Priority Partners (690)

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INTRODUCTION

Priority Partners is pleased to provide the 2024 Priority Partners MCO Formulary. The Priority Partners Formulary is a guide for health care providers and plan members. The formulary is updated on a regular basis, including when a new generic or brand-name medication becomes available, and as discontinued drugs are removed from the marketplace. **The Priority Partners Formulary is a closed formulary and only those drugs listed in this formulary are covered.**

The drugs selected for this formulary have been reviewed and approved by the Priority Partners Pharmacy and Therapeutics (P&T) Committee. Formulary drugs are clinically appropriate and cost-effective for patients who have their drug benefit administered through Priority Partners. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the process, which is explained in the **NON-FORMULARY EXCEPTION REQUESTS** section of this document.

Please visit our website at www.hopkinsmedicine.org/johns-hopkins-health-plans for additional information regarding the Priority Partners MCO Formulary.

NONDISCRIMINATION STATEMENT

Notice of Nondiscrimination

It is the policy of Priority Partners MCO not to discriminate on the basis of race, color, national origin, sex, age or disability. Priority Partners MCO has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the Johns Hopkins Health Plans Compliance Grievance Coordinator, Johns Hopkins Health Plans Corporate Compliance Department at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957, fax: 1-410-762-1527, and email: compliance@jhhp.org, who has been designated to coordinate the efforts of Priority Partners MCO to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Priority Partners MCO to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Priority Partners MCO relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the President of Johns Hopkins HealthCare within 15 days of receiving the Section 1557 Coordinator's decision. The President of Johns Hopkins Health Plans shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights.

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A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 2020 I, 1-800-368-1019/TDD: 1-800-537-7697.

Complaint forms are available at: https://www.hhs.gov/ocr/complaints/index.html. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Priority Partners MCO will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited I to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Language Accessibility Statement

Interpreter Services Are Available for Free

English
ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-654-9728 (TTY: 1-800-201-7165).

አማርኛ (Amharic)
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-654-9728 (መስማት ለተሳናቸው: 1-800-201-7165).

العربية **(Arabic)**
ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك مجانًا. اتصل برقم 1-800-654-9728 (رقم هاتف الصم والبكم:1-800-201-7165).

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-654-9728（TTY：1-800-201-7165）。

فارسی **Persian (Farsi)**
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-654-9728 (TTY: 1-800-201-7165) تماس بگیرید.

Tagalog (Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-654-9728 (TTY: 1-800-201-7165).

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-654-9728 (ATS : 1-800-201-7165).

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ગુજરાતી **(Gujarati)**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-654-9728 (TTY: 1-800-201-7165).

Kreyòl Ayisyen (Haitain Creole)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-654-9728 (TTY: 1-800-201-7165).

Igbo asusu (Ibo)
IGE NTI: Ọ bụrụ na ị na-asụ Igbo, ọrụ enyemaka asụsụ dịrị gị, n'efu. Kpọọ 1-800-654-9728 (TTY: 1-800-201-7165).

한국어 **(Korean)**
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-654-9728 (TTY: 1-800-201-7165)번으로 전화해 주십시오.

Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ (Kru/Bassa)
Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poò ɓɛ́ìn m̀ gbo kpáa. Ɖá 1-800-654-9728 (TTY: 1-800-201-7165).

Português (Portuguese)
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-654-9728 (TTY: 1-800-201-7165).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-654-9728 (телетайп: 1-800-201-7165).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-654-9728 (TTY: 1-800-201-7165).

اُردُو **(Urdu)**
توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-800-654-9728 (TTY: 1-800-201-7165).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-654-9728 (TTY: 1-800-201-7165).

èdè Yorùbá (Yoruba)
AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-654-9728 (TTY: 1-800-201-7165).

Rev. 5/17/22

PREFACE

The Priority Partners MCO Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are covered.

This formulary covers selected over-the-counter (OTC) products upon prescription. You are encouraged to recommend OTC products when clinically appropriate.

The Priority Partners formulary is available online through Formulary Navigator.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The Priority Partners P&T Committee is comprised of faculty physicians from the Johns Hopkins School of Medicine and other Priority Partners practicing physicians from a variety of medical specialties. Additional members of the Committee include Clinical Pharmacists and Allied Health Professionals. The actions of the Priority Partners P&T Committee are communicated to Priority Partners network physicians in the Provider Pulse *Newsletter* which is distributed via electronic mail and available on provider website at www.hopkinsmedicine.org/johns-hopkins-health-plans.

PRODUCT SELECTION CRITERIA

The Priority Partners P&T Committee considers all new-to-market drugs for inclusion to the formulary. The evaluation includes a literature review and expert external opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed in an effort to continually provide the most clinically useful and cost-effective agents.

All the information in the Priority Partners MCO Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

NON-FORMULARY EXCEPTION REQUESTS

A medical exception must be requested for drug products not listed in the Priority Partners MCO Formulary. To request a Non-Formulary Exception Request form, call 1-800-654-9728, or download a copy from the Priority Partners website at www.hopkinsmedicine.org/johns-hopkins-health-plans. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than the prescribed brand-name product. Products designated in the formulary drug list by *lowercase italic* type have generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market.

The U.S. Food and Drug Administration's (FDA) generic drug review and approval process assures the following requirements have been met:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class,

when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a "B" rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group. Also, state laws or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent.

MARYLAND PREFERRED DRUG LIST

Maryland Department of Health (MDH) is responsible for formulary management of most drugs used for behavioral health purposes which are covered under the Medicaid Mental Health Formulary as well as Substance Use Disorder Medications. Drugs in these classes are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance. Some drugs are subject to the prior authorization requirements of the Preferred Drug List (PDL) and clinical criteria. Please refer to the Maryland Preferred Drug List for a complete listing of covered drugs.

Maryland Medicaid Mental Health Formulary

Drugs from the American Hospital Formulary Service (AHFS) therapeutic classes listed below are included in the Maryland Medicaid Mental Health Formulary.

Central Alpha-Agonist (AHFS Class No. 240816)

Anticonvulsants, Benzodiazepines (AHFS Class No. 281208)

Anticonvulsants, Miscellaneous (AHFS Class No. 281292)

Antidepressants (AHFS Class No. 281604)

Antipsychotic Agents (AHFS Class No. 281608)

Amphetamines (AHFS Class No. 282004)

Respiratory and Cerebral Stimulants (AHFS Class No. 282032)

Wakefulness-Promoting Agents (AHFS Class No. 282080)

Benzodiazepines, Anxiolytics, Sedatives and Hypnotics (AHFS Class No. 282408)

Anxiolytics, Sedatives and Hypnotics, Miscellaneous (AHFS Class No. 282492)

Antimanic Agents (AHFS Class No. 282800)

Anticholinergic Agents (AHFS Class No. 283608)

MAO Inhibitors (AHFS Class No. 283632)

Central Nervous System Agents, Miscellaneous (AHFS Class No. 289200)

Substance Use Disorder Medications

Click on the link above for more information.

OVER-THE-COUNTER DRUG COVERAGE

In addition to prescription benefits, all over-the-counter (OTC) medications on this list, up to a maximum 30-day supply, are covered by Priority Partners with a written or verbal prescription from a network provider. A prescription is not required for coverage of condoms, Plan B, or generic Plan B. OTC products covered are restricted to generics when available. If both prescription and OTC products are available, you are encouraged to prescribe OTC products when clinically appropriate.

An Abbott blood glucose meter may be provided at no charge by the manufacturer. For more information on how to obtain a blood glucose meter, call: 1-866-224-8892 or log in to www.choosefreestyle.com.

PRIOR AUTHORIZATION

Certain medications require prior authorization (PA) before coverage is approved, to assure medical necessity, clinical appropriateness and/or cost effectiveness. Coverage of these drugs is subject to specific criteria approved by the Priority Partners P&T Committee. Established criteria are based upon medical literature, physician expert opinion, and FDA-approved labeling information.

To request a Prior authorization form, call 1-800-654-9728, or download a copy from the Priority Partners website at www.hopkinsmedicine.org/johns-hopkins-health-plans. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

QUANTITY LIMITS

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the Food

and Drug Administration (FDA), current medical literature and input from a committee of physicians and pharmacists. The Priority Partners Pharmacy and Therapeutics Committee may place a limit on the quantity of drug a plan participant may receive based upon cost and/or clinical reasons. The most up-to-date listing of quantity limits is available on the website www.hopkinsmedicine.org/johns-hopkins-health-plans.

STEP THERAPY

For some plan members who receive the pharmacy benefit, certain covered medications are required to satisfy specific step therapy criteria. Step therapy criteria simply means that for certain drug products, members must first have tried one or more prerequisite medications to treat their condition before other medications are covered through their benefit.

The following drugs and generic versions, if available, require step therapy. This list is subject to change and may not be all-inclusive.

DRUG	STEP THERAPY REQUIREMENT
aliskiren fumarate (generic of TEKTURNA)	Two antihypertensives required first
ANORO ELLIPTA	INCRUSE ELLIPTA required first
febuxostat (generic of ULORIC)	*allopurinol* required first
mesalamine tab delayed-release 1.2 gm (generic of LIALDA)	Other INFLAMMATORY BOWEL AGENT drug required first
pimecrolimus cream (generic of ELIDEL)	Topical steroid required first
SEGLUROMET	*metformin* or *metformin* combinations required first
SEREVENT DISKUS	Inhaled steroid required first
STEGLATRO	*metformin* or *metformin* combinations required first
STEGLUJAN	*metformin* or *metformin* combinations required first
tacrolimus ointment (generic of PROTOPIC)	Topical steroid required first
XADAGO	*carbidopa-levodopa* required first

SPECIALTY PHARMACY

Most of the injectable products listed in this formulary for Priority Partners plan participants are available through CVS Specialty™. Prior Authorization is

required for most injectables. To request a Prior authorization form, call 1-800-654-9728, or download a copy from the Priority Partners website at www.hopkinsmedicine.org/johns-hopkins-health-plans. Fax the completed form to the Priority Partners Pharmacy Department at 1-410-424-4607.

In addition, CVS Specialty includes delivery services to the location of the plan participant's or the physician's choice. Other services include electronic claims processing and claims assistance designed to alleviate the administrative duties of physicians' offices. If a plan participant is unable to receive delivery of medication, specialty medication may be obtained from a retail pharmacy. Plan participants may contact Priority Partners to request obtaining specialty drugs from a retail pharmacy.

EDITOR

Your comments and suggestions regarding the Priority Partners Formulary are encouraged. Your input is vital to this formulary's continued success. Network providers may request Formulary changes by completing a Formulary Change Request Form. All responses will be reviewed and considered. Please send your comments or completed form to:

Chairperson
Pharmacy and Therapeutics Committee
Priority Partners MCO
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Phone: 1-800-654-9728
Fax: 1-410-424-4607

LEGEND

Tier / Abbreviation:	Definition:
Tier 1	Generic products
Tier 2	Brand-name products
$0 copay	Zero Dollar Copay
AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty
ST	Step Therapy

NOTICE

The information contained in this Priority Partners Formulary and its appendices is provided by Priority Partners solely for the convenience of medical providers. Priority Partners does not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. The Priority Partners Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Priority Partners assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Priority Partners.

Effective 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
clonidine hcl tab er 12hr 0.1 mg	1	AGE; Covered under Fee-for-Service for age 6-17
guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)	1	AGE; Covered under Fee-for-Service for age 6-17
guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)	1	AGE; Covered under Fee-for-Service for age 6-17
guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)	1	AGE; Covered under Fee-for-Service for age 6-17
guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)	1	AGE; Covered under Fee-for-Service for age 6-17
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ORALAIR SUB 300 IR	2	PA
PALFORZIA CAP ESCALAT	2	PA
PALFORZIA CAP LEVEL 1	2	PA
PALFORZIA CAP LEVEL 2	2	PA
PALFORZIA CAP LEVEL 3	2	PA
PALFORZIA CAP LEVEL 4	2	PA
PALFORZIA CAP LEVEL 5	2	PA
PALFORZIA CAP LEVEL 6	2	PA
PALFORZIA CAP LEVEL 7	2	PA
PALFORZIA CAP LEVEL 8	2	PA
PALFORZIA CAP LEVEL 9	2	PA
PALFORZIA CAP LEVEL 10	2	PA
PALFORZIA POW LEVEL 11	2	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate tab 500 mg	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	2	SP, PA
ADALIMU-FKJP KIT 20/0.4ML	2	SP, PA
ADALIMU-FKJP KIT 40/0.8ML	2	SP, PA
HADLIMA INJ 40/0.4ML	2	SP, PA
HADLIMA INJ 40/0.8ML	2	SP, PA
HADLIMA PUSH INJ 40/0.4ML	2	SP, PA
HADLIMA PUSH INJ 40/0.8ML	2	SP, PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ SOL 1MG/ML	2	SP, PA
XELJANZ TAB 5MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG	2	SP, PA
XELJANZ XR TAB 11MG	2	SP, PA
XELJANZ XR TAB 22MG	2	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	SP, PA
KEVZARA INJ 200/1.14	2	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
cataflam tab 50mg	1	
celecoxib cap 50 mg (generic of CELEBREX)	1	
celecoxib cap 100 mg (generic of CELEBREX)	1	
celecoxib cap 200 mg (generic of CELEBREX)	1	
celecoxib cap 400 mg (generic of CELEBREX)	1	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
ec-naproxen tab 375mg (generic of EC-NAPROSYN)	1	
ec-naproxen tab 500mg (generic of EC-NAPROSYN)	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg (generic of LODINE)	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 600 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen chew tab 100 mg	1	OTC
ibuprofen susp 40 mg/ml	1	OTC
ibuprofen susp 100 mg/5ml	1	
ibuprofen susp 100 mg/5ml	1	OTC
ibuprofen tab 100 mg	1	OTC
ibuprofen tab 200 mg	1	OTC
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
indomethacin susp 25 mg/5ml (generic of INDOCIN)	1	
ketorolac tromethamine tab 10 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg (generic of ANAPROX DS)	1	
naproxen susp 125 mg/5ml (generic of NAPROSYN)	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg (generic of NAPROSYN)	1	
naproxen tab ec 375 mg (generic of EC-NAPROSYN)	1	
naproxen tab ec 500 mg (generic of EC-NAPROSYN)	1	
oxaprozin tab 600 mg (generic of DAYPRO)	1	
relafen tab 500mg	1	
relafen tab 750mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg (generic of ARAVA)	1	
leflunomide tab 20 mg (generic of ARAVA)	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	SP, PA
ENBREL INJ 25MG	2	SP, PA
ENBREL INJ 50MG/ML	2	SP, PA
ENBREL MINI INJ 50MG/ML	2	SP, PA
ENBREL SRCLK INJ 50MG/ML	2	SP, PA
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab (generic of ESGIC)	1	QL (240 tabs every 30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)	1	QL (240 caps every 30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (240 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)	1	QL (240 tabs every 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
esgic cap	1	QL (240 caps every 30 days)
zebutal cap	1	QL (240 caps every 30 days)
ANALGESICS OTHER		
acetaminophen cap 500 mg	1	OTC
acetaminophen chew tab 80 mg	1	OTC
acetaminophen chew tab 160 mg	1	OTC
acetaminophen elixir 160 mg/5ml	1	OTC
acetaminophen liquid 160 mg/5ml	1	OTC
acetaminophen soln 160 mg/5ml	1	OTC
acetaminophen suppos 120 mg	1	OTC
acetaminophen suppos 650 mg	1	OTC
acetaminophen susp 160 mg/5ml	1	OTC
acetaminophen tab 325 mg	1	OTC
acetaminophen tab 500 mg	1	OTC
SALICYLATES		
aspirin chew tab 81 mg	1	OTC
aspirin tab 325 mg	1	OTC
aspirin tab 500 mg	1	OTC
aspirin tab delayed release 81 mg	1	OTC
aspirin tab delayed release 325 mg	1	OTC
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab 30 mg	1	QL (180 tabs every 30 days)
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches every 30 days)

Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches every 30 days)
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches every 30 days)
HYDROMORPHON SUP 3MG	2	
hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)	1	
hydromorphone hcl tab 2 mg (generic of DILAUDID)	1	QL (180 tabs every 30 days)
hydromorphone hcl tab 4 mg (generic of DILAUDID)	1	QL (180 tabs every 30 days)
hydromorphone hcl tab 8 mg (generic of DILAUDID)	1	QL (180 tabs every 30 days)
hydromorphone hcl tab er 24hr 8 mg	1	PA
hydromorphone hcl tab er 24hr 12 mg	1	PA
hydromorphone hcl tab er 24hr 16 mg	1	PA
hydromorphone hcl tab er 24hr 32 mg	1	PA
methadone hcl conc 10 mg/ml (generic of METHADOSE)	1	
methadone hcl soln 5 mg/5ml	1	
methadone hcl soln 10 mg/5ml	1	
methadone hcl tab 5 mg	1	PA
methadone hcl tab 10 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	QL (1350 mL every 30 days)
morphine sulfate oral soln 20 mg/5ml	1	QL (675 mL every 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	QL (135 mL every 30 days)
morphine sulfate suppos 5 mg	1	QL (180 supp every 30 days)
morphine sulfate suppos 10 mg	1	QL (180 supp every 30 days)
morphine sulfate suppos 20 mg	1	QL (180 supp every 30 days)
morphine sulfate suppos 30 mg	1	QL (180 supp every 30 days)
morphine sulfate tab 15 mg	1	QL (180 tabs every 30 days)
morphine sulfate tab 30 mg	1	QL (180 tabs every 30 days)
morphine sulfate tab er 15 mg (generic of MS CONTIN)	1	PA
morphine sulfate tab er 30 mg (generic of MS CONTIN)	1	PA

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 60 mg (generic of MS CONTIN)	1	PA
morphine sulfate tab er 100 mg (generic of MS CONTIN)	1	PA
morphine sulfate tab er 200 mg (generic of MS CONTIN)	1	PA
oxycodone hcl cap 5 mg	1	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	QL (90 mL every 30 days)
oxycodone hcl soln 5 mg/5ml	1	QL (1800 mL every 30 days)
oxycodone hcl tab 5 mg	1	QL (180 tabs every 30 days)
oxycodone hcl tab 10 mg	1	QL (180 tabs every 30 days)
oxycodone hcl tab 15 mg (generic of ROXICODONE)	1	QL (180 tabs every 30 days)
oxycodone hcl tab 20 mg	1	QL (180 tabs every 30 days)
oxycodone hcl tab 30 mg (generic of ROXICODONE)	1	QL (180 tabs every 30 days)
oxymorphone hcl tab er 12hr 5 mg	1	PA
oxymorphone hcl tab er 12hr 7.5 mg	1	PA
oxymorphone hcl tab er 12hr 10 mg	1	PA
oxymorphone hcl tab er 12hr 15 mg	1	PA
oxymorphone hcl tab er 12hr 20 mg	1	PA
oxymorphone hcl tab er 12hr 30 mg	1	PA
oxymorphone hcl tab er 12hr 40 mg	1	PA
tramadol hcl tab 50 mg	1	QL (180 tabs every 30 days)
tramadol hcl tab er 24hr 100 mg	1	
tramadol hcl tab er 24hr 200 mg	1	
tramadol hcl tab er 24hr 300 mg	1	
tramadol hcl tab er 24hr biphasic release 100 mg	1	
tramadol hcl tab er 24hr biphasic release 200 mg	1	
tramadol hcl tab er 24hr biphasic release 300 mg	1	
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (1000 mL every 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-30 mg	1	QL (180 tabs every 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs every 30 days)
ascomp/cod cap 30mg	1	QL (180 caps every 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)	1	QL (180 caps every 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL (180 caps every 30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL (180 caps every 30 days)
endocet tab 2.5-325 (generic of PERCOCET)	1	QL (180 tabs every 30 days)
endocet tab 5-325mg (generic of PERCOCET)	1	QL (180 tabs every 30 days)
endocet tab 7.5-325 (generic of PERCOCET)	1	QL (180 tabs every 30 days)
endocet tab 10-325mg (generic of PERCOCET)	1	QL (180 tabs every 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2750 mL every 30 days)
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)	1	QL (180 tabs every 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (180 tabs every 30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL (180 tabs every 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs every 30 days)
hydrocodone-acetaminophen tab 10-300 mg	1	QL (180 tabs every 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs every 30 days)
hydrocodone-ibuprofen tab 5-200 mg	1	QL (180 tabs every 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (180 tabs every 30 days)
hydrocodone-ibuprofen tab 10-200 mg	1	QL (180 tabs every 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)	1	QL (180 tabs every 30 days)
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)	1	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)	1	QL (180 tabs every 30 days)
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)	1	QL (180 tabs every 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (180 tabs every 30 days)
OPIOID PARTIAL AGONISTS		
butorphanol tartrate nasal soln 10 mg/ml	1	
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
depo-testost inj 100mg/ml	1	
depo-testost inj 200mg/ml	1	
testosterone cypionate im inj in oil 100 mg/ml	1	
testosterone cypionate im inj in oil 200 mg/ml	1	
testosterone enanthate im inj in oil 200 mg/ml	1	
testosterone td gel 12.5 mg/act (1%)	1	QL (150 gm every 30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	
testosterone td gel 20.25 mg/act (1.62%) (generic of ANDROGEL PUMP)	1	
testosterone td gel 25 mg/2.5gm (1%)	1	QL (150 gm every 30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	
testosterone td gel 50 mg/5gm (1%)	1	QL (150 gm every 30 days)
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)	1	
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
RECTAL STEROIDS		
anucort-hc sup 25mg	1	
anusol-hc sup 25mg	1	
hemmorex-hc sup 25mg	1	
hydrocortisone acetate suppos 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone perianal cream 2.5% (generic of ANUSOL-HC)	1	
procto-med cre hc 2.5% (generic of ANUSOL-HC)	1	
proctosol hc cre 2.5% (generic of ANUSOL-HC)	1	
proctozone cre -hc 2.5% (generic of ANUSOL-HC)	1	
ANTACIDS		
ANTACID COMBINATIONS		
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	
ivermectin tab 3 mg (generic of STROMECTOL)	1	
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)	1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap 375 mg (generic of FLAGYL)	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
pentamidine isethionate for nebulization soln 300 mg (generic of NEBUPENT)	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1	
sulfatrim pd sus 200-40/5	1	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml (generic of MEPRON)	1	
GLYCOPEPTIDES		
vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOCIN)	1	

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOCIN)	1	
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (generic of FIRVANQ)	1	
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (generic of FIRVANQ)	1	
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
clindamycin hcl cap 75 mg (generic of CLEOCIN)	1	
clindamycin hcl cap 150 mg (generic of CLEOCIN)	1	
clindamycin hcl cap 300 mg (generic of CLEOCIN)	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml (generic of ZYVOX)	1	
linezolid tab 600 mg (generic of ZYVOX)	1	QL (28 tabs every 30 days)
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	QL (1 pack per fill)
methenamine hippurate tab 1 gm (generic of HIPREX)	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg (generic of MACRODANTIN)	1	
nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)	1	
nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide dinitrate tab 40 mg (generic of ISORDIL TITRADOSE)	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-BID OIN 2%	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)	1	
nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)	1	
nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (generic of NITROLINGUAL)	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg (generic of NORPACE)	1	
disopyramide phosphate cap 150 mg (generic of NORPACE)	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl tab 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg) (generic of TIKOSYN)	1	SP, PA
dofetilide cap 250 mcg (0.25 mg) (generic of TIKOSYN)	1	SP, PA
dofetilide cap 500 mcg (0.5 mg) (generic of TIKOSYN)	1	SP, PA
MULTAQ TAB 400MG	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 each every 30 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	2	
INCRUSE ELPT INH 62.5MCG	2	
ipratropium bromide inhal soln 0.02%	1	QL (300 mL every 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)	1	QL (90 tabs every 90 days)
montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)	1	QL (90 tabs every 90 days)
montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR)	1	QL (90 packets every 90 days)
montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)	1	QL (90 tabs every 90 days)
zafirlukast tab 10 mg (generic of ACCOLATE)	1	QL (90 tabs every 90 days)
zafirlukast tab 20 mg (generic of ACCOLATE)	1	QL (90 tabs every 90 days)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg (generic of DALIRESP)	1	
roflumilast tab 500 mcg (generic of DALIRESP)	1	
STEROID INHALANTS		
budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)	1	Max of 90-Day Supply Per Fill
budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)	1	Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
budesonide inhalation susp 1 mg/2ml (generic of PULMICORT)	1	Max of 90-Day Supply Per Fill
FLOVENT DISK AER 50MCG	2	QL (180 inhalations every 90 days)
FLOVENT DISK AER 100MCG	2	QL (180 inhalations every 90 days)
FLOVENT DISK AER 250MCG	2	QL (180 inhalations every 90 days)
FLOVENT HFA AER 44MCG	2	QL (3 inhalers every 90 days)
FLOVENT HFA AER 110MCG	2	QL (3 inhalers every 90 days)
FLOVENT HFA AER 220MCG	2	QL (3 inhalers every 90 days)
fluticasone propionate aer pow ba 50 mcg/act	1	QL (180 inhalations every 90 days)
fluticasone propionate aer pow ba 100 mcg/act	1	QL (180 inhalations every 90 days)
fluticasone propionate aer pow ba 250 mcg/act	1	QL (180 inhalations every 90 days)
fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	1	QL (3 inhalers every 90 days)
fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	1	QL (3 inhalers every 90 days)
fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	1	QL (3 inhalers every 90 days)
PULMICORT INH 90MCG	2	Max of 90-Day Supply Per Fill
PULMICORT INH 180MCG	2	Max of 90-Day Supply Per Fill
QVAR REDIHA AER 80MCG	2	Max of 90-Day Supply Per Fill
QVAR REDIHAL AER 40MCG	2	Max of 90-Day Supply Per Fill
SYMPATHOMIMETICS		
ADVAIR HFA AER 45/21	2	Covered for younger than age 19; Max of 90-Day Supply Per Fill
ADVAIR HFA AER 115/21	2	Covered for younger than age 19; Max of 90-Day Supply Per Fill
ADVAIR HFA AER 230/21	2	Covered for younger than age 19; Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 inhalers every 30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)	1	QL (2 inhalers every 30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (375 each every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	QL (68 tabs every 30 days)
albuterol sulfate tab 4 mg	1	QL (68 tabs every 30 days)
ANORO ELLIPT AER 62.5-25	2	ST; Max of 90-Day Supply Per Fill
breyna aer 80/4.5 (generic of SYMBICORT)	1	QL (6 inhalers every 90 days)
breyna aer 160/4.5 (generic of SYMBICORT)	1	QL (6 inhalers every 90 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)	1	QL (6 inhalers every 90 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)	1	QL (6 inhalers every 90 days)
COMBIVENT AER 20-100	2	
fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	Generic of Airduo Respiclick; QL (3 inhalers / 90 days); $0
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
fluticasone-salmeterol aer powder ba 113-14 mcg/act	1	Generic of Airduo Respiclick; QL (3 inhalers / 90 days); $0
fluticasone-salmeterol aer powder ba 232-14 mcg/act	1	Generic of Airduo Respiclick; QL (3 inhalers / 90 days); $0
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol inhal aerosol 45-21 mcg/act	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
fluticasone-salmeterol inhal aerosol 115-21 mcg/act	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	
SEREVENT DIS AER 50MCG	2	ST
STRIVERDI AER 2.5MCG	2	
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	PA; Max of 90-Day Supply Per Fill
TRELEGY AER 200MCG	2	PA; Max of 90-Day Supply Per Fill
wixela inhub aer 100/50 (generic of ADVAIR DISKUS)	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
wixela inhub aer 250/50 (generic of ADVAIR DISKUS)	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
wixela inhub aer 500/50 (generic of ADVAIR DISKUS)	1	Covered for younger than age 19; Max of 90-Day Supply Per Fill
XANTHINES		
elixophyllin elx 80/15ml	1	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 100 mg	1	
theophylline tab er 12hr 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml (generic of LOVENOX)	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml (generic of LOVENOX)	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml (generic of LOVENOX)	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml (generic of LOVENOX)	1	
enoxaparin sodium inj soln pref syr 100 mg/ml (generic of LOVENOX)	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml (generic of LOVENOX)	1	
enoxaparin sodium inj soln pref syr 150 mg/ml (generic of LOVENOX)	1	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (generic of PRADAXA)	1	
PRADAXA CAP 110MG	2	
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
primidone tab 50 mg (generic of MYSOLINE)	1	
primidone tab 250 mg (generic of MYSOLINE)	1	
HYDANTOINS		
DILANTIN CAP 30MG	2	
phenytek cap 200mg	1	
phenytek cap 300mg	1	
phenytoin chew tab 50 mg (generic of DILANTIN INFATABS)	1	
phenytoin sodium extended cap 100 mg (generic of DILANTIN)	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml (generic of DILANTIN-125)	1	
SUCCINIMIDES		
ethosuximide cap 250 mg (generic of ZARONTIN)	1	
ethosuximide soln 250 mg/5ml (generic of ZARONTIN)	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
ANTIDIABETIC COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	1	$0
alogliptin-metformin hcl tab 12.5-1000 mg	1	$0
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)	1	
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	1	
SEGLUROMET TAB 2.5-500	2	ST
SEGLUROMET TAB 2.5-1000	2	ST
SEGLUROMET TAB 7.5-500	2	ST
SEGLUROMET TAB 7.5-1000	2	ST
STEGLUJAN TAB 5-100MG	2	ST
STEGLUJAN TAB 15-100MG	2	ST
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml (generic of RIOMET)	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
GLUCAGEN INJ HYPOKIT	2	
glucagon (rdna) for inj kit 1 mg	1	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	1	$0
alogliptin benzoate tab 12.5 mg (base equiv)	1	$0
alogliptin benzoate tab 25 mg (base equiv)	1	$0
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	PA, QL (2 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TAB 3MG	2	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 7MG	2	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TAB 14MG	2	PA, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	2	PA, QL (3 pens every 30 days)
INSULIN		
ADMELOG INJ 100U/ML	2	QL (4 vials every 30 days)
ADMELOG SOLO INJ 100U/ML	2	QL (10 pens every 30 days)
BASAGLAR INJ 100UNIT	2	QL (20 pens every 30 days)
BASAGLAR INJ TEMPO PN	2	QL (20 pens every 30 days)
HUMALOG JR INJ 100/ML	2	QL (10 pens every 30 days)
HUMALOG KWIK INJ 200/ML	2	QL (5 pens every 30 days)
HUMALOG MIX INJ 50/50	2	QL (4 vials every 30 days)
HUMALOG MIX INJ 50/50KWP	2	QL (10 pens every 30 days)
HUMALOG MIX SUS 75/25	2	QL (4 vials every 30 days)
HUMULIN INJ 70/30	2	QL (4 vials every 30 days), OTC
HUMULIN INJ 70/30KWP	2	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
HUMULIN N INJ U-100	2	QL (4 vials every 30 days), OTC
HUMULIN N INJ U-100KWP	2	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
HUMULIN R INJ U-100	2	QL (4 vials every 30 days), OTC
HUMULIN R INJ U-500	2	QL (1 vial every 30 days)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	2	QL (10 pens every 30 days); Covered for younger than age 18; PA required for age 18 and older
INS ASP PROT INJ FLEXPEN	2	QL (10 pens every 30 days)
INSULIN ASPA INJ 70/30	2	QL (4 vials every 30 days)
INSULIN LISP INJ PROTAMIN	2	QL (10 pens every 30 days)
NOVOLIN70/30 INJ RELION	2	QL (4 vials every 30 days), OTC
NOVOLIN INJ 70/30	2	QL (4 vials every 30 days), OTC
NOVOLIN INJ 70/30 FP	2	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN N INJ 100 UNIT	2	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN N INJ RELION	2	QL (4 vials every 30 days), OTC
NOVOLIN N INJ U-100	2	QL (4 vials every 30 days), OTC
NOVOLIN R INJ 100 UNIT	2	QL (10 pens every 30 days), OTC; Covered for younger than age 18; PA required for age 18 and older
NOVOLIN R INJ RELION	2	QL (4 vials every 30 days), OTC
NOVOLIN R INJ U-100	2	QL (4 vials every 30 days), OTC
SEMGLEE INJ 100U/ML	2	QL (20 pens every 30 days)
SEMGLEE SOL 100U/ML	2	QL (6 vials every 30 days)
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS)	1	QL (30 tabs every 30 days)
pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS)	1	QL (30 tabs every 30 days)
pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS)	1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	2	PA
JARDIANCE TAB 25MG	2	PA
STEGLATRO TAB 5MG	2	ST
STEGLATRO TAB 15MG	2	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 2.5 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL)	1	
glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)	1	
glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)	1	
glipizide xl tab 2.5mg (generic of GLUCOTROL XL)	1	
glipizide xl tab 5mg (generic of GLUCOTROL XL)	1	
glipizide xl tab 10mg (generic of GLUCOTROL XL)	1	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
bismuth subsalicylate chew tab 262 mg	1	OTC
bismuth subsalicylate susp 262 mg/15ml	1	OTC
bismuth subsalicylate susp 525 mg/15ml	1	OTC
bismuth subsalicylate tab 262 mg	1	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	1	
loperamide hcl cap 2 mg	1	
loperamide hcl tab 2 mg	1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	2	
deferasirox tab 90 mg (generic of JADENU)	1	SP, PA
deferasirox tab 180 mg (generic of JADENU)	1	SP, PA
deferasirox tab 360 mg (generic of JADENU)	1	SP, PA
deferasirox tab for oral susp 125 mg (generic of EXJADE)	1	SP, PA
deferasirox tab for oral susp 250 mg (generic of EXJADE)	1	SP, PA
deferasirox tab for oral susp 500 mg (generic of EXJADE)	1	SP, PA
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl inj 1 mg/ml	1	PA, QL (6 mL every 30 days)
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1	PA, QL (6 mL every 30 days)
granisetron hcl tab 1 mg	1	QL (6 tabs every 30 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (180 mL every 30 days)
ondansetron hcl tab 4 mg	1	QL (90 tabs every 30 days)
ondansetron hcl tab 8 mg	1	QL (90 tabs every 30 days)
ondansetron hcl tab 24 mg	1	QL (60 tabs every 30 days)
ondansetron orally disintegrating tab 4 mg	1	QL (90 tabs every 30 days)
ondansetron orally disintegrating tab 8 mg	1	QL (90 tabs every 30 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
meclizine hcl tab 50 mg (generic of ANTIVERT)	1	
scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM-SCOP)	1	
ANTIEMETICS - MISCELLANEOUS		
dronabinol cap 2.5 mg (generic of MARINOL)	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	
aprepitant capsule 80 mg (generic of EMEND)	1	QL (9 caps every 30 days)
aprepitant capsule 125 mg	1	QL (9 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule therapy pack 80 & 125 mg	1	QL (9 caps every 30 days)
EMEND SUS 125MG	2	QL (9 kits every 30 days)
ANTIFUNGALS		
ANTIFUNGALS		
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml (generic of DIFLUCAN)	1	
fluconazole for susp 40 mg/ml (generic of DIFLUCAN)	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg (generic of DIFLUCAN)	1	
fluconazole tab 150 mg (generic of DIFLUCAN)	1	QL (30 tabs every 30 days)
fluconazole tab 200 mg (generic of DIFLUCAN)	1	
itraconazole cap 100 mg	1	
itraconazole cap 100 mg (generic of SPORANOX)	1	
itraconazole oral soln 10 mg/ml (generic of SPORANOX)	1	
ketoconazole tab 200 mg	1	QL (68 tabs every 30 days)
NOXAFIL PAK 300MG	2	
posaconazole susp 40 mg/ml (generic of NOXAFIL)	1	
posaconazole tab delayed release 100 mg (generic of NOXAFIL)	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine maleate syrup 2 mg/5ml	1	OTC
chlorpheniramine maleate tab 4 mg	1	OTC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine hcl cap 25 mg	1	OTC
diphenhydramine hcl cap 50 mg	1	OTC
diphenhydramine hcl elixir 12.5 mg/5ml	1	
diphenhydramine hcl liquid 12.5 mg/5ml	1	OTC
diphenhydramine hcl tab 25 mg	1	OTC
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl chew tab 5 mg	1	OTC
cetirizine hcl chew tab 10 mg	1	OTC

Drug Name	Drug Tier	Requirements/Limits
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	OTC
cetirizine hcl tab 5 mg	1	OTC
cetirizine hcl tab 10 mg	1	OTC
desloratadine tab 5 mg (generic of CLARINEX)	1	
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	1	OTC
fexofenadine hcl tab 60 mg	1	QL (60 tabs every 30 days), OTC
fexofenadine hcl tab 180 mg	1	QL (30 tabs every 30 days), OTC
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
loratadine oral soln 5 mg/5ml	1	QL (300 mL every 30 days), OTC
loratadine rapidly-disintegrating tab 10 mg	1	OTC
loratadine tab 10 mg	1	QL (30 tabs every 30 days), OTC
ZYRTEC CHILD CHW ALLERGY	2	OTC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
promethegan sup 12.5mg	1	
promethegan sup 25mg	1	
promethegan sup 50mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)	1	Max of 90-Day Supply Per Fill
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)	1	Max of 90-Day Supply Per Fill
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)	1	Max of 90-Day Supply Per Fill
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)	1	Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	1	
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose (generic of QUESTRAN)	1	
cholestyramine powder packets 4 gm (generic of QUESTRAN)	1	
colesevelam hcl packet for susp 3.75 gm (generic of WELCHOL)	1	
colesevelam hcl tab 625 mg (generic of WELCHOL)	1	
colestipol hcl granule packets 5 gm (generic of COLESTID)	1	
colestipol hcl granules 5 gm (generic of COLESTID)	1	
colestipol hcl tab 1 gm (generic of COLESTID)	1	
prevalite pow 4gm (generic of QUESTRAN LIGHT)	1	
prevalite pow 4gm pk	1	
FIBRIC ACID DERIVATIVES		
fenofibrate cap 50 mg	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 30 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 90 mg	1	
fenofibrate micronized cap 130 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg (generic of TRICOR)	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg (generic of TRICOR)	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
gemfibrozil tab 600 mg (generic of LOPID)	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)	1	Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)	1	Max of 90-Day Supply Per Fill
atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)	1	Max of 90-Day Supply Per Fill
atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)	1	Max of 90-Day Supply Per Fill
fluvastatin sodium cap 20 mg (base equivalent)	1	Max of 90-Day Supply Per Fill
fluvastatin sodium cap 40 mg (base equivalent)	1	Max of 90-Day Supply Per Fill
lovastatin tab 10 mg	1	Max of 90-Day Supply Per Fill
lovastatin tab 20 mg	1	Max of 90-Day Supply Per Fill
lovastatin tab 40 mg	1	Max of 90-Day Supply Per Fill
pravastatin sodium tab 10 mg	1	Max of 90-Day Supply Per Fill
pravastatin sodium tab 20 mg	1	Max of 90-Day Supply Per Fill
pravastatin sodium tab 40 mg	1	Max of 90-Day Supply Per Fill
pravastatin sodium tab 80 mg	1	Max of 90-Day Supply Per Fill
rosuvastatin calcium tab 5 mg (generic of CRESTOR)	1	Max of 90-Day Supply Per Fill
rosuvastatin calcium tab 10 mg (generic of CRESTOR)	1	Max of 90-Day Supply Per Fill
rosuvastatin calcium tab 20 mg (generic of CRESTOR)	1	Max of 90-Day Supply Per Fill
rosuvastatin calcium tab 40 mg (generic of CRESTOR)	1	Max of 90-Day Supply Per Fill
simvastatin tab 5 mg	1	Max of 90-Day Supply Per Fill
simvastatin tab 10 mg (generic of ZOCOR)	1	Max of 90-Day Supply Per Fill
simvastatin tab 20 mg (generic of ZOCOR)	1	Max of 90-Day Supply Per Fill
simvastatin tab 40 mg (generic of ZOCOR)	1	Max of 90-Day Supply Per Fill
simvastatin tab 80 mg	1	Max of 90-Day Supply Per Fill
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg (generic of ZETIA)	1	Max of 90-Day Supply Per Fill

Drug Name	Drug Tier	Requirements/Limits
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg (generic of LOTENSIN)	1	
benazepril hcl tab 20 mg (generic of LOTENSIN)	1	
benazepril hcl tab 40 mg (generic of LOTENSIN)	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml (generic of EPANED)	1	
enalapril maleate tab 2.5 mg (generic of VASOTEC)	1	
enalapril maleate tab 5 mg (generic of VASOTEC)	1	
enalapril maleate tab 10 mg (generic of VASOTEC)	1	
enalapril maleate tab 20 mg (generic of VASOTEC)	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg (generic of ZESTRIL)	1	
lisinopril tab 5 mg (generic of ZESTRIL)	1	
lisinopril tab 10 mg (generic of ZESTRIL)	1	
lisinopril tab 20 mg (generic of ZESTRIL)	1	
lisinopril tab 30 mg (generic of ZESTRIL)	1	
lisinopril tab 40 mg (generic of ZESTRIL)	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
quinapril hcl tab 5 mg (generic of ACCUPRIL)	1	
quinapril hcl tab 10 mg (generic of ACCUPRIL)	1	
quinapril hcl tab 20 mg (generic of ACCUPRIL)	1	
quinapril hcl tab 40 mg (generic of ACCUPRIL)	1	
ramipril cap 1.25 mg (generic of ALTACE)	1	QL (30 caps every 30 days)
ramipril cap 2.5 mg (generic of ALTACE)	1	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ramipril cap 5 mg (generic of ALTACE)	1	QL (30 caps every 30 days)
ramipril cap 10 mg (generic of ALTACE)	1	QL (30 caps every 30 days)
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg (generic of ATACAND)	1	
candesartan cilexetil tab 8 mg (generic of ATACAND)	1	
candesartan cilexetil tab 16 mg (generic of ATACAND)	1	
candesartan cilexetil tab 32 mg (generic of ATACAND)	1	
irbesartan tab 75 mg (generic of AVAPRO)	1	QL (30 tabs every 30 days)
irbesartan tab 150 mg (generic of AVAPRO)	1	QL (30 tabs every 30 days)
irbesartan tab 300 mg (generic of AVAPRO)	1	QL (30 tabs every 30 days)
losartan potassium tab 25 mg (generic of COZAAR)	1	
losartan potassium tab 50 mg (generic of COZAAR)	1	
losartan potassium tab 100 mg (generic of COZAAR)	1	
olmesartan medoxomil tab 5 mg (generic of BENICAR)	1	
olmesartan medoxomil tab 20 mg (generic of BENICAR)	1	
olmesartan medoxomil tab 40 mg (generic of BENICAR)	1	
telmisartan tab 20 mg (generic of MICARDIS)	1	
telmisartan tab 40 mg (generic of MICARDIS)	1	
telmisartan tab 80 mg (generic of MICARDIS)	1	
valsartan tab 40 mg (generic of DIOVAN)	1	QL (30 tabs every 30 days)
valsartan tab 80 mg (generic of DIOVAN)	1	QL (30 tabs every 30 days)
valsartan tab 160 mg (generic of DIOVAN)	1	QL (30 tabs every 30 days)
valsartan tab 320 mg (generic of DIOVAN)	1	QL (30 tabs every 30 days)
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)	1	

Drug Name	Drug Tier	Requirements/Limits
clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)	1	
clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)	1	
doxazosin mesylate tab 1 mg (generic of CARDURA)	1	
doxazosin mesylate tab 2 mg (generic of CARDURA)	1	
doxazosin mesylate tab 4 mg (generic of CARDURA)	1	
doxazosin mesylate tab 8 mg (generic of CARDURA)	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 1 mg (generic of MINIPRESS)	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 2 mg (generic of MINIPRESS)	1	
prazosin hcl cap 5 mg (generic of MINIPRESS)	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR)	1	
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)	1	
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)	1	
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	1	
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)	1	
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	

Drug Name	Drug Tier	Requirements/Limits
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)	1	
telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	1	
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent) (generic of TEKTURNA)	1	ST
aliskiren fumarate tab 300 mg (base equivalent) (generic of TEKTURNA)	1	ST
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg (generic of INSPRA)	1	
eplerenone tab 50 mg (generic of INSPRA)	1	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)	1	
KRINTAFEL TAB 150MG	2	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base) (generic of PRIMAQUINE PHOSPHATE)	1	
pyrimethamine tab 25 mg (generic of DARAPRIM)	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine bromide oral soln 60 mg/5ml (generic of MESTINON)	1	
pyridostigmine bromide tab 60 mg (generic of MESTINON)	1	
pyridostigmine bromide tab er 180 mg (generic of MESTINON TIMESPAN)	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg (generic of MYAMBUTOL)	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg (generic of MYCOBUTIN)	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap 25 mg	1	
cyclophosphamide cap 50 mg	1	
GLEOSTINE CAP 10MG	2	SP
GLEOSTINE CAP 40MG	2	SP
GLEOSTINE CAP 100MG	2	SP
LEUKERAN TAB 2MG	2	
melphalan tab 2 mg	1	
MYLERAN TAB 2MG	2	
temozolomide cap 5 mg	1	SP, PA
temozolomide cap 20 mg	1	SP, PA
temozolomide cap 100 mg	1	SP, PA
temozolomide cap 140 mg	1	SP, PA
temozolomide cap 180 mg	1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 250 mg	1	SP, PA
ANTIMETABOLITES		
capecitabine tab 150 mg (generic of XELODA)	1	SP, PA
capecitabine tab 500 mg (generic of XELODA)	1	SP, PA
mercaptopurine tab 50 mg	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
ONUREG TAB 200MG	2	SP, PA
ONUREG TAB 300MG	2	SP, PA
PURIXAN SUS 20MG/ML	2	SP, PA
TABLOID TAB 40MG	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	2	PA
FRUZAQLA CAP 5MG	2	PA
INLYTA TAB 1MG	2	SP, PA
INLYTA TAB 5MG	2	SP, PA
LENVIMA CAP 4MG	2	SP, PA
LENVIMA CAP 8 MG	2	SP, PA
LENVIMA CAP 10 MG	2	SP, PA
LENVIMA CAP 12MG	2	SP, PA
LENVIMA CAP 14 MG	2	SP, PA
LENVIMA CAP 18 MG	2	SP, PA
LENVIMA CAP 20 MG	2	SP, PA
LENVIMA CAP 24 MG	2	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	2	PA
TUKYSA TAB 150MG	2	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	2	PA
VENCLEXTA TAB 50MG	2	PA
VENCLEXTA TAB 100MG	2	PA
VENCLEXTA TAB START PK	2	PA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)	1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)	1	SP, PA
erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)	1	SP, PA
EXKIVITY CAP 40MG	2	PA
gefitinib tab 250 mg (generic of IRESSA)	1	SP, PA
GILOTRIF TAB 20MG	2	SP, PA
GILOTRIF TAB 30MG	2	SP, PA
GILOTRIF TAB 40MG	2	SP, PA
TAGRISSO TAB 40MG	2	SP, PA
TAGRISSO TAB 80MG	2	SP, PA
VIZIMPRO TAB 15MG	2	SP, PA
VIZIMPRO TAB 30MG	2	SP, PA
VIZIMPRO TAB 45MG	2	SP, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	2	SP, PA
DAURISMO TAB 100MG	2	SP, PA
ERIVEDGE CAP 150MG	2	SP, PA
ODOMZO CAP 200MG	2	SP, PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg (generic of ZYTIGA)	1	SP, PA
abiraterone acetate tab 500 mg (generic of ZYTIGA)	1	SP, PA
AKEEGA TAB 50/500MG	2	PA
AKEEGA TAB 100/500	2	PA
anastrozole tab 1 mg (generic of ARIMIDEX)	1	
bicalutamide tab 50 mg (generic of CASODEX)	1	
EMCYT CAP 140MG	2	
ERLEADA TAB 60MG	2	SP, PA
ERLEADA TAB 240MG	2	SP, PA
exemestane tab 25 mg (generic of AROMASIN)	1	
flutamide cap 125 mg	1	
letrozole tab 2.5 mg (generic of FEMARA)	1	
LYSODREN TAB 500MG	2	
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg	1	
megestrol acetate tab 40 mg	1	
nilutamide tab 150 mg (generic of NILANDRON)	1	
NUBEQA TAB 300MG	2	SP, PA
ORGOVYX TAB 120MG	2	PA
ORSERDU TAB 86MG	2	PA
ORSERDU TAB 345MG	2	PA
tamoxifen citrate tab 10 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate tab 20 mg (base equivalent)	1	
toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)	1	
XTANDI CAP 40MG	2	SP, PA
XTANDI TAB 40MG	2	SP, PA
XTANDI TAB 80MG	2	SP, PA
YONSA TAB 125MG	2	SP, PA
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB 40MG	2	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	2	SP, PA
POMALYST CAP 2MG	2	SP, PA
POMALYST CAP 3MG	2	SP, PA
POMALYST CAP 4MG	2	SP, PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	2	PA
AYVAKIT TAB 50MG	2	PA
AYVAKIT TAB 100MG	2	PA
AYVAKIT TAB 200MG	2	PA
AYVAKIT TAB 300MG	2	PA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	2	PA
XPOVIO PAK 50MG	2	PA
XPOVIO PAK 60MG	2	PA
XPOVIO PAK 80MG	2	PA
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	2	SP, PA
KISQALI 200 PAK FEMARA	2	SP, PA
KISQALI 400 PAK FEMARA	2	SP, PA
KISQALI 600 PAK FEMARA	2	SP, PA
LONSURF TAB 15-6.14	2	SP, PA
LONSURF TAB 20-8.19	2	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	2	SP, PA
ALUNBRIG PAK	2	SP, PA
ALUNBRIG TAB 30MG	2	SP, PA
ALUNBRIG TAB 90MG	2	SP, PA
ALUNBRIG TAB 180MG	2	SP, PA
BALVERSA TAB 3MG	2	SP, PA
BALVERSA TAB 4MG	2	SP, PA
BALVERSA TAB 5MG	2	SP, PA
BOSULIF TAB 100MG	2	SP, PA
BOSULIF TAB 400MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TAB 500MG	2	SP, PA
BRAFTOVI CAP 75MG	2	SP, PA
BRUKINSA CAP 80MG	2	PA
CABOMETYX TAB 20MG	2	SP, PA
CABOMETYX TAB 40MG	2	SP, PA
CABOMETYX TAB 60MG	2	SP, PA
CALQUENCE CAP 100MG	2	PA
CALQUENCE TAB 100MG	2	PA
CAPRELSA TAB 100MG	2	PA
CAPRELSA TAB 300MG	2	PA
COMETRIQ KIT 60MG	2	SP, PA
COMETRIQ KIT 100MG	2	SP, PA
COMETRIQ KIT 140MG	2	SP, PA
COPIKTRA CAP 15MG	2	SP, PA
COPIKTRA CAP 25MG	2	SP, PA
COTELLIC TAB 20MG	2	SP, PA
everolimus tab 2.5 mg (generic of AFINITOR)	1	SP, PA
everolimus tab 5 mg (generic of AFINITOR)	1	SP, PA
everolimus tab 7.5 mg (generic of AFINITOR)	1	SP, PA
everolimus tab 10 mg (generic of AFINITOR)	1	SP, PA
everolimus tab for oral susp 2 mg (generic of AFINITOR DISPERZ)	1	SP, PA
everolimus tab for oral susp 3 mg (generic of AFINITOR DISPERZ)	1	SP, PA
everolimus tab for oral susp 5 mg (generic of AFINITOR DISPERZ)	1	SP, PA
FARYDAK CAP 10MG	2	SP, PA
FARYDAK CAP 15MG	2	SP, PA
FARYDAK CAP 20MG	2	SP, PA
FOTIVDA CAP 0.89MG	2	PA
FOTIVDA CAP 1.34MG	2	PA
GAVRETO CAP 100MG	2	SP, PA
IBRANCE CAP 75MG	2	SP, PA
IBRANCE CAP 100MG	2	SP, PA
IBRANCE CAP 125MG	2	SP, PA
IBRANCE TAB 75MG	2	SP, PA
IBRANCE TAB 100MG	2	SP, PA
IBRANCE TAB 125MG	2	SP, PA
ICLUSIG TAB 10MG	2	SP, PA
ICLUSIG TAB 15MG	2	SP, PA
ICLUSIG TAB 30MG	2	SP, PA
ICLUSIG TAB 45MG	2	SP, PA
IDHIFA TAB 50MG	2	SP, PA
IDHIFA TAB 100MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)	1	SP, PA, QL (60 tabs every 30 days)
imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)	1	SP, PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	2	PA
IMBRUVICA CAP 140MG	2	PA
IMBRUVICA SUS 70MG/ML	2	PA
IMBRUVICA TAB 140MG	2	PA
IMBRUVICA TAB 280MG	2	PA
IMBRUVICA TAB 420MG	2	PA
IMBRUVICA TAB 560MG	2	PA
INREBIC CAP 100MG	2	SP, PA
JAKAFI TAB 5MG	2	SP, PA
JAKAFI TAB 10MG	2	SP, PA
JAKAFI TAB 15MG	2	SP, PA
JAKAFI TAB 20MG	2	SP, PA
JAKAFI TAB 25MG	2	SP, PA
JAYPIRCA TAB 50MG	2	SP, PA
JAYPIRCA TAB 100MG	2	SP, PA
KISQALI TAB 200DOSE	2	SP, PA
KISQALI TAB 400DOSE	2	SP, PA
KISQALI TAB 600DOSE	2	SP, PA
KOSELUGO CAP 10MG	2	PA
KOSELUGO CAP 25MG	2	PA
KRAZATI TAB 200MG	2	PA
lapatinib ditosylate tab 250 mg (base equiv) (generic of TYKERB)	1	SP, PA
LORBRENA TAB 25MG	2	SP, PA
LORBRENA TAB 100MG	2	SP, PA
LUMAKRAS TAB 120MG	2	SP, PA
LUMAKRAS TAB 320MG	2	SP, PA
LYNPARZA TAB 100MG	2	SP, PA
LYNPARZA TAB 150MG	2	SP, PA
LYTGOBI TAB 4MG	2	PA
MEKINIST SOL 0.05/ML	2	SP, PA
MEKINIST TAB 0.5MG	2	SP, PA
MEKINIST TAB 2MG	2	SP, PA
MEKTOVI TAB 15MG	2	SP, PA
NERLYNX TAB 40MG	2	SP, PA
NINLARO CAP 2.3MG	2	SP, PA
NINLARO CAP 3MG	2	SP, PA
NINLARO CAP 4MG	2	SP, PA
OJJAARA TAB 100MG	2	PA
OJJAARA TAB 150MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
OJJAARA TAB 200MG	2	PA
pazopanib hcl tab 200 mg (base equiv) (generic of VOTRIENT)	1	SP, PA
PEMAZYRE TAB 4.5MG	2	PA
PEMAZYRE TAB 9MG	2	PA
PEMAZYRE TAB 13.5MG	2	PA
PIQRAY 200MG TAB DOSE	2	SP, PA
PIQRAY 250MG TAB DOSE	2	SP, PA
PIQRAY 300MG TAB DOSE	2	SP, PA
QINLOCK TAB 50MG	2	PA
RETEVMO CAP 40MG	2	SP, PA
RETEVMO CAP 80MG	2	SP, PA
REZLIDHIA CAP 150MG	2	PA
ROZLYTREK CAP 100MG	2	SP, PA
ROZLYTREK CAP 200MG	2	SP, PA
ROZLYTREK PAK 50MG	2	SP, PA
RUBRACA TAB 200MG	2	SP, PA
RUBRACA TAB 250MG	2	SP, PA
RUBRACA TAB 300MG	2	SP, PA
RYDAPT CAP 25MG	2	SP, PA
SCEMBLIX TAB 20MG	2	SP, PA
SCEMBLIX TAB 40MG	2	SP, PA
sorafenib tosylate tab 200 mg (base equivalent) (generic of NEXAVAR)	1	SP, PA
SPRYCEL TAB 20MG	2	SP, PA
SPRYCEL TAB 50MG	2	SP, PA
SPRYCEL TAB 70MG	2	SP, PA
SPRYCEL TAB 80MG	2	SP, PA
SPRYCEL TAB 100MG	2	SP, PA
SPRYCEL TAB 140MG	2	SP, PA
STIVARGA TAB 40MG	2	SP, PA
sunitinib malate cap 12.5 mg (base equivalent) (generic of SUTENT)	1	SP, PA
sunitinib malate cap 25 mg (base equivalent) (generic of SUTENT)	1	SP, PA
sunitinib malate cap 50 mg (base equivalent) (generic of SUTENT)	1	SP, PA
TABRECTA TAB 150MG	2	SP, PA
TABRECTA TAB 200MG	2	SP, PA
TAFINLAR CAP 50MG	2	SP, PA
TAFINLAR CAP 75MG	2	SP, PA
TAFINLAR TAB 10MG	2	SP, PA
TALZENNA CAP 0.1MG	2	SP, PA
TALZENNA CAP 0.5MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAP 0.25MG	2	SP, PA
TALZENNA CAP 0.35MG	2	SP, PA
TALZENNA CAP 0.75MG	2	SP, PA
TALZENNA CAP 1MG	2	SP, PA
TASIGNA CAP 50MG	2	SP, PA
TASIGNA CAP 150MG	2	SP, PA
TASIGNA CAP 200MG	2	SP, PA
TAZVERIK TAB 200MG	2	PA
TEPMETKO TAB 225MG	2	PA
TRUQAP TAB 160MG	2	PA
TRUQAP TAB 200MG	2	PA
TRUSELTIQ CAP 50MG	2	SP, PA
TRUSELTIQ CAP 75MG	2	SP, PA
TRUSELTIQ CAP 100MG	2	SP, PA
TRUSELTIQ CAP 125MG	2	SP, PA
TURALIO CAP 125MG	2	PA
TURALIO CAP 200MG	2	PA
UKONIQ TAB 200MG	2	PA
VANFLYTA TAB 17.7MG	2	PA
VANFLYTA TAB 26.5MG	2	PA
VERZENIO TAB 50MG	2	SP, PA
VERZENIO TAB 100MG	2	SP, PA
VERZENIO TAB 150MG	2	SP, PA
VERZENIO TAB 200MG	2	SP, PA
VITRAKVI CAP 25MG	2	SP, PA
VITRAKVI CAP 100MG	2	SP, PA
VITRAKVI SOL 20MG/ML	2	SP, PA
VONJO CAP 100MG	2	PA
VOTRIENT TAB 200MG	2	SP, PA
XALKORI CAP 20MG	2	SP, PA
XALKORI CAP 50MG	2	SP, PA
XALKORI CAP 150MG	2	SP, PA
XALKORI CAP 200MG	2	SP, PA
XALKORI CAP 250MG	2	SP, PA
XOSPATA TAB 40MG	2	SP, PA
ZEJULA CAP 100MG	2	SP, PA
ZEJULA TAB 100MG	2	SP, PA
ZEJULA TAB 200MG	2	SP, PA
ZEJULA TAB 300MG	2	SP, PA
ZELBORAF TAB 240MG	2	SP, PA
ZOLINZA CAP 100MG	2	SP, PA
ZYDELIG TAB 100MG	2	SP, PA
ZYDELIG TAB 150MG	2	SP, PA
ZYKADIA TAB 150MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS MISC.		
bexarotene cap 75 mg (generic of TARGRETIN)	1	SP, PA
hydroxyurea cap 500 mg (generic of HYDREA)	1	
INTRON A INJ 10MU	2	SP, PA
INTRON A INJ 18MU	2	SP, PA
INTRON A INJ 50MU	2	SP, PA
MATULANE CAP 50MG	2	
tretinoin cap 10 mg	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	1	
leucovorin calcium tab 10 mg	1	
leucovorin calcium tab 15 mg	1	
leucovorin calcium tab 25 mg	1	
MESNEX TAB 400MG	2	
MITOTIC INHIBITORS		
etoposide cap 50 mg	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	2	SP, PA
HYCAMTIN CAP 1MG	2	SP, PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
NOURIANZ TAB 20MG	2	
NOURIANZ TAB 40MG	2	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg (generic of COMTAN)	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)	1	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)	1	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline hcl cap 5 mg	1	
XADAGO TAB 50MG	2	ST
XADAGO TAB 100MG	2	ST
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
PHENOTHIAZINES		
compro sup 25mg	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine suppos 25 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
ANTISEPTIC PAD WIPES	2	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)	1	
abacavir sulfate tab 300 mg (base equiv)	1	
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	1	
APTIVUS CAP 250MG	2	
atazanavir sulfate cap 150 mg (base equiv)	1	
atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)	1	
atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)	1	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMPLERA TAB	2	
darunavir tab 600 mg (generic of PREZISTA)	1	
darunavir tab 800 mg (generic of PREZISTA)	1	
DELSTRIGO TAB	2	
DESCOVY TAB 120-15MG	2	
DESCOVY TAB 200/25MG	2	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	2	
efavirenz cap 50 mg	1	
efavirenz cap 200 mg	1	
efavirenz tab 600 mg	1	
efavirenz tab 600 mg (generic of SUSTIVA)	1	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	1	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	1	
emtricitabine caps 200 mg (generic of EMTRIVA)	1	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	1	

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	1	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	1	
EMTRIVA SOL 10MG/ML	2	
etravirine tab 100 mg (generic of INTELENCE)	1	
etravirine tab 200 mg (generic of INTELENCE)	1	
EVOTAZ TAB 300-150	2	
fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)	1	
GENVOYA TAB	2	
INTELENCE TAB 25MG	2	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
JULUCA TAB 50-25MG	2	
lamivudine oral soln 10 mg/ml (generic of EPIVIR)	1	
lamivudine tab 150 mg (generic of EPIVIR)	1	
lamivudine tab 300 mg (generic of EPIVIR)	1	
lamivudine-zidovudine tab 150-300 mg	1	
LEXIVA SUS 50MG/ML	2	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	1	
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	1	
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	1	
maraviroc tab 150 mg (generic of SELZENTRY)	1	
maraviroc tab 300 mg (generic of SELZENTRY)	1	
nevirapine susp 50 mg/5ml	1	
nevirapine tab 200 mg	1	
nevirapine tab er 24hr 100 mg	1	
nevirapine tab er 24hr 400 mg	1	
NORVIR POW 100MG	2	
NORVIR SOL 80MG/ML	2	
ODEFSEY TAB	2	
PIFELTRO TAB 100MG	2	
PREZCOBIX TAB 800-150	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ POW 50MG	2	
ritonavir tab 100 mg (generic of NORVIR)	1	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
stavudine cap 15 mg	1	
stavudine cap 20 mg	1	
stavudine cap 30 mg	1	
stavudine cap 40 mg	1	
STRIBILD TAB	2	
SYMTUZA TAB	2	
tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)	1	
TIVICAY PD TAB 5MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TRIUMEQ PD TAB	2	
TRIUMEQ TAB	2	
TRIZIVIR TAB	2	
TYBOST TAB 150MG	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
zidovudine cap 100 mg (generic of RETROVIR)	1	
zidovudine syrup 10 mg/ml (generic of RETROVIR)	1	
zidovudine tab 300 mg	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	2	Covered for age 12 and older; Max of 2 fills per 30 days
PAXLOVID TAB 300-100	2	Covered for age 12 and older; Max of 2 fills per 30 days
CMV AGENTS		
PREVYMIS TAB 240MG	2	PA
PREVYMIS TAB 480MG	2	PA
valganciclovir hcl for soln 50 mg/ml (base equiv) (generic of VALCYTE)	1	

Drug Name	Drug Tier	Requirements/Limits
valganciclovir hcl tab 450 mg (base equivalent) (generic of VALCYTE)	1	QL (98 tabs every 30 days)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	2	
entecavir tab 0.5 mg (generic of BARACLUDE)	1	
entecavir tab 1 mg (generic of BARACLUDE)	1	
EPIVIR HBV SOL 5MG/ML	2	
HARVONI PAK	2	SP, PA
HARVONI PAK 45-200MG	2	SP, PA
HARVONI TAB 45-200MG	2	SP, PA
lamivudine tab 100 mg (hbv)	1	
LEDIP-SOFOSB TAB 90-400MG	2	SP, PA, QL (30 tabs every 30 days)
MAVYRET PAK 50-20MG	2	SP, PA
MAVYRET TAB 100-40MG	2	SP, PA
PEGASYS INJ	2	SP, PA
PEGASYS INJ 180MCG/M	2	SP, PA
ribavirin cap 200 mg	1	SP, PA
ribavirin tab 200 mg	1	SP, PA
SOVALDI PAK 150MG	2	SP, PA
SOVALDI PAK 200MG	2	SP, PA
SOVALDI TAB 200MG	2	SP, PA
SOVALDI TAB 400MG	2	SP, PA, QL (30 tabs every 30 days)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
valacyclovir hcl tab 1 gm (generic of VALTREX)	1	
valacyclovir hcl tab 500 mg (generic of VALTREX)	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)	1	QL (20 caps every 180 days)
oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)	1	QL (10 caps every 180 days)
oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)	1	QL (10 caps every 180 days)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)	1	QL (180 mL every 90 days)
RELENZA MIS DISKHALE	2	
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	2	Covered for age 18 and older; Max of 2 fills per 30 days
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab 3.125 mg (generic of COREG)	1	
carvedilol tab 6.25 mg (generic of COREG)	1	
carvedilol tab 12.5 mg (generic of COREG)	1	
carvedilol tab 25 mg (generic of COREG)	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg (generic of TENORMIN)	1	
atenolol tab 50 mg (generic of TENORMIN)	1	
atenolol tab 100 mg (generic of TENORMIN)	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg (generic of LOPRESSOR)	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg (generic of LOPRESSOR)	1	
nebivolol hcl tab 2.5 mg (base equivalent) (generic of BYSTOLIC)	1	
nebivolol hcl tab 5 mg (base equivalent) (generic of BYSTOLIC)	1	

Drug Name	Drug Tier	Requirements/Limits
nebivolol hcl tab 10 mg (base equivalent) (generic of BYSTOLIC)	1	
nebivolol hcl tab 20 mg (base equivalent) (generic of BYSTOLIC)	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol tab 20 mg (generic of CORGARD)	1	
nadolol tab 40 mg (generic of CORGARD)	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)	1	
propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)	1	
propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)	1	
propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sorine tab 80mg (generic of BETAPACE)	1	QL (60 tabs every 30 days)
sorine tab 120mg (generic of BETAPACE)	1	QL (60 tabs every 30 days)
sorine tab 160mg (generic of BETAPACE)	1	QL (60 tabs every 30 days)
sorine tab 240mg	1	QL (60 tabs every 30 days)
sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)	1	QL (60 tabs every 30 days)
sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)	1	QL (60 tabs every 30 days)
sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)	1	QL (60 tabs every 30 days)
sotalol hcl tab 80 mg (generic of BETAPACE)	1	QL (60 tabs every 30 days)
sotalol hcl tab 120 mg (generic of BETAPACE)	1	QL (60 tabs every 30 days)
sotalol hcl tab 160 mg (generic of BETAPACE)	1	QL (60 tabs every 30 days)
sotalol hcl tab 240 mg	1	QL (60 tabs every 30 days)
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)	1	
amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)	1	
cartia xt cap 120/24hr (generic of CARDIZEM CD)	1	
cartia xt cap 180/24hr (generic of CARDIZEM CD)	1	
cartia xt cap 240/24hr (generic of CARDIZEM CD)	1	
cartia xt cap 300/24hr (generic of CARDIZEM CD)	1	
dilt-xr cap 120mg	1	
dilt-xr cap 180mg	1	
dilt-xr cap 240mg	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)	1	
diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)	1	
diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)	1	
diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)	1	
diltiazem hcl coated beads cap er 24hr 360 mg (generic of CARDIZEM CD)	1	
diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)	1	
diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)	1	
diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)	1	
diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)	1	
diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)	1	
diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl tab er 24hr 120 mg (generic of CARDIZEM LA)	1	
diltiazem hcl tab er 24hr 180 mg (generic of CARDIZEM LA)	1	
diltiazem hcl tab er 24hr 240 mg (generic of CARDIZEM LA)	1	
diltiazem hcl tab er 24hr 300 mg (generic of CARDIZEM LA)	1	
diltiazem hcl tab er 24hr 360 mg (generic of CARDIZEM LA)	1	
diltiazem hcl tab er 24hr 420 mg (generic of CARDIZEM LA)	1	
felodipine tab er 24hr 2.5 mg	1	QL (30 tabs every 30 days)
felodipine tab er 24hr 5 mg	1	QL (30 tabs every 30 days)
felodipine tab er 24hr 10 mg	1	QL (30 tabs every 30 days)
matzim la tab 180mg/24 (generic of CARDIZEM LA)	1	
matzim la tab 240mg/24 (generic of CARDIZEM LA)	1	
matzim la tab 300mg/24 (generic of CARDIZEM LA)	1	
matzim la tab 360mg/24 (generic of CARDIZEM LA)	1	
matzim la tab 420mg/24 (generic of CARDIZEM LA)	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)	1	
nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)	1	
nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)	1	
nisoldipine tab er 24hr 8.5 mg (generic of SULAR)	1	
nisoldipine tab er 24hr 17 mg (generic of SULAR)	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nisoldipine tab er 24hr 34 mg (generic of SULAR)	1	
nisoldipine tab er 24hr 40 mg	1	
taztia xt cap 120mg/24 (generic of TIAZAC)	1	
taztia xt cap 180mg/24 (generic of TIAZAC)	1	
taztia xt cap 240mg/24 (generic of TIAZAC)	1	
taztia xt cap 300mg er (generic of TIAZAC)	1	
taztia xt cap 360mg/24 (generic of TIAZAC)	1	
tiadylt cap 120mg/24 (generic of TIAZAC)	1	
tiadylt cap 180mg/24 (generic of TIAZAC)	1	
tiadylt cap 240mg/24 (generic of TIAZAC)	1	
tiadylt cap 300mg/24 (generic of TIAZAC)	1	
tiadylt cap 360mg/24 (generic of TIAZAC)	1	
tiadylt cap 420mg/24 (generic of TIAZAC)	1	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg (generic of VERELAN)	1	
verapamil hcl cap er 24hr 180 mg (generic of VERELAN)	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg (generic of VERELAN)	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

digitek tab 0.25mg (generic of LANOXIN)	1	
digitek tab 0.125mg (generic of LANOXIN)	1	
digox tab 0.25mg (generic of LANOXIN)	1	
digox tab 0.125mg (generic of LANOXIN)	1	
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg) (generic of LANOXIN)	1	
digoxin tab 250 mcg (0.25 mg) (generic of LANOXIN)	1	

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	1	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium for inj 0.5 mg (generic of FLOLAN)	1	SP, PA
epoprostenol sodium for inj 0.5 mg (generic of VELETRI)	1	SP, PA
epoprostenol sodium for inj 1.5 mg (generic of FLOLAN)	1	SP, PA
epoprostenol sodium for inj 1.5 mg (generic of VELETRI)	1	SP, PA
TYVASO DPI POW 16-32-48	2	SP, PA
TYVASO DPI POW 16-32MCG	2	SP, PA
TYVASO DPI POW 16MCG	2	SP, PA
TYVASO DPI POW 32-48MCG	2	SP, PA
TYVASO DPI POW 32MCG	2	SP, PA
TYVASO DPI POW 48MCG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 64MCG	2	SP, PA
TYVASO REFIL SOL 0.6MG/ML	2	SP, PA
TYVASO SOL 0.6MG/ML	2	SP, PA
TYVASO START SOL 0.6MG/ML	2	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg (generic of LETAIRIS)	1	SP, PA
ambrisentan tab 10 mg (generic of LETAIRIS)	1	SP, PA
bosentan tab 62.5 mg (generic of TRACLEER)	1	SP, PA
bosentan tab 125 mg (generic of TRACLEER)	1	SP, PA
TRACLEER TAB 32MG	2	SP, PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tab 20mg (generic of ADCIRCA)	1	SP, PA
sildenafil citrate for suspension 10 mg/ml (generic of REVATIO)	1	SP, PA
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) (generic of REVATIO)	1	SP, PA
sildenafil citrate tab 20 mg (generic of REVATIO)	1	SP, PA
tadalafil tab 20 mg (pah) (generic of ADCIRCA)	1	SP, PA
TADLIQ SUS 20MG/5ML	2	SP, PA
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	2	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 2 gm	1	
ceftriaxone sodium for inj 10 gm	1	
ceftriaxone sodium for inj 250 mg	1	
ceftriaxone sodium for inj 500 mg	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	1	
altavera tab	1	
alyacen tab 1/35	1	
alyacen tab 7/7/7	1	
amethia tab	1	
amethyst tab 90-20mcg	1	
apri tab	1	
aranelle tab	1	
ashlyna tab	1	
aubra eq tab 0.1-0.02	1	
aubra tab 0.1-0.02	1	
aurovela 24 tab fe 1/20	1	
aurovela fe tab 1.5/30	1	
aurovela fe tab 1/20	1	
aurovela tab 1.5/30	1	
aurovela tab 1/20	1	
aviane tab	1	
ayuna tab	1	
azurette tab	1	
azurette tab 28 day	1	
balziva tab	1	
blisovi 24 tab fe 1/20	1	

Drug Name	Drug Tier	Requirements/Limits
blisovi fe tab 1.5/30	1	
blisovi fe tab 1/20	1	
briellyn tab	1	
camrese lo tab	1	
camrese tab	1	
caziant pak	1	
chateal eq tab 0.15/30	1	
chateal tab 0.15/30	1	
cryselle-28 tab 28 tabs	1	
cyclafem tab 1/35	1	
cyclafem tab 7/7/7	1	
cyred eq tab	1	
cyred tab	1	
dasetta tab 1/35	1	
dasetta tab 7/7/7	1	
daysee tab	1	
delyla tab 0.1-0.02	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
dolishale tab 90-20mcg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1	
elinest tab	1	
emoquette tab	1	
enpresse-28 tab	1	
enskyce tab	1	
estarylla tab 0.25-35	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
falmina tab	1	
femynor tab 0.25-35	1	
hailey 24 tab fe	1	
hailey fe tab 1.5/30	1	
hailey fe tab 1/20	1	
hailey tab 1.5/30	1	
iclevia tab	1	
introvale tab	1	
isibloom tab	1	

Drug Name	Drug Tier	Requirements/Limits
jaimiess tab	1	
jasmiel tab 3-0.02mg (generic of YAZ)	1	
jolessa tab	1	
juleber tab	1	
junel 1.5/30 tab	1	
junel 1/20 tab	1	
junel fe 24 tab 1/20	1	
junel fe tab 1.5/30	1	
junel fe tab 1/20	1	
kalliga tab	1	
kariva tab 28 day	1	
kelnor 1/50 tab	1	
kelnor tab 1/35	1	
kurvelo tab 0.15/30	1	
larin 24 tab fe 1/20	1	
larin fe tab 1.5/30	1	
larin fe tab 1/20	1	
larin tab 1.5/30	1	
larin tab 1/20	1	
larissia tab	1	
leena tab	1	
lessina tab	1	
levonest tab	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levora-28 tab 0.15/30	1	
lillow tab 0.15/30	1	
lo-zumandimi tab 3-0.02mg (generic of YAZ)	1	
loestrin 21 tab 1.5/30	1	
loestrin fe tab 1.5/30	1	
loestrin fe tab 1/20	1	
loestrin tab 1/20-21	1	

Drug Name	Drug Tier	Requirements/Limits
lojaimiess tab	1	
loryna tab 3-0.02mg (generic of YAZ)	1	
low-ogestrel tab	1	
lutera tab	1	
marlissa tab 0.15/30	1	
micrgstin 24 tab fe 1/20	1	
microgestin tab 1.5/30	1	
microgestin tab 1/20	1	
microgestin tab fe1.5/30	1	
microgestin tab fe 1/20	1	
mili tab 0.25/35	1	
mono-linyah tab 0.25-35	1	
necon tab 0.5/35	1	
nikki tab 3-0.02mg (generic of YAZ)	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1	
nortrel tab 0.5/35	1	
nortrel tab 1/35	1	
nortrel tab 7/7/7	1	
nylia tab 1/35	1	
nylia tab 7/7/7	1	
nymyo tab 0.25-35	1	
ocella tab 3-0.03mg (generic of YASMIN 28)	1	
orsythia tab	1	
philith tab 0.4-35	1	
pimtrea tab	1	
pirmella tab 1/35	1	
pirmella tab 7/7/7	1	
portia-28 tab	1	

Drug Name	Drug Tier	Requirements/Limits
previfem tab	1	
reclipsen tab	1	
setlakin tab	1	
simliya tab 28 day	1	
simpesse tab	1	
sprintec 28 tab 28 day	1	
sronyx tab	1	
syeda tab 3-0.03mg (generic of YASMIN 28)	1	
tarina 24 fe tab	1	
tarina fe tab 1/20	1	
tarina fe tab 1/20 eq	1	
tilia fe tab	1	
tri femynor tab	1	
tri-estaryll tab	1	
tri-legest tab fe	1	
tri-linyah tab	1	
tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)	1	
tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)	1	
tri-mili tab	1	
tri-nymyo tab	1	
tri-previfem tab	1	
tri-sprintec tab	1	
tri-vylibra tab	1	
tri-vylibra tab lo (generic of ORTHO TRI-CYCLEN LO)	1	
trivora-28 tab	1	
turqoz tab	1	
velivet pak	1	
vestura tab 3-0.02mg (generic of YAZ)	1	
vienva tab 0.1-20	1	
viorele tab	1	
volnea tab	1	
vyfemla tab 0.4-35	1	
vylibra tab 0.25-35	1	
wera tab 0.5/35	1	
wymzya fe chw 0.4mg-35	1	
zarah tab 3-0.03mg (generic of YASMIN 28)	1	
zovia 1/35 tab	1	

Drug Name	Drug Tier	Requirements/Limits
zovia 1/35e tab	1	
zumandimine tab 3-0.03mg (generic of YASMIN 28)	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
xulane dis 150-35	1	
zafemy dis 150/35	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
eluryng mis (generic of NUVARING)	1	
enilloring mis (generic of NUVARING)	1	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)	1	
haloette mis (generic of NUVARING)	1	
EMERGENCY CONTRACEPTIVES		
levonorgestrel tab 1.5 mg	1	QL (1 tab every 30 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	2	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104	2	
medroxyprogesterone acetate im susp 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)	1	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)	1	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	2	
LILETTA IUD 52MG	2	
MIRENA IUD SYSTEM	2	
SKYLA IUD 13.5MG	2	
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	1	
deblitane tab 0.35mg	1	
errin tab 0.35mg	1	
heather tab 0.35mg	1	
incassia tab 0.35mg	1	
jencycla tab 0.35mg	1	
lyleq tab 0.35mg	1	
lyza tab 0.35mg	1	
nora-be tab 0.35mg	1	
norethindrone tab 0.35 mg	1	

Drug Name	Drug Tier	Requirements/Limits
norlyda tab 0.35mg	1	
norlyroc tab 0.35mg	1	
sharobel tab 0.35mg	1	
tulana tab 0.35mg	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
DEXAMETHASON CON 1MG/ML	2	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
hydrocortisone tab 5 mg (generic of CORTEF)	1	
hydrocortisone tab 10 mg (generic of CORTEF)	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	2	
methylprednisolone tab 4 mg (generic of MEDROL)	1	
methylprednisolone tab 8 mg (generic of MEDROL)	1	
methylprednisolone tab 16 mg (generic of MEDROL)	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
PREDNISONE CON 5MG/ML	2	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 200 mg	1	
dextromethorphan hbr syrup 15 mg/5ml	1	OTC
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)	1	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (generic of HYCODAN)	1	
hydromet syp 5-1.5/5 (generic of HYCODAN)	1	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm sol 2-30-10	1	
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml	1	OTC
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	1	OTC
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	1	QL (60 tabs every 30 days), OTC
dextromethorphan-guaifenesin liquid 5-100 mg/5ml	1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	1	OTC
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	1	OTC
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	1	OTC
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	1	QL (60 tabs every 30 days), OTC
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	1	OTC
guaifenesin-codeine soln 100-10 mg/5ml	1	OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg	1	OTC

Drug Name	Drug Tier	Requirements/Limits
loratadine & pseudoephedrine tab er 24hr 10-240 mg	1	OTC
M-CLEAR WC LIQ 100-6.33	2	OTC
prometh vc syp 6.25-5/5	1	
prometh vc/ syp codeine	1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	1	OTC
guaifenesin tab 400 mg	1	OTC
guaifenesin tab er 12hr 600 mg	1	OTC
MISC. RESPIRATORY INHALANTS		
nebusal neb 3%	1	
pulmosal neb 7%	1	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane cap 10mg	1	QL (60 caps every 30 days)
accutane cap 20mg	1	QL (60 caps every 30 days)
accutane cap 30mg	1	QL (60 caps every 30 days)
accutane cap 40mg	1	QL (60 caps every 30 days)
acne medicat gel 2.5%	1	OTC
adapalene cream 0.1% (generic of DIFFERIN)	1	
adapalene gel 0.1%	1	
adapalene gel 0.3% (generic of DIFFERIN)	1	
adapalene pads 0.1%	1	
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)	1	
adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE)	1	

Drug Name	Drug Tier	Requirements/Limits
amnesteem cap 10mg	1	QL (60 caps every 30 days)
amnesteem cap 20mg	1	QL (60 caps every 30 days)
amnesteem cap 40mg	1	QL (60 caps every 30 days)
avar cleanse liq 10-5%	1	
avar-e emoll cre 10-5%	1	
avar-e green cre 10-5%	1	
avita cre 0.025% (generic of RETIN-A)	1	
avita gel 0.025%	1	
benzoyl peroxide gel 2.5%	1	OTC
benzoyl peroxide gel 5%	1	OTC
benzoyl peroxide gel 10%	1	OTC
benzoyl peroxide liq 5%	1	OTC
benzoyl peroxide liq 10%	1	OTC
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)	1	QL (47 gm every 30 days)
bp 10-1 emu	1	
bp wash liq 2.5%	1	OTC
claravis cap 10mg	1	QL (60 caps every 30 days)
claravis cap 20mg	1	QL (60 caps every 30 days)
claravis cap 30mg	1	QL (60 caps every 30 days)
claravis cap 40mg	1	QL (60 caps every 30 days)
clindacin aer 1%	1	
clindacin mis etz 1%	1	
clindacin-p pad 1%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	
clindamycin phosphate gel 1% (generic of CLINDAGEL)	1	
clindamycin phosphate lotion 1% (generic of CLEOCIN-T)	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
ery pad 2%	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin gel 2% (generic of ERYGEL)	1	
erythromycin soln 2%	1	
isotretinoin cap 10 mg (generic of ABSORICA)	1	QL (60 caps every 30 days)
isotretinoin cap 20 mg (generic of ABSORICA)	1	QL (60 caps every 30 days)
isotretinoin cap 30 mg (generic of ABSORICA)	1	QL (60 caps every 30 days)
isotretinoin cap 40 mg (generic of ABSORICA)	1	QL (60 caps every 30 days)
myorisan cap 10mg	1	QL (60 caps every 30 days)
myorisan cap 20mg	1	QL (60 caps every 30 days)
myorisan cap 30mg	1	QL (60 caps every 30 days)
myorisan cap 40mg	1	QL (60 caps every 30 days)
neuac gel 1.2-5%	1	
sss 10-5 aer 10-5%	1	
sss cre 10%-5%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfamez emu 10-1%	1	
tretinoin cream 0.1% (generic of RETIN-A)	1	
tretinoin cream 0.05% (generic of RETIN-A)	1	
tretinoin cream 0.025% (generic of RETIN-A)	1	
tretinoin gel 0.01% (generic of RETIN-A)	1	
tretinoin gel 0.025% (generic of RETIN-A)	1	
zenatane cap 10mg	1	QL (60 caps every 30 days)
zenatane cap 20mg	1	QL (60 caps every 30 days)
zenatane cap 30mg	1	QL (60 caps every 30 days)
zenatane cap 40mg	1	QL (60 caps every 30 days)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	PA
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	
diclofenac sodium soln 1.5%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS - TOPICAL		
bacitracin oint 500 unit/gm	1	OTC
bacitracin zinc oint 500 unit/gm	1	OTC
gentamicin sulfate cream 0.1%	1	
mupirocin calcium cream 2%	1	
mupirocin oint 2%	1	
neomycin-bacitracin-polymyxin oint	1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1%	1	OTC
ANTIFUNGALS - TOPICAL		
butenafine hcl cream 1%	1	OTC
ciclodan sol 8%	1	
ciclopirox gel 0.77%	1	
ciclopirox kit 8%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	
clotrimazole cream 1%	1	
clotrimazole cream 1%	1	OTC
clotrimazole soln 1%	1	
clotrimazole soln 1%	1	OTC
clotrimazole w/ betamethasone cream 1-0.05%	1	
dermazene cre 1-1%	1	
econazole nitrate cream 1%	1	
iodoquinol-hc cream 1-1%	1	
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
klayesta pow 100000	1	
miconazole nitrate aerosol pow 2%	1	OTC
miconazole nitrate cream 2%	1	OTC
miconazole nitrate powder 2%	1	OTC
nyamyc pow 100000	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop pow 100000	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream 5% (generic of EFUDEX)	1	

Drug Name	Drug Tier	Requirements/Limits
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
ANTIPSORIATICS		
calcipotriene cream 0.005%	1	
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitrene oin 0.005%	1	
COSENTYX INJ 75MG/0.5	2	SP, PA
COSENTYX INJ 150MG/ML	2	SP, PA
COSENTYX INJ 300DOSE	2	SP, PA
COSENTYX PEN INJ 150MG/ML	2	SP, PA
COSENTYX PEN INJ 300DOSE	2	SP, PA
COSENTYX UNO INJ 300/2ML	2	SP, PA
methoxsalen rapid cap 10 mg	1	
SILIQ INJ 210/1.5	2	SP, PA
tazarotene cream 0.1% (generic of TAZORAC)	1	
tazarotene gel 0.1% (generic of TAZORAC)	1	
tazarotene gel 0.05% (generic of TAZORAC)	1	
TAZORAC CRE 0.05%	2	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5% (generic of ZOVIRAX)	1	
BURN PRODUCTS		
silver sulfadiazine cream 1% (generic of SILVADENE)	1	
ssd cre 1% (generic of SILVADENE)	1	
CORTICOSTEROIDS - TOPICAL		
ala-cort cre 1%	1	
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate oint 0.05%	1	
betamethasone valerate aerosol foam 0.12%	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	
clobetasol e cre 0.05%	1	
clobetasol propionate cream 0.05%	1	
clobetasol propionate emollient base cream 0.05%	1	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate lotion 0.05% (generic of CLOBEX)	1	
clobetasol propionate oint 0.05%	1	
clobetasol propionate shampoo 0.05% (generic of CLOBEX)	1	
clobetasol propionate soln 0.05%	1	
clodan sha 0.05% (generic of CLOBEX)	1	
desonide cream 0.05% (generic of DESOWEN)	1	
desonide lotion 0.05%	1	
desonide oint 0.05%	1	
desoximetasone cream 0.05% (generic of TOPICORT)	1	
desoximetasone cream 0.25% (generic of TOPICORT)	1	
desoximetasone gel 0.05% (generic of TOPICORT)	1	
desoximetasone oint 0.05% (generic of TOPICORT)	1	
desoximetasone oint 0.25% (generic of TOPICORT)	1	
fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide cream 0.025% (generic of SYNALAR)	1	
fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTHE/FS BODY)	1	
fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTHE/FS SCALP)	1	
fluocinolone acetonide oint 0.025% (generic of SYNALAR)	1	
fluocinolone acetonide soln 0.01%	1	

Drug Name	Drug Tier	Requirements/Limits
fluocinonide cream 0.1% (generic of VANOS)	1	
fluocinonide cream 0.05%	1	
fluocinonide emulsified base cream 0.05%	1	
fluocinonide gel 0.05%	1	
fluocinonide oint 0.05%	1	
fluocinonide soln 0.05%	1	
fluticasone propionate cream 0.05%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
hydrocortisone acetate cream 1%	1	OTC
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 0.5%	1	OTC
hydrocortisone cream 1%	1	
hydrocortisone cream 1%	1	OTC
hydrocortisone cream 2.5%	1	
hydrocortisone gel 1%	1	OTC
hydrocortisone lotion 1%	1	OTC
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 0.5%	1	OTC
hydrocortisone oint 1%	1	
hydrocortisone oint 1%	1	OTC
hydrocortisone oint 2.5%	1	
hydrocortisone soln 1%	1	OTC
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	1	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
TEXACORT SOL 2.5%	2	
triamcinolone acetonide aerosol soln 0.147 mg/gm (generic of KENALOG)	1	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.5%	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triamcinolone acetonide oint 0.025%	1	
triderm cre 0.5%	1	
EMOLLIENT/KERATOLYTIC AGENTS		
cerovel lot 40%	1	

Drug Name	Drug Tier	Requirements/Limits
urea cream 10%	1	OTC
urea cream 20%	1	OTC
urea cream 40%	1	
urea cream 40%	1	OTC
urea lotion 10%	1	OTC
urea lotion 40%	1	
uremez-40 cre 40%	1	
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) cream 12%	1	OTC
lactic acid (ammonium lactate) lotion 12%	1	
lactic acid (ammonium lactate) lotion 12%	1	OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	2	PA
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1% (generic of ELIDEL)	1	ST, QL (100 gm every 30 days); Covered for age 2 and older
tacrolimus oint 0.1%	1	ST, QL (100 gm every 30 days); Covered for age 15 and older
tacrolimus oint 0.03%	1	ST, QL (100 gm every 30 days); Covered for age 2 and older
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	1	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	1	
salicylic acid pad 2%	1	OTC
LOCAL ANESTHETICS - TOPICAL		
glydo gel 2%	1	
lidocaine cream 4%	1	OTC
lidocaine hcl gel 2%	1	OTC
lidocaine hcl soln 4%	1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	
lidocaine oint 5%	1	QL (60 gm every 30 days)
lidocaine patch 4%	1	QL (90 patches every 30 days), OTC
lidocaine patch 5% (generic of LIDODERM)	1	QL (30 patches every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine-prilocaine cream 2.5-2.5%	1	
proxivol gel 2%	1	
7t lido gel 2%	1	
MISC. TOPICAL		
aluminum sulfate & calcium acetate powd pack	1	OTC
DRYSOL SOL 20%	2	
isopropyl alcohol swabs 70%	1	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	PA, QL (60 gm every 30 days)
ROSACEA AGENTS		
azelaic acid gel 15% (generic of FINACEA)	1	
metronidazole cream 0.75% (generic of METROCREAM)	1	
metronidazole gel 1% (generic of METROGEL)	1	QL (60 gm every 30 days)
rosadan cre 0.75% (generic of METROCREAM)	1	
SCABICIDES & PEDICULICIDES		
malathion lotion 0.5%	1	
permethrin creme rinse 1%	1	OTC
permethrin lotion 1%	1	OTC
pyrethrins-piperonyl butoxide liq 0.33-4%	1	OTC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
DIASTIX TES STRIPS	2	QL (100 strips every 30 days), OTC
FREESTYLE TES	2	AGE, OTC; Quantity Limit of 300/30 days for younger than age 18; Limit of 150/30 days for age 18 and older
FREESTYLE TES INSULINX	2	AGE, OTC; Quantity Limit of 300/30 days for younger than age 18; Limit of 150/30 days for age 18 and older
FREESTYLE TES LITE	2	AGE, OTC; Quantity Limit of 300/30 days for younger than age 18; Limit of 150/30 days for age 18 and older

Drug Name	Drug Tier	Requirements/Limits
PRECISION TES XTRA	2	AGE, OTC; Quantity Limit of 300/30 days for younger than age 18; Limit of 150/30 days for age 18 and older
PRECISN XTRA TES KETONE	2	OTC
URINE GLUCOSE-KETONE TEST STRIPS	2	OTC
URINE KETONE TEST STRIPS	2	OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)	1	
triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg (generic of BUMEX)	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
FUROSCIX KIT 80/10ML	2	
furosemide oral soln 8 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg (generic of LASIX)	1	
furosemide tab 40 mg (generic of LASIX)	1	
furosemide tab 80 mg (generic of LASIX)	1	
soaanz tab 20mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tab 5 mg	1	
spironolactone tab 25 mg (generic of ALDACTONE)	1	
spironolactone tab 50 mg (generic of ALDACTONE)	1	
spironolactone tab 100 mg (generic of ALDACTONE)	1	
triamterene cap 50 mg (generic of DYRENIUM)	1	
triamterene cap 100 mg (generic of DYRENIUM)	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
THALITONE TAB 15MG	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg (generic of FOSAMAX)	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FOSAMAX + D TAB 70-2800	2	

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-5600	2	
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg (generic of ACTONEL)	1	
risedronate sodium tab 150 mg (generic of ACTONEL)	1	
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONES		
NORDITROPIN INJ 5/1.5ML	2	SP, PA
NORDITROPIN INJ 10/1.5ML	2	SP, PA
NORDITROPIN INJ 15/1.5ML	2	SP, PA
NORDITROPIN INJ 30/3ML	2	SP, PA
SAIZEN INJ 5MG	2	SP, PA
SAIZEN INJ 8.8MG	2	SP, PA
SAIZENPREP INJ 8.8MG	2	SP, PA
SEROSTIM INJ 5MG	2	SP, PA
HORMONE RECEPTOR MODULATORS		
raloxifene hcl tab 60 mg (generic of EVISTA)	1	
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg (generic of ROCALTROL)	1	
calcitriol cap 0.25 mcg (generic of ROCALTROL)	1	
calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)	1	
cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPAR)	1	SP, PA
cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPAR)	1	SP, PA
cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPAR)	1	SP, PA
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
levocarnitine oral soln 1 gm/10ml (10%) (generic of CARNITOR)	1	
levocarnitine tab 330 mg (generic of CARNITOR)	1	
paricalcitol cap 1 mcg (generic of ZEMPLAR)	1	
paricalcitol cap 2 mcg (generic of ZEMPLAR)	1	

Drug Name	Drug Tier	Requirements/Limits
paricalcitol cap 4 mcg	1	
XURIDEN POW 2GM	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	1	QL (10 mL every 30 days)
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	QL (10 mL every 30 days)
desmopressin acetate tab 0.1 mg (generic of DDAVP)	1	
desmopressin acetate tab 0.2 mg (generic of DDAVP)	1	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
ESTROGENS		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY	2	
covaryx hs tab	1	
covaryx tab 1.25-2.5	1	
eemt hs tab	1	
eemt tab 1.25-2.5	1	
est estrogen tab mtest hs	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
dotti dis 0.1mg (generic of VIVELLE-DOT)	1	
dotti dis 0.05mg (generic of VIVELLE-DOT)	1	
dotti dis 0.025mg (generic of VIVELLE-DOT)	1	
dotti dis 0.075mg (generic of VIVELLE-DOT)	1	
dotti dis 0.0375mg (generic of VIVELLE-DOT)	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol tab 0.5 mg (generic of ESTRACE)	1	
estradiol tab 1 mg (generic of ESTRACE)	1	
estradiol tab 2 mg (generic of ESTRACE)	1	
estradiol td patch twice weekly 0.1 mg/24hr (generic of MINIVELLE)	1	
estradiol td patch twice weekly 0.05 mg/24hr (generic of MINIVELLE)	1	
estradiol td patch twice weekly 0.025 mg/24hr (generic of MINIVELLE)	1	
estradiol td patch twice weekly 0.075 mg/24hr (generic of MINIVELLE)	1	
estradiol td patch twice weekly 0.0375 mg/24hr (generic of MINIVELLE)	1	
estradiol td patch weekly 0.1 mg/24hr (generic of CLIMARA)	1	
estradiol td patch weekly 0.05 mg/24hr (generic of CLIMARA)	1	
estradiol td patch weekly 0.06 mg/24hr (generic of CLIMARA)	1	
estradiol td patch weekly 0.025 mg/24hr (generic of CLIMARA)	1	
estradiol td patch weekly 0.075 mg/24hr (generic of CLIMARA)	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (generic of CLIMARA)	1	
estradiol valerate im in oil 10 mg/ml (generic of DELESTROGEN)	1	
estradiol valerate im in oil 20 mg/ml (generic of DELESTROGEN)	1	
estradiol valerate im in oil 40 mg/ml (generic of DELESTROGEN)	1	
lyllana dis 0.1mg (generic of MINIVELLE)	1	
lyllana dis 0.05mg (generic of MINIVELLE)	1	
lyllana dis 0.025mg (generic of MINIVELLE)	1	
lyllana dis 0.075mg (generic of MINIVELLE)	1	
lyllana dis 0.0375mg (generic of MINIVELLE)	1	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO (5%) SUS 250MG/5	2	

Drug Name	Drug Tier	Requirements/Limits
CIPRO (10%) SUS 500MG/5	2	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	1	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)	1	
ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap 300 mg	1	
ursodiol tab 250 mg (generic of URSO 250)	1	
ursodiol tab 500 mg (generic of URSO FORTE)	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml (generic of GASTROCROM)	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	PA
lubiprostone cap 24 mcg (generic of AMITIZA)	1	PA
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)	1	
metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)	1	
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium cap 750 mg (generic of COLAZAL)	1	
mesalamine cap er 500 mg (generic of PENTASA)	1	
mesalamine enema 4 gm	1	

Drug Name	Drug Tier	Requirements/Limits
mesalamine rectal enema 4 gm & cleanser wipe kit (generic of ROWASA)	1	
mesalamine suppos 1000 mg (generic of CANASA)	1	
mesalamine tab delayed release 1.2 gm (generic of LIALDA)	1	ST
mesalamine tab delayed release 800 mg	1	
PENTASA CAP 250MG CR	2	
sulfasalazine tab 500 mg (generic of AZULFIDINE)	1	
sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)	1	
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10gm/15	1	
lactulose (encephalopathy) solution 10 gm/15ml	1	
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
calcium acetate (phosphate binder) tab 667 mg	1	OTC
FOSRENOL POW 750MG	2	
FOSRENOL POW 1000MG	2	
lanthanum carbonate chew tab 500 mg (elemental) (generic of FOSRENOL)	1	
lanthanum carbonate chew tab 750 mg (elemental) (generic of FOSRENOL)	1	
lanthanum carbonate chew tab 1000 mg (elemental) (generic of FOSRENOL)	1	
sevelamer carbonate packet 0.8 gm (generic of RENVELA)	1	
sevelamer carbonate packet 2.4 gm (generic of RENVELA)	1	
sevelamer carbonate tab 800 mg (generic of RENVELA)	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg (generic of RENAGEL)	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
cytra-k sol	1	OTC
ORACIT SOL	2	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)	1	
potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)	1	
potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)	1	
dutasteride cap 0.5 mg (generic of AVODART)	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)	1	
finasteride tab 5 mg (generic of PROSCAR)	1	
silodosin cap 4 mg (generic of RAPAFLO)	1	
silodosin cap 8 mg (generic of RAPAFLO)	1	
tamsulosin hcl cap 0.4 mg (generic of FLOMAX)	1	
URINARY ANALGESICS		
phenazo tab 200mg	1	
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
GOUT AGENTS		
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
febuxostat tab 40 mg (generic of ULORIC)	1	ST
febuxostat tab 80 mg (generic of ULORIC)	1	ST
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg (generic of AGRYLIN)	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)	1	
dipyridamole tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
prasugrel hcl tab 5 mg (base equiv) (generic of EFFIENT)	1	
prasugrel hcl tab 10 mg (base equiv) (generic of EFFIENT)	1	
ZONTIVITY TAB 2.08MG	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
dodex inj	1	
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	1	
FOLIC ACID/FOLATES		
folic acid tab 1 mg	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 25MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 25MCG	2	SP, QL (4 vials every 30 days)
ARANESP INJ 40MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 40MCG	2	SP, QL (4 vials every 30 days)
ARANESP INJ 60MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 60MCG	2	SP, QL (4 vials every 30 days)
ARANESP INJ 100MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 100MCG	2	SP, QL (4 vials every 30 days)
ARANESP INJ 150MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 200MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 200MCG	2	SP, QL (4 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 300MCG	2	SP, QL (4 syringes every 30 days)
ARANESP INJ 500MCG	2	SP, QL (4 syringes every 30 days)
EPOGEN INJ 2000/ML	2	SP, QL (4 vials every 30 days)
EPOGEN INJ 3000/ML	2	SP, QL (4 vials every 30 days)
EPOGEN INJ 4000/ML	2	SP, QL (4 vials every 30 days)
EPOGEN INJ 10000/ML	2	SP, QL (4 vials every 30 days)
EPOGEN INJ 20000/ML	2	SP, QL (4 vials every 30 days)
GRANIX INJ 300/0.5	2	SP, QL (12 syringes every 30 days)
GRANIX INJ 300/1ML	2	SP, QL (12 vials every 30 days)
GRANIX INJ 480/0.8	2	SP, QL (12 syringes every 30 days)
GRANIX INJ 480/1.6	2	SP, QL (12 vials every 30 days)
LEUKINE INJ 250MCG	2	SP
NEUPOGEN INJ 300/0.5	2	SP, QL (12 syringes every 30 days)
NEUPOGEN INJ 300MCG	2	SP, QL (12 vials every 30 days)
NEUPOGEN INJ 480/0.8	2	SP, QL (12 syringes every 30 days)
NEUPOGEN INJ 480MCG	2	SP, QL (12 vials every 30 days)
PROCRIT INJ 2000/ML	2	SP, QL (4 vials every 30 days)
PROCRIT INJ 3000/ML	2	SP, QL (4 vials every 30 days)
PROCRIT INJ 4000/ML	2	SP, QL (4 vials every 30 days)
PROCRIT INJ 10000/ML	2	SP, QL (4 vials every 30 days)
PROCRIT INJ 20000/ML	2	SP, QL (4 vials every 30 days)
PROCRIT INJ 40000/ML	2	SP, QL (4 vials every 30 days)
PROMACTA PAK 25MG	2	SP, PA
PROMACTA POW 12.5MG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 12.5MG	2	SP, PA
PROMACTA TAB 25MG	2	SP, PA
PROMACTA TAB 50MG	2	SP, PA
PROMACTA TAB 75MG	2	SP, PA
RETACRIT INJ 2000UNIT	2	SP, QL (4 vials every 30 days)
RETACRIT INJ 3000UNIT	2	SP, QL (4 vials every 30 days)
RETACRIT INJ 4000UNIT	2	SP, QL (4 vials every 30 days)
RETACRIT INJ 10000UNT	2	SP, QL (4 vials every 30 days)
RETACRIT INJ 20000UNI	2	SP, QL (4 vials every 30 days)
RETACRIT INJ 40000UNT	2	SP, QL (4 vials every 30 days)
HEMATOPOIETIC MIXTURES		
iferex 150 cap forte	1	
poly-iron cap 150 fort	1	
polysacchari cap iron	1	
IRON		
ferrous gluconate tab 240 mg (27 mg elemental fe)	1	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1	OTC
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)	1	OTC
ferrous sulfate tab 325 mg (65 mg elemental fe)	1	OTC
ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	1	OTC
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	1	OTC
polysaccharide iron complex cap 150 mg (iron equivalent)	1	OTC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid inj 250 mg/ml	1	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid tab 650 mg	1	QL (30 tabs every 30 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
doxylamine succinate (sleep) tab 25 mg	1	OTC

Drug Name	Drug Tier	Requirements/Limits
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
LAXATIVES		
BULK LAXATIVES		
METAMUCIL CAP 0.36GM	2	OTC
methylcellulose powder laxative	1	OTC
methylcellulose tab 500 mg	1	OTC
psyllium cap 0.52 gm	1	OTC
psyllium cap 400 mg	1	OTC
psyllium powder 25%	1	OTC
psyllium powder 27%	1	OTC
psyllium powder 28.3%	1	OTC
psyllium powder 30%	1	OTC
psyllium powder 30.9%	1	OTC
psyllium powder 33%	1	OTC
psyllium powder 43%	1	OTC
psyllium powder 48.57%	1	OTC
psyllium powder 49%	1	OTC
psyllium powder 51.7%	1	OTC
psyllium powder 58.6%	1	OTC
psyllium powder 95%	1	OTC
psyllium powder 100%	1	OTC
LAXATIVE COMBINATIONS		
gavilyte-c sol	1	
gavilyte-g sol (generic of GOLYTELY)	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1	
LAXATIVES - MISCELLANEOUS		
constulose sol 10gm/15	1	
lactulose solution 10 gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
polyethylene glycol 3350 oral powder 17 gm/scoop	1	OTC
SALINE LAXATIVES		
magnesium citrate soln	1	OTC
STIMULANT LAXATIVES		
bisacodyl tab delayed release 5 mg	1	OTC
sennosides cap 8.6 mg	1	OTC
sennosides chew tab 15 mg	1	OTC
sennosides syrup 8.8 mg/5ml	1	OTC
sennosides tab 8.6 mg	1	OTC
sennosides tab 15 mg	1	OTC
sennosides tab 17.2 mg	1	OTC
sennosides tab 25 mg	1	OTC
SURFACTANT LAXATIVES		
docusate sodium cap 100 mg	1	OTC
docusate sodium cap 250 mg	1	OTC
docusate sodium liquid 150 mg/15ml	1	OTC
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)	1	
azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg (generic of ZITHROMAX)	1	
azithromycin tab 500 mg (generic of ZITHROMAX)	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg (generic of BIAXIN XL)	1	
ERYTHROMYCINS		
erythrocin tab 250mg	1	
erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)	1	
erythromycin ethylsuccinate for susp 400 mg/5ml (generic of ERYPED 400)	1	
erythromycin ethylsuccinate tab 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	PA
DIFICID TAB 200MG	2	PA
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	2	
CONDOMS - FEMALE	2	OTC
CONDOMS - MALE	2	OTC
CONDOMS LATEX LUBRICATED - MALE	2	OTC
CONDOMS LATEX NON-LUBRICATED - MALE	2	OTC
CONDOMS NON-LATEX LUBRICATED - MALE	2	OTC
FEMCAP MIS 22MM	2	
FEMCAP MIS 26MM	2	
FEMCAP MIS 30MM	2	
OMNIFLEX DPR	2	
WIDE-SEAL DPR KIT 60	2	
WIDE-SEAL DPR KIT 65	2	
WIDE-SEAL DPR KIT 70	2	
WIDE-SEAL DPR KIT 75	2	
WIDE-SEAL DPR KIT 80	2	
WIDE-SEAL DPR KIT 85	2	
WIDE-SEAL DPR KIT 90	2	
WIDE-SEAL DPR KIT 95	2	
DIABETIC SUPPLIES		
DEXCOM G6 MIS RECEIVER	2	PA, QL (1 receiver every year); $0
DEXCOM G6 MIS SENSOR	2	PA, QL (3 boxes every 30 days); $0
DEXCOM G6 MIS TRANSMIT	2	PA, QL (1 box every 90 days); $0
DEXCOM G7 MIS RECEIVER	2	PA, QL (1 receiver every year); $0
DEXCOM G7 MIS SENSOR	2	PA, QL (3 boxes every 30 days); $0
FREESTY LIBR KIT 2 SENSOR	2	PA, QL (2 boxes every 28 days); $0

Drug Name	Drug Tier	Requirements/Limits
FREESTY LIBR KIT 3 SENSOR	2	PA, QL (2 boxes every 28 days); $0
FREESTY LIBR MIS 2 READER	2	PA, QL (1 reader every year); $0
FREESTYLE KIT SENSOR	2	PA, QL (2 boxes every 28 days); $0
FREESTYLE MIS READER	2	PA, QL (1 reader every year); $0
LANCET DEVICES	2	OTC
LANCETS	2	OTC
LANCETS KIT	2	OTC
LANCETS MISC	2	OTC
OMNIPOD 5 G6 KIT INTRO	2	$0
OMNIPOD 5 G6 MIS PODS	2	$0
OMNIPOD DASH KIT INTRO	2	$0
OMNIPOD DASH MIS PODS	2	$0
OMNIPOD GO KIT 10UNT/DY	2	$0
OMNIPOD GO KIT 15UNT/DY	2	$0
OMNIPOD GO KIT 20UNT/DY	2	$0
OMNIPOD GO KIT 25UNT/DY	2	$0
OMNIPOD GO KIT 30UNT/DY	2	$0
OMNIPOD GO KIT 35UNT/DY	2	$0
OMNIPOD GO KIT 40UNT/DY	2	$0
OMNIPOD MIS CLASSIC	2	$0
OMNIPOD PDM KIT CLASSIC	2	$0
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	2	
ESSENTRA MIS 9X9"	2	
ISOPROPYL ALCOHOL SWABS	2	
ISOPROPYL ALCOHOL SWABS	2	OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLES	2	
INSULIN PEN NEEDLES	2	OTC
INSULIN SYRINGE/NEEDLE U-100	2	AGE; Quantity Limit of 200/30 days for younger than age 19; Limit of 100/30 days for age 19 and older
INSULIN SYRINGE/NEEDLE U-100	2	AGE, OTC; Quantity Limit of 200/30 days for younger than age 19; Limit of 100/30 days for age 19 and older
SHARPS CONTAINER	2	OTC

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES		
ACE AERO CLD MIS ENHANCER	2	
AERCHMBR PLS MIS FLOW-VU	2	QL (1 spacer every year)
AERCHMBR PLS MIS LRG MASK	2	QL (1 spacer every year)
AERCHMBR PLS MIS MED MASK	2	QL (1 spacer every year)
AERCHMBR PLS MIS SM MASK	2	QL (1 spacer every year)
AERCHMBR Z- MIS STAT PLS	2	QL (1 spacer every year)
AEROCHAMBER MIS FLOSIGNA	2	QL (1 spacer every year)
AEROCHAMBER MIS MV	2	QL (1 spacer every year)
AEROCHAMBER MIS PLUS	2	QL (1 spacer every year)
BUBBLES PEDIATRIC MASK	2	OTC
CONVERSION MIS BABY SZ1	2	
CONVERSION MIS BABY SZ2	2	
CONVERSION MIS BABY SZ3	2	
EASIVENT MIS	2	QL (1 spacer every year)
EASIVENT MIS MASK LG	2	QL (1 spacer every year)
EASIVENT MIS MASK MED	2	QL (1 spacer every year)
EASIVENT MIS MASK SM	2	QL (1 spacer every year)
INSPIREASE MIS DD SYST	2	QL (1 spacer every year)
INSPIREASE MIS RES BAG	2	
MICROCHAMBER MIS	2	QL (1 spacer every year)
MICROSPACER MIS	2	QL (1 spacer every year)
PROCHAMBER MIS VHC	2	QL (1 spacer every year)
VORTEX VALVE MIS CHAMBER	2	QL (1 spacer every year)
VORTEX/MASK MIS CHILDS	2	QL (1 spacer every year)
VORTEX/MASK MIS TODDLER	2	QL (1 spacer every year)
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ 225/1.5	2	PA
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine tab 1-100 mg	1	
SEROTONIN AGONISTS		
eletriptan hydrobromide tab 20 mg (base equivalent) (generic of RELPAX)	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent) (generic of RELPAX)	1	QL (12 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (8 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (8 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (12 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)	1	QL (12 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)	1	QL (12 tabs every 30 days)
sumatriptan nasal spray 5 mg/act	1	QL (12 inhalers every 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (16 injections every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (16 injections every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)	1	QL (16 injections every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (16 injections every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml (generic of IMITREX STATDOSE REFILL)	1	QL (16 injections every 30 days)
sumatriptan succinate tab 25 mg (generic of IMITREX)	1	QL (16 tabs every 30 days)
sumatriptan succinate tab 50 mg (generic of IMITREX)	1	QL (16 tabs every 30 days)
sumatriptan succinate tab 100 mg (generic of IMITREX)	1	QL (16 tabs every 30 days)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 inhalers every 30 days)
zolmitriptan nasal spray 5 mg/spray unit (generic of ZOMIG)	1	QL (12 bottles every 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (18 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (15 tabs every 30 days)
zolmitriptan tab 2.5 mg	1	QL (18 tabs every 30 days)
zolmitriptan tab 5 mg (generic of ZOMIG)	1	QL (15 tabs every 30 days)

MINERALS & ELECTROLYTES

ELECTROLYTE MIXTURES

oral electrolyte solution	1	OTC

FLUORIDE

fluoritab dro 0.125mg	1	
nafrinse chw 1mg f	1	
nafrinse dro 0.125mg	1	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	
PHOSPHATE		
phospha 250 tab neutral	1	
phospho-trin tab 250 neut	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
virt-phos tab 250 neut	1	
wes-phos 250 tab neutral	1	
POTASSIUM		
effer-k tab 25meq ef	1	
k-prime tab 25meq ef	1	
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m10 tab 10meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
klor-con/ef tab 25meq fr	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)	1	
ZINC		
GALZIN CAP 25MG	2	
GALZIN CAP 50MG	2	
WILZIN CAP 25MG	2	
MISCELLANEOUS THERAPEUTIC CLASSES		
IMMUNOMODULATORS		
lenalidomide cap 5 mg	1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
lenalidomide cap 10 mg	1	SP, PA
lenalidomide cap 15 mg	1	SP, PA
lenalidomide cap 20 mg	1	SP, PA
lenalidomide cap 25 mg	1	SP, PA
lenalidomide caps 2.5 mg	1	SP, PA
REVLIMID CAP 2.5MG	2	SP, PA
REVLIMID CAP 20MG	2	SP, PA
THALOMID CAP 50MG	2	SP, PA
THALOMID CAP 100MG	2	SP, PA
THALOMID CAP 150MG	2	SP, PA
THALOMID CAP 200MG	2	SP, PA
IMMUNOSUPPRESSIVE AGENTS		
azasan tab 75 mg	1	
azasan tab 100mg	1	
azathioprine tab 50 mg (generic of IMURAN)	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
cyclosporine cap 25 mg (generic of SANDIMMUNE)	1	
cyclosporine cap 100 mg (generic of SANDIMMUNE)	1	
cyclosporine modified cap 25 mg (generic of NEORAL)	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg (generic of NEORAL)	1	
cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)	1	
gengraf cap 25mg (generic of NEORAL)	1	
gengraf cap 100mg (generic of NEORAL)	1	
gengraf sol 100mg/ml (generic of NEORAL)	1	
LUPKYNIS CAP 7.9MG	2	PA
mycophenolate mofetil cap 250 mg (generic of CELLCEPT)	1	
mycophenolate mofetil for oral susp 200 mg/ml (generic of CELLCEPT)	1	
mycophenolate mofetil tab 500 mg (generic of CELLCEPT)	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (generic of MYFORTIC)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (generic of MYFORTIC)	1	

Drug Name	Drug Tier	Requirements/Limits
sirolimus oral soln 1 mg/ml (generic of RAPAMUNE)	1	
sirolimus tab 0.5 mg (generic of RAPAMUNE)	1	
sirolimus tab 1 mg (generic of RAPAMUNE)	1	
sirolimus tab 2 mg (generic of RAPAMUNE)	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 0.5 mg (generic of PROGRAF)	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 1 mg (generic of PROGRAF)	1	
tacrolimus cap 5 mg (generic of PROGRAF)	1	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB 50MG	2	SP, PA
VIJOICE TAB 125MG	2	SP, PA
VIJOICE TAB 250MG	2	SP, PA
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate powder	1	
sps sus 15gm/60	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	2	SP, PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12% (generic of PERIDEX)	1	
periogard sol 0.12% (generic of PERIDEX)	1	
DENTAL PRODUCTS		
denta 5000 cre plus	1	
denta 5000 cre plus 2pk	1	
dentagel gel 1.1%	1	
just right gel 5000	1	
sf 5000 plus cre 1.1%	1	
sf gel 1.1%	1	
sod fluoride gel 1.1%	1	
sodium fluor cre 5000 pls	1	
sodium fluor cre 5000 ppm	1	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride rinse 0.2%	1	

Drug Name	Drug Tier	Requirements/Limits
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pst 0.1%	1	
oralone dent pst 0.1%	1	
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg (generic of EVOXAC)	1	
pilocarpine hcl tab 5 mg (generic of SALAGEN)	1	
pilocarpine hcl tab 7.5 mg (generic of SALAGEN)	1	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
activite tab	1	
b-plex tab	1	
dialyvite tab	1	
DIALYVITE/ TAB ZINC	2	
genicin tab vita-s	1	
nephronex tab	1	
tm-vite rx tab	1	
tronvite tab	1	
vitasure tab	1	
vp-vite rx tab	1	
wescaps cap	1	
xvite tab	1	
IRON W/ VITAMINS		
geritol tab complete	1	OTC
vitafol tab	1	
MULTIPLE VITAMINS W/ IRON		
daily multi tab vit/iron	1	OTC
daily vit tab +iron	1	OTC
daily vit tab iron	1	OTC
daily vite tab iron	1	OTC
daily-vitamn tab	1	OTC
multi vitami tab w/iron	1	OTC
multi-day tab /iron	1	OTC
multi-vit/fe tab	1	OTC
multiple vitamins w/ iron tab	1	OTC
multiv/iron tab adult	1	OTC
nat-rul dail tab vit/iron	1	OTC
one daily mv tab /iron	1	OTC
one-daily tab /iron	1	OTC
sm multiple tab vit/iron	1	OTC
stress b com tab w/iron	1	OTC
stress form tab /iron	1	OTC

Drug Name	Drug Tier	Requirements/Limits
tab-a-vite tab /iron	1	OTC
MULTIPLE VITAMINS W/ MINERALS		
a thru z adv tab adult	1	OTC
a thru z sel tab 50+ adva	1	OTC
a thru z sel tab 50+ mens	1	OTC
a thru z sel tab advanced	1	OTC
a thru z tab advanced	1	OTC
a thru z tab high pot	1	OTC
a thru z tab select	1	OTC
a thru z tab ultimate	1	OTC
a thru z ult tab mens	1	OTC
abc plus tab	1	OTC
abc plus tab senior	1	OTC
50+ adult cap eye hlth	1	OTC
advanced eye cap health	1	OTC
advanced tab formula	1	OTC
amoryn mood cap booster	1	OTC
antiox form/ cap minerals	1	OTC
antioxidant cap	1	OTC
antioxidant tab protecti	1	OTC
antioxidant tab vitamins	1	OTC
b-plex plus tab	1	
bdy/hair/skn cap nails	1	OTC
biocel tab	1	
bprotected liq multi-vi	1	OTC
centavite az tab minerals	1	OTC
central-vite tab mens mat	1	OTC
central-vite tab wmns mat	1	OTC
centravites tab	1	OTC
centravites tab 50 plus	1	OTC
century tab	1	OTC
century tab mature	1	OTC
cerovite tab senior	1	OTC
certa plus tab	1	OTC
certavite/ tab antioxid	1	OTC
comp multivi liq mineral	1	OTC
companion tab	1	OTC
compete tab	1	OTC
comple multi tab adlt 50+	1	OTC
coral calciu cap plus	1	OTC
corvita tab	1	
daily betic tab	1	OTC
daily combo tab	1	OTC

Drug Name	Drug Tier	Requirements/Limits
daily diet tab support	1	OTC
daily mens tab health	1	OTC
daily multi tab men	1	OTC
daily multi tab minerals	1	OTC
daily multi tab vit/mens	1	OTC
daily multi tab vit/min	1	OTC
daily multi tab womn 50+	1	OTC
daily vit tab +mineral	1	OTC
daily vitamn cap plus	1	OTC
daily womens tab health	1	OTC
daily-vitamn tab maximum	1	OTC
diabets hlth tab formula	1	OTC
dialyvite tab 800/d	1	OTC
dry eye cap formula	1	OTC
eq one daily tab womens	1	OTC
eql century tab	1	OTC
eql century tab mature	1	OTC
eql vision tab formula	1	OTC
essentia tab	1	OTC
essential tab balance	1	OTC
eye health & tab lutein	1	OTC
eye vitamins cap	1	OTC
eye-vites tab	1	OTC
eyeprotect tab	1	OTC
gerivite tab complete	1	OTC
glucoten cap	1	OTC
gnp century tab	1	OTC
gnp century tab ultimate	1	OTC
gnp healthy tab eyes	1	OTC
hair formula tab ex stren	1	OTC
hair skin tab nails	1	OTC
hair/skin cap nails	1	OTC
hair/skin/ tab nails	1	OTC
healthy eyes cap	1	OTC
healthy eyes cap superv 2	1	OTC
healthy eyes cap supervis	1	OTC
healthy eyes tab	1	OTC
healthy eyes tab lutein	1	OTC
hi-kovite tab 2-part	1	OTC
hi-potency tab multivit	1	OTC
hm complete tab women	1	OTC
i-vite tab	1	OTC
icaps cap	1	OTC
icaps lutein cap /omega-3	1	OTC

Drug Name	Drug Tier	Requirements/Limits
icaps mv tab	1	OTC
kp adult 50+ tab daily	1	OTC
kp adults tab daily	1	OTC
kp mens 50+ tab daily	1	OTC
kp mens tab daily	1	OTC
kp vision tab for/ltn	1	OTC
kp vision tab formula	1	OTC
kp women 50+ tab daily	1	OTC
kp womens tab daily	1	OTC
life pack tab mens	1	OTC
life pack tab womens	1	OTC
lysiplex tab plus	1	
macular hlth cap formula	1	OTC
macuvite tab	1	OTC
macuvite tab eye care	1	OTC
macuvite tab lutein	1	OTC
max daily tab green	1	OTC
mega multi tab men	1	OTC
mega multi tab women	1	OTC
mens daily cap lycopene	1	OTC
mens daily tab formula	1	OTC
milltrium sr tab	1	OTC
milltrium tab advanced	1	OTC
milltrium tab cardio	1	OTC
mult vitamin tab no iron	1	OTC
mult vitamin tab womens	1	OTC
multi 50+ cap for her	1	OTC
multi 50+ tab for her	1	OTC
multi 50+ tab for him	1	OTC
multi 50+ wm tab advanced	1	OTC
multi cap complete	1	OTC
multi cap for her	1	OTC
multi cap for him	1	OTC
multi complt tab /iron	1	OTC
multi tab for her	1	OTC
multi tab for him	1	OTC
multi-lean tab	1	OTC
multi-vit/ tab minerals	1	OTC
multi-vitami tab menopaus	1	OTC
multi-vite tab	1	OTC
multi-vite tab 50&over	1	OTC
multiple vitamins w/ minerals liquid	1	OTC
multiple vitamins w/ minerals tab	1	OTC
multiv women tab 50+	1	OTC

Drug Name	Drug Tier	Requirements/Limits
multivitamin cap daily	1	OTC
multivitamin liq	1	OTC
multivitamin liq mineral	1	OTC
multivitamin tab adlt 50+	1	OTC
multivitamin tab adults	1	OTC
multivitamin tab men 50+	1	OTC
multivitamin tab women	1	OTC
multivitamin tab womens	1	OTC
myamulti tab	1	OTC
nutrifac zx tab	1	
nutritional tab support	1	OTC
ocutabs tab	1	OTC
ocutabs tab lutein	1	OTC
ocuvite eye cap health	1	OTC
ocuvite eye tab + multi	1	OTC
ocuvite tab lutein	1	OTC
ocuvite xtra tab	1	OTC
one daily tab 50 plus	1	OTC
one daily tab 50+	1	OTC
one daily tab 50+ adv	1	OTC
one daily tab /mineral	1	OTC
one daily tab complete	1	OTC
one daily tab essentl	1	OTC
one daily tab fe/ca	1	OTC
one daily tab healthy	1	OTC
one daily tab iron-fre	1	OTC
one daily tab maximum	1	OTC
one daily tab men	1	OTC
one daily tab men 50+	1	OTC
one daily tab mens	1	OTC
one daily tab mens 50+	1	OTC
one daily tab multi-vi	1	OTC
one daily tab plus iro	1	OTC
one daily tab wom 50+	1	OTC
one daily tab women	1	OTC
one daily tab women 50	1	OTC
one daily tab womens	1	OTC
one dly hlth tab wght adv	1	OTC
one-a-day tab teen/her	1	OTC
optic-vites tab	1	OTC
optic-vites tab lutein	1	OTC
optimum pms tab	1	OTC
osteoprime tab ultra	1	OTC
prevent cap	1	OTC

Drug Name	Drug Tier	Requirements/Limits
prosight tab	1	OTC
px advanced tab multivit	1	OTC
px complete tab senior	1	OTC
px mens mult tab vitamins	1	OTC
qc hair/skin tab nails	1	OTC
qc therin-m tab	1	OTC
quintabs-m tab	1	OTC
ra one daily tab maximum	1	OTC
ra one daily tab mens	1	OTC
ra one daily tab mens 50+	1	OTC
ra one daily tab mens/d3	1	OTC
renaplex tab	1	OTC
senior tabs tab	1	OTC
sentry tab	1	OTC
sentry tab senior	1	OTC
sm complete tab	1	OTC
sm complete tab 50+	1	OTC
sm complete tab 50+ mens	1	OTC
sm complete tab 50+ wmn	1	OTC
sm complete tab adv form	1	OTC
sm complete tab senior	1	OTC
sm hair/skin tab /nails	1	OTC
sm opti-vita tab	1	OTC
spectr women tab hlth sen	1	OTC
spectra ultr tab hlth men	1	OTC
spectravite tab advanced	1	OTC
spectravite tab men	1	OTC
spectravite tab men 50+	1	OTC
spectravite tab senior	1	OTC
spectravite tab women	1	OTC
spectravite tab women 50	1	OTC
stress b-com tab antio/zn	1	OTC
stress form/ tab zinc	1	OTC
stresstabs tab advanced	1	OTC
super antiox cap protect	1	OTC
super antiox tab a/c/e/se	1	OTC
super liq nu-thera	1	OTC
super multip tab	1	OTC
super tab nu-thera	1	OTC
super thera tab vite m	1	OTC
supr aytinal tab	1	OTC
supr aytinal tab 50 plus	1	OTC
supr vitamin tab	1	OTC
systane icap cap areds2	1	OTC

Drug Name	Drug Tier	Requirements/Limits
thera form/ tab hematin	1	OTC
thera tab vital-m	1	OTC
thera vital tab m	1	OTC
thera-m tab	1	OTC
thera-mill m tab	1	OTC
therabasic-m tab	1	OTC
theradex m tab	1	OTC
theradex m/ tab beta car	1	OTC
therapeutic tab	1	OTC
therapeutic tab -m	1	OTC
therapeutic- tab m	1	OTC
therapeutic- tab m/lutein	1	OTC
theratrum co tab 50 plus	1	OTC
theratrum tab complete	1	OTC
thrive for tab women	1	OTC
tropical liq nutritio	1	OTC
ultra freeda tab	1	OTC
ultra freeda tab /iron	1	OTC
ultra multi cap /iron	1	OTC
ultrachoice tab advanced	1	OTC
vision form cap 2	1	OTC
vision form/ tab lutein	1	OTC
vision formu cap 50+	1	OTC
vision plus cap	1	OTC
vision tab vitamins	1	OTC
visivites tab	1	OTC
visivites tab /lutein	1	OTC
vita hair tab	1	OTC
vita s forte tab	1	
vita-min cap	1	OTC
vitabasic tab complete	1	OTC
vitabasic tab senior	1	OTC
vitacel tab	1	
vitatrum tab complete	1	OTC
viteyes cap complete	1	OTC
vitrum tab senior	1	OTC
womens 50+ cap advanced	1	OTC
womens 50+ tab advanced	1	OTC
womens cap multi	1	OTC
womens daily tab fa/ca/fe	1	OTC
womens daily tab formula	1	OTC
womens mult tab	1	OTC
womns active tab daily	1	OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
anti-oxidant tab	1	OTC
daily multi tab vitamins	1	OTC
daily tab vitamin	1	OTC
daily value tab multivit	1	OTC
daily vit tab	1	OTC
daily vite tab	1	OTC
daily-vitamn tab	1	OTC
daily-vite tab	1	OTC
essentl one tab daily	1	OTC
healthy hair tab skn/nail	1	OTC
mult vitamin tab daily	1	OTC
mult vitamin tab essent	1	OTC
multi-day tab	1	OTC
multi-vitamn tab	1	OTC
multiple vitamin tab	1	OTC
multivitamin tab adult	1	OTC
multivitamin tab daily	1	OTC
multivitamin tab iron-fre	1	OTC
once daily tab	1	OTC
one daily tab	1	OTC
one daily tab essentl	1	OTC
one daily tab multivit	1	OTC
one-daily tab mult vit	1	OTC
one-daily tab mult-vit	1	OTC
qc essential tab	1	OTC
sm multiple tab vitamins	1	OTC
stress form tab	1	OTC
stress formu tab	1	OTC
stresstabs tab	1	OTC
stresstabs tab energy	1	OTC
tab-a-vite tab	1	OTC
tab-a-vite tab beta car	1	OTC
thera-mill tab	1	OTC
thera-tabs tab	1	OTC
vitalee tab	1	OTC
PED MULTI VITAMINS W/FL & FE		
multi-vit/fe dro /fl 0.25	1	OTC
multi-vit/fl dro /fe 0.25	1	
PED MULTIPLE VITAMINS W/ MINERALS		
alive gummie chw children	1	OTC
alive multi chw childrns	1	OTC
childrens chw gummies	1	OTC

Drug Name	Drug Tier	Requirements/Limits
eq multivita chw gummies	1	OTC
flintstones chw bone bld	1	OTC
gummi bear chw multivit	1	OTC
gummies chw	1	OTC
gummy dinos chw	1	OTC
gummy dinos chw chldrn	1	OTC
gummy multiv chw kids	1	OTC
healthy kids chw overall	1	OTC
multivitamin chw child	1	OTC
multivitamin chw children	1	OTC
mvw complete chw bubblgum	1	OTC
mvw complete chw d3000	1	OTC
mvw complete chw d5000	1	OTC
mvw complete chw orange	1	OTC
smarty pants chw kids	1	OTC
vitachew chw	1	OTC
zoo friends chw gummies	1	OTC
PED MV W/ FLUORIDE		
multi vit/fl dro 0.5mg/ml	1	OTC
multi-vit/fl dro 0.5mg/ml	1	
multivit/fl dro 0.25mg	1	
tri-vit/fluo dro 0.25mg	1	
vit a/c/d/fl dro 0.25mg	1	
PED MV W/ IRON		
animal shape chw complete	1	OTC
bite-a-mins chw /iron	1	OTC
cerovite jr chw	1	OTC
chewable chw children	1	OTC
child multiv chw iron	1	OTC
child vitami chw	1	OTC
childrens chw /iron	1	OTC
childrens chw complete	1	OTC
chld mltivit chw /mineral	1	OTC
compl multiv chw childrns	1	OTC
cvs children chw complete	1	OTC
flintstones chw complete	1	OTC
flintstones chw ext iron	1	OTC
flintstones chw w/iron	1	OTC
fruity chews chw /iron	1	OTC
land bfr tim chw vit/iron	1	OTC
MULTI/IRON/ DRO 11MG/ML	2	OTC
MULTI/IRON/ DRO INF/TODD	2	OTC
PED POLY-VIT DRO /IRON	2	OTC

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-SOL SOL IRON	2	OTC
POLY-VITA/FE DRO	2	OTC
POLY-VITE SOL /IRON	2	OTC
POLY-VITE SOL IRON	2	OTC
qc childrens chw complete	1	OTC
qc childrens chw iron	1	OTC
sm animal sh chw complete	1	OTC
ultra choice chw kids	1	OTC
PEDIATRIC MULTIPLE VITAMINS		
animal chews chw	1	OTC
bite-a-mins chw	1	OTC
child chew chw vitamins	1	OTC
child chew/ chw extra c	1	OTC
children vit chw	1	OTC
childrens chw multivit	1	OTC
childrens chw vitamin	1	OTC
childrens chw vitamins	1	OTC
culturelle chw	1	OTC
culturelle chw kids	1	OTC
dino-life chw	1	OTC
dino-life chw extra c	1	OTC
flintstones chw extra c	1	OTC
flintstones chw multivit	1	OTC
flintstones chw my first	1	OTC
flintstones chw omega-3	1	OTC
flintstones chw pls calc	1	OTC
fruity chews chw	1	OTC
gerber grow chw mighty	1	OTC
gerber lil chw brainies	1	OTC
gnp little chw ones	1	OTC
kids probiot chw multivit	1	OTC
land bfr tim chw vit/c	1	OTC
little chw animals	1	OTC
multivitamin chw children	1	OTC
qc childrens chw extra c	1	OTC
sm animal chw shapes	1	OTC
zoo friends chw extra c	1	OTC
zoo friends chw gummies	1	OTC
PEDIATRIC VITAMINS		
HONEY BEARS CHW	2	OTC
MULTIVITAMIN CHW CHILD	2	OTC
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	2	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CO-NATAL FA TAB 29-1MG	2	
inatal gt tab	1	
M-NATAL PLUS TAB	2	
NEONATAL PLS TAB 27-1MG	2	
NEONATAL TAB COMPLETE	2	
NEONATAL TAB COMPLTE	2	
NEONATAL TAB PLUS	2	
NIVA-PLUS TAB	2	
OB COMPLETE TAB	2	
ONE VITE TAB 1MG PLUS	2	
pnv-dha cap	1	
pnv-select tab	1	
PRENATAL 19 CHW 29-1MG	2	
prenatal 19 chw tab	1	
PRENATAL 19 TAB 29-1MG	2	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW IRON	2	
PRENATAL+FE TAB 29-1MG	2	
PRENATRIX TAB	2	
PRENATRYL TAB	2	
PREPLUS TAB 27-1MG	2	
SE-NATAL 19 CHW	2	
SE-NATAL 19 TAB	2	
SELECT-OB+ PAK DHA	2	
THRIVITE RX TAB 29-1MG	2	
TRICARE TAB PRENATAL	2	
trinate tab	1	
VINATE ONE TAB	2	
VITAFOL CHW GUMMIES	2	
VITAFOL-OB TAB 65-1MG	2	
VITATHELY TAB	2	
WESTAB PLUS TAB 27-1MG	2	
SPECIALTY VITAMINS PRODUCTS		
a thru z tab advantag	1	OTC
hair/skin/ tab nails	1	OTC
urosex tab	1	
vit for hair tab	1	OTC

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg (generic of SOMA)	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
fexmid tab 7.5mg	1	
metaxalone tab 400 mg	1	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)	1	
vanadom tab 350mg (generic of SOMA)	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg (generic of DANTRIUM)	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
MUSCLE RELAXANT COMBINATIONS		
norgesic tab	1	
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	2	OTC
NOZIN NASAL MIS SANITIZE	2	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (1 bottle every 30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	QL (1 bottle every 30 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	QL (30 mL every 30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	QL (15 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle every 30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle every 30 days), OTC
mometasone furoate nasal susp 50 mcg/act	1	Covered for age 2 to 4
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	1	QL (2 bottles every 30 days), OTC
SYMPATHOMIMETIC DECONGESTANTS		
phenylephrine hcl tab 10 mg	1	OTC
pseudoephedrine hcl tab 30 mg	1	OTC
pseudoephedrine hcl tab 60 mg	1	OTC
pseudoephedrine hcl tab er 12hr 120 mg	1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EXSERVAN MIS 50MG	2	
RADICAVA ORS SUS 105/5ML	2	SP, PA
RADICAVA ORS SUS STARTER	2	SP, PA
riluzole tab 50 mg (generic of RILUTEK)	1	
TEGLUTIK SUS 50/10ML	2	
NUTRIENTS		
PROTEINS		
levocarnitine (dietary) oral soln 1 gm/10ml	1	OTC
levocarnitine cap 250 mg	1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear ophth solution	1	OTC
carboxymethylcellulose sodium (pf) ophth gel 1%	1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5%	1	OTC
carboxymethylcellulose sodium ophth gel 1%	1	OTC
carboxymethylcellulose sodium ophth soln 0.5%	1	OTC
carboxymethylcellulose sodium ophth soln 0.25%	1	OTC
dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	1	OTC
dextran 70-hypromellose ophth soln 0.1-0.3%	1	OTC
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%	1	OTC
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	1	OTC

Drug Name	Drug Tier	Requirements/Limits
polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	1	OTC
polyvinyl alcohol ophth soln 1.4%	1	OTC
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	1	OTC
propylene glycol ophth soln 0.6%	1	OTC
propylene glycol-glycerin ophth soln 1-0.3%	1	OTC
white petrolatum-mineral oil ophth ointment	1	OTC
BETA-BLOCKERS - OPHTHALMIC		
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)	1	
timolol maleate ophth soln 0.25%	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1%	2	
ATROPINE SUL SOL 1% OP	2	
atropine sulfate ophth oint 1%	1	
atropine sulfate ophth soln 1%	1	
cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)	1	
homatropaire sol 5% op	1	
ISOPTO ATROP SOL 1% OP	2	
MIOTICS		
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine tartrate ophth soln 0.1% (generic of ALPHAGAN P)	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15% (generic of ALPHAGAN P)	1	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac oin op	1	

Drug Name	Drug Tier	Requirements/Limits
AZASITE SOL 1%	2	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gentak oin 0.3% op	1	
gentamicin sulfate ophth soln 0.3%	1	
KLARITY-A DRO 1%	2	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)	1	
neo-polycin oin op	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3% (generic of OCUFLOX)	1	
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	2	
trifluridine ophth soln 1%	1	
XDEMVY DRO 0.25%	2	PA
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (ophth) emulsion 0.05% (generic of RESTASIS)	1	QL (60 single use vials every 30 days)
OPHTHALMIC STEROIDS		
dexamethasone sodium phosphate ophth soln 0.1%	1	
fluorometholone ophth susp 0.1% (generic of FML LIQUIFILM)	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
loteprednol etabonate ophth susp 0.5% (generic of LOTEMAX)	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	1	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	2	
PRED-G S.O.P OIN OP	2	
PRED-G SUS OP	2	
prednisolone acetate ophth susp 1% (generic of PRED FORTE)	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
azelastine hcl ophth soln 0.05%	1	
brinzolamide ophth susp 1% (generic of AZOPT)	1	
cromolyn sodium ophth soln 4%	1	
dorzolamide hcl ophth soln 2%	1	
ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)	1	
ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)	1	
ketotifen fumarate ophth soln 0.025%	1	OTC
NEVANAC SUS 0.1%	2	
NEVANAC SUS 0.1% OP	2	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	OTC
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	OTC
PATADAY SOL 0.7%	2	OTC
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005% (generic of XALATAN)	1	
LUMIGAN SOL 0.01%	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic of TRAVATAN Z)	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	

Drug Name	Drug Tier	Requirements/Limits
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
flac oil 0.01% (generic of DERMOTIC)	1	
fluocinolone acetonide (otic) oil 0.01% (generic of DERMOTIC)	1	
hydrocortisone w/ acetic acid otic soln 1-2% (generic of HYDROCORTISONE/ACETIC ACI)	1	
OXYTOCICS		
OXYTOCICS		
methergine tab 0.2mg	1	
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	2	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PROGESTINS		
PROGESTINS		
hydroxyprogesterone caproate im in oil 250 mg/ml	1	SP, QL (4 injections every 30 days)
hydroxyprogesterone caproate im in oil 250 mg/ml	1	SP, QL (4 mL every 30 days)
MAKENA INJ 275MG	2	SP, QL (4 injections every 30 days)
medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)	1	
medroxyprogesterone acetate tab 5 mg (generic of PROVERA)	1	
medroxyprogesterone acetate tab 10 mg (generic of PROVERA)	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 100 mg (generic of PROMETRIUM)	1	
progesterone cap 200 mg (generic of PROMETRIUM)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTIDEMENTIA AGENTS		
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride tab 5 mg (generic of ARICEPT)	1	
donepezil hydrochloride tab 10 mg (generic of ARICEPT)	1	
donepezil hydrochloride tab 23 mg (generic of ARICEPT)	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)	1	
memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)	1	
memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg (generic of NAMENDA)	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)	1	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)	1	
rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)	1	
rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)	1	
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab 12.5 mg (generic of XENAZINE)	1	SP, PA
tetrabenazine tab 25 mg (generic of XENAZINE)	1	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN KIT 30MCG	2	SP, PA
AVONEX PREFL KIT 30MCG	2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
dalfampridine tab er 12hr 10 mg (generic of AMPYRA)	1	SP, PA
dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)	1	SP, PA
dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)	1	SP, PA
EXTAVIA INJ 0.3MG	2	SP, PA
glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)	1	SP, PA
glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)	1	SP, PA
glatopa inj 20mg/ml (generic of COPAXONE)	1	SP, PA
glatopa inj 40mg/ml (generic of COPAXONE)	1	SP, PA
PLEGRIDY INJ	2	SP, PA
PLEGRIDY INJ PEN	2	SP, PA
PLEGRIDY INJ STARTER	2	SP, PA
PLEGRIDY PEN INJ STARTER	2	SP, PA
REBIF INJ 22/0.5	2	SP, PA
REBIF INJ 44/0.5	2	SP, PA
REBIF REBIDO INJ 22/0.5	2	SP, PA
REBIF REBIDO INJ 44/0.5	2	SP, PA
REBIF REBIDO INJ TITRATN	2	SP, PA
REBIF TITRTN INJ PACK	2	SP, PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
RESPIRATORY AGENTS - MISC.		
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	2	SP, PA
OFEV CAP 150MG	2	SP, PA
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	
TETRACYCLINES		
TETRACYCLINES		
avidoxy tab 100mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg (generic of VIBRAMYCIN)	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate for susp 25 mg/5ml (generic of VIBRAMYCIN)	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
lymepak tab 100mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 100 mg	1	
mondoxyne nl cap 100mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
ADTHYZA TAB 15MG	2	
ADTHYZA TAB 30MG	2	
ADTHYZA TAB 60MG	2	
ADTHYZA TAB 90MG	2	
ADTHYZA TAB 120MG	2	
ARMOUR THYRO TAB 15MG	2	
ARMOUR THYRO TAB 30MG	2	
ARMOUR THYRO TAB 60MG	2	
ARMOUR THYRO TAB 90MG	2	
ARMOUR THYRO TAB 120MG	2	
ARMOUR THYRO TAB 180MG	2	
ARMOUR THYRO TAB 240MG	2	
ARMOUR THYRO TAB 300MG	2	
euthyrox tab 25mcg (generic of SYNTHROID)	1	
euthyrox tab 50mcg (generic of SYNTHROID)	1	
euthyrox tab 75mcg (generic of SYNTHROID)	1	
euthyrox tab 88mcg (generic of SYNTHROID)	1	
euthyrox tab 100mcg (generic of SYNTHROID)	1	
euthyrox tab 112mcg (generic of SYNTHROID)	1	
euthyrox tab 125mcg (generic of SYNTHROID)	1	
euthyrox tab 137mcg (generic of SYNTHROID)	1	
euthyrox tab 150mcg (generic of SYNTHROID)	1	

Drug Name	Drug Tier	Requirements/Limits
euthyrox tab 175mcg (generic of SYNTHROID)	1	
euthyrox tab 200mcg (generic of SYNTHROID)	1	
levo-t tab 25mcg (generic of SYNTHROID)	1	
levo-t tab 50mcg (generic of SYNTHROID)	1	
levo-t tab 75mcg (generic of SYNTHROID)	1	
levo-t tab 88mcg (generic of SYNTHROID)	1	
levo-t tab 100mcg (generic of SYNTHROID)	1	
levo-t tab 112mcg (generic of SYNTHROID)	1	
levo-t tab 125mcg (generic of SYNTHROID)	1	
levo-t tab 137mcg (generic of SYNTHROID)	1	
levo-t tab 150mcg (generic of SYNTHROID)	1	
levo-t tab 175mcg (generic of SYNTHROID)	1	
levo-t tab 200mcg (generic of SYNTHROID)	1	
levo-t tab 300 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 25 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 50 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 75 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 88 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 100 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 112 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 125 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 137 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 150 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 175 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 200 mcg (generic of SYNTHROID)	1	
levothyroxine sodium tab 300 mcg (generic of SYNTHROID)	1	
levoxyl tab 25mcg (generic of SYNTHROID)	1	
levoxyl tab 50mcg (generic of SYNTHROID)	1	
levoxyl tab 75mcg (generic of SYNTHROID)	1	
levoxyl tab 88mcg (generic of SYNTHROID)	1	
levoxyl tab 100mcg (generic of SYNTHROID)	1	
levoxyl tab 112mcg (generic of SYNTHROID)	1	

Drug Name	Drug Tier	Requirements/Limits
levoxyl tab 125mcg (generic of SYNTHROID)	1	
levoxyl tab 137mcg (generic of SYNTHROID)	1	
levoxyl tab 150mcg (generic of SYNTHROID)	1	
levoxyl tab 175mcg (generic of SYNTHROID)	1	
levoxyl tab 200mcg (generic of SYNTHROID)	1	
liothyronine sodium tab 5 mcg (generic of CYTOMEL)	1	
liothyronine sodium tab 25 mcg (generic of CYTOMEL)	1	
liothyronine sodium tab 50 mcg (generic of CYTOMEL)	1	
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NIVA THYROID TAB 90MG	2	
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THYROID TAB 60MG	2	
THYROID TAB 90MG	2	
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unithroid tab 75mcg (generic of SYNTHROID)	1	
unithroid tab 88mcg (generic of SYNTHROID)	1	
unithroid tab 100mcg (generic of SYNTHROID)	1	
unithroid tab 112mcg (generic of SYNTHROID)	1	
unithroid tab 125mcg (generic of SYNTHROID)	1	
unithroid tab 137mcg (generic of SYNTHROID)	1	
unithroid tab 150mcg (generic of SYNTHROID)	1	
unithroid tab 175mcg (generic of SYNTHROID)	1	
unithroid tab 200mcg (generic of SYNTHROID)	1	
unithroid tab 300mcg (generic of SYNTHROID)	1	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl tab 20 mg	1	
ed-spaz tab 0.125mg	1	
glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)	1	
glycopyrrolate tab 1 mg (generic of ROBINUL)	1	
glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	
hyosyne dro 0.125/ml	1	
hyosyne elx 0.125/5	1	
nulev tab 0.125mg	1	
oscimin sub 0.125mg	1	
oscimin tab 0.125mg	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
phenohytro tab	1	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 10 mg	1	OTC
famotidine tab 20 mg	1	OTC
famotidine tab 20 mg (generic of PEPCID)	1	
famotidine tab 40 mg (generic of PEPCID)	1	
nizatidine cap 150 mg	1	
MISC. ANTI-ULCER		
sucralfate susp 1 gm/10ml (generic of CARAFATE)	1	
sucralfate tab 1 gm (generic of CARAFATE)	1	
PROTON PUMP INHIBITORS		
acid reducer tab 20mg dr	1	OTC
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (60 caps every 30 days), OTC
esomeprazole magnesium cap delayed release 40 mg (base eq) (generic of NEXIUM)	1	

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium tab delayed release 20 mg	1	QL (60 tabs every 30 days), OTC
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 15 mg	1	OTC
lansoprazole cap delayed release 30 mg (generic of PREVACID)	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
omeprazole delayed release tab 20 mg	1	OTC
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	1	OTC
omeprazole magnesium delayed release tab 20 mg (base equiv)	1	OTC
pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)	1	
pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)	1	
rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab 100 mcg	1	
misoprostol tab 100 mcg (generic of CYTOTEC)	1	
misoprostol tab 200 mcg	1	
misoprostol tab 200 mcg (generic of CYTOTEC)	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	QL (112 ea every 14 days)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)	1	
HELIDAC MIS THERAPY	2	
omepra/bicar cap 20-1100	1	OTC
omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)	1	
omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)	1	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)	1	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg (generic of VESICARE)	1	
solifenacin succinate tab 10 mg (generic of VESICARE)	1	
tolterodine tartrate cap er 24hr 2 mg (generic of DETROL LA)	1	
tolterodine tartrate cap er 24hr 4 mg (generic of DETROL LA)	1	
tolterodine tartrate tab 1 mg (generic of DETROL)	1	
tolterodine tartrate tab 2 mg (generic of DETROL)	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)	1	
clotrimazole vaginal cream 1%	1	OTC
clotrimazole vaginal cream 2%	1	OTC
metronidazole vaginal gel 0.75%	1	
MICONAZOLE 1 KIT COMBO	2	OTC
miconazole 3 sup 200mg	1	
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	1	OTC
miconazole nitrate vaginal cream 2%	1	OTC
miconazole nitrate vaginal cream 4% (200 mg/5gm)	1	OTC

Drug Name	Drug Tier	Requirements/Limits
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	1	OTC
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	1	OTC
miconazole nitrate vaginal suppos 100 mg	1	OTC
MONISTAT 3 KIT COMBO PK	2	OTC
MONISTAT 7 KIT COMBO PK	2	OTC
MONISTAT 7 KIT COMPLETE	2	OTC
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
vandazole gel 0.75%	1	
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)	1	
estradiol vaginal tab 10 mcg (generic of VAGIFEM)	1	
PREMARIN VAG CRE 0.625MG	2	
yuvafem tab 10mcg (generic of VAGIFEM)	1	
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100	2	
PROGESTERONE SUP VGS 200	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (8 pens every year)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)	1	QL (8 pens every year)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)	1	QL (8 pens every year)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (8 pens every year)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)	1	
phytonadione tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
vitamin d2/ergocalciferol soln 200 mcg/ml (8000 unit/ml)	1	OTC
VITAMIN D3 DRO 5000UNIT	1	OTC
vitamin d3/cholecalciferol cap 1.25 mg (50000 unit)	1	OTC
vitamin d3/cholecalciferol cap 10 mcg (400 unit)	1	OTC
vitamin d3/cholecalciferol cap 25 mcg (1000 unit)	1	OTC
vitamin d3/cholecalciferol cap 50 mcg (2000 unit)	1	OTC
vitamin d3/cholecalciferol cap 125 mcg (5000 unit)	1	OTC
vitamin d3/cholecalciferol cap 250 mcg (10000 unit)	1	OTC
vitamin d3/cholecalciferol chew tab 25 mcg (1000 unit)	1	OTC
vitamin d3/cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	1	OTC
vitamin d3/cholecalciferol tab 125 mcg (5000 unit)	1	OTC
vitamin e cap 45 mg (100 unit)	1	OTC
vitamin e cap 90 mg (200 unit)	1	OTC
vitamin e cap 100 unit	1	OTC
vitamin e cap 134 mg (200 unit)	1	OTC
vitamin e cap 180 mg (400 unit)	1	OTC
vitamin e cap 200 unit	1	OTC
vitamin e cap 268 mg (400 unit)	1	OTC
vitamin e cap 270 mg (600 unit)	1	OTC
vitamin e cap 400 unit	1	OTC
vitamin e oral oil 45 mg/0.25ml (100 unit/0.25ml)	1	OTC
vitamin e oral oil 67 mg/0.25ml (100 unit/0.25ml)	1	OTC
vitamin e soln 6.75 mg/0.3ml (15 unit/0.3ml)	1	OTC
WATER SOLUBLE VITAMINS		
niacin tab 50 mg	1	OTC
niacin tab 100 mg	1	OTC
niacin tab 250 mg	1	OTC
niacin tab 500 mg	1	OTC
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