 FE 97
halobetasol propionate 80
haloperidol 46
haloperidol decanoate 46
haloperidol lactate 46
HAVRIX 110
HEMADY 93
heparin sodium (porcine) 62
HEPATAMINE 86
HIBERIX 110
HUMIRA 108
HUMIRA PEDIATRIC CROHNS START 108
HUMIRA PEN 108
HUMIRA PEN-CD/UC/HS STARTER 108
HUMIRA PEN-PEDIATRIC UC START 108
HUMIRA PEN-PS/UV/ADOL HS START 108
HUMIRA PEN-PSOR/UVEIT STARTER 108
hydralazine hcl 73
hydrochlorothiazide 71
hydrocodone-acetaminophen 6, 7
hydrocodone-ibuprofen 7
hydrocortisone 80, 93, 112
hydrocortisone ace-pramoxine 81
hydrocortisone butyrate 80
hydrocortisone valerate 80
hydrocortisone-acetic acid . 118
hydromorphone hcl 7
hydromorphone hcl pf 6
hydroxychloroquine sulfate .. 43
hydroxyurea 35
hydroxyzine hcl 55
hydroxyzine pamoate 55

I

ibandronate sodium 113
IBRANCE 38, 39
IBU 5
ibuprofen 5
ICLEVIA 97
ICLUSIG 39
IDHIFA 35
ILEVRO 116
imatinib mesylate 39

IMBRUVICA 39
imipenem-cilastatin 15
imipramine hcl 26
imiquimod 81
IMOVAX RABIES 110
IMVEXXY MAINTENANCE PACK 95
IMVEXXY STARTER PACK 95
INCASSIA 102
INCRELEX 94
indapamide 71
indomethacin 5
INFANRIX 110
INLYTA 39
INQOVI 35
INREBIC 39
insulin asp prot & asp flexpen 59
insulin aspart 60
insulin aspart flexpen 59
insulin aspart penfill 59
insulin aspart prot & aspart .. 60
INTELENCE 51
INTRALIPID 86
INTRON A 106, 107
INTROVALE 97
INVEGA SUSTENNA 47
INVEGA TRINZA 47
INVIRASE 54
INVOKAMET 57
INVOKAMET XR 57
INVOKANA 57
IPOL 110
ipratropium bromide 120
ipratropium-albuterol 123
irbesartan 64
irbesartan-hydrochlorothiazide 69
IRESSA 39
ISENTRESS 51
ISENTRESS HD 51
ISIBLOOM 97
ISOLYTE-P IN D5W 86
ISOLYTE-S 83
isoniazid 33
ISOPTO ATROPINE 114
isosorbide dinitrate 73
isosorbide mononitrate 73
isosorbide mononitrate er 73
isotretinoin 77
isradipine 66
ISTURISA 104
itraconazole 29
ivermectin 43
IXIARO 110
J
JAKAFI 39
JANTOVEN 62
JANUMET 57
JANUMET XR 57
JANUVIA 57
JARDIANCE 57
JASMIEL 98
JINTELI 98
JUBLIA 29
JULEBER 98
JULUCA 52
JUNEL 1.5/30 98
JUNEL 1/20 98
JUNEL FE 1.5/30 98
JUNEL FE 1/20 98
JUNEL FE 24 98
JYNARQUE 85
K
KALETRA 54
KALYDECO 121
KARIVA 98
KATERZIA 66
kcl in dextrose-nacl 83
kcl-lactated ringers-d5w 83
KELNOR 1/35 98
KELNOR 1/50 98
KESIMPTA 76
ketoconazole 30
ketoprofen 5
ketoprofen er 5
ketorolac tromethamine . 5, 116
KINRIX 110
KISQALI (200 MG DOSE) . 39
KISQALI (400 MG DOSE) . 39
KISQALI (600 MG DOSE) . 39
KISQALI FEMARA (400 MG DOSE) 35
KISQALI FEMARA (600 MG DOSE) 35
KISQALI FEMARA(200 MG DOSE) 36
KLOR-CON 83
KLOR-CON 10 83
KLOR-CON M10 83
KLOR-CON M15 83
KLOR-CON M20 83
KORLYM 59
KOSELUGO 39
K-TAB 83
KURVELO 98
L
labetalol hcl 66
lactated ringers 83
lactulose 88
lamivudine 50, 52
lamivudine-zidovudine 52
lamotrigine 18, 19
lamotrigine er 18
lamotrigine starter kit-blue ... 19
lamotrigine starter kit-green . 19
lamotrigine starter kit-orange 19
LAMPIT 43
lansoprazole 90
lanthanum carbonate 87
LANTUS 60
LANTUS SOLOSTAR 60
lapatinib ditosylate 39
LARIN 1.5/30 98
LARIN 1/20 98
LARIN FE 1.5/30 98
LARIN FE 1/20 98
LARISSIA 98
latanoprost 118
LATUDA 47
LEENA 98
leflunomide 106
LENVIMA (10 MG DAILY DOSE) 40
LENVIMA (12 MG DAILY DOSE) 40
LENVIMA (14 MG DAILY DOSE) 40
LENVIMA (18 MG DAILY DOSE) 40
LENVIMA (20 MG DAILY DOSE) 40
LENVIMA (24 MG DAILY DOSE) 40
LENVIMA (4 MG DAILY DOSE) 40
LENVIMA (8 MG DAILY DOSE) 40

LESSINA 98
letrozole 37
leucovorin calcium 36
LEUKERAN 34
LEUKINE 62
leuprolide acetate 104
levalbuterol hcl 121
levalbuterol tartrate 121
LEVEMIR 60
LEVEMIR FLEXTOUCH 60
levetiracetam 19
levetiracetam er 19
levobunolol hcl 117
levocarnitine 86
levocetirizine dihydrochloride 119
levofloxacin 17, 115
levofloxacin in d5w 17
LEVONEST 99
levonorgest-eth estrad 91-day 99
levonorgestrel-ethinyl estrad 99
levonorg-eth estrad triphasic 99
LEVORA 0.15/30 (28) 99
LEVO-T 103
levothyroxine sodium 103
LEVOXYL 103
LEXIVA 54
LIALDA 112
lidocaine 8
lidocaine hcl 8
lidocaine hcl (pf) 8
lidocaine viscous hcl 8
lidocaine-prilocaine 8
lindane 82
linezolid 10, 11
LINZESS 88
liothyronine sodium 103
LIPOFEN 71
lisinopril 64
lisinopril-hydrochlorothiazide 69
lithium 56
lithium carbonate 56
lithium carbonate er 56
LITHOSTAT 92
LOKELMA 87
LONSURF 36
loperamide hcl 88
lopinavir-ritonavir 54
lorazepam 56
LORAZEPAM INTENSOL 56
LORBRENA 40
LORYNA 99
losartan potassium 64
losartan potassium-hctz 69
loteprednol etabonate 116
lovastatin 72
LOW-OGESTREL 99
loxapine succinate 46
lubiprostone 88
LUMIGAN 118
LUPKYNIS 108
LUPRON DEPOT (1-MONTH) 104
LUPRON DEPOT (3-MONTH) 104
LUPRON DEPOT (4-MONTH) 104
LUPRON DEPOT (6-MONTH) 104
LUTERA 99
LYLEQ 102
LYNPARZA 36
LYSODREN 34
LYZA 102

M

magnesium sulfate 83
malathion 82
maprotiline hcl 24
marlissa 99
MARPLAN 24
MATULANE 34
MAVYRET 50
MAYZENT 76
MAYZENT STARTER PACK 76
meclizine hcl 27
MEDROL 93
medroxyprogesterone acetate 102
mefloquine hcl 43
megestrol acetate 102
MEKINIST 40
MEKTOVI 40
meloxicam 5
memantine hcl 23
memantine hcl er 22
MENACTRA 110
MENEST 95
MENQUADFI 110
MENVEO 110
mercaptopurine 108
meropenem 15
mesalamine 112
mesalamine er 112
MESNEX 36
metformin hcl 57
metformin hcl er 57
methadone hcl 6
methazolamide 117
methenamine hippurate 11
methimazole 105
methocarbamol 124
methotrexate 108
methotrexate sodium 109
methotrexate sodium (pf) 108
methoxsalen rapid 81
methyldopa 63
methyldopa-hydrochlorothiazide 69
methylphenidate hcl 74
methylphenidate hcl er 74
methylprednisolone 93
methylprednisolone sodium succ 93
methyltestosterone 94
metoclopramide hcl 89
metolazone 71
metoprolol succinate er 66
metoprolol tartrate 66
metoprolol-hydrochlorothiazide 69
metronidazole 11
metronidazole in nacl 11
metyrosine 69
mexiletine hcl 65
micafungin sodium 30
miconazole 3 30
MICROGESTIN 1.5/30 99
MICROGESTIN 1/20 99
MICROGESTIN FE 1.5/30 99
MICROGESTIN FE 1/20 99
midodrine hcl 63
miglitol 57
miglustat 90
MILI 99
MIMVEY 99
minocycline hcl 18
minoxidil 73

mirtazapine 24
misoprostol 89
M-M-R II 110
modafinil 124
moexipril hcl 64
molindone hcl 46
mometasone furoate 80
montelukast sodium 120
morphine sulfate 7
morphine sulfate (concentrate) 7
morphine sulfate er 6
morphine sulfate er beads 6
MOVANTIK 88
MOXEZA 115
moxifloxacin hcl 17, 115
moxifloxacin hcl in nacl 17
MULTAQ 65
mupirocin 83
mupirocin calcium 83
mycophenolate mofetil 109
mycophenolate sodium 109
MYORISAN 77
MYRBETRIQ 91
N
nabumetone 5
nadolol 66
nafcillin sodium 14
naftifine hcl 30
naloxone hcl 8, 9
naltrexone hcl 8
NAMZARIC 23
naproxen 5
naproxen sodium 5
naratriptan hcl 32
NARCAN 9
NATACYN 115
nateglinide 57
NATPARA 113
NAYZILAM 20
NECON 0.5/35 (28) 99
nefazodone hcl 25
neomycin sulfate 9
neomycin-bacitracin zn-polymyx 116
neomycin-polymyxin-dexameth 114
neomycin-polymyxin-gramicidin 114
neomycin-polymyxin-hc ... 114, 118
NEO-POLYCIN 114
NERLYNX 40
NEUPRO 45
nevirapine 51
nevirapine er 51
NEXAVAR 40
niacin er (antihyperlipidemic) 72
NIACOR 72
nicardipine hcl 66
NICOTROL 9
NICOTROL NS 9
nifedipine 67
nifedipine er 67
nifedipine er osmotic release 67
NIKKI 99
nilutamide 34
NINLARO 36
nitazoxanide 43
nitisinone 90
NITRO-BID 73
NITRO-DUR 73
nitrofurantoin 11
nitrofurantoin macrocrystal .. 11
nitrofurantoin monohyd macro 11
nitroglycerin 73
nizatidine 89
NOCDURNA 94
NORA-BE 102
norethindrone 102
norethindrone acetate 102
norethindrone acet-ethinyl est 99
norethindrone-eth estradiol 100
norgestimate-eth estradiol .. 100
norgestim-eth estrad triphasic 100
NORTREL 0.5/35 (28) 100
NORTREL 1/35 (21) 100
NORTREL 1/35 (28) 100
NORTREL 7/7/7 100
nortriptyline hcl 26, 27
NORVIR 54
NOVOLIN 70/30 60
NOVOLIN 70/30 FLEXPEN 60
NOVOLIN N 60
NOVOLIN N FLEXPEN 60
NOVOLIN R 60
NOVOLIN R FLEXPEN 60
NOVOLOG 61
NOVOLOG FLEXPEN 60
NOVOLOG MIX 70/30 61
NOVOLOG MIX 70/30 FLEXPEN 60
NOVOLOG PENFILL 61
NOXAFIL 30
NUBEQA 34
NUCALA 123
NUEDEXTA 75
NUPLAZID 47, 48
NUTRILIPID 86
NYAMYC 30
NYLIA 7/7/7 100
NYMYO 100
nystatin 30
nystatin-triamcinolone 82
NYSTOP 30
O
OCELLA 100
OCTAGAM 105
octreotide acetate 104
ODEFSEY 52
ODOMZO 40
OFEV 122
ofloxacin 17, 116, 118
olanzapine 48
olanzapine-fluoxetine hcl 24
olmesartan medoxomil 64
olmesartan medoxomil-hctz . 69
olmesartan-amlodipine-hctz . 69
olopatadine hcl 115
omega-3-acid ethyl esters 72
omeprazole 90
OMNITROPE 94
ondansetron 28
ondansetron hcl 28
ONUREG 35
OPSUMIT 122
ORAVIG 30
ORFADIN 91
ORGOVYX 104
ORKAMBI 121
orphenadrine citrate er 124
ORSYTHIA 100
oseltamivir phosphate 54
OSPHENA 102

oxacillin sodium 15
oxacillin sodium in dextrose 14
oxandrolone 94
oxaprozin 5
oxazepam 55
oxcarbazepine 22
OXTELLAR XR 22
oxybutynin chloride 91
oxybutynin chloride er 91
oxycodone hcl 7
oxycodone-acetaminophen 7
oxycodone-aspirin 7
oxymorphone hcl 7
OZEMPIC (0.25 OR 0.5 MG/DOSE) 58
OZEMPIC (1 MG/DOSE) ... 58
P
paliperidone er 48
pantoprazole sodium 90
paricalcitol 113
paromomycin sulfate..... 10
paroxetine hcl..... 25
paroxetine hcl er..... 25
PASER 33
PAXIL..... 25
PEDIARIX..... 110
PEDVAX HIB 111
peg 3350-kcl-na bicarb-nacl 88
peg-3350/electrolytes..... 88
PEGASYS..... 107
PEMAZYRE..... 40
penicillamine..... 92
penicillin g pot in dextrose... 15
penicillin g potassium 15
penicillin g sodium..... 15
penicillin v potassium 15
pentamidine isethionate 44
pentoxifylline er..... 69
perindopril erbumine..... 64
PERIOGARD..... 76
permethrin..... 82
perphenazine 46
perphenazine-amitriptyline .. 24
PERSERIS 48
PHENADOZ..... 27
phenelzine sulfate 24
phenobarbital 19
phenoxybenzamine hcl 64
phenytoin 22
phenytoin sodium extended . 22
PICATO 82
PIFELTRO..... 51
pilocarpine hcl..... 76, 117
pimecrolimus..... 80
pimozide..... 46
PIMTREA 100
pindolol 66
pioglitazone hcl..... 58
pioglitazone hcl-glimepiride 58
pioglitazone hcl-metformin hcl 58
piperacillin sod-tazobactam so 15
PIQRAY (200 MG DAILY DOSE)..... 41
PIQRAY (250 MG DAILY DOSE)..... 41
PIQRAY (300 MG DAILY DOSE)..... 41
PIRMELLA 1/35 100
piroxicam 5
PLASMA-LYTE 148..... 84
PLASMA-LYTE A..... 84
PLENAMINE 86
podofilox 82
polymyxin b-trimethoprim. 114
POMALYST 34
PORTIA-28..... 100
posaconazole 30
potassium chloride 84
potassium chloride crys er ... 84
potassium chloride er 84
potassium chloride in dextrose 84
potassium chloride in nacl ... 84
potassium citrate er 84
pramipexole dihydrochloride45
prasugrel hcl..... 63
pravastatin sodium 72
prazosin hcl 64
PRED-G 114
PRED-G S.O.P. 114
prednicarbate..... 80
prednisolone..... 93
prednisolone acetate..... 116
prednisolone sodium phosphate 93, 116
prednisone..... 93, 94
PREDNISONE INTENSOL 93
preferred plus insulin syringe 61
pregabalin..... 75
PREMARIN 95, 96
PREMASOL 86
PREMPHASE 100
PREMPRO 100
prenatal..... 86
PREVALITE..... 72
PREVIFEM..... 100
PREZCOBIX 54
PREZISTA 54
PRIFTIN..... 33
primaquine phosphate 44
primidone 19
PRIVIGEN 105
PROAIR HFA 121
PROAIR RESPICLICK 121
probenecid..... 31
PROCALAMINE..... 87
prochlorperazine..... 27
prochlorperazine maleate 27
PROCTOFOAM HC..... 82
PROCTO-MED HC 80
PROCTO-PAK..... 80
PROCTOSOL HC..... 80
PROCTOZONE-HC 80
progesterone 102
PROGRAF 109
PROLASTIN-C..... 91
PROLIA 113
PROMACTA 62
promethazine hcl 27
promethazine-phenylephrine 119
PROMETHEGAN 27
propafenone hcl..... 65
propafenone hcl er..... 65
proparacaine hcl 114
propranolol hcl 32, 66
propranolol hcl er 31, 66
propranolol-hctz 69
propylthiouracil..... 105
PROQUAD 111
PROSOL 87
protriptyline hcl..... 27
PULMOZYME 121
PURIXAN..... 35
pyrazinamide..... 33
pyridostigmine bromide 33

Q
QINLOCK 41
QUADRACEL 111
QUDEXY XR 32
quetiapine fumarate 48
quetiapine fumarate er 48
quinapril hcl 65
quinapril-hydrochlorothiazide 70
quinidine sulfate 65
quinine sulfate 44
R
RABAVERT 111
raloxifene hcl 103
ramelteon 124
ramipril 65
ranolazine er 70
rasagiline mesylate 45
RAVICTI 91
RECLIPSEN 100
RECOMBIVAX HB 111
RECTIV 73
REGRANEX 82
RELENZA DISKHALER 54
RELI-ON INSULIN SYRINGE 61
repaglinide 58
REPATHA 73
REPATHA PUSHTRONEX SYSTEM 73
REPATHA SURECLICK 73
RESTASIS 115
RETACRIT 62
RETEVMO 41
REVLIMID 35
REXULTI 48
REYATAZ 54
RHOPRESSA 118
ribavirin 50
rifabutin 33
rifampin 33
riluzole 75
rimantadine hcl 54
RINVOQ 106
risedronate sodium 113
RISPERDAL CONSTA 48
risperidone 48
ritonavir 54
rivastigmine 23
rivastigmine tartrate 23
rizatriptan benzoate 32
ropinirole hcl 45
ropinirole hcl er 45
rosuvastatin calcium 72
ROTARIX 111
ROTATEQ 111
ROZLYTREK 41
RUBRACA 41
rufinamide 22
RUKOBIA 53
RYBELSUS 58
RYDAPT 41
RYTARY 45
S
SANDIMMUNE 109
SANTYL 82
sapropterin dihydrochloride 91
SAVELLA 75
SAVELLA TITRATION PACK 75
scopolamine 27
SECUADO 48
selegiline hcl 45
selenium sulfide 81
SELZENTRY 53
SEREVENT DISKUS 121
sertraline hcl 26
SETLAKIN 101
sevelamer carbonate 87
SHAROBEL 102
SHINGRIX 111
SIGNIFOR 104
sildenafil citrate 122
silodosin 92
silver sulfadiazine 82
SIMBRINZA 117
simvastatin 72
sirolimus 109
SIRTURO 33
SKYRIZI (150 MG DOSE) 106
sodium chloride 84
sodium fluoride 84
sodium polystyrene sulfonate 87
sofosbuvir-velpatasvir 50
solifenacin succinate 92
SOLIQUA 61
SOLTAMOX 35
SOMAVERT 104
SORINE 65
sotalol hcl 65
sotalol hcl (af) 65
SPIRIVA HANDIHALER 120
SPIRIVA RESPIMAT 120
spironolactone 71
spironolactone-hctz 70
SPRINTEC 28 101
SPRITAM 19
SPRYCEL 41
SPS 87
SRONYX 101
SSD 82
STELARA 106
STIVARGA 41
streptomycin sulfate 10
STRIBILD 51
SUBOXONE 8
sucralfate 90
sulfacetamide sodium 116
sulfacetamide sodium (acne) 17
sulfacetamide-prednisolone 115
sulfadiazine 17
sulfamethoxazole-trimethoprim 17
SULFAMYLON 83
sulfasalazine 112
sulindac 5
sumatriptan 32
sumatriptan succinate 32
sumatriptan succinate refill 32
SUNOSI 125
SUPREP BOWEL PREP KIT 84
SUTAB 88
SUTENT 41
SYEDA 101
SYMDEKO 121
SYMLINPEN 120 58
SYMLINPEN 60 58
SYMPAZAN 21
SYMTUZA 51
SYNAREL 104
SYNJARDY 58
SYNJARDY XR 58
SYNRIBO 36
SYNTHROID 103
T
TABLOID 35
TABRECTA 41
tacrolimus 81, 109

TAFINLAR 41
TAGRISSO 41
TALZENNA 41
tamoxifen citrate 35
tamsulosin hcl 92
TARGRETIN 43
TARINA 24 FE 101
TARINA FE 1/20 EQ 101
TASIGNA 41
TAVALISSE 63
tazarotene 77
TAZORAC 77
TAZTIA XT 67
TAZVERIK 42
TDVAX 111
TEFLARO 13
TEGSEDI 91
TEKTURNA HCT 70
telmisartan 64
telmisartan-amlodipine 70
telmisartan-hctz 70
temazepam 124
TEMIXYS 53
TENIVAC 111
tenofovir disoproxil fumarate 53
TEPMETKO 42
terazosin hcl 64
terbinafine hcl 30
terbutaline sulfate 121
terconazole 30
teriparatide (recombinant) .. 113
testosterone 95
testosterone cypionate 94
testosterone enanthate 94
tetrabenazine 75
tetracycline hcl 18
THALOMID 35
theophylline 122
theophylline er 122
thioridazine hcl 46
thiothixene 46
TIADYLT ER 67
tiagabine hcl 21
TIBSOVO 42
tigecycline 11
TIGLUTIK 75
timolol maleate 66, 117
tinidazole 11
TIVICAY 51
TIVICAY PD 51
tizanidine hcl 49
tobramycin 116, 122
tobramycin sulfate 10
tobramycin-dexamethasone 115
tolmetin sodium 5
tolterodine tartrate 92
tolterodine tartrate er 92
tolvaptan 85
topiramate 32
topiramate er 32
toremifene citrate 35
torsemide 71
TOUJEO MAX SOLOSTAR 61
TOUJEO SOLOSTAR 61
TPN ELECTROLYTES 87
tramadol hcl 7
tramadol-acetaminophen 7
trandolapril 65
trandolapril-verapamil hcl er 70
tranexamic acid 63
TRANSDERM SCOP (1.5 MG) 27
TRANSDERM-SCOP (1.5 MG) 27
tranylcypromine sulfate 24
TRAVASOL 87
travoprost (bak free) 118
trazodone hcl 26
TRECATOR 33
TRELEGY ELLIPTA 123
TRELSTAR MIXJECT 104
TRESIBA 61
TRESIBA FLEXTOUCH 61
tretinoin 43, 77
TREXALL 109
triamcinolone acetonide . 76, 81
triamterene-hctz 70
triazolam 55
trientine hcl 85
TRI-ESTARYLLA 101
trifluoperazine hcl 46
trifluridine 50
trihexyphenidyl hcl 44
TRIKAFTA 122
TRILYTE 88
trimethobenzamide hcl 28
trimethoprim 11
TRI-MILI 101
trimipramine maleate 27
TRINTELLIX 26
TRI-NYMYO 101
TRI-PREVIFEM 101
TRI-SPRINTEC 101
TRIUMEQ 53
TRIVORA (28) 101
TRI-VYLIBRA 101
TROKENDI XR 32
TROPHAMINE 87
trospium chloride 92
trospium chloride er 92
TRULICITY 58
TRUMENBA 111
TUKYSA 42
TURALIO 42
TWINRIX 111
TYBOST 53
TYMLOS 113
TYPHIM VI 111
U
UCERIS 112
UKONIQ 42
UNITHROID 103
ursodiol 89
V
valacyclovir hcl 50
VALCHLOR 34
valganciclovir hcl 49
valproic acid 19
valsartan 64
valsartan-hydrochlorothiazide 70
VALTOCO 10 MG DOSE ... 21
VALTOCO 15 MG DOSE ... 21
VALTOCO 20 MG DOSE ... 21
VALTOCO 5 MG DOSE 21
vancomycin hcl 12
vancomycin hcl in dextrose .. 11
vancomycin hcl in nacl 11
VANDAZOLE 12
VAQTA 111
VARIVAX 111
VARIZIG 112
VARUBI (180 MG DOSE) .. 28
VASCEPA 73
VELIVET 101
VELPHORO 87
VEMLIDY 50
VENCLEXTA 42

VENCLEXTA STARTING PACK 42
venlafaxine hcl 26
venlafaxine hcl er 26
verapamil hcl 67
verapamil hcl er 67
VERQUVO 70
VERSACLOZ 49
VERZENIO 42
VESTURA 101
VICTOZA 58
VIENVA 101
vigabatrin 21
VIGADRONE 21
VIIBRYD 26
VIIBRYD STARTER PACK 26
VIMPAT 22
VIRACEPT 54
VIREAD 53
VITRAKVI 42
VIVITROL 8
VIZIMPRO 42
voriconazole 31
VOSEVI 50
VOTRIENT 42
VRAYLAR 48, 49
VYFEMLA 101
VYLIBRA 101
W
warfarin sodium 62
X
XALKORI 42
XARELTO 62
XARELTO STARTER PACK 62
XATMEP 36
XCOPRI 20
XCOPRI (250 MG DAILY DOSE) 19
XCOPRI (350 MG DAILY DOSE) 20
XELJANZ 106
XELJANZ XR 106
XGEVA 113
XIFAXAN 12
XOFLUZA (40 MG DOSE) 54
XOFLUZA (80 MG DOSE) 55
XOLAIR 106
XOSPATA 42
XPOVIO (100 MG ONCE WEEKLY) 36
XPOVIO (40 MG ONCE WEEKLY) 36
XPOVIO (40 MG TWICE WEEKLY) 36
XPOVIO (60 MG ONCE WEEKLY) 36
XPOVIO (60 MG TWICE WEEKLY) 36
XPOVIO (80 MG ONCE WEEKLY) 36
XPOVIO (80 MG TWICE WEEKLY) 36
XTANDI 34
XULTOPHY 58
XYREM 125
XYWAV 125
Y
YF-VAX 112
YONSA 34
YUVAFEM 96
Z
zafirlukast 120
zaleplon 124
ZARAH 101
ZARXIO 63
ZEJULA 42
ZELBORAF 42
ZEMDRI 10
ZENATANE 77
ZENPEP 91
ZERBAXA 13
zidovudine 53
ZIEXTENZO 63
ziprasidone hcl 49
ziprasidone mesylate 49
ZIRGAN 49
ZOLINZA 36
zolmitriptan 33
zolpidem tartrate 124
zonisamide 20
ZORTRESS 109
ZOSYN 15
ZOVIA 1/35E (28) 102
ZYDELIG 42
ZYKADIA 43
ZYPREXA RELPREVV 49

This formulary was updated on 08/01/2021. For more recent information or other questions, please contact Signature Advantage (HMO ISNP) Member Services, at 844-214-8633 or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30 or visit **www.signatureadvantageplan.com**.