

Prominence Health

Prominence Formulary #1

PROMINENCE MEDICARE ADVANTAGE

2026 Formulary (List of Covered Drugs)

Plans using this formulary include:
Plus (HMO) - Northern Nevada, Washoe, Palm Beach, North Texas, South Texas
Extra Help (HMO) - Northern Nevada, Washoe, Palm Beach, North Texas, South Texas
Dual (HMO DSNP) - Northern Nevada, Washoe, Palm Beach, North Texas, South Texas
Giveback (HMO) - Washoe, Palm Beach, North Texas, South Texas
Beyond (HMO) - North Texas, South Texas

PLEASE READ:
This document contains information about the drugs we cover in this plan.
HPMS Approved Formulary File Submission ID: 26436, Version Number 23
This formulary was updated on 10/20/2026. For more recent information or other questions, please contact Prominence Health Member Services, at **833-775-MEDS (6337)** or, for TTY users, **711**, 8 am to 8 pm, 7 days a week from October 1 – March 31 and 8 am to 8 pm, Monday – Friday from April 1 – September 30 or visit **ProminenceMedicare.com**.

Prominence Health

2026 Formulary

List of Covered Drugs or “Drug List”

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

26436

This formulary was updated on **10/20/2026**. For more recent information or other questions, please contact Prominence Health’s Member Service at 833-775-MEDS (6337) or TTY users should call 711, 8 am to 8 pm, 7 days a week from October 1 – March 31 and 8 am to 8 pm, Monday – Friday from April 1 – September 30 or visit ProminenceMedicare.com.

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Prominence Health Plan. When it refers to “plan” or “our plan,” it means Prominence Medicare Advantage Plans.

This document includes a Drug List (formulary) for our plan which is current as of **10/20/2026**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Prominence Health formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Prominence Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Prominence network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Prominence Health please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: https://prominencemedicare.com/get-care/prescription-drugs-part-d/prescription-forms-and-resources/

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Prominence Health’s Formulary?

  Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therap1y restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective.
  Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Prominence Health’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **10/20/2026**. To get updated information about the drugs covered by Prominence please contact us. Our contact information appears on the front and back cover pages. If there is a mid-year, non-maintenance change to the formulary, we will update printed formularies with an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on **page 15**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on **page 13**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 95**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Prominence Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars.
Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand

name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Prominence Health requires you (or your prescriber) to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 15**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Prominence Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Prominence Health’s formulary?” on **page 7** for information about how to request an exception

What if my drug is not on the Formulary?

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

If you learn that Prominence Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Prominence Health. When you receive the list, show it to your doctor

and ask them to prescribe a similar drug that is covered by us.

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

How do I request an exception to the Prominence Health Plan's Formulary?

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

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

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Prominence Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

Generally, Prominence Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on

our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Members who have a change in level of care (setting) will be allowed up to a one-time 31-day transition supply per drug. For example, members who:

- Enter long-term care (LTC) facilities from hospitals are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short-term planning taken into account (often under 8 hours).
- Are discharged from a hospital to a home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community. If a member has more than one change in level of care in a month, the pharmacy will have to call us to request an extension of the transition policy.

For more information

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

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

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

Prominence Health Formulary

The formulary below that begins on the next page provides coverage information about the drugs covered by Prominence Health. If you have trouble finding your drug in the list, turn to the Index that begins on **page 95**.

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

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

- **PA BvD: Prior Authorization Restriction for Part B vs Part D Determination**. This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **QL: Quantity Limit:** For certain drugs, Prominence Health limits the amount of the drug that we will cover. For example, Prominence Health provides twelve tablets per prescription for Sumatriptan Succinate. This may be in addition to a standard one-month or three-month supply.
- **ST: Step Therapy:** In some cases, Prominence Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **PA: Prior Authorization:** Prominence Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **PA NSO: Prior Authorization Restriction for New Starts Only:** If there is no evidence that you have taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
- **NDS: Non-Extended Days' Supply:** Drugs not available for an extended days' supply (i.e. more than a one-month supply) are noted with "NDS" in the Requirements/Limits column of your formulary.
- **GC: Gap Coverage:** We provide coverage of this prescription drug in the coverage gap, if your plan provides gap coverage. Please refer to our Evidence of Coverage for more information about this coverage.
- **LA: Limited Availability:** This prescription may be available only at

certain pharmacies. For more information, consult your Provider and Pharmacy Directory or call Member Services at 1- 844-587-7389, 8 am to 8 pm, 7 days a week from October 1- March 31 and 8am to 8pm, Monday - Friday from April 1 -September 30. TTY users should call 711.

- **EX;CB: Excluded Part D Capped Benefit:** Drugs covered by the plan that are excluded by Medicare law that are covered by your plan as a supplemental or bonus drug but do not count toward TrOOP.
- **NM: Not Available by Mail Order:** These are typically medications that need to be ordered from a specialty pharmacy and are listed as TIER 5 medications and are restricted to a 30day supply.

Dosage Form and Route of Administrations, Abbreviations

Description	Abbreviation
buccal tablet [tableta bucal]	bucc tab
cartridge [cartucho]	cart
concentrate [concentrado]	conc
cream [crema]	crm
delayed release [liberación tardía]	dr
emulsion [emulsión]	emul
extended release [liberación prolongada]	er
external [externo]	ext
external liquid [líquido externo]	ext liq
external packet [paquete externo]	ext pckt
external shampoo [champú externo]	shampoo
external swab [hisopo externo]	swab
gel [gel]	gel
inhalation aerosol powder breath activated [polvo en aerosol activado por respiración para inhalación]	inh aer pwdr br act
inhalation aerosol solution [solución en aerosol para inhalación]	inh aer
inhalation capsule [cápsula para inhalación]	inh cap
inhalation inhaler [inhalador para inhalación]	inhaler
inhalation nebulization solution [solución para inhalación por nebulización]	inh neb soln
inhalation solution [solución para inhalación]	inh soln
inhalation suspension [suspensión para inhalación]	inh susp
injection / injectable [inyección / inyectable]	inj
injection device [dispositivo inyectable]	inj dev
intramuscular injectable [inyectable intramuscular]	im inj
intramuscular oil [aceite intramuscular]	im oil
intravenous injectable [inyectable intravenoso]	iv inj
irrigation solution [solución para irrigación]	irrig soln
lotion [loción]	lot
miscellaneous [misceláneo]	misc
mouth/throat paste [pasta para boca/garganta]	m/t paste
nasal inhaler [inhalador nasal]	nasal inh
ointment [ungüento]	oint
ophthalmic [oftálmico]	ophth
ophthalmic gel forming solution [solución formadora de gel para uso oftálmico]	ophth gfs

Description	Abbreviation
oral capsule [cápsula oral]	cap
oral capsule delayed release particles [cápsula oral de partículas de liberación tardía]	cap dr prt
oral capsule sprinkle [cápsula oral para espolvorear]	cap sprinkle
oral elixir [elixir oral]	oral elix
oral granules [gránulos orales]	oral gr
oral packet [paquete oral]	pckt
oral syrup [jarabe oral]	syr
oral tablet [tableta oral]	tab
oral tablet abuse-deterrent [tableta oral para disuasión de abuso]	tab abuse-deterr
oral tablet chewable [tableta oral masticable]	tab chew
oral tablet disintegrating [tableta de desintegración oral]	tab disint
oral tablet disintegrating soluble [tableta oral de desintegración soluble]	tab disint sol
oral tablet dispersible [tableta oral dispersable]	odt
oral tablet soluble [tableta oral soluble]	tab sol
oral therapy pack [paquete de terapia oral]	pack
pen-injector [inyector tipo pluma]	pen-inj
powder [polvo]	pwdr
prefilled syringe [jeringuilla precargada]	pfs
rectal [rectal]	rect
solution [solución]	soln
subcutaneous [subcutáneo]	sc
sublingual film [cinta sublingual]	subl film
sublingual tablet [tableta sublingual]	tab subl
suppository [supositorio]	supp
suspension [suspensión]	susp
transdermal [transdermal]	td
transdermal patch [parcho transdermal]	td patch
transdermal patch biweekly [parcho transdermal bisemanal]	tdsw patch
transdermal patch weekly [parcho transdermal semanal]	tdwk patch
vaginal [vaginal]	vag

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Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
THERAPEUTIC CATEGORY			
Therapeutic Class			
ANALGESICS			
Analgesics (combination Product)			
acetaminophen-codeine 120-12 mg/5ml soln	1	TYLENOL WITH CODEINE	QL(4500 / 30)
acetaminophen-codeine 300-60 mg tab	2	TYLENOL WITH CODEINE	QL(180 / 30)
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab	2	TYLENOL WITH CODEINE	QL(360 / 30)
butalbital-apap-caffeine 50-325-40 mg tab	2	ESGIC	QL(180 / 30), HR
butalbital-aspirin-caffeine 50-325-40 mg cap	4	FIORINAL	QL(180 / 30), HR
hydrocodone-acetaminophen 7.5-325 mg/15ml soln	4	HYCET	QL(2700 / 30)
hydrocodone-acetaminophen 10-325 mg tab, 7.5-325 mg tab	2	NORCO	QL(180 / 30)
hydrocodone-acetaminophen 5-325 mg tab	2	NORCO	QL(240 / 30)
hydrocodone-ibuprofen 7.5-200 mg tab	2	VICOPROFEN	QL(150 / 30)
oxycodone-acetaminophen 10-325 mg tab	2	PERCOCET	QL(180 / 30)
oxycodone-acetaminophen 7.5-325 mg tab	2	PERCOCET	QL(240 / 30)
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab	2	PERCOCET	QL(360 / 30)
tramadol-acetaminophen 37.5-325 mg tab	2	ULTRACET	QL(300 / 30)
Nonsteroidal Anti-inflammatory Drugs			
celecoxib 100 mg cap, 200 mg cap, 50 mg cap	2	CELEBREX	QL(60 / 30)
diclofenac epolamine 1.3 % Topical Patch	4	FLECTOR	PA, QL(60 / 30)
diclofenac potassium 50 mg tab	2	CATAFLAM	QL(120 / 30)
diclofenac sodium 1.5 % Topical Solution	2	PENNSAID	QL(300 / 30)
diclofenac sodium 2 % Topical Solution	5	PENNSAID	PA, QL(224 / 28)
diclofenac sodium 75 mg tab dr	2	VOLTAREN	QL(60 / 30)
diclofenac sodium 50 mg tab dr	2	VOLTAREN	QL(120 / 30)
diclofenac sodium 25 mg tab dr	2	VOLTAREN	QL(150 / 30)
diclofenac sodium 1 % Topical Gel	2	VOLTAREN	QL(1000 / 30)
diclofenac sodium er 100 mg tab er 24 hr	2	VOLTAREN XR	QL(60 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab	4	LODINE	
flurbiprofen 100 mg tab	2	ANSAID	
goodsense arthritis pain 1 % Topical Gel	2	VOLTAREN	QL(1000 / 30)
ibu 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	1	MOTRIN	
ibuprofen 100 mg/5ml susp	2	MOTRIN CHILDRENS	
indomethacin 50 mg cap	1	INDOCIN	QL(120 / 30), HR
indomethacin 25 mg cap	1	INDOCIN	QL(240 / 30), HR
ketorolac tromethamine 10 mg tab	2	TORADOL	QL(20 / 30), HR
mefenamic acid 250 mg cap	4	PONSTEL	
meloxicam 15 mg tab, 7.5 mg tab	1	MOBIC	
nabumetone 500 mg tab, 750 mg tab	2	RELAFEN	
naproxen 250 mg tab, 375 mg tab, 500 mg tab	1	NAPROSYN	
naproxen 375 mg tab dr	2	NAPROSYN	
naproxen dr 500 mg tab dr	2	NAPROSYN	
sulindac 150 mg tab, 200 mg tab	2	CLINORIL	
Opioid Analgesics, Long-acting			
codeine sulfate 30 mg tab, 60 mg tab	2		QL(180 / 30)
fentanyl 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr	2	DURAGESIC	QL(10 / 30)
fentanyl 100 mcg/hr td patch 72 hr	3	DURAGESIC	QL(10 / 30)
fentanyl citrate 200 mcg bucc lozg on hd	3	ACTIQ	PA, QL(120 / 30)
fentanyl citrate 1200 mcg bucc lozg on hd, 1600 mcg bucc lozg on hd, 400 mcg bucc lozg on hd, 600 mcg bucc lozg on hd, 800 mcg bucc lozg on hd	5	ACTIQ	PA, QL(120 / 30)
hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab	2	DILAUDID	QL(180 / 30)
hydromorphone hcl 1 mg/ml liq	2	DILAUDID	QL(1200 / 30)
hydromorphone hcl pf 10 mg/ml inj soln, 50 mg/5ml inj soln, 500 mg/50ml inj soln	2	DILAUDID	
methadone hcl 5 mg/5ml soln	2		QL(1200 / 30)
methadone hcl 10 mg tab	2	DOLOPHINE	QL(120 / 30)
methadone hcl 5 mg tab	2	DOLOPHINE	QL(180 / 30)
methadone hcl 10 mg/5ml soln	2	DOLOPHINE	QL(600 / 30)
morphine sulfate er 100 mg tab er, 200 mg tab er, 60 mg tab er	2	MS CONTIN	QL(60 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
morphine sulfate er 15 mg tab er, 30 mg tab er	2	MS CONTIN	QL(90 / 30)
oxycodone hcl 15 mg tab, 20 mg tab, 30 mg tab	2	ROXICODONE	QL(120 / 30)
oxycodone hcl 10 mg tab, 5 mg tab	2	ROXICODONE	QL(180 / 30)
oxycodone hcl 5 mg/5ml soln	4	ROXICODONE	QL(1300 / 30)
oxycodone hcl er 10 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	3	OXYCONTIN	QL(60 / 30)
OXYCONTIN 10 mg tab er 12 hr abuse-deterr, 15 mg tab er 12 hr abuse-deterr, 20 mg tab er 12 hr abuse-deterr, 30 mg tab er 12 hr abuse-deterr, 40 mg tab er 12 hr abuse-deterr, 60 mg tab er 12 hr abuse-deterr, 80 mg tab er 12 hr abuse-deterr	3		QL(60 / 30)
Opioid Analgesics, Short-acting			
morphine sulfate 20 mg/5ml soln	2		QL(300 / 30)
morphine sulfate 10 mg/5ml soln	2		QL(700 / 30)
morphine sulfate 30 mg tab	4		QL(120 / 30)
morphine sulfate 15 mg tab	4		QL(180 / 30)
morphine sulfate (concentrate) 100 mg/5ml soln	2	ROXANOL	PA, QL(180 / 30)
tramadol hcl 50 mg tab	1	ULTRAM	QL(240 / 30)
ANESTHETICS			
Local Anesthetics			
glydo 2 % Topical Prefilled Syringe	2	GLYDO	QL(30 / 30)
lidocaine 5 % Topical Ointment	4		PA^,QL(90 / 30)
lidocaine 5 % Topical Patch	2	LIDODERM	PA^,QL(90 / 30)
lidocaine hcl 1 % inj soln	1	XYLOCAINE	
lidocaine hcl 4 % Topical Solution	2	XYLOCAINE	PA^
lidocaine viscous hcl 2 % m/t soln	2	XYLOCAINE	
lidocaine-prilocaine 2.5-2.5 % Topical Cream	4	EMLA	PA^,QL(30 / 30)
PROXIVOL 2 % Topical Gel	2		
ZTLIDO 1.8 % Topical Patch	3		PA^,QL(90 / 30)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
Alcohol Deterrents/anti-craving			
acamprosate calcium 333 mg tab dr	3	CAMPRAL	
disulfiram 250 mg tab, 500 mg tab	2	ANTABUSE	
Opioid Dependence			
lofexidine hcl 0.18 mg tab	5		QL(228 / 14)
Opioid Dependence Treatments			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
buprenorphine hcl 2 mg tab subl, 8 mg tab subl	2	SUBUTEX	
buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl, 8-2 mg tab subl	2	SUBOXONE	
buprenorphine hcl-naloxone hcl 12-3 mg subl film, 2-0.5 mg subl film, 4-1 mg subl film, 8-2 mg subl film	4	SUBOXONE	
naltrexone hcl 50 mg tab	2	REVIA	
Opioid Reversal Agents			
KLOXXADO 8 mg/0.1ml nasal liq	3		QL(4 / 30)
naloxone hcl 0.4 mg/ml inj soln pfs	2		
naloxone hcl 0.4 mg/ml inj soln, 0.4 mg/ml inj soln cart, 2 mg/2ml inj soln pfs	2	NARCAN	
naloxone hcl 4 mg/0.1ml nasal liq	3	NARCAN	QL(4 / 30)
NARCAN 4 mg/0.1ml nasal liq	3		QL(4 / 30)
OPVEE 2.7 mg/0.1ml nasal soln	3		
Smoking Cessation Agents			
bupropion hcl 100 mg tab, 75 mg tab	2	WELLBUTRIN	
bupropion hcl er (smoking det) 150 mg tab er 12 hr	2	ZYBAN	
bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr	2	WELLBUTRIN SR	
bupropion hcl er (xl) 450 mg tab er 24 hr	2	FORFIVO XL	
bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr	2	WELLBUTRIN XL	
NICOTROL NS 10 mg/ml nasal soln	3		
varenicline tartrate 0.5 mg tab, 1 mg tab	2	CHANTIX	QL(336 / 365)
varenicline tartrate (starter) 0.5 MG X 11 & 1 mg x 42 tab pack	2	CHANTIX	
varenicline tartrate(continue) 1 mg tab	2	CHANTIX	QL(336 / 365)
ANTIBACTERIALS			
Aminoglycosides			
amikacin sulfate 1 gm/4ml inj soln	4		PA
amikacin sulfate 500 mg/2ml inj soln	4	AMIKIN	PA
gentamicin sulfate 0.3 % ophth soln	1	GARAMYCIN	
gentamicin sulfate 0.1 % Topical Cream, 0.1 % Topical Ointment	2	GARAMYCIN	QL(120 / 30)
gentamicin sulfate 40 mg/ml inj soln	2	GENTAK	
neomycin sulfate 500 mg tab	2		
streptomycin sulfate 1 gm im soln	5		
tobramycin 0.3 % ophth soln	2	TOBREX	
tobramycin sulfate 80 mg/2ml inj soln	4		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Antibacterials (combination Product)			
ampicillin-sulbactam sodium 1.5 (1-0.5) gm inj soln, 15 (10-5) gm iv soln, 3 (2-1) gm inj soln	3	UNASYN	
imipenem-cilastatin 250 mg iv soln, 500 mg iv soln	3	PRIMAXIN	
piperacillin sod-tazobactam so 2.25 (2-0.25) gm iv soln	3		
piperacillin sod-tazobactam so 3.375 (3-0.375) gm iv soln, 4.5 (4-0.5) gm iv soln	3	ZOSYN	
piperacillin sod-tazobactam so 40.5 (36-4.5) gm iv soln	4	ZOSYN	
Antibacterials, Other			
acetic acid 2 % otic soln	2	VOSOL	
alcohol preps pad	1		
clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap	1	CLEOCIN	
clindamycin phosphate 2 % vag crm	2	CLEOCIN	
clindamycin phosphate 300 mg/2ml inj soln, 600 mg/4ml inj soln, 9 gm/60ml inj soln, 900 mg/6ml inj soln	2	CLEOCIN	
clindamycin phosphate 1 % Topical Swab	2	CLEOCIN-T	
clindamycin phosphate 1 % Topical Solution	2	CLEOCIN-T	QL(180 / 30)
clindamycin phosphate in d5w 300 mg/50ml iv soln	2	CLEOCIN	
colistimethate sodium (cba) 150 mg inj soln	5	COLY-MYCIN	PA(*)
cvs isopropyl alcohol wipes 70 % Topical Miscellaneous	1		
daptomycin 500 mg iv soln	5	CUBICIN	
daptomycin-sodium chloride 1000-0.9 mg/100ml-% iv soln, 350-0.9 mg/50ml-% iv soln, 500-0.9 mg/50ml-% iv soln, 700-0.9 mg/100ml-% iv soln	5		
fosfomycin tromethamine 3 gm pckt	2	MONUROL	
linezolid 600 mg tab	2	ZYVOX	
linezolid 600 mg/300ml iv soln	3	ZYVOX	
linezolid 100 mg/5ml susp	5	ZYVOX	
LIVTENCITY 200 mg tab	5		PA
methenamine hippurate 1 gm tab	2	HIPREX	
metronidazole 250 mg tab, 500 mg tab	1	FLAGYL	
metronidazole 500 mg/100ml iv soln	2	FLAGYL	
metronidazole 0.75 % Topical Cream	4	METROCREAM	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
metronidazole 0.75 % Topical Gel, 0.75 % vag gel	2	METROGEL	
metronidazole 1 % Topical Gel	4	METROGEL	
metronidazole 0.75 % Topical Lotion	4	METROLOTION	
mupirocin 2 % Topical Ointment	1	BACTROBAN	QL(220 / 30)
nitrofurantoin macrocrystal 100 mg cap, 50 mg cap	2	MACRODANTIN	QL(120 / 30), HR
nitrofurantoin macrocrystal 25 mg cap	4	MACRODANTIN	QL(120 / 30), HR
nitrofurantoin monohyd macro 100 mg cap	2	MACROBID	QL(60 / 30), HR
polymyxin b sulfate 500000 unit inj soln	2		
tigecycline 50 mg iv soln	4	TYGACIL	
tinidazole 250 mg tab, 500 mg tab	2	TINDAMAX	
trimethoprim 100 mg tab	1	PROLOPRIM	
vancomycin hcl 1 gm iv soln, 750 mg iv soln	2		
vancomycin hcl 25 mg/ml soln	4		
vancomycin hcl 10 gm iv soln, 500 mg iv soln	2	VANCOCIN	
vancomycin hcl 125 mg cap	4	VANCOCIN	QL(56 / 14)
vancomycin hcl 250 mg cap	4	VANCOCIN	QL(112 / 14)
XDEMVY 0.25 % ophth soln	5		PANSO
XIFAXAN 200 mg tab	4		PA, QL(9 / 30)
XIFAXAN 550 mg tab	5		PA, QL(90 / 30)
Beta-lactam, Cephalosporins			
cefaclor 250 mg cap, 500 mg cap	2	CECLOR	
cefaclor 250 mg/5ml susp	4	CECLOR	
cefadroxil 500 mg cap	2	DURICEF	
cefadroxil 250 mg/5ml susp, 500 mg/5ml susp	2	DURICEF	
cefazolin sodium 3 gm iv soln	2		
cefazolin sodium 1 gm inj soln, 10 gm inj soln, 500 mg inj soln	2	ANCEF	
cefdinir 300 mg cap	2	OMNICEF	
cefdinir 125 mg/5ml susp, 250 mg/5ml susp	4	OMNICEF	
cefepime hcl 1 gm inj soln, 2 gm iv soln	3	MAXIPIME	
cefixime 400 mg cap	4	SUPRAX	
cefoxitin sodium 10 gm iv soln	4		
cefoxitin sodium 1 gm iv soln, 2 gm iv soln	4	MEFOXIN	
cefpodoxime proxetil 100 mg tab, 200 mg tab	2	VANTIN	
cefpodoxime proxetil 100 mg/5ml susp, 50 mg/5ml susp	4	VANTIN	
cefprozil 250 mg tab, 500 mg tab	2	CEFZIL	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cefprozil 125 mg/5ml susp, 250 mg/5ml susp	2	CEFZIL	
ceftaroline fosamil 400 mg iv soln, 600 mg iv soln	5		
ceftazidime 2 gm iv soln	2		
ceftazidime 1 gm inj soln, 6 gm inj soln	2	FORTAZ	
ceftriaxone sodium 1 gm inj soln, 10 gm iv soln, 2 gm inj soln, 250 mg inj soln, 500 mg inj soln	2	ROCEPHIN	
cefuroxime axetil 250 mg tab, 500 mg tab	2	CEFTIN	
cefuroxime sodium 1.5 gm iv soln, 750 mg inj soln	2	ZINACEF	
cephalexin 250 mg cap, 500 mg cap	1	KEFLEX	
cephalexin 125 mg/5ml susp, 250 mg/5ml susp	2	KEFLEX	
Beta-lactam, Other			
aztreonam 1 gm inj soln	3	AZACTAM	
EMBLAVEO 1.5-0.5 gm iv soln	4		
ertapenem sodium 1 gm inj soln	4	INVANZ	
meropenem 2 gm iv soln	2		
meropenem 1 gm iv soln, 500 mg iv soln	2	MERREM	
Beta-lactam, Penicillins			
amoxicillin 250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab	1	AMOXIL	
amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp	1	AMOXIL	
amoxicillin 125 mg tab chew, 250 mg tab chew	2	AMOXIL	
amoxicillin-pot clavulanate 500-125 mg tab, 875-125 mg tab	1	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg tab chew, 400-57 mg tab chew	4	AUGMENTIN	
amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp	4	AUGMENTIN	
ampicillin 500 mg cap	2		
ampicillin sodium 10 gm iv soln, 2 gm inj soln	3		
ampicillin sodium 1 gm inj soln	3	TOTACILLIN-N	
BICILLIN L-A 1200000 unit/2ml im susp pfs, 2400000 unit/4ml im susp pfs, 600000 unit/ml im susp pfs	4		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
dicloxacillin sodium 250 mg cap, 500 mg cap	2	DYCILL	
EXTENCILLINE 1200000 unit im susp, 2400000 unit im susp	4		
nafcillin sodium 2 gm inj soln	2		
nafcillin sodium 10 gm iv soln	5		
nafcillin sodium 1 gm inj soln	2	NALLPEN	
penicillin g potassium 20000000 unit inj soln	4	PFIZERPEN	
penicillin v potassium 500 mg tab	1	PEN-VEE K	
penicillin v potassium 250 mg tab	1	VEETIDS	
penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln	2	VEETIDS	
pfizerpen 5000000 unit inj soln	4	PFIZERPEN	
Macrolides			
azithromycin 250 mg tab, 500 mg tab	1	ZITHROMAX	
azithromycin 500 mg iv soln, 600 mg tab	2	ZITHROMAX	
azithromycin 100 mg/5ml susp, 200 mg/5ml susp	4	ZITHROMAX	
clarithromycin 250 mg tab, 500 mg tab	2	BIAXIN	
clarithromycin 125 mg/5ml susp, 250 mg/5ml susp	4	BIAXIN	
DIFICID 40 mg/ml susp	5		QL(136 / 10)
ery 2 % Topical Pad	2		
erythromycin 2 % Topical Solution	2	ERYDERM	QL(180 / 30)
erythromycin 2 % Topical Gel	4	ERYGEL	QL(180 / 30)
erythromycin 5 mg/gm ophth oint	2	ILOTYCIN	QL(3.5 / 4)
erythromycin base 250 mg tab	4		
erythromycin base 500 mg tab	4	ERY-TAB	
erythromycin ethylsuccinate 200 mg/5ml susp, 400 mg/5ml susp	4	ERYPED	
fidaxomicin 200 mg tab	5		QL(20 / 10)
moxifloxacin hcl 0.5 % ophth soln	2	VIGAMOX	
Quinolones			
BAXDELA 450 mg tab	5		PA, QL(28 / 14)
ciprofloxacin hcl 0.3 % ophth soln	2	CILOXAN	
ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab	1	CIPRO	
ciprofloxacin in d5w 200 mg/100ml iv soln	2	CIPRO	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	LEVAQUIN	
levofloxacin 25 mg/ml iv soln, 25 mg/ml soln	4	LEVAQUIN	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
levofloxacin in d5w 500 mg/100ml iv soln, 750 mg/150ml iv soln	2	LEVAQUIN	
moxifloxacin hcl 400 mg tab	4	AVELOX	
moxifloxacin hcl in nacl 400 mg/250ml iv soln	2	AVELOX	
ofloxacin 0.3 % otic soln	2	FLOXIN	
ofloxacin 0.3 % ophth soln	2	OCUFLOX	
Sulfonamides			
silver sulfadiazine 1 % Topical Cream	2	SILVADENE	
ssd 1 % Topical Cream	4	SILVADENE	
sulfacetamide sodium 10 % ophth soln	2	BLEPH-10	
sulfacetamide sodium (acne) 10 % Topical Lotion	4	KLARON	
sulfadiazine 500 mg tab	3		
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	1	SEPTRA	
sulfamethoxazole-trimethoprim 200-40 mg/5ml susp	4	SEPTRA	
sulfatrim pediatric 200-40 mg/5ml susp	4	SEPTRA	
Tetracyclines			
doxycycline hyclate 100 mg iv soln	3	DOXY	
doxycycline hyclate 20 mg tab	2	PERIOSTAT	
doxycycline hyclate 100 mg tab	2	VIBRA-TABS	
doxycycline hyclate 100 mg cap, 50 mg cap	2	VIBRAMYCIN	
doxycycline monohydrate 100 mg tab, 50 mg tab	2	ADOXA	
doxycycline monohydrate 100 mg cap, 50 mg cap	2	MONODOX	
doxycycline monohydrate 25 mg/5ml susp	2	VIBRAMYCIN	
minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap	2	MINOCIN	
mondoxyne nl 100 mg cap	2	MONODOX	QL(60 / 30)
tetracycline hcl 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab	4		
ANTICONVULSANTS			
Anticonvulsants, Other			
brivaracetam 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2		QL(60 / 30)
brivaracetam 10 mg/ml soln	2		QL(600 / 30)
ELEPSIA XR 1000 mg tab er 24 hr, 1500 mg tab er 24 hr	4		
EPIDIOLEX 100 mg/ml soln	5		PANSO
FINTEPLA 2.2 mg/ml soln	5		PANSO
levetiracetam 250 mg tab disint sol	2		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
levetiracetam 250 mg tab disint sol, 500 mg tab disint sol	2		QL(120 / 30), ST
levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab	2	KEPPRA	
levetiracetam 100 mg/ml soln	2	KEPPRA	
levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr	2	KEPPRA XR	
NAYZILAM 5 mg/0.1ml nasal soln	4		QL(10 / 30)
SPRITAM 1000 mg tab disint sol	4		QL(60 / 30), ST
SPRITAM 250 mg tab disint sol, 500 mg tab disint sol, 750 mg tab disint sol	4		QL(120 / 30), ST
Calcium Channel Modifying Agents			
CELONTIN 300 mg cap	4		
ethosuximide 250 mg/5ml soln	2	ZARONTIN	
ethosuximide 250 mg cap	3	ZARONTIN	
methsuximide 300 mg cap	2		
pregabalin 225 mg cap, 300 mg cap	2	LYRICA	QL(60 / 30)
pregabalin 100 mg cap, 150 mg cap, 200 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	LYRICA	QL(90 / 30)
pregabalin 20 mg/ml soln	4	LYRICA	QL(900 / 30)
ZONISADE 100 mg/5ml susp	4		
zonisamide 100 mg cap, 25 mg cap, 50 mg cap	2	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents			
clobazam 10 mg tab, 20 mg tab	4	ONFI	PANSO, QL(60 / 30)
clobazam 2.5 mg/ml susp	4	ONFI	PANSO, QL(480 / 30)
clonazepam 0.5 mg tab, 1 mg tab	1	KLONOPIN	QL(90 / 30)
clonazepam 2 mg tab	1	KLONOPIN	QL(300 / 30)
clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint	4	KLONOPIN	QL(90 / 30)
clonazepam 2 mg tab disint	4	KLONOPIN	QL(300 / 30)
DIACOMIT 500 mg cap, 500 mg pckt	5		PANSO, QL(180 / 30)
DIACOMIT 250 mg cap, 250 mg pckt	5		PANSO, QL(360 / 30)
diazepam 10 mg rect gel, 2.5 mg rect gel, 20 mg rect gel	4	DIASTAT	
diazepam 10 mg tab, 2 mg tab, 5 mg tab	1	VALIUM	QL(120 / 30)
diazepam 5 mg/5ml soln	4	VALIUM	QL(1200 / 30)
diazepam intensol 5 mg/ml oral conc	4		QL(1200 / 30)
divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	2	DEPAKOTE	
divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr	2	DEPAKOTE ER	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
gabapentin 200 mg cap	2		QL(540 / 30)
gabapentin 400 mg cap	1	NEURONTIN	QL(270 / 30)
gabapentin 100 mg cap, 300 mg cap	1	NEURONTIN	QL(360 / 30)
gabapentin 800 mg tab	2	NEURONTIN	QL(120 / 30)
gabapentin 600 mg tab	2	NEURONTIN	QL(180 / 30)
gabapentin 250 mg/5ml soln	4	NEURONTIN	QL(2160 / 30)
LIBERVANT 10 mg bucc film, 12.5 mg bucc film, 15 mg bucc film, 5 mg bucc film, 7.5 mg bucc film	4		
lorazepam 0.5 mg tab, 1 mg tab	1	ATIVAN	QL(90 / 30)
lorazepam 2 mg tab	1	ATIVAN	QL(150 / 30)
phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab	2		HR
phenobarbital 20 mg/5ml oral elix	4		HR
primidone 125 mg tab	2		
primidone 250 mg tab, 50 mg tab	2	MYSOLINE	
relgaabi 200 mg cap	5		QL(360 / 30)
SYMPAZAN 5 mg oral film	4		PANSO, QL(60 / 30)
SYMPAZAN 10 mg oral film, 20 mg oral film	5		PANSO, QL(60 / 30)
tiagabine hcl 12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab	4	GABITRIL	
valproic acid 250 mg cap	2	DEPAKENE	
VALTOCO 10 MG DOSE 10 mg/0.1ml nasal liq	4		
VALTOCO 15 MG DOSE 2 x 7.5 mg/0.1ml Nasal Liquid Therapy Pack	4		
VALTOCO 20 MG DOSE 2 x 10 mg/0.1ml Nasal Liquid Therapy Pack	4		
VALTOCO 5 MG DOSE 5 mg/0.1ml nasal liq	4		
vigabatrin 500 mg pckt, 500 mg tab	5	SABRIL	PANSO, QL(180 / 30)
vigadrone 500 mg pckt	5	SABRIL	PANSO, QL(180 / 30)
vigadrone 500 mg tab	6	SABRIL	
VIGAFYDE 100 mg/ml soln	5		PANSO
ZTALMY 50 mg/ml susp	5		PANSO
Glutamate Reducing Agents			
EPRONTIA 25 mg/ml soln	4		QL(480 / 30)
felbamate 400 mg tab, 600 mg tab	4	FELBATOL	
felbamate 600 mg/5ml susp	4	FELBATOL	
lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab	1	LAMICTAL	
lamotrigine 25 mg tab chew, 5 mg tab chew	2	LAMICTAL	
perampanel 2 mg tab	4		QL(30 / 30), ST

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
perampanel 10 mg tab, 12 mg tab, 8 mg tab	5		QL(30 / 30), ST
perampanel 4 mg tab, 6 mg tab	5		QL(60 / 30), ST
perampanel 0.5 mg/ml susp	5		QL(720 / 30), ST
SUBVENITE 10 mg/ml susp	3		
topiramate 50 mg cap sprinkle	2		
topiramate 25 mg/ml soln	2		
topiramate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	1	TOPAMAX	
topiramate 15 mg cap sprinkle, 25 mg cap sprinkle	2	TOPAMAX	
XCOPRI 14 x 12.5 MG & 14 x 25 mg tab pack, 14 x 150 MG & 14 x200 mg tab pack, 14 x 50 MG & 14 x100 mg tab pack	4		ST
XCOPRI 100 mg tab, 50 mg tab	4		QL(30 / 30), ST
XCOPRI 150 mg tab, 200 mg tab	4		QL(60 / 30), ST
XCOPRI 25 mg tab	4		QL(480 / 30)
XCOPRI (250 MG DAILY DOSE) 100 & 150 mg tab pack	4		QL(56 / 28), ST
XCOPRI (350 MG DAILY DOSE) 150 & 200 mg tab pack	4		QL(56 / 28), ST
Sodium Channel Agents			
carbamazepine 200 mg tab chew	2		
carbamazepine 100 mg tab chew, 200 mg tab	2	TEGRETOL	
carbamazepine 100 mg/5ml susp	4	TEGRETOL	
carbamazepine er 100 mg cap er 12 hr, 200 mg cap er 12 hr, 300 mg cap er 12 hr	4	CARBATROL	
carbamazepine er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 400 mg tab er 12 hr	4	TEGRETOL XR	
DILANTIN 30 mg cap	4		
eslicarbazepine acetate 200 mg tab, 400 mg tab	5		QL(30 / 30), ST
eslicarbazepine acetate 600 mg tab, 800 mg tab	5		QL(60 / 30), ST
lacosamide 10 mg/ml soln	2	VIMPAT	QL(1200 / 30)
lacosamide 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	3	VIMPAT	QL(60 / 30)
MOTPOLY XR 100 mg cap er 24 hr, 150 mg cap er 24 hr, 200 mg cap er 24 hr	3		
oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab	2	TRILEPTAL	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
oxcarbazepine 300 mg/5ml susp	4	TRILEPTAL	
oxcarbazepine er 150 mg tab er 24 hr, 300 mg tab er 24 hr, 600 mg tab er 24 hr	4		
phenytek 200 mg cap, 300 mg cap	4	DILANTIN	
phenytoin 50 mg tab chew	2	DILANTIN	
phenytoin 125 mg/5ml susp	2	DILANTIN	
phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap	2	DILANTIN	
rufinamide 200 mg tab	4	BANZEL	ST
rufinamide 400 mg tab	5	BANZEL	ST
rufinamide 40 mg/ml susp	5	BANZEL	ST
ANTIDEMENTIA AGENTS			
Antidementia Agents, Other			
KISUNLA 350 mg/20ml iv soln	1		PA, QL(80 / 30)
NAMZARIC 14-10 mg cap er 24 hr, 21-10 mg cap er 24 hr, 28-10 mg cap er 24 hr, 7-10 mg cap er 24 hr	3		QL(30 / 30), ST
Cholinesterase Inhibitors			
donepezil hcl 10 mg tab, 5 mg tab	1	ARICEPT	QL(30 / 30)
donepezil hcl 10 mg tab disint, 5 mg tab disint	2	ARICEPT ODT	QL(30 / 30)
galantamine hydrobromide 12 mg tab, 4 mg tab, 8 mg tab	2	RAZADYNE	QL(60 / 30)
galantamine hydrobromide 4 mg/ml soln	4	RAZADYNE	QL(200 / 30)
galantamine hydrobromide er 16 mg cap er 24 hr, 24 mg cap er 24 hr, 8 mg cap er 24 hr	2	RAZADYNE ER	QL(30 / 30)
rivastigmine 13.3 mg/24hr td patch 24hr, 4.6 mg/24hr td patch 24hr, 9.5 mg/24hr td patch 24hr	4	EXELON	QL(30 / 30)
rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	2	EXELON	QL(60 / 30)
N-methyl-d-aspartate (nmda) Receptor Antagonist			
memantine hcl 10 mg tab, 5 mg tab	2	NAMENDA	QL(60 / 30)
memantine hcl 2 mg/ml soln	4	NAMENDA	QL(300 / 30)
memantine hcl er 14 mg cap er 24 hr, 21 mg cap er 24 hr, 28 mg cap er 24 hr, 7 mg cap er 24 hr	4	NAMENDA XR	QL(30 / 30), ST
ANTIDEPRESSANTS			
Antidepressants, Other			
ABILIFY ASIMTUFII 720 mg/2.4ml im pfs	5		QL(2.5 / 42)
ABILIFY ASIMTUFII 960 mg/3.2ml im pfs	5		QL(3.2 / 42)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ABILIFY MAINTENA 300 mg Intramuscular Suspension Reconstituted ER	5		QL(1 / 28)
ABILIFY MAINTENA 300 mg im pfs, 400 mg im pfs, 400 mg Intramuscular Suspension Reconstituted ER	5		QL(2 / 28)
aripiprazole 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	4	ABILIFY	QL(30 / 30)
aripiprazole 2 mg tab	4	ABILIFY	QL(60 / 30)
aripiprazole 1 mg/ml soln	4	ABILIFY	QL(900 / 30)
aripiprazole 15 mg tab disint	4	ABILIFY DISCMELT	QL(60 / 30), ST
aripiprazole 10 mg tab disint	4	ABILIFY DISCMELT	QL(90 / 30), ST
ARISTADA 441 mg/1.6ml im pfs	5		QL(1.6 / 28)
ARISTADA 662 mg/2.4ml im pfs	5		QL(2.4 / 28)
ARISTADA 882 mg/3.2ml im pfs	5		QL(3.2 / 28)
ARISTADA 1064 mg/3.9ml im pfs	5		QL(3.9 / 56)
ARISTADA INITIO 675 mg/2.4ml im pfs	5		QL(4.8 / 365)
AUVELITY 45-105 mg tab er	4		ST
mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab	2	REMERON	
OPIPZA 10 mg oral film, 2 mg oral film, 5 mg oral film	4		QL(90 / 30)
perphenazine-amitriptyline 2-10 mg tab, 2-25 mg tab, 4-10 mg tab, 4-25 mg tab, 4-50 mg tab	2	TRIAVIL	HR
quetiapine fumarate 300 mg tab, 400 mg tab	2	SEROQUEL	QL(60 / 30)
quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	2	SEROQUEL	QL(90 / 30)
ZURZUVAE 30 mg cap	5		PANSO, QL(14 / 365)
ZURZUVAE 20 mg cap, 25 mg cap	5		PANSO, QL(28 / 365)
Monoamine Oxidase Inhibitors			
EMSAM 12 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 9 mg/24hr td patch 24hr	5		QL(30 / 30), ST
MARPLAN 10 mg tab	4		
phenelzine sulfate 15 mg tab	2	NARDIL	
tranylcypromine sulfate 10 mg tab	4	PARNATE	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin - Norepinephrine Reuptake Inhibitors)			
citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab	1	CELEXA	QL(30 / 30)
citalopram hydrobromide 10 mg/5ml soln	4	CELEXA	QL(600 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
desvenlafaxine succinate er 100 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	4	PRISTIQ	QL(30 / 30)
DRIZALMA SPRINKLE 40 mg cap dr sprinkle	4		QL(30 / 30), ST
DRIZALMA SPRINKLE 20 mg cap dr sprinkle, 30 mg cap dr sprinkle, 60 mg cap dr sprinkle	4		QL(60 / 30), ST
duloxetine hcl 120 mg cap dr prt, 80 mg cap dr prt, 90 mg cap dr prt	2		QL(60 / 30)
duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt	2	CYMBALTA	QL(60 / 30)
escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab	1	LEXAPRO	
escitalopram oxalate 5 mg/5ml soln	4	LEXAPRO	
EXXUA 18.2 mg tab er 24 hr, 36.3 mg tab er 24 hr, 54.5 mg tab er 24 hr, 72.6 mg tab er 24 hr	4		PANSO
EXXUA TITRATION PACK 18.2 mg tab er 24 hr	4		PANSO
FETZIMA 120 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 80 mg cap er 24 hr	4		QL(30 / 30), ST
FETZIMA TITRATION 20 & 40 mg cap er 24 hr pack	4		ST
fluoxetine hcl 10 mg cap, 20 mg cap, 40 mg cap	1	PROZAC	
fluoxetine hcl 20 mg/5ml soln	4	PROZAC	
fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab	2	LUVOX	
nefazodone hcl 100 mg tab, 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	4	SERZONE	
paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	1	PAXIL	PAHRM,HR
paroxetine hcl 10 mg/5ml susp	4	PAXIL	HR
RALDESY 10 mg/ml soln	4		
sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab	1	ZOLOFT	
sertraline hcl 20 mg/ml oral conc	2	ZOLOFT	
trazodone hcl 100 mg tab, 150 mg tab, 50 mg tab	1	DESYREL	
trazodone hcl 300 mg tab	4	DESYREL	
TRINTELLIX 10 mg tab, 20 mg tab, 5 mg tab	3		QL(30 / 30)
venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab	2	EFFEXOR	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
venlafaxine hcl er 150 mg cap er 24 hr	2	EFFEXOR XR	QL(30 / 30)
venlafaxine hcl er 37.5 mg cap er 24 hr, 75 mg cap er 24 hr	2	EFFEXOR XR	QL(90 / 30)
vilazodone hcl 10 mg tab, 20 mg tab, 40 mg tab	4	VIIBRYD	QL(30 / 30)
Tricyclics			
amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	2	ELAVIL	HR
amoxapine 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab	4	ASENDIN	HR
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	4	ANAFRANIL	HR
desipramine hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab	4	NORPRAMIN	HR
doxepin hcl 10 mg/ml oral conc	1	SINEQUAN	HR
doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	2	SINEQUAN	HR
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	2	TOFRANIL	HR
nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap	1	PAMELOR	HR
nortriptyline hcl 10 mg/5ml soln	4	PAMELOR	HR
protriptyline hcl 10 mg tab, 5 mg tab	4	VIVACTIL	HR
trimipramine maleate 100 mg cap, 25 mg cap, 50 mg cap	4	SURMONTIL	HR
ANTIEMETICS			
Antiemetics, Other			
chlorpromazine hcl 100 mg/ml oral conc, 30 mg/ml oral conc	4		
chlorpromazine hcl 10 mg tab, 100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab	4	THORAZINE	
compro 25 mg rect supp	4	COMPRO	
diphenhydramine hcl 50 mg/ml inj soln	2	BENADRYL	
diphenhydramine hcl 50 mg/ml inj soln	4	BENADRYL	
meclizine hcl 25 mg tab chew	2		
meclizine hcl 50 mg tab	2	ANTIVERT	
meclizine hcl 12.5 mg tab, 25 mg tab	2	ANTIVERT	HR
metoclopramide hcl 10 mg tab, 5 mg tab	1	REGLAN	
metoclopramide hcl 5 mg/5ml soln	2	REGLAN	
perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	4	TRILAFON	
prochlorperazine 25 mg rect supp	4	COMPRO	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
prochlorperazine maleate 10 mg tab, 5 mg tab	2	COMPAZINE	
promethazine hcl 25 mg tab, 50 mg tab	1	PHENERGAN	HR
promethazine hcl 12.5 mg tab	1	PHENERGAN	PAHRM,HR
promethazine hcl 6.25 mg/5ml soln	2	PHENERGAN	HR
promethazine hcl 25 mg/ml inj soln	4	PHENERGAN	HR
promethegan 12.5 mg rect supp, 25 mg rect supp	4	PHENERGAN	HR
scopolamine 1 mg/3days td patch 72 hr	2	TRANSDERM-SCOP	PAHRM,QL(10 / 30),HR
Emetogenic Therapy Adjuncts			
AKYNZEO 300-0.5 mg cap	4		PA(*)
aprepitant 80 & 125 mg cap pack	4		PA(*), QL(6 / 28)
aprepitant 40 mg cap	4	EMEND	PA(*), QL(1 / 28)
aprepitant 125 mg cap	4	EMEND	PA(*), QL(2 / 28)
aprepitant 80 mg cap	4	EMEND	PA(*), QL(4 / 28)
dronabinol 10 mg cap, 2.5 mg cap, 5 mg cap	4	MARINOL	PA^,QL(60 / 30)
EMEND 125 mg/5ml susp	4		PA(*), QL(6 / 28)
granisetron hcl 1 mg tab	4	KYTRIL	PA(*)
ondansetron 16 mg tab disint	2		PA(*)
ondansetron 4 mg tab disint, 8 mg tab disint	2	ZOFRAN ODT	PA(*)
ondansetron hcl 4 mg/2ml inj soln	2	ZOFRAN	
ondansetron hcl 4 mg tab, 8 mg tab	2	ZOFRAN	PA(*)
ANTIFUNGALS			
Antifungals			
AMBISOME 50 mg iv susp	5		PA(*)
amphotericin b 50 mg iv soln	2	FUNGIZONE	PA(*)
amphotericin b liposome 50 mg iv susp	5	AMBISOME	PA(*)
caspofungin acetate 50 mg iv soln	2	CANCIDAS	
caspofungin acetate 70 mg iv soln	3	CANCIDAS	
ciclopirox 8 % Topical Solution	2	PENLAC	QL(19.8 / 30)
ciclopirox olamine 0.77 % Topical Cream	2	LOPROX	QL(180 / 30)
clotrimazole 1 % Topical Cream	2	LOTRIMIN	
clotrimazole 10 mg m/t troche	2	MYCELEX	
clotrimazole 1 % Topical Solution	2	MYCELEX	
CRESEMBA 186 mg cap, 74.5 mg cap	5		PA
econazole nitrate 1 % Topical Cream	4	SPECTAZOLE	QL(170 / 30)
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	2	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	4	DIFLUCAN	
fluconazole in sodium chloride 200-0.9 mg/100ml-% iv soln, 400-0.9 mg/200ml-% iv soln	2	DIFLUCAN	PA(*)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
flucytosine 250 mg cap, 500 mg cap	5	ANCOBON	
griseofulvin microsize 500 mg tab	4	GRIFULVIN V	
griseofulvin microsize 125 mg/5ml susp	4	GRIFULVIN V	
itraconazole 100 mg cap	2	SPORANOX	
ketoconazole 200 mg tab	2	NIZORAL	
ketoconazole 2 % Topical Cream	2	NIZORAL	QL(180 / 30)
ketoconazole 2 % Topical Shampoo	2	NIZORAL	QL(360 / 30)
micafungin sodium 100 mg iv soln, 50 mg iv soln	2	MYCAMINE	
miconazole 3 200 mg vag supp	2	MONISTAT	
nyamyc 100000 unit/gm Topical Powder	2	MYCOSTATIN	QL(60 / 30)
nystatin 500000 unit tab	2	MYCOSTATIN	
nystatin 100000 unit/gm Topical Cream, 100000 unit/gm Topical Ointment, 100000 unit/gm Topical Powder	2	MYCOSTATIN	QL(60 / 30)
nystatin 100000 unit/ml m/t susp	2	MYCOSTATIN	QL(900 / 30)
nystop 100000 unit/gm Topical Powder	2	MYCOSTATIN	QL(60 / 30)
posaconazole 40 mg/ml susp	5		PA
posaconazole 100 mg tab dr	5	NOXAFIL	PA
terbinafine hcl 250 mg tab	1	LAMISIL	
terconazole 0.4 % vag crm, 0.8 % vag crm	2	TERAZOL	
terconazole 80 mg vag supp	4	TERAZOL 3	
voriconazole 200 mg tab, 50 mg tab	3	VFEND	
voriconazole 40 mg/ml susp	5	VFEND	PA
voriconazole 200 mg iv soln	5	VFEND	PA(*)
ANTIGOUT AGENTS			
Antigout Agents			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	4	COLCRYS	QL(120 / 30)
colchicine-probenecid 0.5-500 mg tab	2	COLBENEMID	
febuxostat 40 mg tab, 80 mg tab	4	ULORIC	QL(30 / 30), ST
KRYSTEXXA 8 mg/50ml iv soln, 8 mg/ml iv soln	1		PA
MITIGARE 0.6 mg cap	2		QL(60 / 30)
probenecid 500 mg tab	2	BENEMID	
ANTIMIGRAINE AGENTS			
Calcitonin Gene-related Peptide (cgrp) Receptor Antagonists			
VYEPTI 100 mg/ml iv soln	1		PA, QL(3 / 90)
Ergot Alkaloids			
dihydroergotamine mesylate 4 mg/ml nasal soln	5	MIGRANAL	QL(8 / 28)
ergotamine-caffeine 1-100 mg tab	2	CAFERGOT	QL(40 / 30)
Prophylactic			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
AIMOVIG 140 mg/ml sc soln auto-inj, 70 mg/ml sc soln auto-inj	3		PA, QL(1 / 30)
EMGALITY 120 mg/ml sc soln auto-inj, 120 mg/ml sc soln pfs	3		PA, QL(2 / 30)
EMGALITY (300 MG DOSE) 100 mg/ml sc soln pfs	3		PA, QL(3 / 30)
NURTEC 75 mg tab disint	3		PA, QL(18 / 30)
QULIPTA 10 mg tab, 30 mg tab, 60 mg tab	3		PA, QL(30 / 30)
timolol maleate 10 mg tab, 20 mg tab, 5 mg tab	4	BLOCADREN	
UBRELVY 100 mg tab, 50 mg tab	3		PA, QL(16 / 30)
Serotonin (5-ht) 1b/1d Receptor Agonists			
rizatriptan benzoate 10 mg tab, 5 mg tab	2	MAXALT	QL(12 / 30)
rizatriptan benzoate 10 mg tab disint, 5 mg tab disint	2	MAXALT MLT	QL(12 / 30)
sumatriptan 20 mg/act nasal soln	4	IMITREX	QL(12 / 30)
sumatriptan 5 mg/act nasal soln	4	IMITREX	QL(18 / 30)
sumatriptan succinate 100 mg tab	2	IMITREX	QL(9 / 30)
sumatriptan succinate 25 mg tab, 50 mg tab	2	IMITREX	QL(18 / 30)
sumatriptan succinate 6 mg/0.5ml sc soln	4	IMITREX	QL(4 / 28)
sumatriptan succinate 4 mg/0.5ml sc soln auto-inj, 6 mg/0.5ml sc soln auto-inj	4	IMITREX STATDOSE	QL(4 / 28)
ANTIMYASTHENIC AGENTS			
Parasympathomimetics			
pyridostigmine bromide 30 mg tab	4		
pyridostigmine bromide 60 mg tab	2	MESTINON	
pyridostigmine bromide 60 mg/5ml soln	4	MESTINON	
ANTIMYCOBACTERIALS			
Antimycobacterials, Other			
dapsone 100 mg tab, 25 mg tab	2		
rifabutin 150 mg cap	4	MYCOBUTIN	
Antituberculars			
ethambutol hcl 100 mg tab, 400 mg tab	2	MYAMBUTOL	
isoniazid 100 mg tab, 300 mg tab	1		
isoniazid 50 mg/5ml syr	2		
pretomanid 200 mg tab	4		QL(30 / 30)
pyrazinamide 500 mg tab	3		
rifampin 150 mg cap, 300 mg cap	2	RIFADIN	
rifampin 600 mg iv soln	4	RIFADIN	
rifapentine 150 mg tab	2		
SIRTURO 100 mg tab, 20 mg tab	5		PA

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ANTINEOPLASTICS			
Alkylating Agents			
cyclophosphamide 50 mg tab	3		PA(*), ST
cyclophosphamide 25 mg cap, 50 mg cap	4		PA(*), ST
GRAFAPEX 1 gm iv soln, 5 gm iv soln	5		PANSO
LEUKERAN 2 mg tab	5		
lomustine 10 mg cap, 100 mg cap, 40 mg cap	4		PANSO
MATULANE 50 mg cap	5		
VALCHLOR 0.016 % Topical Gel	5		
Antiandrogens			
abiraterone acetate 250 mg tab	2	ZYTIGA	PANSO, QL(120 / 30)
abiraterone acetate 500 mg tab	5	ZYTIGA	PANSO, QL(120 / 30)
abirtega 250 mg tab	4	ZYTIGA	PANSO, QL(120 / 30)
bicalutamide 50 mg tab	2	CASODEX	
ERLEADA 240 mg tab, 60 mg tab	5		PANSO, QL(120 / 30)
EULEXIN 125 mg cap	5		PANSO, QL(180 / 30)
nilutamide 150 mg tab	5	NILANDRON	
NUBEQA 300 mg tab	5		PANSO, QL(120 / 30)
XTANDI 80 mg tab	5		PANSO, QL(60 / 30)
XTANDI 40 mg cap, 40 mg tab	5		PANSO, QL(120 / 30)
YONSA 125 mg tab	5		PANSO, QL(120 / 30)
Antiangiogenic Agents			
lenalidomide 10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap	5	REVLIMID	PANSO, QL(28 / 28), LA
NIKTIMVO 22 mg/0.44ml iv soln, 9 mg/0.18ml iv soln	5		PANSO
pomalidomide 1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap	5		PANSO, QL(21 / 28)
RYSTIGGO 280 mg/2ml sc soln, 420 mg/3ml sc soln, 560 mg/4ml sc soln, 840 mg/6ml sc soln	1		PANSO
THALOMID 150 mg cap, 200 mg cap	5		PANSO, QL(60 / 30)
THALOMID 100 mg cap	5		PANSO, QL(120 / 30)
THALOMID 50 mg cap	5		PANSO, QL(240 / 30)
VYVGART 400 mg/20ml iv soln	1		PA
VYVGART HYTRULO 180-2000 mg-unit/ml sc soln	1		PA
ZENBEXUS 0.75 mg cap, 1 mg cap	5		PANSO
Antiestrogens/modifiers			
ORSERDU 345 mg tab, 86 mg tab	5		PANSO
SOLTAMOX 10 mg/5ml soln	5		
tamoxifen citrate 10 mg tab, 20 mg tab	2	NOLVADEX	
toremifene citrate 60 mg tab	5	FARESTON	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Antimetabolites			
AXTLE 100 mg iv soln, 500 mg iv soln	5		PANSO
BESREMI 500 mcg/ml sc soln pfs	5		PANSO, QL(2 / 28)
BESREMI PEN 500 mcg/0.5ml sc soln pen-inj	5		PANSO, QL(2 / 28)
DROXIA 200 mg cap, 300 mg cap, 400 mg cap	4		
ENDARI 5 gm pckt	5		PA, QL(180 / 30)
hydroxyurea 500 mg cap	2	HYDREA	
l-glutamine 5 gm pckt	5		PA, QL(180 / 30)
mercaptopurine 2000 mg/100ml susp	5		
mercaptopurine 50 mg tab	2	PURINETHOL	
ONUREG 200 mg tab, 300 mg tab	5		PANSO, QL(14 / 28)
PEMRYDI RTU 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PANSO
TABLOID 40 mg tab	4		
Antineoplastics, Other			
AKEEGA 100-500 mg tab, 50-500 mg tab	5		PANSO
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 mg pack	5		PANSO, QL(66 / 28)
DARZALEX FASPRO 1800-30000 mg-ut/15ml sc soln	1		PANSO
EMCYT 140 mg cap	5		
FRUZAQLA 5 mg cap	5		PANSO, QL(21 / 28)
FRUZAQLA 1 mg cap	5		PANSO, QL(84 / 28)
INLURIYO 200 mg tab	5		PANSO
INQOVI 35-100 mg tab	5		PANSO, QL(5 / 28)
IWILFIN 192 mg tab	5		PANSO
KEYTRUDA QLEX 395-4800 MG - unt/2.4ml sc soln	5		PANSO, QL(2.4 / 21)
KEYTRUDA QLEX 790-9600 MG - unt/4.8ml sc soln	5		PANSO, QL(4.8 / 42)
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 mg tab pack	5		PANSO, QL(49 / 28)
leucovorin calcium 10 mg tab, 15 mg tab, 5 mg tab	2		
leucovorin calcium 25 mg tab	3		
LIFYORLI (125 MG DOSE) 1 x 25 MG & 1 x 100 mg cap pack	5		PANSO
LIFYORLI (150 MG DOSE) 2 x 25 MG & 1 x 100 mg cap pack	5		PANSO
LONSURF 20-8.19 mg tab	5		PANSO, QL(80 / 28)
LONSURF 15-6.14 mg tab	5		PANSO, QL(100 / 28)
LYSODREN 500 mg tab	5		
MODEYSO 125 mg cap	5		PANSO

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
NINLARO 2.3 mg cap, 3 mg cap, 4 mg cap	5		PANSO, QL(3 / 28)
PIQRAY (200 MG DAILY DOSE) 200 mg tab pack	5		PANSO, QL(28 / 28)
PIQRAY (250 MG DAILY DOSE) 200 & 50 mg tab pack	5		PANSO, QL(56 / 28)
PIQRAY (300 MG DAILY DOSE) 2 x 150 mg tab pack	5		PANSO, QL(56 / 28)
VITRAKVI 100 mg cap	5		PANSO, QL(60 / 30)
VITRAKVI 25 mg cap	5		PANSO, QL(180 / 30)
VITRAKVI 20 mg/ml soln	5		PANSO, QL(300 / 30)
WELIREG 40 mg tab	5		PANSO, QL(90 / 30)
XATMEP 2.5 mg/ml soln	4		PA(*), ST
XPOVIO (100 MG ONCE WEEKLY) 50 mg tab pack	5		PANSO, QL(8 / 28)
XPOVIO (40 MG ONCE WEEKLY) 10 mg tab pack	5		PANSO, QL(16 / 28)
XPOVIO (40 MG TWICE WEEKLY) 40 mg tab pack	5		PANSO, QL(8 / 28)
XPOVIO (60 MG ONCE WEEKLY) 60 mg tab pack	5		PANSO, QL(4 / 28)
XPOVIO (60 MG TWICE WEEKLY) 20 mg tab pack	5		PANSO, QL(24 / 28)
XPOVIO (80 MG ONCE WEEKLY) 40 mg tab pack, 80 mg tab pack	5		PANSO, QL(8 / 28)
XPOVIO (80 MG TWICE WEEKLY) 20 mg tab pack	5		PANSO, QL(32 / 28)
ZOLINZA 100 mg cap	5		
Aromatase Inhibitors, 3rd Generation			
anastrozole 1 mg tab	1	ARIMIDEX	
exemestane 25 mg tab	4	AROMASIN	
letrozole 2.5 mg tab	1	FEMARA	
Molecular Target Inhibitors			
ALECENSA 150 mg cap	5		PANSO, QL(240 / 30)
ALUNBRIG 90 & 180 mg tab pack	5		PANSO
ALUNBRIG 180 mg tab, 90 mg tab	5		PANSO, QL(30 / 30)
ALUNBRIG 30 mg tab	5		PANSO, QL(120 / 30)
AUGTYRO 160 mg cap, 40 mg cap	5		PANSO
AVASTIN 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PANSO
AYVAKIT 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 50 mg tab	5		PANSO, QL(30 / 30)
BALVERSA 5 mg tab	5		PANSO, QL(28 / 28)
BALVERSA 4 mg tab	5		PANSO, QL(56 / 28)
BALVERSA 3 mg tab	5		PANSO, QL(84 / 28)
BOSULIF 100 mg cap, 50 mg cap	5		PANSO

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
BOSULIF 500 mg tab	5		PANSO, QL(30 / 30)
BOSULIF 100 mg tab	5		PANSO, QL(90 / 30)
bosutinib 400 mg tab	5		PANSO, QL(30 / 30)
BRAFTOVI 75 mg cap	5		PANSO, QL(180 / 30)
BRUKINSA 160 mg tab	5		PANSO, QL(60 / 30)
CABOMETYX 20 mg tab, 60 mg tab	5		PANSO, QL(30 / 30)
CABOMETYX 40 mg tab	5		PANSO, QL(60 / 30)
CALQUENCE 100 mg tab	5		PANSO, QL(60 / 30)
CAPRELSA 300 mg tab	5		PANSO, QL(30 / 30)
CAPRELSA 100 mg tab	5		PANSO, QL(60 / 30)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 mg oral kit	5		PANSO, QL(112 / 28)
COMETRIQ (140 MG DAILY DOSE) 3 x 20 MG & 80 mg oral kit	5		PANSO, QL(112 / 28)
COMETRIQ (60 MG DAILY DOSE) 20 mg oral kit	5		PANSO, QL(112 / 28)
COPIKTRA 15 mg cap, 25 mg cap	5		PANSO, QL(56 / 28)
COTELLIC 20 mg tab	5		PANSO, QL(63 / 28), LA
DANZITEN 71 mg tab, 95 mg tab	5		PANSO, QL(120 / 30)
dasatinib 100 mg tab, 140 mg tab, 50 mg tab, 70 mg tab, 80 mg tab	5		PANSO, QL(30 / 30)
dasatinib 20 mg tab	5		PANSO, QL(90 / 30)
DAURISMO 100 mg tab	5		PANSO, QL(30 / 30)
DAURISMO 25 mg tab	5		PANSO, QL(60 / 30)
ENSACOVE 100 mg cap, 25 mg cap	5		PANSO
ERIVEDGE 150 mg cap	5		PANSO, QL(30 / 30)
erlotinib hcl 100 mg tab, 25 mg tab	4	TARCEVA	PANSO, QL(60 / 30)
erlotinib hcl 150 mg tab	4	TARCEVA	PANSO, QL(90 / 30)
everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab	5	AFINITOR	PANSO, QL(28 / 28)
everolimus 10 mg tab	5	AFINITOR	PANSO, QL(56 / 28)
EXKIVITY 40 mg cap	5		PANSO, QL(120 / 30)
FOTIVDA 0.89 mg cap, 1.34 mg cap	5		PANSO, QL(21 / 28)
FYARRO 100 mg iv susp	5		PANSO
GAVRETO 100 mg cap	5		PANSO, QL(120 / 30)
gefitinib 250 mg tab	5	IRESSA	PANSO, QL(60 / 30)
GILOTRIF 20 mg tab, 30 mg tab, 40 mg tab	5		PANSO, QL(30 / 30)
GOMEKLI 1 mg cap, 2 mg cap	5		PANSO, QL(84 / 28)
GOMEKLI 1 mg tab sol	5		PANSO, QL(224 / 28)
HERNEXEOS 60 mg tab	5		PANSO
HYRNUO 10 mg tab	5		PANSO, QL(120 / 30)
IBRANCE 100 mg tab, 125 mg cap, 125 mg tab, 75 mg tab	5		PANSO, QL(21 / 28)
IBTROZI 200 mg cap	5		PANSO, QL(90 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ICLUSIG 10 mg tab, 15 mg tab, 30 mg tab, 45 mg tab	5		PANSO, QL(30 / 30)
IDHIFA 100 mg tab, 50 mg tab	5		PANSO, QL(30 / 30)
imatinib mesylate 400 mg tab	3	GLEEVEC	PANSO, QL(60 / 30)
imatinib mesylate 100 mg tab	3	GLEEVEC	PANSO, QL(180 / 30)
IMBRUVICA 140 mg tab, 280 mg tab, 420 mg tab, 70 mg cap	5		PANSO, QL(28 / 28)
IMBRUVICA 140 mg cap	5		PANSO, QL(120 / 30)
IMBRUVICA 70 mg/ml susp	5		PANSO, QL(240 / 30)
imkeldi 80 mg/ml soln	5		PANSO, QL(280 / 28)
INLYTA 5 mg tab	5		PANSO, QL(120 / 30)
INLYTA 1 mg tab	5		PANSO, QL(180 / 30)
INREBIC 100 mg cap	5		PANSO, QL(120 / 30)
ITOVEBI 3 mg tab, 9 mg tab	5		PANSO
JAKAFI 10 mg tab, 15 mg tab, 20 mg tab, 25 mg tab, 5 mg tab	5		PANSO, QL(60 / 30)
JAKAFI XR 11 mg tab er 24 hr, 22 mg tab er 24 hr, 33 mg tab er 24 hr, 44 mg tab er 24 hr, 55 mg tab er 24 hr	5		PANSO, QL(30 / 30)
JAYPIRCA 100 mg tab, 50 mg tab	5		PANSO
JIDEYTRO 100 mg tab, 25 mg tab	5		PANSO, QL(30 / 30)
KISQALI (200 MG DOSE) 200 mg tab pack	5		PANSO, QL(21 / 28)
KISQALI (400 MG DOSE) 200 mg tab pack	5		PANSO, QL(42 / 28)
KISQALI (600 MG DOSE) 200 mg tab pack	5		PANSO, QL(63 / 28)
KOMZIFTI 200 mg cap	5		PANSO, QL(90 / 30)
KOSELUGO 5 mg cap sprinkle, 7.5 mg cap sprinkle	5		PANSO
KOSELUGO 25 mg cap	5		PANSO, QL(120 / 30)
KOSELUGO 10 mg cap	5		PANSO, QL(300 / 30)
KRAZATI 200 mg tab	5		PANSO, QL(180 / 30)
KYPROLIS 10 mg iv soln, 30 mg iv soln, 60 mg iv soln	1		PANSO
lapatinib ditosylate 250 mg tab	5	TYKERB	PANSO
LAZCLUZE 240 mg tab	5		PANSO, QL(30 / 30)
LAZCLUZE 80 mg tab	5		PANSO, QL(60 / 30)
LENVIMA (10 MG DAILY DOSE) 10 mg cap pack	5		PANSO
LENVIMA (12 MG DAILY DOSE) 3 x 4 mg cap pack	5		PANSO
LENVIMA (14 MG DAILY DOSE) 10 & 4 mg cap pack	5		PANSO
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 x 4 mg cap pack	5		PANSO

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
LENVIMA (20 MG DAILY DOSE) 2 x 10 mg cap pack	5		PANSO
LENVIMA (24 MG DAILY DOSE) 2 x 10 MG & 4 mg cap pack	5		PANSO
LENVIMA (4 MG DAILY DOSE) 4 mg cap pack	5		PANSO
LENVIMA (8 MG DAILY DOSE) 2 x 4 mg cap pack	5		PANSO
LORBRENA 100 mg tab	5		PANSO, QL(30 / 30)
LORBRENA 25 mg tab	5		PANSO, QL(90 / 30)
LUMAKRAS 120 mg tab, 240 mg tab, 320 mg tab	5		PANSO, QL(240 / 30)
LYNPARZA 100 mg tab, 150 mg tab	5		PANSO, QL(120 / 30)
LYTGOBI (12 MG DAILY DOSE) 4 mg tab pack	5		PANSO
LYTGOBI (16 MG DAILY DOSE) 4 mg tab pack	5		PANSO
LYTGOBI (20 MG DAILY DOSE) 4 mg tab pack	5		PANSO
MEKINIST 0.05 mg/ml soln	5		PANSO
MEKINIST 2 mg tab	5		PANSO, QL(30 / 30)
MEKINIST 0.5 mg tab	5		PANSO, QL(90 / 30)
MEKTOVI 15 mg tab	5		PANSO, QL(180 / 30)
MVASI 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PANSO
NERLYNX 40 mg tab	5		PANSO, QL(180 / 30)
nilotinib d-tartrate 150 mg cap, 200 mg cap	5		PANSO, QL(112 / 28)
nilotinib d-tartrate 50 mg cap	5		PANSO, QL(120 / 30)
nilotinib hcl 150 mg cap, 200 mg cap	5		PANSO, QL(112 / 28)
nilotinib hcl 50 mg cap	5		PANSO, QL(120 / 30)
ODOMZO 200 mg cap	5		PANSO, LA
OGSIVEO 100 mg tab, 150 mg tab	5		PANSO, QL(180 / 30)
OJEMDA 100 mg tab	5		PANSO
OJEMDA 25 mg/ml susp	5		PANSO
OJJAARA 100 mg tab, 150 mg tab, 200 mg tab	5		PANSO
pazopanib hcl 200 mg tab	5		PANSO, QL(120 / 30)
PEMAZYRE 13.5 mg tab, 4.5 mg tab, 9 mg tab	5		PANSO, QL(14 / 21)
QINLOCK 50 mg tab	5		PANSO, QL(90 / 30)
RETEVMO 120 mg tab, 160 mg tab, 40 mg tab, 80 mg tab	5		PANSO
RETEVMO 80 mg cap	5		PANSO, QL(120 / 30)
REVUFORJ 110 mg tab, 160 mg tab, 25 mg tab	5		PANSO

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
REZLIDHIA 150 mg cap	5		PANSO, QL(60 / 30)
ROMVIMZA 14 mg cap, 20 mg cap, 30 mg cap	5		PANSO, QL(8 / 28)
ROZLYTREK 200 mg cap	5		PANSO, QL(90 / 30)
ROZLYTREK 100 mg cap	5		PANSO, QL(180 / 30)
ROZLYTREK 50 mg pckt	5		PANSO, QL(360 / 30)
RUBRACA 200 mg tab, 250 mg tab, 300 mg tab	5		PANSO, QL(120 / 30)
RYDAPT 25 mg cap	5		PANSO, QL(224 / 28)
SCEMBLIX 100 mg tab, 20 mg tab, 40 mg tab	5		PANSO
sorafenib tosylate 200 mg tab	5	NEXAVAR	PANSO, QL(120 / 30)
STIVARGA 40 mg tab	5		PANSO, QL(84 / 28)
sunitinib malate 12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap	5	SUTENT	PANSO, QL(30 / 30)
TABRECTA 150 mg tab, 200 mg tab	5		PANSO, QL(120 / 30)
TAFINLAR 10 mg tab sol	5		PANSO
TAFINLAR 50 mg cap, 75 mg cap	5		PANSO, QL(120 / 30)
TAGRISSO 40 mg tab, 80 mg tab	5		PANSO, QL(30 / 30), LA
TALZENNA 0.1 mg cap, 0.35 mg cap, 0.75 mg cap, 1 mg cap	5		PANSO, QL(30 / 30)
TALZENNA 0.25 mg cap, 0.5 mg cap	5		PANSO, QL(90 / 30)
TEPMETKO 225 mg tab	5		PANSO, QL(60 / 30)
TIBSOVO 250 mg tab	5		PANSO, QL(60 / 30)
TRUQAP 160 mg tab pack, 200 mg tab	5		PANSO, QL(64 / 28)
TUKYSA 150 mg tab	5		PANSO, QL(120 / 30)
TUKYSA 50 mg tab	5		PANSO, QL(300 / 30)
TURALIO 125 mg cap	5		PANSO, QL(120 / 30)
VANFLYTA 17.7 mg tab, 26.5 mg tab	5		PANSO
VENCLEXTA 50 mg tab	3		PANSO, QL(30 / 30), LA
VENCLEXTA 10 mg tab	3		PANSO, QL(60 / 30), LA
VENCLEXTA 100 mg tab	5		PANSO, QL(180 / 30), LA
VENCLEXTA STARTING PACK 10 & 50 & 100 mg tab pack	5		PANSO, LA
VERZENIO 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	5		PANSO, QL(56 / 28)
VONJO 100 mg cap	5		PANSO, QL(120 / 30)
VORANIGO 40 mg tab	5		PANSO, QL(30 / 30)
VORANIGO 10 mg tab	5		PANSO, QL(90 / 30)
VYLOY 100 mg iv soln, 300 mg iv soln	5		PANSO
XALKORI 150 mg cap sprinkle, 20 mg cap sprinkle, 50 mg cap sprinkle	5		PANSO
XALKORI 200 mg cap, 250 mg cap	5		PANSO, QL(120 / 30)
XOSPATA 40 mg tab	5		PANSO, QL(90 / 30)
yulithira 10 mg tab, 2.5 mg tab, 5 mg tab, 7.5 mg tab	4	AFINITOR	PANSO, QL(28 / 28)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ZEJULA 100 mg tab, 200 mg tab, 300 mg tab	5		PANSO, QL(30 / 30)
ZELBORAF 240 mg tab	5		PANSO, QL(240 / 30)
ZIIHERA 300 mg iv soln	5		PANSO
ZIRABEV 100 mg/4ml iv soln, 400 mg/16ml iv soln	5		PANSO
ZYKADIA 150 mg tab	5		PANSO, QL(84 / 28)
Monoclonal Antibody/antibody-drug Conjugates			
BIZENGRI (750 MG DOSE) 375 mg/18.75ml Intravenous Solution Therapy Pack	5		PANSO
DARZALEX 100 mg/5ml iv soln, 400 mg/20ml iv soln	1		PANSO
DATROWAY 100 mg iv soln	5		PANSO
EMRELIS 100 mg iv soln, 20 mg iv soln	5		PANSO
IMJUDO 25 mg/1.25ml iv soln, 300 mg/15ml iv soln	5		PANSO
KEYTRUDA 100 mg/4ml iv soln	5		PANSO, QL(8 / 21)
LUNSUMIO 1 mg/ml iv soln, 30 mg/30ml iv soln	5		PANSO
TECVAYLI 153 mg/1.7ml sc soln, 30 mg/3ml sc soln	5		PANSO
TEVIMBRA 100 mg/10ml iv soln	5		PANSO
Retinoids			
bexarotene 75 mg cap	5	TARGRETIN	PANSO
bexarotene 1 % Topical Gel	5	TARGRETIN	PANSO
PANRETIN 0.1 % Topical Gel	5		QL(180 / 30)
tretinoin 10 mg cap	5	VESANOID	
Treatment Adjuncts			
mesna 400 mg tab	4		
MESNEX 400 mg tab	5		
ANTIPARASITICS			
Antihelminthics			
albendazole 200 mg tab	4	ALBENZA	
ivermectin 6 mg tab	2		
ivermectin 3 mg tab	2	STROMECTOL	
praziquantel 600 mg tab	2	BILTRICIDE	
Antiprotozoals			
atovaquone 750 mg/5ml susp	3	MEPRON	
atovaquone-proguanil hcl 250-100 mg tab, 62.5-25 mg tab	2	MALARONE	
chloroquine phosphate 250 mg tab	4		QL(50 / 30)
chloroquine phosphate 500 mg tab	4	ARALEN	QL(25 / 30)
COARTEM 20-120 mg tab	4		
hydroxychloroquine sulfate 200 mg tab	2	PLAQUENIL	QL(90 / 30)
KRINTAFEL 150 mg tab	4		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
mefloquine hcl 250 mg tab	2		
nitazoxanide 500 mg tab	5	ALINIA	
pentamidine isethionate 300 mg inh soln	3	NEBUPENT	PA(*)
pentamidine isethionate 300 mg inj soln	4	PENTAM	
primaquine phosphate 26.3 (15 Base) mg tab	4		
pyrimethamine 25 mg tab	5	DARAPRIM	PA
quinine sulfate 324 mg cap	4	QUALAQUIN	PA, QL(42 / 7)
ANTIPARKINSON AGENTS			
Anticholinergics			
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	2	COGENTIN	HR
trihexyphenidyl hcl 0.4 mg/ml soln	2		PAHRM,HR
trihexyphenidyl hcl 2 mg tab, 5 mg tab	1	ARTANE	PAHRM,HR
Antiparkinson Agents, Other			
amantadine hcl 50 mg/5ml soln	1		
amantadine hcl 100 mg cap	2	SYMMETREL	
entacapone 200 mg tab	3	COMTAN	
INBRIJA 42 mg inh cap	5		PA, QL(300 / 30)
OSMOLEX ER 129 mg tab er 24 hr, 193 mg tab er 24 hr	4		QL(30 / 30), ST
Dopamine Agonists			
apomorphine hcl 30 mg/3ml sc soln cart	5	APOKYN	PA, QL(60 / 30)
bromocriptine mesylate 2.5 mg tab	2	PARLODEL	
bromocriptine mesylate 5 mg cap	4	PARLODEL	
NEUPRO 1 mg/24hr td patch 24hr, 2 mg/24hr td patch 24hr, 3 mg/24hr td patch 24hr, 4 mg/24hr td patch 24hr, 6 mg/24hr td patch 24hr, 8 mg/24hr td patch 24hr	3		QL(30 / 30)
pramipexole dihydrochloride 0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	MIRAPEX	
ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab	2	REQUIP	
Dopamine Precursors/l-amino Acid Decarboxylase Inhibitors			
carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab	2	SINEMET	
carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er	2	SINEMET CR	
carbidopa-levodopa-entacapone 12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg	4	STALEVO	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
tab, 37.5-150-200 mg tab, 50-200-200 mg tab			
Monoamine Oxidase B (mao-b) Inhibitors			
rasagiline mesylate 0.5 mg tab, 1 mg tab	4	AZILECT	
selegiline hcl 5 mg tab	2		
selegiline hcl 5 mg cap	2	ELDEPRYL	
ANTIPSYCHOTICS			
1st Generation/typical			
ergoloid mesylates 1 mg tab	4	HYDERGINE	HR
fluphenazine decanoate 25 mg/ml inj soln	2	PROLIXIN	
fluphenazine hcl 2.5 mg/ml inj soln	3	PROLIXIN	
fluphenazine hcl 1 mg tab, 10 mg tab, 2.5 mg tab, 5 mg tab	4	PROLIXIN	
fluphenazine hcl 2.5 mg/5ml oral elix, 5 mg/ml oral conc	4	PROLIXIN	
haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab	2	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	2	HALDOL	
haloperidol decanoate 100 mg/ml im soln, 50 mg/ml im soln	3	HALDOL	
haloperidol lactate 2 mg/ml oral conc, 5 mg/ml inj soln	2	HALDOL	
loxapine succinate 10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap	2	LOXITANE	
molindone hcl 5 mg tab	2	MOBAN	QL(120 / 30)
molindone hcl 10 mg tab	2	MOBAN	QL(240 / 30)
molindone hcl 25 mg tab	2	MOBAN	QL(270 / 30)
pimozide 1 mg tab, 2 mg tab	3	ORAP	
thioridazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	2	MELLARIL	HR
thiothixene 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	4	NAVANE	
trifluoperazine hcl 1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab	2	STELAZINE	
2nd Generation/atypical			
asenapine maleate 10 mg tab subl, 2.5 mg tab subl, 5 mg tab subl	2	SAPHRIS	QL(60 / 30)
CAPLYTA 10.5 mg cap, 21 mg cap, 42 mg cap	5		QL(30 / 30), ST
COBENFY 100-20 mg cap, 125-30 mg cap, 50-20 mg cap	5		PANSO
COBENFY STARTER PACK 50-20 & 100-20 mg cap pack	5		PANSO

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ERZOFRI 39 mg/0.25ml im susp pfs	3		QL(0.25 / 28)
ERZOFRI 78 mg/0.5ml im susp pfs	5		QL(0.5 / 28)
ERZOFRI 117 mg/0.75ml im susp pfs	5		QL(0.75 / 28)
ERZOFRI 156 mg/ml im susp pfs	5		QL(1 / 28)
ERZOFRI 234 mg/1.5ml im susp pfs	5		QL(1.5 / 28)
ERZOFRI 351 mg/2.25ml im susp pfs	5		QL(2.25 / 28)
FANAPT 1 mg tab, 10 mg tab, 12 mg tab, 2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab	5		QL(60 / 30), ST
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 mg tab	4		ST
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 mg tab	4		ST
FANAPT TITRATION PACK C 1 & 2 & 6 mg tab	4		ST
INVEGA HAFYERA 1092 mg/3.5ml im susp pfs	5		QL(3.5 / 180)
INVEGA HAFYERA 1560 mg/5ml im susp pfs	5		QL(5 / 180)
INVEGA SUSTENNA 39 mg/0.25ml im susp pfs	3		QL(0.25 / 28)
INVEGA SUSTENNA 78 mg/0.5ml im susp pfs	5		QL(0.5 / 28)
INVEGA SUSTENNA 117 mg/0.75ml im susp pfs	5		QL(0.75 / 28)
INVEGA SUSTENNA 156 mg/ml im susp pfs	5		QL(1 / 28)
INVEGA SUSTENNA 234 mg/1.5ml im susp pfs	5		QL(1.5 / 28)
INVEGA TRINZA 273 mg/0.88ml im susp pfs	5		QL(0.88 / 84)
INVEGA TRINZA 410 mg/1.32ml im susp pfs	5		QL(1.32 / 84)
INVEGA TRINZA 546 mg/1.75ml im susp pfs	5		QL(1.75 / 84)
INVEGA TRINZA 819 mg/2.63ml im susp pfs	5		QL(2.63 / 84)
lurasidone hcl 120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2	LATUDA	QL(30 / 30)
LYBALVI 10-10 mg tab, 15-10 mg tab, 20-10 mg tab, 5-10 mg tab	5		PANSO, QL(30 / 30)
NUPLAZID 10 mg tab, 34 mg cap	5		PANSO, QL(30 / 30)
olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab	2	ZYPREXA	QL(30 / 30)
olanzapine 10 mg im soln	3	ZYPREXA	QL(30 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
olanzapine 10 mg tab disint, 15 mg tab disint, 20 mg tab disint, 5 mg tab disint	4	ZYPREXA ZYDIS	QL(30 / 30)
paliperidone er 1.5 mg tab er 24 hr, 3 mg tab er 24 hr, 9 mg tab er 24 hr	4	INVEGA	QL(30 / 30)
paliperidone er 6 mg tab er 24 hr	4	INVEGA	QL(60 / 30)
REXULTI 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab	5		QL(30 / 30)
REXULTI 0.5 mg tab	5		QL(60 / 30)
REXULTI 0.25 mg tab	5		QL(120 / 30)
risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab	2	RISPERDAL	QL(60 / 30)
risperidone 4 mg tab	2	RISPERDAL	QL(120 / 30)
risperidone 1 mg/ml soln	2	RISPERDAL	QL(480 / 30)
risperidone 0.25 mg tab disint, 0.5 mg tab disint, 1 mg tab disint, 2 mg tab disint	4	RISPERDAL	QL(60 / 30)
risperidone 3 mg tab disint, 4 mg tab disint	4	RISPERDAL	QL(120 / 30)
risperidone microspheres er 12.5 mg Intramuscular Suspension Reconstituted ER, 25 mg Intramuscular Suspension Reconstituted ER, 37.5 mg Intramuscular Suspension Reconstituted ER, 50 mg Intramuscular Suspension Reconstituted ER	4		QL(2 / 28)
SECUADO 3.8 mg/24hr td patch 24hr, 5.7 mg/24hr td patch 24hr, 7.6 mg/24hr td patch 24hr	5		QL(30 / 30), ST
UZEDY 100 mg/0.28ml sc susp pfs, 125 mg/0.35ml sc susp pfs, 150 mg/0.42ml sc susp pfs, 200 mg/0.56ml sc susp pfs, 250 mg/0.7ml sc susp pfs, 50 mg/0.14ml sc susp pfs, 75 mg/0.21ml sc susp pfs	5		
VRAYLAR 0.5 mg cap, 0.75 mg cap, 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap	5		QL(30 / 30)
ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap	2	GEODON	QL(60 / 30)
ziprasidone mesylate 20 mg im soln	3	GEODON	QL(6 / 28)
ZYPREXA RELPREVV 210 mg im susp	4		QL(2 / 28)
Treatment-resistant			
clozapine 50 mg tab	2	CLOZARIL	QL(90 / 30)
clozapine 100 mg tab	2	CLOZARIL	QL(270 / 30)
clozapine 25 mg tab	3	CLOZARIL	QL(90 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
clozapine 200 mg tab	3	CLOZARIL	QL(135 / 30)
clozapine 100 mg tab disint, 12.5 mg tab disint, 25 mg tab disint	4	FAZACLO	QL(90 / 30), ST
clozapine 200 mg tab disint	4	FAZACLO	QL(120 / 30), ST
clozapine 150 mg tab disint	4	FAZACLO	QL(180 / 30), ST
VERSACLOZ 50 mg/ml susp	5		QL(540 / 30), ST
ANTISPASTICITY AGENTS			
Antispasticity Agents			
baclofen 15 mg tab, 5 mg tab	2		
baclofen 10 mg tab, 20 mg tab	2	LIORESAL	
chlorzoxazone 500 mg tab	2	PARAFON FORTE	HR
dantrolene sodium 100 mg cap, 25 mg cap, 50 mg cap	2	DANTRIUM	
methocarbamol 1000 mg tab	2		
methocarbamol 500 mg tab, 750 mg tab	2	ROBAXIN	HR
tanlor 1000 mg tab	2		
ANTIVIRALS			
Anti-cytomegalovirus (cmv) Agents			
PREVYMIS 240 mg tab, 480 mg tab	5		PA, QL(28 / 28)
valganciclovir hcl 450 mg tab	2	VALCYTE	
ZIRGAN 0.15 % ophth gel	4		
Anti-hepatitis B (hbv) Agents			
adefovir dipivoxil 10 mg tab	3	HEPSERA	
entecavir 0.5 mg tab, 1 mg tab	2	BARACLUDE	
lamivudine 100 mg tab	4	EPIVIR HBV	
VEMLIDY 25 mg tab	5		QL(30 / 30)
Anti-hepatitis C (hcv) Agents, Other			
PEGASYS 180 mcg/0.5ml sc soln pfs, 180 mcg/ml sc soln	5		
ribavirin 200 mg tab	2	COPEGUS	
ribavirin 200 mg cap	2	REBETOL	
Anti-hepatitis C (hcv) Direct Acting Agents			
ledipasvir-sofosbuvir 90-400 mg tab	5	HARVONI	PA, QL(28 / 28)
MAVYRET 100-40 mg tab	5		PA, QL(90 / 30)
MAVYRET 50-20 mg pckt	5		PA, QL(168 / 28)
sofosbuvir-velpatasvir 400-100 mg tab	5	EPCLUSA	PA, QL(28 / 28)
Anti-hiv Agents, Integrase Inhibitors (insti)			
BIKTARVY 30-120-15 mg tab, 50-200-25 mg tab	5		
GENVOYA 150-150-200-10 mg tab	5		
ISENTRESS 100 mg pckt, 100 mg tab chew, 25 mg tab chew	4		
ISENTRESS 400 mg tab	5		
ISENTRESS HD 600 mg tab	5		
STRIBILD 150-150-200-300 mg tab	5		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TIVICAY 10 mg tab	4		
TIVICAY 25 mg tab, 50 mg tab	5		
TIVICAY PD 5 mg tab sol	4		
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti)			
EDURANT PED 2.5 mg tab sol	5		
efavirenz 50 mg cap	2	SUSTIVA	
efavirenz 200 mg cap, 600 mg tab	3	SUSTIVA	
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	4	ATRIPLA	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	5	SYMFI	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	5	SYMFI LO	
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	5		
etravirine 100 mg tab, 200 mg tab	5	INTELENCE	
INTELENCE 25 mg tab	4		
nevirapine 200 mg tab	2	VIRAMUNE	
nevirapine 50 mg/5ml susp	4	VIRAMUNE	
nevirapine er 400 mg tab er 24 hr	4	VIRAMUNE XR	
ODEFSEY 200-25-25 mg tab	5		
rilpivirine hcl 25 mg tab	5		
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti)			
abacavir sulfate 300 mg tab	2	ZIAGEN	
abacavir sulfate 20 mg/ml soln	4	ZIAGEN	
abacavir sulfate-lamivudine 600-300 mg tab	2	EPZICOM	
CABENUVA 400 & 600 mg/2ml Intramuscular Suspension Extended Release, 600 & 900 mg/3ml Intramuscular Suspension Extended Release	5		
CIMDUO 300-300 mg tab	5		
DESCOVY 120-15 mg tab, 200-25 mg tab	5		
DOVATO 50-300 mg tab	5		
emtricitabine 200 mg cap	3	EMTRIVA	
emtricitabine-tenofovir df 100-150 mg tab, 167-250 mg tab, 200-300 mg tab	4	TRUVADA	
emtricitabine-tenofovir df 133-200 mg tab	5	TRUVADA	
EMTRIVA 10 mg/ml soln	4		
IDVYNSO 100-0.25 mg tab	5		
lamivudine 150 mg tab, 300 mg tab	2	EPIVIR	
lamivudine 10 mg/ml soln	4	EPIVIR	
lamivudine-zidovudine 150-300 mg tab	2	COMBIVIR	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
PIFELTRO 100 mg tab	5		
tenofovir disoproxil fumarate 300 mg tab	2	VIREAD	
VIREAD 150 mg tab, 200 mg tab, 250 mg tab	5		
VIREAD 40 mg/gm oral pwdr	5		
zidovudine 100 mg cap, 300 mg tab	2	RETROVIR	
zidovudine 50 mg/5ml syr	2	RETROVIR	
Anti-hiv Agents, Other			
FUZEON 90 mg sc soln	5		
JULUCA 50-25 mg tab	5		
maraviroc 150 mg tab, 300 mg tab	5	SELZENTRY	
RUKOBIA 600 mg tab er 12 hr	5		
SELZENTRY 25 mg tab	3		
SELZENTRY 75 mg tab	5		
SUNLENCA 300 mg tab, 4 x 300 mg tab pack, 5 x 300 mg tab pack	5		
SUNLENCA 463.5 mg/1.5ml sc soln	5		
Anti-hiv Agents, Protease Inhibitors			
APTIVUS 250 mg cap	5		
atazanavir sulfate 150 mg cap, 200 mg cap, 300 mg cap	3	REYATAZ	
darunavir 600 mg tab	4	PREZISTA	
darunavir 800 mg tab	5	PREZISTA	
DELSTRIGO 100-300-300 mg tab	5		
EVOTAZ 300-150 mg tab	5		
fosamprenavir calcium 700 mg tab	3	LEXIVA	
LEXIVA 50 mg/ml susp	4		
lopinavir-ritonavir 100-25 mg tab	3	KALETRA	QL(300 / 30)
lopinavir-ritonavir 200-50 mg tab	4	KALETRA	QL(120 / 30)
PREZCOBIX 675-150 mg tab, 800-150 mg tab	5		
PREZISTA 75 mg tab	4		
PREZISTA 150 mg tab	5		
PREZISTA 100 mg/ml susp	5		
REYATAZ 50 mg pckt	5		
ritonavir 100 mg tab	2	NORVIR	
SYMTUZA 800-150-200-10 mg tab	5		
TRIUMEQ 600-50-300 mg tab	5		
triumeq pd 60-5-30 mg tab sol	4		
VIRACEPT 250 mg tab, 625 mg tab	5		
Anti-influenza Agents			
oseltamivir phosphate 75 mg cap	2	TAMIFLU	QL(42 / 180)
oseltamivir phosphate 45 mg cap	2	TAMIFLU	QL(48 / 180)
oseltamivir phosphate 30 mg cap	2	TAMIFLU	QL(84 / 180)
oseltamivir phosphate 6 mg/ml susp	2	TAMIFLU	QL(540 / 180)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
RELENZA DISKHALER 5 mg/act inh aer pwdr br act	4		QL(60 / 180)
rimantadine hcl 100 mg tab	3	FLUMADINE	
XOFLUZA (40 MG DOSE) 1 x 40 mg tab pack	4		QL(4 / 180)
XOFLUZA (80 MG DOSE) 1 x 80 mg tab pack	4		QL(2 / 180)
Antiherpetic Agents			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	2	ZOVIRAX	
acyclovir 200 mg/5ml susp	4	ZOVIRAX	
acyclovir 5 % Topical Ointment	4	ZOVIRAX	QL(30 / 30)
acyclovir sodium 50 mg/ml iv soln	3	ZOVIRAX	PA(*)
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	2	FAMVIR	
trifluridine 1 % ophth soln	3	VIROPTIC	
valacyclovir hcl 1 gm tab, 500 mg tab	4	VALTREX	
Antiviral, Coronavirus Agents			
LAGEVRIO 200 mg cap	3		QL(40 / 5)
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	3		QL(20 / 5)
PAXLOVID (300/100 & 150/100) 6 x 150 MG & 5 x 100mg tab pack	3		QL(22 / 5)
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	3		QL(30 / 5)
ANXIOLYTICS			
Anxiolytics, Other			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	BUSPAR	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	PAHRM,HR
hydroxyzine hcl 10 mg/5ml syr	2	ATARAX	HR
hydroxyzine pamoate 25 mg cap, 50 mg cap	1	VISTARIL	HR
hydroxyzine pamoate 100 mg cap	2	VISTARIL	HR
Benzodiazepines			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab	1	XANAX	QL(120 / 30)
alprazolam 2 mg tab	1	XANAX	QL(150 / 30)
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	QL(120 / 30)
clorazepate dipotassium 15 mg tab, 3.75 mg tab, 7.5 mg tab	2	TRANXENE	QL(180 / 30)
BIPOLAR AGENTS			
Mood Stabilizers			
lithium 8 meq/5ml soln	2		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	
lithium carbonate 300 mg tab	2	LITHOBID	
lithium carbonate er 450 mg tab er	2	ESKALITH CR	
lithium carbonate er 300 mg tab er	2	LITHOBID	
valproic acid 250 mg/5ml soln	2	DEPAKENE	
BLOOD GLUCOSE REGULATORS			
Antidiabetic Agents			
acarbose 100 mg tab, 25 mg tab, 50 mg tab	2	PRECOSE	QL(90 / 30)
colesevelam hcl 3.75 gm pckt, 625 mg tab	4	WELCHOL	
dapagliflozin 10 mg tab, 5 mg tab	6		QL(30 / 30)
FARXIGA 10 mg tab, 5 mg tab	3		QL(30 / 30)
glimepiride 1 mg tab, 2 mg tab	6	AMARYL	QL(30 / 30)
glimepiride 4 mg tab	6	AMARYL	QL(60 / 30)
glipizide 2.5 mg tab	6		QL(60 / 30)
glipizide 5 mg tab	6	GLUCOTROL	QL(60 / 30)
glipizide 10 mg tab	6	GLUCOTROL	QL(120 / 30)
glipizide er 2.5 mg tab er 24 hr, 5 mg tab er 24 hr	6	GLUCOTROL XL	QL(30 / 30)
glipizide er 10 mg tab er 24 hr	6	GLUCOTROL XL	QL(60 / 30)
glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab	6	DIABETA	HR
GLYXAMBI 10-5 mg tab, 25-5 mg tab	3		QL(30 / 30)
JARDIANCE 10 mg tab, 25 mg tab	3		QL(30 / 30)
metformin hcl 1000 mg tab	6	GLUCOPHAGE	QL(75 / 30)
metformin hcl 850 mg tab	6	GLUCOPHAGE	QL(90 / 30)
metformin hcl 500 mg tab	6	GLUCOPHAGE	QL(150 / 30)
metformin hcl er 750 mg tab er 24 hr	6	GLUCOPHAGE XR	QL(60 / 30)
metformin hcl er 500 mg tab er 24 hr	6	GLUCOPHAGE XR	QL(120 / 30)
MOUNJARO 10 mg/0.5ml sc soln auto-inj, 12.5 mg/0.5ml sc soln auto-inj, 15 mg/0.5ml sc soln auto-inj, 2.5 mg/0.5ml sc soln auto-inj, 5 mg/0.5ml sc soln auto-inj, 7.5 mg/0.5ml sc soln auto-inj	3		PANSO, QL(2 / 28)
OZEMPIC 1.5 mg tab, 4 mg tab, 9 mg tab	3		PANSO, QL(30 / 30)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 mg/3ml sc soln pen-inj	3		PANSO, QL(3 / 28)
OZEMPIC (1 MG/DOSE) 4 mg/3ml sc soln pen-inj	3		PANSO, QL(6 / 28)
OZEMPIC (2 MG/DOSE) 8 mg/3ml sc soln pen-inj	3		PANSO, QL(3 / 28)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab	6	ACTOS	QL(30 / 30)
repaglinide 0.5 mg tab, 1 mg tab	6	PRANDIN	QL(120 / 30)
repaglinide 2 mg tab	6	PRANDIN	QL(240 / 30)
RYBELSUS (FORMULATION R2) 1.5 mg tab, 4 mg tab, 9 mg tab	3		PANSO, QL(30 / 30)
sitagliptin phosphate 100 mg tab, 25 mg tab, 50 mg tab	2		QL(30 / 30)
SOLIQUA 100-33 unt-mcg/ml sc soln pen-inj	3		QL(30 / 30)
TRADJENTA 5 mg tab	3		QL(30 / 30)
XULTOPHY 100-3.6 unit-mg/ml sc soln pen-inj	3		QL(15 / 28)
Blood Glucose Regulators (combination Product)			
dapagliflozin-metformin hcl er 10-500 mg tab er 24 hr	2		QL(30 / 30)
dapagliflozin-metformin hcl er 5-500 mg tab er 24 hr	2		QL(60 / 30)
glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab	6	METAGLIP	QL(120 / 30)
glipizide-metformin hcl 2.5-250 mg tab	6	METAGLIP	QL(240 / 30)
glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab	6	GLUCOVANCE	HR
JENTADUETO 2.5-1000 mg tab, 2.5-500 mg tab, 2.5-850 mg tab	3		QL(60 / 30)
JENTADUETO XR 5-1000 mg tab er 24 hr	3		QL(30 / 30)
JENTADUETO XR 2.5-1000 mg tab er 24 hr	3		QL(60 / 30)
sitaglip phos-metformin hcl er 100-1000 mg tab er 24 hr	2		QL(30 / 30)
sitaglip phos-metformin hcl er 50-1000 mg tab er 24 hr, 50-500 mg tab er 24 hr	2		QL(60 / 30)
sitagliptin phos-metformin hcl 50-1000 mg tab, 50-500 mg tab	2		QL(60 / 30)
SYNJARDY 12.5-1000 mg tab, 12.5-500 mg tab, 5-1000 mg tab, 5-500 mg tab	3		QL(60 / 30)
SYNJARDY XR 10-1000 mg tab er 24 hr, 25-1000 mg tab er 24 hr	3		QL(30 / 30)
SYNJARDY XR 12.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		QL(60 / 30)
TRIJARDY XR 10-5-1000 mg tab er 24 hr, 25-5-1000 mg tab er 24 hr	3		QL(30 / 30)
TRIJARDY XR 12.5-2.5-1000 mg tab er 24 hr, 5-2.5-1000 mg tab er 24 hr	3		QL(60 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
XIGDUO XR 10-1000 mg tab er 24 hr	3		QL(30 / 30)
XIGDUO XR 2.5-1000 mg tab er 24 hr, 5-1000 mg tab er 24 hr	3		QL(60 / 30)
Glycemic Agents			
diazoxide 50 mg/ml susp	2	PROGLYCEM	
GVOKE HYPOPEN 2-PACK 0.5 mg/0.1ml sc soln auto-inj, 1 mg/0.2ml sc soln auto-inj	3		
GVOKE PFS 0.5 mg/0.1ml sc soln pfs, 1 mg/0.2ml sc soln pfs	3		
mifepristone 300 mg tab	5		PA, QL(112 / 28)
TRULICITY 0.75 mg/0.5ml sc soln auto-inj, 1.5 mg/0.5ml sc soln auto-inj, 3 mg/0.5ml sc soln auto-inj, 4.5 mg/0.5ml sc soln auto-inj	3		PANSO, QL(2 / 28)
Insulins			
BD INSULIN SYRINGE 29G X 1/2" 1 ml misc	2		
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ml misc, 29G X 1/2" 0.5 ml misc	2		
BD PEN MINI misc	2		
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM misc	2		
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ml misc	2		
FIASP 100 unit/ml inj soln	3		QL(40 / 28)
FIASP FLEXTOUCH 100 unit/ml sc soln pen-inj	3		QL(30 / 28)
FIASP PENFILL 100 unit/ml sc soln cart	3		QL(30 / 28)
gauze pads 2"X2" pad	1		
HUMULIN R U-500 KWIKPEN 500 unit/ml sc soln pen-inj	3		QL(24 / 28)
LANTUS 100 unit/ml sc soln	3		QL(40 / 28)
LANTUS SOLOSTAR 100 unit/ml sc soln pen-inj	3		QL(30 / 28)
NOVOLIN 70/30 (70-30) 100 unit/ml sc susp	3		QL(40 / 28)
NOVOLIN 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(30 / 28)
NOVOLIN N 100 unit/ml sc susp	3		QL(40 / 28)
NOVOLIN N FLEXPEN 100 unit/ml sc susp pen-inj	3		QL(30 / 28)
NOVOLIN R 100 unit/ml inj soln	3		QL(40 / 28)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
NOVOLIN R FLEXPEN 100 unit/ml Injection Solution Pen-injector	3		QL(30 / 28)
NOVOLOG 100 unit/ml inj soln	3		QL(40 / 28)
NOVOLOG FLEXPEN 100 unit/ml sc soln pen-inj	3		QL(30 / 28)
NOVOLOG MIX 70/30 (70-30) 100 unit/ml sc susp	3		QL(40 / 28)
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 unit/ml sc susp pen-inj	3		QL(30 / 28)
NOVOLOG PENFILL 100 unit/ml sc soln cart	3		QL(30 / 28)
OMNIPOD 5 DEXG7G6 INTRO GEN 5 kit	3		QL(1 / 365)
OMNIPOD 5 DEXG7G6 PODS GEN 5 misc	3		
OMNIPOD 5 G7 INTRO (GEN 5) kit	3		
OMNIPOD 5 G7 PODS (GEN 5) misc	3		
OMNIPOD 5 LIBRE INTRO kit	3		QL(1 / 365)
OMNIPOD 5 LIBRE PODS misc	3		
OMNIPOD CLASSIC PODS (GEN 3) misc	3		
OMNIPOD DASH INTRO (GEN 4) kit	3		QL(1 / 365)
OMNIPOD DASH PDM (GEN 4) kit	3		QL(1 / 365)
OMNIPOD DASH PODS (GEN 4) misc	3		
OMNIPOD GO 10 unit/24hr kit, 15 unit/24hr kit, 20 unit/24hr kit, 25 unit/24hr kit, 30 unit/24hr kit, 35 unit/24hr kit, 40 unit/24hr kit	3		
TOUJEO MAX SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(18 / 28)
TOUJEO SOLOSTAR 300 unit/ml sc soln pen-inj	3		QL(13.5 / 28)
BLOOD PRODUCTS AND MODIFIERS			
Hemostasis Agents			
tranexamic acid 650 mg tab	2	LYSTEDA	
Platelet Modifying Agents			
CABLIVI 11 mg inj kit	5		PA, QL(30 / 30)
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	2	PERSANTINE	HR
TAVALISSE 100 mg tab, 150 mg tab	5		PA, QL(60 / 30)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
Anticoagulants			
dabigatran etexilate mesylate 110 mg cap	2		
dabigatran etexilate mesylate 150 mg cap, 75 mg cap	2	PRADAXA	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ELIQUIS 0.15 mg cap sprinkle, 0.5 mg tab sol	3		
ELIQUIS 2.5 mg tab	3		QL(60 / 30)
ELIQUIS 5 mg tab	3		QL(74 / 30)
ELIQUIS (1.5 MG PACK) 3 x 0.5 mg tab sol	3		
ELIQUIS (2 MG PACK) 4 x 0.5 mg tab sol	3		
ELIQUIS DVT/PE STARTER PACK 5 mg tab pack	3		
enoxaparin sodium 30 mg/0.3ml inj soln pfs	3	LOVENOX	QL(18 / 30)
enoxaparin sodium 40 mg/0.4ml inj soln pfs	3	LOVENOX	QL(24 / 30)
enoxaparin sodium 60 mg/0.6ml inj soln pfs	3	LOVENOX	QL(36 / 30)
enoxaparin sodium 120 mg/0.8ml inj soln pfs, 80 mg/0.8ml inj soln pfs	3	LOVENOX	QL(48 / 30)
enoxaparin sodium 100 mg/ml inj soln pfs, 150 mg/ml inj soln pfs	3	LOVENOX	QL(60 / 30)
fondaparinux sodium 2.5 mg/0.5ml sc soln	3	ARIXTRA	QL(15 / 30)
fondaparinux sodium 5 mg/0.4ml sc soln	5	ARIXTRA	QL(12 / 30)
fondaparinux sodium 7.5 mg/0.6ml sc soln	5	ARIXTRA	QL(18 / 30)
fondaparinux sodium 10 mg/0.8ml sc soln	5	ARIXTRA	QL(24 / 30)
heparin sodium (porcine) 1000 unit/ml inj soln, 10000 unit/ml inj soln, 20000 unit/ml inj soln, 5000 unit/ml inj soln	2		
jantoven 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	
rivaroxaban 2.5 mg tab	2		QL(60 / 30)
rivaroxaban 1 mg/ml susp	2		QL(900 / 30)
warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab	1	COUMADIN	
XARELTO 10 mg tab, 20 mg tab	3		QL(30 / 30)
XARELTO 15 mg tab, 2.5 mg tab	3		QL(60 / 30)
XARELTO 1 mg/ml susp	3		QL(900 / 30)
XARELTO STARTER PACK 15 & 20 mg tab pack	3		
Blood Formation Modifiers			
anagrelide hcl 0.5 mg cap, 1 mg cap	2	AGRYLIN	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
DOPTELET 20 mg tab	5		PA, QL(60 / 30)
DOPTELET SPRINKLE 10 mg cap sprinkle	5		PA, QL(120 / 30)
FULPHILA 6 mg/0.6ml sc soln pfs	5		PA
LEUKINE 250 mcg inj soln	5		
MULPLETA 3 mg tab	5		PA, QL(7 / 7)
NEULASTA 6 mg/0.6ml sc soln pfs	5		PA
NIVESTYM 300 mcg/0.5ml inj soln pfs, 300 mcg/ml inj soln, 480 mcg/0.8ml inj soln pfs, 480 mcg/1.6ml inj soln	5		PA
NYVEPRIA 6 mg/0.6ml sc soln pfs	5		PA
PROMACTA 25 mg tab	5		PA, QL(30 / 30)
PROMACTA 50 mg tab, 75 mg tab	5		PA, QL(60 / 30)
PROMACTA 12.5 mg pckt, 12.5 mg tab	5		PA, QL(90 / 30)
PROMACTA 25 mg pckt	5		PA, QL(180 / 30)
RETACRIT 40000 unit/ml inj soln	3		PA, QL(4 / 28)
RETACRIT 10000 unit/ml inj soln, 2000 unit/ml inj soln, 20000 unit/ml inj soln, 3000 unit/ml inj soln, 4000 unit/ml inj soln	3		PA, QL(12 / 28)
ROLVEDON 13.2 mg/0.6ml sc soln pfs	5		PA^
UDENYCA 6 mg/0.6ml sc soln auto-inj, 6 mg/0.6ml sc soln pfs	5		PA
UDENYCA ONBODY 6 mg/0.6ml sc soln pfs	5		PA
ZARXIO 300 mcg/0.5ml inj soln pfs, 480 mcg/0.8ml inj soln pfs	5		PA
Platelet Modifying Agents			
aspirin-dipyridamole er 25-200 mg cap er 12 hr	4	AGGRENOX	QL(60 / 30)
BRILINTA 60 mg tab	3		
cilostazol 100 mg tab, 50 mg tab	2	PLETAL	
clopidogrel bisulfate 75 mg tab	1	PLAVIX	
prasugrel hcl 10 mg tab, 5 mg tab	4	EFFIENT	QL(30 / 30)
ticagrelor 90 mg tab	2		
CARDIOVASCULAR AGENTS			
Alpha-adrenergic Agonists			
clonidine 0.1 mg/24hr tdwk patch, 0.2 mg/24hr tdwk patch	4	CATAPRES-TTS	QL(4 / 28)
clonidine 0.3 mg/24hr tdwk patch	4	CATAPRES-TTS	QL(8 / 28)
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	1	CATAPRES	
droxidopa 100 mg cap, 200 mg cap, 300 mg cap	4	NORTHERA	PA, QL(180 / 30)
guanfacine hcl 1 mg tab, 2 mg tab	2	TENEX	HR

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
midodrine hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	PROAMATINE	
Alpha-adrenergic Blocking Agents			
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	2	CARDURA	
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	4	MINIPRESS	
terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap	1	HYTRIN	
Angiotensin Ii Receptor Antagonists			
azilsartan medoxomil 40 mg tab, 80 mg tab	2		
candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab	4	ATACAND	
irbesartan 150 mg tab, 300 mg tab, 75 mg tab	6	AVAPRO	
losartan potassium 100 mg tab, 25 mg tab, 50 mg tab	6	COZAAR	
olmesartan medoxomil 20 mg tab, 40 mg tab, 5 mg tab	6	BENICAR	
telmisartan 20 mg tab, 40 mg tab, 80 mg tab	6	MICARDIS	
valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab	6	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors			
benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	LOTENSIN	
captopril 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2	CAPOTEN	
enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	6	VASOTEC	
fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab	6	MONOPRIL	
lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab	6	ZESTRIL	
perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab	6	ACEON	
quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	ACCUPRIL	
ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap	6	ALTACE	
trandolapril 1 mg tab, 2 mg tab, 4 mg tab	6	MAVIK	
Antiarrhythmics			
amiodarone hcl 200 mg tab	1	CORDARONE	
amiodarone hcl 400 mg tab	4	CORDARONE	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
disopyramide phosphate 100 mg cap, 150 mg cap	3	NORPACE	PAHRM,HR
dofetilide 125 mcg cap, 250 mcg cap, 500 mcg cap	4	TIKOSYN	
flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab	2	TAMBOCOR	
lidocaine hcl (cardiac) pf 100 mg/5ml iv soln	1		
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	2	MEXITIL	
MULTAQ 400 mg tab	3		
pacerone 200 mg tab	4	CORDARONE	
propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab	2	RYTHMOL	
quinidine sulfate 200 mg tab	1		
quinidine sulfate 300 mg tab	2		
sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab	2	BETAPACE	
sotalol hcl (af) 120 mg tab, 160 mg tab, 80 mg tab	2	BETAPACE AF	
Beta-adrenergic Blocking Agents			
acebutolol hcl 200 mg cap, 400 mg cap	2	SECTRAL	
atenolol 100 mg tab, 25 mg tab, 50 mg tab	1	TENORMIN	
betaxolol hcl 10 mg tab, 20 mg tab	2	KERLONE	
bisoprolol fumarate 2.5 mg tab	2		
bisoprolol fumarate 10 mg tab, 5 mg tab	2	ZEBETA	
carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab	1	COREG	
labetalol hcl 400 mg tab	2		
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	2	NORMODYNE	
metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr	1	TOPROL XL	
metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab	1	LOPRESSOR	
nebivolol hcl 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab	2	BYSTOLIC	
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab	2	INDERAL	
propranolol hcl 20 mg/5ml soln, 40 mg/5ml soln	2	INDERAL	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr	4	INDERAL LA	
Calcium Channel Blocking Agents			
amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab	1	NORVASC	
cartia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	2	CARDIZEM CD	
dilt-xr 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	2	DILACOR XR	
diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	2	CARDIZEM	
diltiazem hcl er 120 mg cap er 12 hr, 60 mg cap er 12 hr, 90 mg cap er 12 hr	4	CARDIZEM	
diltiazem hcl er beads 180 mg cap er 24 hr, 420 mg cap er 24 hr	2	TIAZAC	
diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr	2	CARDIZEM CD	
nicardipine hcl 20 mg cap, 30 mg cap	4	CARDENE	
nifedipine 10 mg cap, 20 mg cap	4	PROCARDIA	HR
nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	2	ADALAT CC	
nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr	2	PROCARDIA XL	
taztia xt 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	2	TIAZAC	
tiadylt er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr	2	TIAZAC	
verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab	1	CALAN	
verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er	2	CALAN	
verapamil hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr	2	VERELAN	
verapamil hcl er 100 mg cap er 24 hr, 200 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr	4	VERELAN	
Cardiovascular Agents (combination Product)			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
amiloride-hydrochlorothiazide 5-50 mg tab	2	MODURETIC	
amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap	6	LOTREL	
amlodipine besylate-valsartan 10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab	6	EXFORGE	
atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab	2	TENORETIC	
benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab	6	LOTENSIN HCT	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab	2	ZIAC	
EDARBYCLOR 40-12.5 mg tab, 40-25 mg tab	3		
enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab	6	VASERETIC	
HYZAAR 50-12.5 mg tab	6		
irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab	6	AVALIDE	
lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	6	ZESTORETIC	
losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab	6	HYZAAR	
metoprolol-hydrochlorothiazide 100-25 mg tab, 100-50 mg tab, 50-25 mg tab	2	LOPRESSOR HCT	
olmesartan medoxomil-hctz 20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab	6	BENICAR HCT	
quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab	6	ACCURETIC	
triamterene-hctz 37.5-25 mg cap	1	DYAZIDE	
triamterene-hctz 37.5-25 mg tab, 75-50 mg tab	1	MAXZIDE	
valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab	6	DIOVAN HCT	
Cardiovascular Agents, Combinations			
BIDIL 20-37.5 mg tab	3		
Cardiovascular Agents, Other			
aliskiren fumarate 150 mg tab, 300 mg tab	4	TEKTURNA	
digoxin 125 mcg tab, 250 mcg tab	2	LANOXIN	HR

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ENTRESTO 15-16 mg cap sprinkle, 6-6 mg cap sprinkle	3		
ivabradine hcl 5 mg tab, 7.5 mg tab	2		QL(60 / 30)
KERENDIA 10 mg tab, 20 mg tab, 40 mg tab	3		
metyrosine 250 mg cap	5	DEMSER	
pentoxifylline er 400 mg tab er	2	TRENTAL	
ranolazine er 1000 mg tab er 12 hr	4	RANEXA	QL(60 / 30)
ranolazine er 500 mg tab er 12 hr	4	RANEXA	QL(120 / 30)
sacubitril-valsartan 49-51 mg tab, 97-103 mg tab	2		QL(60 / 30)
sacubitril-valsartan 24-26 mg tab	2		QL(180 / 30)
VERQUVO 10 mg tab, 2.5 mg tab, 5 mg tab	3		PA
Diuretics, Carbonic Anhydrase Inhibitors			
acetazolamide 125 mg tab, 250 mg tab	2	DIAMOX	
acetazolamide er 500 mg cap er 12 hr	2	DIAMOX	
dichlorphenamide 50 mg tab	5	KEVEYIS	PA, QL(120 / 30)
Diuretics, Loop			
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	2	BUMEX	
bumetanide 0.25 mg/ml inj soln	4	BUMEX	
furosemide 20 mg tab, 40 mg tab, 80 mg tab	1	LASIX	
furosemide 10 mg/ml inj soln, 10 mg/ml soln, 8 mg/ml soln	2	LASIX	
torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab	2	DEMADEX	
Diuretics, Potassium-sparing			
amiloride hcl 5 mg tab	2	MIDAMOR	
eplerenone 25 mg tab, 50 mg tab	4	INSPRA	
spironolactone 100 mg tab, 25 mg tab, 50 mg tab	1	ALDACTONE	
Diuretics, Thiazide			
chlorthalidone 25 mg tab, 50 mg tab	2	HYGROTON	
hydrochlorothiazide 25 mg tab, 50 mg tab	1	HYDRODIURIL	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab	1	MICROZIDE	
indapamide 1.25 mg tab, 2.5 mg tab	1	LOZOL	
metolazone 10 mg tab, 2.5 mg tab, 5 mg tab	2	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives			
fenofibrate 145 mg tab, 160 mg tab, 48 mg tab, 54 mg tab	2	TRICOR	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap	4	TRICOR	
gemfibrozil 600 mg tab	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors			
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	6	LIPITOR	QL(30 / 30)
LIVALO 1 mg tab, 2 mg tab, 4 mg tab	3		QL(30 / 30)
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	6	MEVACOR	
pravastatin sodium 10 mg tab, 80 mg tab	6	PRAVACHOL	
pravastatin sodium 20 mg tab, 40 mg tab	6	PRAVACHOL	QL(30 / 30)
rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab	6	CRESTOR	QL(30 / 30)
simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab	6	ZOCOR	QL(30 / 30)
Dyslipidemics, Other			
cholestyramine 4 gm pckt	2	QUESTRAN	
cholestyramine light 4 gm pckt	2	QUESTRAN LIGHT	
colestipol hcl 1 gm tab	2	COLESTID	
colestipol hcl 5 gm pckt	3	COLESTID	
ezetimibe 10 mg tab	2	ZETIA	QL(30 / 30)
icosapent ethyl 1 gm cap	1	VASCEPA	QL(120 / 30)
icosapent ethyl 0.5 gm cap	1	VASCEPA	QL(240 / 30)
JUXTAPID 10 mg cap, 30 mg cap	5		PA, QL(30 / 30)
JUXTAPID 5 mg cap	5		PA, QL(45 / 30)
JUXTAPID 20 mg cap	5		PA, QL(90 / 30)
LEQVIO 284 mg/1.5ml sc soln pfs	1		PA, QL(1.5 / 90)
NEXLETOL 180 mg tab	3		PA, QL(30 / 30)
NEXLIZET 180-10 mg tab	3		PA, QL(30 / 30)
niacin er (antihyperlipidemic) 500 mg tab er	2	NIASPAN	
niacin er (antihyperlipidemic) 1000 mg tab er, 750 mg tab er	4	NIASPAN	
omega-3-acid ethyl esters 1 gm cap	2	LOVAZA	QL(120 / 30)
PRALUENT 150 mg/ml sc soln auto-inj, 75 mg/ml sc soln auto-inj	3		PA, QL(2 / 28)
prevalite 4 gm pckt	2	QUESTRAN LIGHT	
REPATHA 140 mg/ml sc soln pfs	3		QL(6 / 28)
REPATHA PUSHTRONEX SYSTEM 420 mg/3.5ml sc soln cart	3		QL(7 / 28)
REPATHA SURECLICK 140 mg/ml sc soln auto-inj	3		QL(6 / 28)
Vasodilators, Direct-acting Arterial			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab	2	APRESOLINE	
minoxidil 10 mg tab, 2.5 mg tab	2	LONITEN	
Vasodilators, Direct-acting Arterial/venous			
isosorbide dinitrate 10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab	2	ISORDIL TITRADOSE	
isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr	1	IMDUR	
nitroglycerin 0.4 % rect oint	4		QL(30 / 30)
nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr	2	NITRO-DUR	
nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl	2	NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
amphetamine-dextroamphet er 10 mg cap er 24 hr, 15 mg cap er 24 hr, 5 mg cap er 24 hr	4	ADDERALL XR	QL(30 / 30)
amphetamine-dextroamphet er 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr	4	ADDERALL XR	QL(60 / 30)
amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	2	ADDERALL	QL(60 / 30)
dextroamphetamine sulfate 2.5 mg tab, 7.5 mg tab	4		QL(90 / 30)
dextroamphetamine sulfate 5 mg tab	4	DEXTROSTAT	QL(90 / 30)
dextroamphetamine sulfate 10 mg tab	4	DEXTROSTAT	QL(180 / 30)
dextroamphetamine sulfate 20 mg tab, 30 mg tab	4	ZENZEDI	QL(60 / 30)
dextroamphetamine sulfate 15 mg tab	4	ZENZEDI	QL(90 / 30)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
armodafinil 150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab	2	NUVIGIL	QL(30 / 30)
atomoxetine hcl 100 mg cap, 60 mg cap, 80 mg cap	3	STRATTERA	QL(30 / 30)
atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap	3	STRATTERA	QL(60 / 30)
dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab	2	FOCALIN	QL(60 / 30)
guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 3 mg tab er 24 hr, 4 mg tab er 24 hr	2	INTUNIV	QL(30 / 30), HR

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
methylphenidate hcl 10 mg/5ml soln, 5 mg/5ml soln	2	METHYLIN	QL(900 / 30)
methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab	2	RITALIN	QL(90 / 30)
methylphenidate hcl er (cd) 10 mg cap er, 20 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er	4	METADATE CD	QL(30 / 30)
methylphenidate hcl er (cd) 30 mg cap er	4	METADATE CD	QL(60 / 30)
methylphenidate hcl er (la) 10 mg cap er 24 hr, 20 mg cap er 24 hr, 40 mg cap er 24 hr, 60 mg cap er 24 hr	4	RITALIN LA	QL(30 / 30)
methylphenidate hcl er (la) 30 mg cap er 24 hr	4	RITALIN LA	QL(60 / 30)
Central Nervous System, Other			
AUSTEDO 6 mg tab	5		PA, QL(60 / 30)
AUSTEDO 12 mg tab, 9 mg tab	5		PA, QL(120 / 30)
AUSTEDO XR 12 mg tab er 24 hr, 18 mg tab er 24 hr, 24 mg tab er 24 hr, 30 mg tab er 24 hr, 36 mg tab er 24 hr, 42 mg tab er 24 hr, 48 mg tab er 24 hr	5		PA, QL(60 / 30)
AUSTEDO XR 6 mg tab er 24 hr	5		PA, QL(240 / 30)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 mg tab er pack	5		
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 mg tab er pack	5		PA
INGREZZA 40 mg cap, 40 mg cap sprinkle, 60 mg cap, 60 mg cap sprinkle, 80 mg cap, 80 mg cap sprinkle	5		PA
riluzole 50 mg tab	2	RILUTEK	QL(60 / 30)
tetrabenazine 12.5 mg tab	4	XENAZINE	PA, QL(112 / 28)
tetrabenazine 25 mg tab	5	XENAZINE	PA, QL(112 / 28)
VEOZAH 45 mg tab	3		PANSO, QL(30 / 30)
Fibromyalgia Agents			
milnacipran hcl 100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab	2		QL(60 / 30)
SAVELLA TITRATION PACK 12.5 & 25 & 50 mg oral misc	3		
Multiple Sclerosis Agents			
AVONEX PEN 30 mcg/0.5ml im auto-inj kit	5		PA, QL(1 / 28)
AVONEX PREFILLED 30 mcg/0.5ml im pfs kit	5		PA, QL(1 / 28)
BETASERON 0.3 mg sc kit	5		PA, QL(15 / 30)
cladribine (10 tabs) 10 mg tab pack	5		PA

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cladribine (4 tabs) 10 mg tab pack	5		PA
cladribine (5 tabs) 10 mg tab pack	5		PA
cladribine (6 tabs) 10 mg tab pack	5		PA
cladribine (7 tabs) 10 mg tab pack	5		PA
cladribine (8 tabs) 10 mg tab pack	5		PA
cladribine (9 tabs) 10 mg tab pack	5		PA
dalfampridine er 10 mg tab er 12 hr	2	AMPYRA	PA, QL(60 / 30)
dimethyl fumarate 120 mg cap dr	4	TECFIDERA	PA, QL(14 / 7)
dimethyl fumarate 240 mg cap dr	4	TECFIDERA	PA, QL(60 / 30)
dimethyl fumarate starter pack 120 & 240 mg cap dr pack	4	TECFIDERA STARTER PACK	PA
fingolimod hcl 0.5 mg cap	5	GILENYA	PA, QL(30 / 30)
glatiramer acetate 40 mg/ml sc soln pfs	5	COPAXONE	PA, QL(12 / 28)
glatiramer acetate 20 mg/ml sc soln pfs	5	COPAXONE	PA, QL(30 / 30)
glatopa 40 mg/ml sc soln pfs	5	COPAXONE	PA, QL(12 / 28)
glatopa 20 mg/ml sc soln pfs	5	COPAXONE	PA, QL(30 / 30)
KESIMPTA 20 mg/0.4ml sc soln auto-inj	5		PA, QL(1.2 / 28)
MAYZENT 1 mg tab	5		PA
MAYZENT 2 mg tab	5		PA, QL(30 / 30)
MAYZENT 0.25 mg tab	5		PA, QL(112 / 28)
MAYZENT STARTER PACK 7 x 0.25 mg tab pack	4		PA
MAYZENT STARTER PACK 12 x 0.25 mg tab pack	5		PA
OCREVUS 300 mg/10ml iv soln	1		PA
OCREVUS ZUNOVO 920-23000 mg-ut/23ml sc soln	1		PA, QL(1 / 180)
PLEGRIDY 125 mcg/0.5ml sc soln auto-inj, 125 mcg/0.5ml sc soln pfs	5		PA, QL(1 / 28)
teriflunomide 14 mg tab, 7 mg tab	5	AUBAGIO	PA, QL(30 / 30)
VUMERITY 231 mg cap dr	5		PA, QL(120 / 30)
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
chlorhexidine gluconate 0.12 % m/t soln	1	PERIDEX	
kourzeq 0.1 % m/t paste	2	KENALOG IN ORABASE	
oralone 0.1 % m/t paste	2	KENALOG IN ORABASE	
periogard 0.12 % m/t soln	1	PERIDEX	
pilocarpine hcl 5 mg tab, 7.5 mg tab	2	SALAGEN	
triamcinolone acetonide 0.1 % m/t paste	2	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS			
Dermatitis And Pruritus Agents			
EUCRISA 2 % Topical Ointment	3		
Dermatological Agents			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
accutane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	2	ABSORICA	
acitretin 10 mg cap, 17.5 mg cap, 25 mg cap	2	SORIATANE	
adapalene 0.1 % Topical Cream	4	DIFFERIN	
ALTRENO 0.05 % Topical Lotion	4		PA
ammonium lactate 12 % Topical Cream, 12 % Topical Lotion	2	LAC-HYDRIN	
calcipotriene 0.005 % Topical Cream	4	DOVONEX	QL(120 / 30)
COSENTYX 75 mg/0.5ml sc soln pfs	5		PA
COSENTYX (300 MG DOSE) 150 mg/ml sc soln pfs	5		PA
COSENTYX SENSOREADY (300 MG) 150 mg/ml sc soln auto-inj	5		PA
COSENTYX UNOREADY 300 mg/2ml sc soln auto-inj	5		PA
DUPIXENT 200 mg/1.14ml sc soln auto-inj, 200 mg/1.14ml sc soln pfs	5		PA, QL(4.56 / 28)
DUPIXENT 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs	5		PA, QL(8 / 28)
fluorouracil 0.5 % Topical Cream	5	CARAC	
fluorouracil 2 % Topical Solution, 5 % Topical Solution	2	EFUDEX	
isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	2	ABSORICA	
methoxsalen rapid 10 mg cap	5	OXSORALEN-ULTRA	
OTEZLA 10 & 20 & 30 mg tab pack, 4 x 10 & 51 x20 mg tab pack	5		PA
OTEZLA 20 mg tab, 30 mg tab	5		PA, QL(60 / 30)
OTEZLA XR 75 mg tab er 24 hr	5		PA, QL(30 / 30)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 mg tab pack	5		PA
pimecrolimus 1 % Topical Cream	4	ELIDEL	QL(100 / 30)
podofilox 0.5 % Topical Solution	2	CONDYLOX	
SANTYL 250 unit/gm Topical Ointment	4		QL(180 / 30)
selenium sulfide 2.5 % Topical Lotion	2	SELSUN	
STELARA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs	5		PA, QL(0.5 / 28)
STELARA 90 mg/ml sc soln pfs	5		PA, QL(1 / 28)
STEQEYMA 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs	4		PA, QL(0.5 / 28)
STEQEYMA 90 mg/ml sc soln pfs	4		PA, QL(1 / 28)
tacrolimus 0.03 % Topical Ointment, 0.1 % Topical Ointment	4	PROTOPIC	QL(100 / 30)
tazarotene 0.05 % Topical Cream	4		
tazarotene 0.1 % Topical Cream	4	TAZORAC	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
TREMFYA 100 mg/ml sc soln pfs	5		PA, QL(2 / 28)
TREMFYA ONE-PRESS 100 mg/ml sc soln pen-inj	5		PA, QL(2 / 28)
tretinoin 0.05 % Topical Gel	4	ATRALIN	PA
tretinoin 0.01 % Topical Gel, 0.025 % Topical Cream, 0.025 % Topical Gel, 0.05 % Topical Cream, 0.1 % Topical Cream	4	RETIN-A	PA
ustekinumab 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs	5		PA, QL(0.5 / 28)
ustekinumab 90 mg/ml sc soln pfs	5		PA, QL(1 / 28)
YESINTEK 45 mg/0.5ml sc soln, 45 mg/0.5ml sc soln pfs	4		PA, QL(1 / 28)
YESINTEK 90 mg/ml sc soln pfs	5		PA, QL(1 / 28)
zenatane 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap	2	ABSORICA	
Dermatological Agents (combination Product)			
clotrimazole-betamethasone 1-0.05 % Topical Cream	2	LOTRISONE	QL(90 / 30)
Dermatological Agents, Other			
calcipotriene 0.005 % Topical Solution	4	DOVONEX	QL(120 / 30)
diclofenac sodium 3 % Topical Gel	4	SOLARAZE	PA, QL(100 / 28)
fluorouracil 5 % Topical Cream	2	EFUDEX	
imiquimod 5 % Topical Cream	2	ALDARA	QL(24 / 30)
Pediculicides/scabicides			
malathion 0.5 % Topical Lotion	4	OVIDE	
permethrin 5 % Topical Cream	2	ELIMITE	
Topical Anti-infectives			
ZELSUVMI 10.3 % Topical Gel	5		PA, QL(62 / 84)
ELECTROLYTES/MINERALS/METALS/VITAMINS			
Electrolyte/mineral Replacement			
carglumic acid 200 mg tab sol	5	CARBAGLU	
ISOLYTE-S PH 7.4 iv soln	3		
klor-con m10 10 meq tab er	2		
klor-con m15 15 meq tab er	2	KLOR-CON	
klor-con m20 20 meq tab er	2	KLOR-CON	
levocarnitine 200 mg/ml iv soln	6		
levocarnitine 1 gm/10ml soln	2	CARNITOR	
levocarnitine 330 mg tab	4	CARNITOR	
levocarnitine (dietary) 1 gm/10ml soln	2		
magnesium sulfate 2 gm/50ml iv soln, 20 gm/500ml iv soln, 4 gm/100ml iv soln, 4 gm/50ml iv soln, 40 gm/1000ml iv soln, 50 % inj soln	2		
magnesium sulfate 50 % inj soln	2		PA(*)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
magnesium sulfate in d5w 1-5 gm/100ml-% iv soln	2		
multiple electro type 1 ph 7.4 iv soln	2		
PLASMA-LYTE 148 iv soln	3		
PLASMA-LYTE A iv soln	3		
potassium chloride 2 meq/ml iv soln	1		PA(*)
potassium chloride 20 MEQ/15ML (10%) soln, 40 MEQ/15ML (20%) soln	4	K-SOL	
potassium chloride crys er 10 meq tab er	2		
potassium chloride crys er 15 meq tab er, 20 meq tab er	2	KLOR-CON	
potassium chloride er 15 meq tab er	2		
potassium chloride er 20 meq tab er	2	K-TAB	
potassium chloride er 10 meq tab er, 8 meq tab er	2	KLOR-CON	
potassium chloride er 10 meq cap er, 8 meq cap er	2	MICRO-K	
potassium chloride in nacl 20-0.45 meq/l-% iv soln	2		
potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er	2	UROCIT-K	
REVCOVI 2.4 mg/1.5ml im soln	5		PA
sodium chloride 0.45 % iv soln, 0.9 % iv soln	2		
sodium chloride (pf) 0.9 % inj soln	2		
XURIDEN 2 gm pckt	5		PA, QL(120 / 30)
Electrolyte/mineral Replacement (combination Product)			
CLENPIQ 10-3.5-12 MG-GM - gm/175ml soln	3		
CLINIMIX E/DEXTROSE (2.75/5) 2.75 % iv soln	4		PA(*)
CLINIMIX E/DEXTROSE (4.25/10) 4.25 % iv soln	4		PA(*)
CLINIMIX E/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA(*)
CLINIMIX E/DEXTROSE (5/15) 5 % iv soln	4		PA(*)
CLINIMIX E/DEXTROSE (5/20) 5 % iv soln	4		PA(*)
CLINIMIX/DEXTROSE (4.25/10) 4.25 % iv soln	4		PA(*)
CLINIMIX/DEXTROSE (4.25/5) 4.25 % iv soln	4		PA(*)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
CLINIMIX/DEXTROSE (5/15) 5 % iv soln	4		PA(*)
CLINIMIX/DEXTROSE (5/20) 5 % iv soln	4		PA(*)
dextrose 5 % iv soln	2		
dextrose 10 % iv soln	2		PA(*)
dextrose-nacl 5-0.9 % iv soln	2		
dextrose-nacl 5-0.45 % iv soln	4		
dextrose-sodium chloride 5-0.9 % iv soln	2		
dextrose-sodium chloride 5-0.45 % iv soln	4		
INTRALIPID 20 % iv emul, 30 % iv emul	4		PA(*)
ISOLYTE-P IN D5W iv soln	3		
NUTRILIPID 20 % iv emul	4		PA(*)
PROSOL 20 % iv soln	4		PA(*)
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 gm/177ml soln	3		
SUTAB 1479-225-188 mg tab	3		
TRAVASOL 10 % iv soln	4		PA(*)
TROPHAMINE 10 % iv soln	4		PA(*)
Electrolyte/mineral Replacements			
denta 5000 plus 1.1 % dental crm	1	PREVIDENT 5000 PLUS	
dentagel 1.1 % dental gel	1		
sodium fluoride 1.1 % dental gel	1		
sodium fluoride 5000 ppm 1.1 % dental crm	1	PREVIDENT 5000 PLUS	
sodium fluoride 5000 sensitive 1.1-5 % dental gel	1		
Electrolyte/mineral/metal Modifiers			
deferasirox 125 mg tab sol	2	EXJADE	PA
deferasirox 250 mg tab sol	4	EXJADE	PA
deferasirox 500 mg tab sol	5	EXJADE	PA
deferasirox 90 mg tab	3	JADENU	PA
deferasirox 180 mg tab, 360 mg tab	4	JADENU	PA
deferasirox granules 180 mg pckt, 360 mg pckt, 90 mg pckt	5	JADENU SPRINKLE	PA
deferiprone 1000 mg tab, 500 mg tab	5	FERRIPROX	PA
FERRIPROX 100 mg/ml soln	5		PA
LOKELMA 5 gm pckt	3		QL(30 / 30)
LOKELMA 10 gm pckt	3		QL(34 / 30)
sodium polystyrene sulfonate 15 gm/60ml Multiple Routes Suspension	2		
sodium polystyrene sulfonate oral pwdr	2	KAYEXALATE	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
sps (sodium polystyrene sulf) 15 gm/60ml Multiple Routes Suspension	2		
tolvaptan 15 mg tab pack, 30 & 15 mg tab pack, 45 & 15 mg tab pack, 60 & 30 mg tab pack, 90 & 30 mg tab pack	5		PA, QL(56 / 28)
tolvaptan 15 mg tab	5	JYNARQUE	PA, QL(120 / 30)
tolvaptan 30 mg tab	5	SAMSCA	PA, QL(120 / 30)
trientine hcl 500 mg cap	5		PA, QL(240 / 30)
trientine hcl 250 mg cap	5	SYPRINE	PA, QL(240 / 30)
Phosphate Binders			
calcium acetate (phos binder) 667 mg tab	2	ELIPHOS	
calcium acetate (phos binder) 667 mg cap	2	PHOSLO	
lanthanum carbonate 1000 mg tab chew, 500 mg tab chew, 750 mg tab chew	2	FOSRENOL	
sevelamer carbonate 0.8 gm pckt, 2.4 gm pckt, 800 mg tab	4	RENVELA	
sevelamer hcl 400 mg tab, 800 mg tab	3	RENAGEL	
VELPHORO 500 mg tab chew	3		
GASTROINTESTINAL AGENTS			
Anti-constipation Agents			
constulose 10 gm/15ml soln	2	CONSTULOSE	
enulose 10 gm/15ml soln	2	CONSTULOSE	
GAVILYTE-C 240 gm soln	2		
gavilyte-g 236 gm soln	2	GOLYTELY	
generlac 10 gm/15ml soln	2	CONSTULOSE	
lactulose 10 gm/15ml soln	2	CONSTULOSE	
peg 3350-kcl-na bicarb-nacl 420 gm soln	2	NULYTELY	
peg-3350/electrolytes 236 gm soln	2	GOLYTELY	
Anti-diarrheal Agents			
alosetron hcl 0.5 mg tab	3	LOTRONEX	
alosetron hcl 1 mg tab	5	LOTRONEX	
XERMELO 250 mg tab	5		PA, QL(90 / 30)
Antispasmodics, Gastrointestinal			
dicyclomine hcl 10 mg cap, 20 mg tab	2	BENTYL	PAHRM,HR
dicyclomine hcl 10 mg/5ml soln	4	BENTYL	PAHRM,HR
glycopyrrolate 1 mg tab, 2 mg tab	2	ROBINUL	
methscopolamine bromide 2.5 mg tab, 5 mg tab	4	PAMINE	
Gastrointestinal Agents, Other			
cromolyn sodium 100 mg/5ml oral conc	4	GASTROCROM	
diphenoxylate-atropine 2.5-0.025 mg tab	4	LOMOTIL	PAHRM,HR

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
GATTEX 5 mg sc kit	5		PA
loperamide hcl 2 mg cap	2	IMODIUM	
MOVANTIK 12.5 mg tab, 25 mg tab	3		QL(30 / 30)
REZDIFFRA 100 mg tab, 60 mg tab, 80 mg tab	5		PA, QL(30 / 30)
SEROSTIM 4 mg sc soln, 5 mg sc soln, 6 mg sc soln	5		PA
ursodiol 300 mg cap	2	ACTIGALL	
ursodiol 250 mg tab, 500 mg tab	2	URSO	
VOWST cap	5		PA
Histamine2 (h2) Receptor Antagonists			
cimetidine hcl 300 mg/5ml soln	2	TAGAMET	
famotidine 40 mg/4ml iv soln	2		
famotidine 20 mg tab, 40 mg tab	1	PEPCID	
nizatidine 150 mg cap, 300 mg cap	2	AXID	
Irritable Bowel Syndrome Agents			
LINZESS 145 mcg cap, 290 mcg cap, 72 mcg cap	3		QL(30 / 30)
lubiprostone 24 mcg cap, 8 mcg cap	3	AMITIZA	QL(60 / 30)
Protectants			
misoprostol 100 mcg tab, 200 mcg tab	2	CYTOTEC	
sucralfate 1 gm tab	2	CARAFATE	
Proton Pump Inhibitors			
esomeprazole magnesium 20 mg cap dr	2	NEXIUM	QL(30 / 30)
esomeprazole magnesium 40 mg cap dr	2	NEXIUM	QL(60 / 30)
lansoprazole 15 mg cap dr	4	PREVACID	QL(30 / 30)
lansoprazole 30 mg cap dr	4	PREVACID	QL(60 / 30)
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
omeprazole-sodium bicarbonate 20-1100 mg cap, 40-1100 mg cap	4	ZEGERID	QL(30 / 30), ST
pantoprazole sodium 20 mg tab dr	1	PROTONIX	QL(30 / 30)
pantoprazole sodium 40 mg tab dr	1	PROTONIX	QL(60 / 30)
rabeprazole sodium 20 mg tab dr	2	ACIPHEX	QL(30 / 30)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment			
betaine oral pwdr	5	CYSTADANE	
CERDELGA 84 mg cap	5		PA
CREON 12000-38000 unit cap dr prt, 24000-76000 unit cap dr prt, 3000-9500 unit cap dr prt, 36000-114000 unit cap dr prt, 6000-19000 unit cap dr prt	3		
FORZINITY 280 mg/3.5ml sc soln	5		PA, QL(4 / 28)
GLASSIA 1000 mg/50ml iv soln	1		PA

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
glycerol phenylbutyrate 1.1 gm/ml liq	5		PA
miglustat 100 mg cap	5	ZAVESCA	PA, QL(90 / 30)
nitisinone 10 mg cap, 2 mg cap, 20 mg cap, 5 mg cap	5	ORFADIN	PA
NITYR 10 mg tab, 2 mg tab, 5 mg tab	5		PA
ORFADIN 20 mg cap	5		PA
ORFADIN 4 mg/ml susp	5		PA
PALYNZIQ 10 mg/0.5ml sc soln pfs, 2.5 mg/0.5ml sc soln pfs, 20 mg/ml sc soln pfs	5		PA
PROLASTIN-C 1000 mg/20ml iv soln	5		PA(*)
sapropterin dihydrochloride 100 mg tab	5	KUVAN	
sodium phenylbutyrate 500 mg tab	5	BUPHENYL	
ZENPEP 10000-32000 unit cap dr prt, 15000-47000 unit cap dr prt, 20000-63000 unit cap dr prt, 25000-79000 unit cap dr prt, 3000-10000 unit cap dr prt, 40000-126000 unit cap dr prt, 5000-24000 unit cap dr prt, 60000-189600 unit cap dr prt	3		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
EVRYSDI 0.75 mg/ml soln	5		PA
GALAFOLD 123 mg cap	5		PA, QL(14 / 28)
PYRUKYND 20 mg tab, 5 mg tab, 50 mg tab	5		PA
PYRUKYND TAPER PACK 5 mg tab pack, 7 x 20 MG & 7 x 5 mg tab pack, 7 x 50 MG & 7 x 20 mg tab pack	5		PA
VIJOICE 50 mg pckt	5		PANSO
VYNDAMAX 61 mg cap	5		PA, QL(30 / 30)
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
GEMTESA 75 mg tab	4		
MYRBETRIQ 25 mg tab er 24 hr, 50 mg tab er 24 hr	3		
oxybutynin chloride 2.5 mg tab	2		
oxybutynin chloride 5 mg tab	2	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	2	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	2	DITROPAN	
tolterodine tartrate 1 mg tab, 2 mg tab	2	DETROL	
tolterodine tartrate er 2 mg cap er 24 hr, 4 mg cap er 24 hr	2	DETROL LA	
trospium chloride 20 mg tab	4	SANCTURA	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
Benign Prostatic Hypertrophy Agents			
alfuzosin hcl er 10 mg tab er 24 hr	1	UROXATRAL	QL(30 / 30)
dutasteride 0.5 mg cap	2	AVODART	
finasteride 5 mg tab	1	PROSCAR	
tadalafil 2.5 mg tab, 5 mg tab	2	CIALIS	PA, QL(30 / 30)
tamsulosin hcl 0.4 mg cap	1	FLOMAX	
Genitourinary Agents, Other			
bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab	2	URECHOLINE	
ELMIRON 100 mg cap	4		QL(90 / 30)
penicillamine 250 mg cap	5	CUPRIMINE	PA
penicillamine 250 mg tab	5	DEPEN TITRATABS	PA
sildenafil citrate 100 mg tab, 25 mg tab, 50 mg tab	1	VIAGRA	EX, QL(6 / 30)
tiopronin 100 mg tab dr, 300 mg tab dr	5		PA
tiopronin 100 mg tab	5	THIOLA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)			
Hormonal Agents, Stimulant/replacement/modifying (adrenal)			
ACTHAR 80 unit/ml inj gel	5		PA, QL(35 / 28)
ACTHAR GEL 40 unit/0.5ml sc pen-inj, 80 unit/ml sc pen-inj	5		PA
ala-cort 1 % Topical Cream	1	ALA-CORT	
alclometasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment	2	ACLOVATE	
betamethasone dipropionate 0.05 % Topical Cream, 0.05 % Topical Ointment	2	DIPROSONE	
betamethasone dipropionate 0.05 % Topical Lotion	2	DIPROSONE	
betamethasone dipropionate aug 0.05 % Topical Cream, 0.05 % Topical Gel, 0.05 % Topical Ointment	2	DIPROLENE	
betamethasone dipropionate aug 0.05 % Topical Lotion	3	DIPROLENE	
betamethasone valerate 0.1 % Topical Cream, 0.1 % Topical Ointment	2	BETA-VAL	
betamethasone valerate 0.1 % Topical Lotion	2	BETA-VAL	
budesonide 2 mg rect foam	1		
clobetasol prop emollient base 0.05 % Topical Cream	2	TEMOVATE-E	
clobetasol propionate 0.05 % Topical Solution	2	TEMOVATE	
clobetasol propionate 0.05 % Topical Cream	2	TEMOVATE-E	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
CORTROPHIN 80 unit/ml inj gel	5		PA, QL(35 / 28)
CORTROPHIN GEL 40 unit/0.5ml Subcutaneous Prefilled Syringe, 80 unit/ml Subcutaneous Prefilled Syringe	5		PA, QL(35 / 28)
desoximetasone 0.25 % Topical Cream	2	TOPICORT	QL(120 / 30)
dexamethasone 1 mg tab, 2 mg tab	2		
dexamethasone 0.5 mg/5ml soln	2		
dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab	2	DECADRON	
dexamethasone sodium phosphate 4 mg/ml inj soln	1		
dexamethasone sodium phosphate 10 mg/ml inj soln	1	HEXADROL	
fludrocortisone acetate 0.1 mg tab	2	FLORINEF	
fluocinolone acetonide 0.01 % Topical Cream, 0.025 % Topical Cream, 0.025 % Topical Ointment	2	SYNALAR	
fluocinonide 0.05 % Topical Cream	2	LIDEX	
fluocinonide 0.05 % Topical Solution	2	LIDEX	
fluocinonide emulsified base 0.05 % Topical Cream	4	LIDEX-E	
fluticasone propionate 0.005 % Topical Ointment, 0.05 % Topical Cream	2	CUTIVATE	
halobetasol propionate 0.05 % Topical Cream, 0.05 % Topical Ointment	2	ULTRAVATE	
hydrocortisone 2 % Topical Lotion	2		
hydrocortisone 1 % Topical Cream	1	ALA-CORT	
hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab	2	CORTEF	
hydrocortisone 100 mg/60ml rect enema	4	CORTENEMA	
hydrocortisone 1 % Topical Ointment, 2.5 % Topical Ointment	1	HYTONE	
hydrocortisone 2.5 % Topical Lotion	2	HYTONE	
hydrocortisone (perianal) 2.5 % Topical Cream	1	ANUSOL HC	
hydrocortisone butyrate 0.1 % Topical Cream, 0.1 % Topical Ointment	2	LOCOID	
hydrocortisone butyrate 0.1 % Topical Lotion, 0.1 % Topical Solution	2	LOCOID	
hydrocortisone valerate 0.2 % Topical Cream, 0.2 % Topical Ointment	2	WESTCORT	
mometasone furoate 0.1 % Topical Cream, 0.1 % Topical Ointment	2	ELOCON	
mometasone furoate 0.1 % Topical Solution	2	ELOCON	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
prednisolone 5 mg tab	2	MILLIPRED	PA(*)
prednisolone 15 mg/5ml soln	2	PRELONE	PA(*)
prednisolone sodium phosphate 25 mg/5ml soln	3		PA(*)
prednisolone sodium phosphate 5 mg/5ml soln	3	PEDIAPRED	PA(*)
prednisone 1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 50 mg tab	1		
prednisone 10 mg (21) tab pack, 10 mg (48) tab pack, 5 mg (21) tab pack, 5 mg (48) tab pack	2		
prednisone 5 mg/5ml soln	3		
procto-med hc 2.5 % Topical Cream	2	ANUSOL HC	
proctosol hc 2.5 % Topical Cream	2	ANUSOL HC	
proctozone-hc 2.5 % Topical Cream	2	ANUSOL HC	
SOLU-CORTEF 100 mg inj soln	4		
triamcinolone acetonide 0.025 % Topical Ointment	1	KENALOG	
triamcinolone acetonide 0.1 % Topical Ointment, 0.5 % Topical Ointment	2	KENALOG	
triamcinolone acetonide 0.025 % Topical Lotion, 0.1 % Topical Lotion	2	KENALOG	
triamcinolone acetonide 0.025 % Topical Cream, 0.1 % Topical Cream, 0.5 % Topical Cream	1	TRIDERM	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)			
Hormonal Agents, Stimulant/replacement/modifying (pituitary)			
desmopressin ace spray refrig 0.01 % nasal soln	4	MINIRIN	
desmopressin acetate 0.1 mg tab, 0.2 mg tab	2	DDAVP	
EGRIFTA SV 2 mg sc soln	5		PA, QL(30 / 30)
EGRIFTA WR 11.6 mg sc kit	5		PA, QL(1 / 28)
INCRELEX 40 mg/4ml sc soln	5		
NORDITROPIN FLEXPRO 10 mg/1.5ml sc soln pen-inj, 15 mg/1.5ml sc soln pen-inj, 5 mg/1.5ml sc soln pen-inj	5		PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)			
Androgens			
danazol 100 mg cap, 200 mg cap, 50 mg cap	3	DANOCRINE	
testosterone 20.25 MG/ACT (1.62%) td gel	2	ANDROGEL	PA, QL(150 / 30)
testosterone 12.5 MG/ACT (1%) td gel	3	ANDROGEL	PA, QL(300 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
testosterone 25 MG/2.5GM (1%) td gel, 50 MG/5GM (1%) td gel	4	ANDROGEL	PA, QL(300 / 30)
testosterone 30 mg/act td soln	4	AXIRON	PA, QL(180 / 30)
testosterone cypionate 100 mg/ml im soln, 200 mg/ml im soln	2	DEPO-TESTOSTERONE	PA
testosterone enanthate 200 mg/ml im soln	2	DELATESTRYL	PA, QL(5 / 28)
XYOSTED 100 mg/0.5ml sc soln auto-inj, 50 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln auto-inj	3		PA, QL(2 / 28)
Estrogens			
dotti 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2	VIVELLE-DOT	QL(8 / 28)
estradiol 0.025 mg/24hr tdwk patch, 0.0375 mg/24hr tdwk patch, 0.05 mg/24hr tdwk patch, 0.06 mg/24hr tdwk patch, 0.075 mg/24hr tdwk patch, 0.1 mg/24hr tdwk patch	2	CLIMARA	QL(4 / 28), HR
estradiol 0.5 mg tab, 1 mg tab, 2 mg tab	1	ESTRACE	HR
estradiol 0.01 % vag crm	2	ESTRACE	
estradiol 10 mcg vag tab	2	VAGIFEM	QL(18 / 28)
estradiol 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2	VIVELLE-DOT	QL(8 / 28), HR
estradiol valerate 10 mg/ml im oil	2		
estradiol valerate 20 mg/ml im oil, 40 mg/ml im oil	2	DELESTROGEN	
estrogens conjugated 0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab	2		
FEMRING 0.05 mg/24hr vag ring, 0.1 mg/24hr vag ring	4		QL(1 / 84)
lyllana 0.025 mg/24hr tdbiw patch, 0.0375 mg/24hr tdbiw patch, 0.05 mg/24hr tdbiw patch, 0.075 mg/24hr tdbiw patch, 0.1 mg/24hr tdbiw patch	2	VIVELLE-DOT	QL(8 / 28)
PREMARIN 0.625 mg/gm vag crm	3		
yuvafem 10 mcg vag tab	2	VAGIFEM	QL(18 / 28)
Hormonal Agents, Stimulant/replacement/modifying (sex Hormones/modifiers)			
amethia 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
ashlyna 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
azurette 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
camrese 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
daysee 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
iclevia 0.15-0.03 mg tab	2	SEASONALE	QL(91 / 84)
jaimiess 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
kariva 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	2	LOSEASONIQUE	QL(91 / 84)
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	2	SEASONALE	QL(91 / 84)
lojaimiess 0.1-0.02 & 0.01 mg tab	2	LOSEASONIQUE	QL(91 / 84)
pimtrea 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
setlakin 0.15-0.03 mg tab	2	SEASONALE	QL(91 / 84)
simliya 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
simpesse 0.15-0.03 &0.01 mg tab	2	SEASONIQUE	QL(91 / 84)
viorele 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
volnea 0.15-0.02/0.01 mg (21/5) tab	2	MIRCETTE	
Hormonal Agents, Stimulant/replacement/modifying (sex Hormones/modifiers) (combination Product)			
afirmelle 0.1-20 mg-mcg tab	2	ALESSE	
altavera 0.15-30 mg-mcg tab	2	NORDETTE	
alyacen 1/35 1-35 mg-mcg tab	2		
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		
amabelz 0.5-0.1 mg tab, 1-0.5 mg tab	2	ACTIVELLA	HR
apri 0.15-30 mg-mcg tab	2	DESOGEN	
ARANELLE 0.5/1/0.5-35 mg-mcg tab	2		
aubra eq 0.1-20 mg-mcg tab	2	ALESSE	
aurovela 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN	
aurovela 1/20 1-20 mg-mcg tab	2	LOESTRIN	
aurovela 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	
aurovela fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
AVERI 0.15-0.03 mg tab	2		
aviane 0.1-20 mg-mcg tab	2	ALESSE	
ayuna 0.15-30 mg-mcg tab	2	NORDETTE	
balziva 0.4-35 mg-mcg tab	2		
blisovi 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	
blisovi fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
briellyn 0.4-35 mg-mcg tab	2		
chateal eq 0.15-30 mg-mcg tab	2	NORDETTE	
cryselle 0.3-30 mg-mcg tab	2		
cyred eq 0.15-30 mg-mcg tab	2	DESOGEN	
dasetta 1/35 (28) 1-35 mg-mcg tab	2		
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
drospirenone-ethinyl estradiol 3-0.03 mg tab	2	YASMIN	
drospirenone-ethinyl estradiol 3-0.02 mg tab	2	YAZ	
elinest 0.3-30 mg-mcg tab	2		
eluryng 0.12-0.015 mg/24hr vag ring	4	NUVARING	QL(1 / 28)
enilloring 0.12-0.015 mg/24hr vag ring	4	NUVARING	
enskyce 0.15-30 mg-mcg tab	2	DESOGEN	
estarylla 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
estradiol-norethindrone acet 0.5-0.1 mg tab	2	ACTIVELLA	HR
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr vag ring	2	NUVARING	QL(1 / 28)
falmina 0.1-20 mg-mcg tab	2	ALESSE	
fyavolv 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2	FEMHRT	HR
hailey 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN	
hailey 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
hailey fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	
hailey fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
isibloom 0.15-30 mg-mcg tab	2	DESOGEN	
jasmiel 3-0.02 mg tab	2	YAZ	
jinteli 1-5 mg-mcg tab	2	FEMHRT	HR
juleber 0.15-30 mg-mcg tab	2	DESOGEN	
junel 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN	
junel 1/20 1-20 mg-mcg tab	2	LOESTRIN	
junel fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	
junel fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
junel fe 24 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
kalliga 0.15-30 mg-mcg tab	2	DESOGEN	
kelnor 1/35 1-35 mg-mcg tab	2	DEMULEN	
kelnor 1/50 1-50 mg-mcg tab	2	DEMULEN	
kurvelo 0.15-30 mg-mcg tab	2	NORDETTE	
larin 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN	
larin 1/20 1-20 mg-mcg tab	2	LOESTRIN	
larin 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
larin fe 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN FE	
larin fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
lessina 0.1-20 mg-mcg tab	2	ALESSE	
levonest 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	2		
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	2	ALESSE	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
lo-zumandimine 3-0.02 mg tab	2	YAZ	
loryna 3-0.02 mg tab	2	YAZ	
low-ogestrel 0.3-30 mg-mcg tab	2		
luizza 1.5/30 1.5-30 mg-mcg tab	2	LOESTRIN	
luizza 1/20 1-20 mg-mcg tab	2	LOESTRIN	
marlissa 0.15-30 mg-mcg tab	2	NORDETTE	
microgestin fe 1/20 1-20 mg-mcg tab	1	LOESTRIN FE	
mili 0.25-35 mg-mcg tab	1	ORTHO-CYCLEN (28)	
mimvey 1-0.5 mg tab	2	ACTIVELLA	HR
mono-linyah 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	2		
nikki 3-0.02 mg tab	2	YAZ	
norelgestromin-eth estradiol 150-35 mcg/24hr tdwk patch	2		QL(3 / 28)
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	2	LOESTRIN FE	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	2	TAYTULLA	
norethindrone acet-ethinyl est 1-20 mg-mcg tab, 1.5-30 mg-mcg tab	2	LOESTRIN	
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab	2	FEMHRT	HR
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	2		
nortrel 1/35 (21) 1-35 mg-mcg tab	2		
nortrel 1/35 (28) 1-35 mg-mcg tab	2		
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		
nylia 1/35 1-35 mg-mcg tab	2		
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	2		
philith 0.4-35 mg-mcg tab	2		
portia-28 0.15-30 mg-mcg tab	2	NORDETTE	
PREMPHASE 0.625-5 mg tab	3		HR
PREMPRO 0.3-1.5 mg tab, 0.45-1.5 mg tab, 0.625-2.5 mg tab, 0.625-5 mg tab	3		HR
reclipsen 0.15-30 mg-mcg tab	2	DESOGEN	
sprintec 28 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
syeda 3-0.03 mg tab	2	YASMIN	
tarina 24 fe 1-20 mg-mcg(24) tab	2	LOESTRIN FE	
tarina fe 1/20 eq 1-20 mg-mcg tab	1	LOESTRIN FE	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	1	ORTHO TRI-CYCLEN	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	2		
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	1	ORTHO TRI-CYCLEN	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	2	ORTHO TRI-CYCLEN	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	2	ORTHO TRI-CYCLEN	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	2	ORTHO TRI-CYCLEN	
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	2	ORTHO TRI-CYCLEN	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	1	ORTHO TRI-CYCLEN	
trivora (28) 50-30/75-40/ 125-30 mcg tab	2	ENPRESSE 28 DAY	
valtya 1/35 1-35 mg-mcg tab	2	DEMULEN	
VALTYA 1/50 1-50 mg-mcg tab	2		
VELIVET 0.1/0.125/0.15 -0.025 mg tab	2		
vestura 3-0.02 mg tab	2	YAZ	
vienva 0.1-20 mg-mcg tab	2	ALESSE	
vyfemla 0.4-35 mg-mcg tab	2		
vylibra 0.25-35 mg-mcg tab	2	ORTHO-CYCLEN (28)	
wera 0.5-35 mg-mcg tab	2		
xulane 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
zafemy 150-35 mcg/24hr tdwk patch	4		QL(3 / 28)
zovia 1/35 (28) 1-35 mg-mcg tab	2	DEMULEN	
zumandimine 3-0.03 mg tab	2	YASMIN	
Progestins			
camila 0.35 mg tab	1	NOR-QD	
deblitane 0.35 mg tab	1	NOR-QD	
DEPO-SUBQ PROVERA 104 104 mg/0.65ml sc susp pfs	3		QL(1 / 84)
errin 0.35 mg tab	1	NOR-QD	
heather 0.35 mg tab	1	NOR-QD	
incassia 0.35 mg tab	1	NOR-QD	
jencycla 0.35 mg tab	1	NOR-QD	
lyleq 0.35 mg tab	1	NOR-QD	
lyza 0.35 mg tab	1	NOR-QD	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
medroxyprogesterone acetate 150 mg/ml im susp, 150 mg/ml im susp pfs	2	DEPO-PROVERA	QL(1 / 84)
medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab	1	PROVERA	
megestrol acetate 20 mg tab, 40 mg tab	2	MEGACE	HR
megestrol acetate 40 mg/ml susp	2	MEGACE	HR
NEXPLANON 68 mg sc implant	3		
norethindrone 0.35 mg tab	1	NOR-QD	
norethindrone acetate 5 mg tab	2	AYGESTIN	
progesterone 100 mg cap, 200 mg cap	2	PROMETRIUM	
sharobel 0.35 mg tab	1	NOR-QD	
SKYLA 13.5 mg iud	3		
Selective Estrogen Receptor Modifying Agents			
DUAVEE 0.45-20 mg tab	3		HR
raloxifene hcl 60 mg tab	2	EVISTA	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)			
Hormonal Agents, Stimulant/replacement/modifying (thyroid)			
levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	1	SYNTHROID	
liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab	2	CYTOMEL	
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	3		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)			
Hormonal Agents, Suppressant (pituitary)			
cabergoline 0.5 mg tab	2	DOSTINEX	
ELIGARD 22.5 mg sc kit, 30 mg sc kit, 45 mg sc kit, 7.5 mg sc kit	4		
FIRMAGON 80 mg sc soln	4		PANSO
FIRMAGON (240 MG DOSE) 120 mg/vial sc soln	5		PANSO
lanreotide acetate 120 mg/0.5ml sc soln	1		PANSO
leuprolide acetate 1 mg/0.2ml inj kit	4	LUPRON	
LUPRON DEPOT (1-MONTH) 3.75 mg im kit, 7.5 mg im kit	5		
LUPRON DEPOT (3-MONTH) 11.25 mg im kit, 22.5 mg im kit	5		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
LUPRON DEPOT (4-MONTH) 30 mg im kit	5		
LUPRON DEPOT (6-MONTH) 45 mg im kit	5		
LUPRON DEPOT-PED (1-MONTH) 7.5 mg im kit	5		
LUPRON DEPOT-PED (3-MONTH) 11.25 mg im kit	5		
LUPRON DEPOT-PED (6-MONTH) 45 mg im kit	5		
octreotide acetate 100 mcg/ml inj soln, 1000 mcg/ml inj soln, 200 mcg/ml inj soln, 50 mcg/ml inj soln, 500 mcg/ml inj soln	3	SANDOSTATIN	
ORGOVYX 120 mg tab	5		PANSO
ORILISSA 150 mg tab	5		PA, QL(28 / 28)
ORILISSA 200 mg tab	5		PA, QL(56 / 28)
SIGNIFOR 0.3 mg/ml sc soln, 0.6 mg/ml sc soln, 0.9 mg/ml sc soln	5		PA, QL(60 / 30)
SOMAVERT 10 mg sc soln, 15 mg sc soln, 20 mg sc soln, 25 mg sc soln, 30 mg sc soln	5		PA
SYNAREL 2 mg/ml nasal soln	5		
TRELSTAR MIXJECT 3.75 mg im susp	4		QL(1 / 28)
TRELSTAR MIXJECT 11.25 mg im susp	4		QL(1 / 84)
TRELSTAR MIXJECT 22.5 mg im susp	4		QL(1 / 168)
HORMONAL AGENTS, SUPPRESSANT (THYROID)			
Antithyroid Agents			
methimazole 10 mg tab, 5 mg tab	1	TAPAZOLE	
propylthiouracil 50 mg tab	2		
IMMUNOLOGICAL AGENTS			
Angioedema Agents			
CINRYZE 500 unit iv soln	5		PA, QL(20 / 30)
HAEGARDA 3000 unit sc soln	5		PA, QL(20 / 30)
HAEGARDA 2000 unit sc soln	5		PA, QL(30 / 30)
icatibant acetate 30 mg/3ml sc soln pfs	5		PA, QL(18 / 30)
sajazir 30 mg/3ml sc soln pfs	5		PA, QL(18 / 30)
ULTOMIRIS 1100 mg/11ml iv soln, 300 mg/3ml iv soln	1		PA
Angioedema Agents			
ORLADEYO 110 mg cap, 150 mg cap	5		PA, QL(30 / 30)
TAKHZYRO 150 mg/ml sc soln pfs, 300 mg/2ml sc soln pfs	5		PA, QL(4 / 28)
Immune Suppressants			
azathioprine 50 mg tab	2	IMURAN	PA(*)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
cyclosporine 100 mg cap, 25 mg cap	3	SANDIMMUNE	PA(*)
cyclosporine modified 100 mg cap, 25 mg cap, 50 mg cap	2	NEORAL	PA(*)
cyclosporine modified 100 mg/ml soln	3	NEORAL	PA(*)
ENBREL 25 mg/0.5ml sc soln pfs	5		PA, QL(4 / 28)
ENBREL 25 mg/0.5ml sc soln, 50 mg/ml sc soln pfs	5		PA, QL(8 / 28)
ENBREL MINI 50 mg/ml sc soln cart	5		PA, QL(8 / 28)
ENBREL SURECLICK 50 mg/ml sc soln auto-inj	5		PA, QL(8 / 28)
ENVARSUS XR 0.75 mg tab er 24 hr, 1 mg tab er 24 hr, 4 mg tab er 24 hr	4		PANSO
everolimus 2 mg tab sol, 3 mg tab sol, 5 mg tab sol	5	AFINITOR DISPERZ	PANSO, QL(112 / 28)
everolimus 0.25 mg tab	4	ZORTRESS	PA(*)
everolimus 0.5 mg tab, 0.75 mg tab, 1 mg tab	5	ZORTRESS	PA(*)
gengraf 100 mg cap, 25 mg cap	2	NEORAL	PA(*)
gengraf 100 mg/ml soln	3	NEORAL	PA(*)
HUMIRA (2 PEN) 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA, QL(2 / 28)
HUMIRA (2 PEN) 40 mg/0.4ml Subcutaneous Auto-injector Kit, 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA, QL(6 / 28)
HUMIRA (2 SYRINGE) 20 mg/0.2ml sc pfs kit	5		PA, QL(2 / 28)
HUMIRA (2 SYRINGE) 10 mg/0.1ml sc pfs kit, 40 mg/0.4ml sc pfs kit, 40 mg/0.8ml sc pfs kit	5		PA, QL(6 / 28)
HUMIRA-CD/UC/HS STARTER 40 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA
HUMIRA-CD/UC/HS STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA, QL(3 / 28)
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40mg/0.4ml sc pfs kit	5		PA, QL(2 / 28)
HUMIRA-PED>/=40KG CROHNS START 80 mg/0.8ml sc pfs kit	5		PA, QL(3 / 28)
HUMIRA-PED>/=40KG UC STARTER 80 mg/0.8ml Subcutaneous Auto-injector Kit	5		PA, QL(4 / 28)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40mg/0.4ml Subcutaneous Auto-injector Kit	5		PA, QL(4 / 28)
methotrexate sodium 50 mg/2ml inj soln	2		
methotrexate sodium 2.5 mg tab	2		PA(*), ST
methotrexate sodium (pf) 1 gm/40ml inj soln, 250 mg/10ml inj soln, 50 mg/2ml inj soln	2		
mycophenolate mofetil 250 mg cap, 500 mg tab	2	CELLCEPT	PA(*)
mycophenolate mofetil 200 mg/ml susp	5	CELLCEPT	PA(*)
mycophenolate sodium 180 mg tab dr, 360 mg tab dr	2	MYFORTIC	PA(*)
ORENCIA 50 mg/0.4ml sc soln pfs	5		PA, QL(1.6 / 28)
ORENCIA 87.5 mg/0.7ml sc soln pfs	5		PA, QL(2.8 / 28)
ORENCIA 125 mg/ml sc soln pfs	5		PA, QL(4 / 28)
ORENCIA CLICKJECT 125 mg/ml sc soln auto-inj	5		PA, QL(4 / 28)
PROGRAF 0.2 mg pckt, 1 mg pckt	4		PA(*)
RASUVO 10 mg/0.2ml sc soln auto-inj, 12.5 mg/0.25ml sc soln auto-inj, 15 mg/0.3ml sc soln auto-inj, 17.5 mg/0.35ml sc soln auto-inj, 20 mg/0.4ml sc soln auto-inj, 22.5 mg/0.45ml sc soln auto-inj, 25 mg/0.5ml sc soln auto-inj, 30 mg/0.6ml sc soln auto-inj, 7.5 mg/0.15ml sc soln auto-inj	3		
REZUROCK 200 mg tab	5		PANSO
RINVOQ 15 mg tab er 24 hr, 30 mg tab er 24 hr, 45 mg tab er 24 hr	5		PA, QL(30 / 30)
RINVOQ LQ 1 mg/ml soln	5		PA, QL(360 / 30)
sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab	4	RAPAMUNE	PA(*)
sirolimus 1 mg/ml soln	4	RAPAMUNE	PA(*)
SKYRIZI 180 mg/1.2ml sc soln cart	5		PA, QL(1.2 / 56)
SKYRIZI 360 mg/2.4ml sc soln cart	5		PA, QL(2.4 / 56)
SKYRIZI 150 mg/ml sc soln pfs, 55 mg/0.37ml sc soln pfs	5		PA, QL(7 / 365)
SKYRIZI PEN 150 mg/ml sc soln auto-inj	5		PA, QL(7 / 365)
tacrolimus 0.5 mg cap, 1 mg cap	2	PROGRAF	PA(*)
tacrolimus 5 mg cap	3	PROGRAF	PA(*)
tacrolimus er 0.5 mg cap er 24 hr, 1 mg cap er 24 hr, 5 mg cap er 24 hr	4		PANSO

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
tofacitinib citrate 10 mg tab, 5 mg tab	2		PA, QL(60 / 30)
tofacitinib citrate 1 mg/ml soln	5		PA, QL(300 / 30)
tofacitinib citrate er 11 mg tab er 24 hr	2		PA, QL(30 / 30)
tofacitinib citrate er 22 mg tab er 24 hr	5		PA, QL(30 / 30)
TREMFYA 200 mg/20ml iv soln	5		PA
TREMFYA 200 mg/2ml sc soln pfs	5		PA, QL(2 / 28)
TREMFYA PEN 200 mg/2ml sc soln auto-inj	5		PA
TREMFYA-CD/UC INDUCTION 200 mg/2ml sc soln auto-inj	5		PA, QL(24 / 365)
Immunizing Agents, Passive			
BEXSERO 0.5 ml im susp pfs	3		
FLEBOGAMMA DIF 10 gm/100ml iv soln, 20 gm/200ml iv soln, 5 gm/50ml iv soln	5		PA(*)
GAMMAGARD 1 gm/10ml inj soln, 20 gm/200ml inj soln, 30 gm/300ml inj soln	1		PA(*)
GAMMAGARD 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 5 gm/50ml inj soln	5		PA(*)
GAMMAGARD ERC 10 gm/100ml inj soln, 5 gm/50ml inj soln	5		PA(*)
GAMMAGARD S/D LESS IGA 10 gm iv soln, 5 gm iv soln	5		PA(*)
GAMMAPLEX 10 gm/100ml iv soln, 10 gm/200ml iv soln, 20 gm/200ml iv soln, 20 gm/400ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		PA(*)
GAMUNEX-C 10 gm/100ml inj soln, 2.5 gm/25ml inj soln, 20 gm/200ml inj soln, 40 gm/400ml inj soln, 5 gm/50ml inj soln	1		PA(*)
OCTAGAM 1 gm/20ml iv soln, 10 gm/100ml iv soln, 10 gm/200ml iv soln, 2 gm/20ml iv soln, 2.5 gm/50ml iv soln, 20 gm/200ml iv soln, 30 gm/300ml iv soln, 5 gm/100ml iv soln, 5 gm/50ml iv soln	5		PA(*)
PRIVIGEN 10 gm/100ml iv soln, 20 gm/200ml iv soln, 40 gm/400ml iv soln, 5 gm/50ml iv soln	5		PA(*)
Immunological Agents, Other			
KINERET 100 mg/0.67ml sc soln pfs	5		PA
TAVNEOS 10 mg cap	5		PA
TYENNE 162 mg/0.9ml sc soln auto-inj, 162 mg/0.9ml sc soln pfs	5		PA
Immunomodulators			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
ACTIMMUNE 100 mcg/0.5ml sc soln	5		PA
ARCALYST 220 mg sc soln	5		
BENLYSTA 120 mg iv soln, 400 mg iv soln	5		PA
BENLYSTA 200 mg/ml sc soln auto-inj, 200 mg/ml sc soln pfs	5		PA, QL(8 / 28)
leflunomide 10 mg tab, 20 mg tab	2	ARAVA	
Immunosuppressants			
REMICADE 100 mg iv soln	1		PA, QL(2 / 30)
RIABNI 100 mg/10ml iv soln, 500 mg/50ml iv soln	5		PANSO
Vaccines			
ABRYSVO 120 mcg/0.5ml im soln	3		
ACTHIB im soln	3		
ADACEL 5-2-15.5 lf-mcg/0.5 im susp, 5-2-15.5 lf-mcg/0.5 im susp pfs	3		
AREXVY 120 mcg/0.5ml im susp	3		
bcg vaccine 50 mg inj soln	3		
BOOSTRIX 5-2.5-18.5 lf-mcg/0.5 im susp pfs	3		
DAPTACEL 23-15-5 im susp	3		
DENGVAXIA sc susp	3		
ENGERIX-B 10 mcg/0.5ml Injection Suspension Prefilled Syringe, 20 mcg/ml inj susp, 20 mcg/ml Injection Suspension Prefilled Syringe	3		PA(*)
GARDASIL 9 0.5 ml im susp, 0.5 ml im susp pfs	3		QL(1.5 / 365)
HAVRIX 1440 el u/ml im susp pfs, 720 el u/0.5ml im susp pfs	3		
HEPLISAV-B 20 mcg/0.5ml im soln pfs	3		PA(*)
HIBERIX 10 mcg inj soln	3		
IMOVAX RABIES 2.5 unit/ml im susp	3		PA(*)
INFANRIX 25-58-10 im susp	3		
IPOL inj susp	3		
IXIARO im susp	3		
JYNNEOS 0.5 ml sc susp	3		
KINRIX 0.5 ml im susp pfs	3		
M-M-R II inj soln	3		
MENQUADFI 0.5 ml im soln	3		
MENVEO im soln	3		
MRESVIA 50 mcg/0.5ml im susp pfs	3		
PEDIARIX im susp pfs	3		
PEDVAXHIB 7.5 mcg/0.5ml im susp	3		
PENBRAYA im susp	3		
penmenvy im susp	3		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
PENTACEL im susp	3		
PREHEVBRIO 10 mcg/ml im susp	3		PA(*)
PRIORIX sc susp	3		
PROQUAD sc susp	3		
QUADRACEL im susp, 0.5 ml im susp pfs	3		
RABAVERT im susp	3		PA(*)
RECOMBIVAX HB 10 mcg/ml inj susp, 10 mcg/ml Injection Suspension Prefilled Syringe, 40 mcg/ml inj susp, 5 mcg/0.5ml inj susp, 5 mcg/0.5ml Injection Suspension Prefilled Syringe	3		PA(*)
ROTARIX susp	3		
ROTATEQ soln	3		
SHINGRIX 50 mcg/0.5ml im susp	3		QL(2 / 365)
SHINGRIX 50 mcg/0.5ml im susp pfs	3		QL(2 / 365)
TDVAX 2-2 lf/0.5ml im susp	3		
TENIVAC 5-2 lf/0.5ml im susp	3		
TICOVAC 1.2 mcg/0.25ml im susp pfs, 2.4 mcg/0.5ml im susp pfs	3		QL(1.5 / 365)
TRUMENBA 0.5 ml im susp pfs	3		
TWINRIX 720-20 elu-mcg/ml im susp pfs	3		
TYPHIM VI 25 mcg/0.5ml im soln pfs	3		
VAQTA 25 unit/0.5ml im susp, 25 unit/0.5ml im susp pfs, 50 unit/ml im susp, 50 unit/ml im susp pfs	3		
VARIVAX 1350 pfu/0.5ml inj susp	3		QL(2 / 365)
VAXCHORA susp	3		
VIMKUNYA 40 mcg/0.8ml im susp pfs	3		
VIVOTIF cap dr	3		
YF-VAX sc susp	3		
INFLAMMATORY BOWEL DISEASE AGENTS			
Aminosalicylates			
balsalazide disodium 750 mg cap	2	COLAZAL	
DIPENTUM 250 mg cap	5		ST
mesalamine 800 mg tab dr	4	ASACOL HD	
mesalamine 1000 mg rect supp	3	CANASA	
mesalamine 400 mg cap dr	4	DELZICOL	
mesalamine 1.2 gm tab dr	4	LIALDA	
mesalamine er 0.375 gm cap er 24 hr	4	APRISO	
STELARA 130 mg/26ml iv soln	5		PA
sulfasalazine 500 mg tab	2	AZULFIDINE	
sulfasalazine 500 mg tab dr	4	AZULFIDINE	
Glucocorticoids			
budesonide 3 mg cap dr prt	4	ENTOCORT	

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
deflazacort 22.75 mg/ml susp	4		PA
deflazacort 18 mg tab	5		PA, QL(30 / 30)
deflazacort 30 mg tab, 36 mg tab, 6 mg tab	5		PA, QL(60 / 30)
kymbee 30 mg tab, 36 mg tab, 6 mg tab	5		PA, QL(6 / 6)
kymbee 18 mg tab	5		PA, QL(30 / 30)
methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab	2	MEDROL	
methylprednisolone acetate 40 mg/ml inj susp, 80 mg/ml inj susp	2	DEPO-MEDROL	
methylprednisolone sodium succ 125 mg inj soln, 40 mg inj soln	2	SOLU-MEDROL	
triamcinolone acetonide 40 mg/ml inj susp	2	KENALOG	
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate sodium 35 mg tab, 70 mg tab	1	FOSAMAX	QL(4 / 28)
alendronate sodium 10 mg tab	1	FOSAMAX	QL(30 / 30)
calcitonin (salmon) 200 unit/act nasal soln	2	MIACALCIN	QL(3.7 / 28)
calcitriol 0.25 mcg cap, 0.5 mcg cap	2	ROCALTROL	
calcitriol 1 mcg/ml soln	4	ROCALTROL	
cinacalcet hcl 30 mg tab	3	SENSIPAR	QL(60 / 30)
cinacalcet hcl 60 mg tab	4	SENSIPAR	QL(60 / 30)
cinacalcet hcl 90 mg tab	4	SENSIPAR	QL(120 / 30)
EVENITY 105 mg/1.17ml sc soln pfs	1		PA
EVENITY 105 mg/1.17ml sc soln pfs	1		PA, QL(2.34 / 30)
ibandronate sodium 150 mg tab	2	BONIVA	QL(1 / 28)
JUBBONTI 60 mg/ml sc soln pfs	3		QL(1 / 180)
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	4	ZEMPLAR	
RAYALDEE 30 mcg cap er	3		QL(60 / 30)
risedronate sodium 150 mg tab	4	ACTONEL	QL(1 / 28)
risedronate sodium 35 mg tab	4	ACTONEL	QL(4 / 28)
risedronate sodium 30 mg tab, 5 mg tab	4	ACTONEL	QL(30 / 30)
risedronate sodium 35 mg tab dr	4	ATELVIA	QL(4 / 28)
TYMLOS 3120 mcg/1.56ml sc soln pen-inj	4		PA, QL(1.56 / 30)
XGEVA 120 mg/1.7ml sc soln	5		PA
zoledronic acid 5 mg/100ml iv soln	4	RECLAST	
OPHTHALMIC AGENTS			
Ophthalmic Agents (combination Product)			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
bacitra-neomycin-polymyxin-hc 1 % ophth oint	2	CORTISPORIN	
bacitracin-polymyxin b 500-10000 unit/gm ophth oint	2	POLYSPORIN	
COMBIGAN 0.2-0.5 % ophth soln	3		
dorzolamide hcl-timolol mal 2-0.5 % ophth soln	2	COSOPT	
loteprednol-tobramycin 0.5-0.3 % ophth susp	2		
neomycin-bacitracin zn-polymyx 5-400-10000 ophth oint	2	NEOSPORIN	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint	2	MAXITROL	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp	2	MAXITROL	
neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln	2	NEOSPORIN	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	4	CORTISPORIN	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln	1	POLYTRIM	
SIMBRINZA 1-0.2 % ophth susp	3		
sulfacetamide-prednisolone 10-0.23 % ophth soln	2	VASOCIDIN	
tobramycin-dexamethasone 0.3-0.1 % ophth susp	2	TOBRADEX	
ZYLET 0.5-0.3 % ophth susp	3		
Ophthalmic Agents, Other			
atropine sulfate 1 % ophth soln	4	ISOPTO ATROPINE	
cyclopentolate hcl 1 % ophth soln	2	CYCLOGYL	
CYSTARAN 0.44 % ophth soln	5		PA, QL(60 / 28)
RESTASIS 0.05 % ophth emul	3		QL(60 / 30)
RESTASIS MULTIDOSE 0.05 % ophth emul	3		QL(60 / 30)
TEPEZZA 500 mg iv soln	5		PA
Ophthalmic Anti-allergy Agents			
azelastine hcl 0.05 % ophth soln	2	OPTIVAR	
cromolyn sodium 4 % ophth soln	2	OPTICROM	
epinastine hcl 0.05 % ophth soln	2	ELESTAT	
olopatadine hcl 0.1 % ophth soln	2	PATADAY	
olopatadine hcl 0.2 % ophth soln	4	PATADAY	
Ophthalmic Anti-inflammatories			
bromfenac sodium 0.075 % ophth soln	2		
bromfenac sodium (once-daily) 0.09 % ophth soln	2	BROMDAY	
BROMSITE 0.075 % ophth soln	3		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
dexamethasone sodium phosphate 0.1 % ophth soln	2	MAXIDEX	
diclofenac sodium 0.1 % ophth soln	2	VOLTAREN	
difluprednate 0.05 % ophth emul	3	DUREZOL	
EYSUVIS 0.25 % ophth susp	3		QL(8.3 / 14)
fluorometholone 0.1 % ophth susp	4	FML	
flurbiprofen sodium 0.03 % ophth soln	2	OCUFEN	
ILEVRO 0.3 % ophth susp	3		
ketorolac tromethamine 0.5 % ophth soln	2	ACULAR	QL(10 / 25)
LOTEMAX 0.5 % ophth oint	3		
LOTEMAX SM 0.38 % ophth gel	3		
loteprednol etabonate 0.2 % ophth susp	2		ST
loteprednol etabonate 0.5 % ophth gel	4	LOTEMAX	
prednisolone acetate 1 % ophth susp	4	PRED FORTE	
prednisolone sodium phosphate 1 % ophth soln	2		
PROLENSA 0.07 % ophth soln	3		
XIIDRA 5 % ophth soln	3		QL(60 / 30)
Ophthalmic Antiglaucoma Agents			
ALPHAGAN P 0.1 % ophth soln	3		
apraclonidine hcl 0.5 % ophth soln	2	IOPIDINE	
brimonidine tartrate 0.2 % ophth soln	1	ALPHAGAN	
brinzolamide 1 % ophth susp	2	AZOPT	
carteolol hcl 1 % ophth soln	2	OCUPRESS	
dorzolamide hcl 2 % ophth soln	2	TRUSOPT	
levobunolol hcl 0.5 % ophth soln	1	BETAGAN	
pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln	2	ISOPTO CARPINE	
RHOPRESSA 0.02 % ophth soln	3		QL(2.5 / 25), ST
timolol maleate 0.25 % ophth soln, 0.5 % ophth soln	1	TIMOPTIC	
timolol maleate 0.25 % ophth gfs, 0.5 % ophth gfs	4	TIMOPTIC XE	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
ROCKLATAN 0.02-0.005 % ophth soln	3		QL(2.5 / 25), ST
Ophthalmic Prostaglandin And Prostamide Analogs			
bimatoprost 0.01 % ophth soln	2		QL(2.5 / 25)
latanoprost 0.005 % ophth soln	1	XALATAN	QL(2.5 / 25)
travoprost (bak free) 0.004 % ophth soln	4	TRAVATAN	QL(2.5 / 25)
OTIC AGENTS			
Otic Agents (combination Product)			
ciprofloxacin-dexamethasone 0.3-0.1 % otic susp	3	CIPRODEX	QL(7.5 / 7)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic susp	2	CORTISPORIN	
RESPIRATORY TRACT/PULMONARY AGENTS			
Anti-inflammatories, Inhaled Corticosteroids			
ARNUITY ELLIPTA 100 mcg/act inh aer pwdr br act, 200 mcg/act inh aer pwdr br act, 50 mcg/act inh aer pwdr br act	3		QL(30 / 30)
budesonide 1 mg/2ml inh susp	3	PULMICORT	PA(*), QL(60 / 30)
budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp	3	PULMICORT	PA(*), QL(120 / 30)
flunisolide 25 MCG/ACT (0.025%) nasal soln	2	NASALIDE	QL(50 / 25)
fluticasone propionate 50 mcg/act nasal susp	1	FLONASE	QL(16 / 30)
mometasone furoate 50 mcg/act nasal susp	4	NASONEX	QL(34 / 30)
XHANCE 93 mcg/act Nasal Exhaler Suspension	3		QL(32 / 30), ST
Antihistamines			
azelastine hcl 0.1 % nasal soln	2	ASTELIN	QL(30 / 25)
cyproheptadine hcl 2 mg/5ml syr	2	PERIACTIN	PAHRM,HR
levocetirizine dihydrochloride 5 mg tab	1	XYZAL	
Antileukotrienes			
montelukast sodium 10 mg tab, 4 mg tab chew, 5 mg tab chew	1	SINGULAIR	
zafirlukast 10 mg tab, 20 mg tab	4	ACCOLATE	
Bronchodilators, Anticholinergic			
ipratropium bromide 0.06 % nasal soln	2	ATROVENT	QL(15 / 10)
ipratropium bromide 0.03 % nasal soln	2	ATROVENT	QL(30 / 28)
ipratropium bromide 0.02 % inh soln	2	ATROVENT	PA(*), QL(312.5 / 30)
ipratropium bromide hfa 17 mcg/act inh aer soln	4		QL(25.8 / 28)
SPIRIVA HANDIHALER 18 mcg inh cap	3		QL(30 / 30)
SPIRIVA RESPIMAT 1.25 mcg/act inh aer soln, 2.5 mcg/act inh aer soln	3		QL(4 / 30)
Bronchodilators, Sympathomimetic			
albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln	2	ACCUNEB	PA(*), QL(360 / 30)
albuterol sulfate 2 mg/5ml syr	2	PROVENTIL	
albuterol sulfate 2.5 mg/0.5ml inh neb soln	2	PROVENTIL	PA(*), QL(120 / 30)
albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln	2	PROVENTIL	PA(*), QL(360 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(13.4 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(17 / 30)
albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln	2	PROAIR HFA	QL(36 / 30)
epinephrine 0.3 mg/0.3ml inj soln auto-inj	2	ADRENACLICK	QL(4 / 30)
epinephrine 0.15 mg/0.3ml inj soln auto-inj	2	EPIPEN JR	QL(4 / 30)
NEFFY 1 mg/0.1ml nasal soln, 2 mg/0.1ml nasal soln	4		
SEREVENT DISKUS 50 mcg/act inh aer pwdr br act	3		QL(60 / 30)
STRIVERDI RESPIMAT 2.5 mcg/act inh aer soln	3		QL(4 / 28)
terbutaline sulfate 2.5 mg tab, 5 mg tab	4	BRETHINE	
Cystic Fibrosis Agents			
BRONCHITOL TOLERANCE TEST 40 mg inh cap	5		QL(560 / 28)
CAYSTON 75 mg inh soln	5		PA, LA
KALYDECO 13.4 mg pckt, 150 mg tab, 25 mg pckt, 5.8 mg pckt, 50 mg pckt, 75 mg pckt	5		PA, QL(56 / 28)
ORKAMBI 100-125 mg pckt, 150-188 mg pckt, 75-94 mg pckt	5		PA, QL(56 / 28)
ORKAMBI 100-125 mg tab, 200-125 mg tab	5		PA, QL(120 / 30)
SYMDEKO 100-150 & 150 mg tab pack, 50-75 & 75 mg tab pack	5		PA, QL(56 / 28)
TOBI PODHALER 28 mg inh cap	5		QL(224 / 28)
tobramycin 300 mg/4ml inh neb soln	5	BETHKIS	PA(*)
tobramycin 300 mg/5ml inh neb soln	5	TOBI	PA(*)
TRIKAFTA 100-50-75 & 75 mg pack, 80-40-60 & 59.5 mg pack	5		PA, QL(56 / 28)
TRIKAFTA 100-50-75 & 150 mg tab pack, 50-25-37.5 & 75 mg tab pack	5		PA, QL(84 / 28)
Mast Cell Stabilizers			
cromolyn sodium 20 mg/2ml inh neb soln	2	INTAL	PA(*)
Phosphodiesterase Inhibitors, Airways Disease			
roflumilast 250 mcg tab	1	DALIRESP	QL(28 / 28)
roflumilast 500 mcg tab	1	DALIRESP	QL(30 / 30)
theophylline 80 mg/15ml soln	4		

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
theophylline er 100 mg tab er 12 hr, 200 mg tab er 12 hr, 300 mg tab er 12 hr, 450 mg tab er 12 hr	4	THEO-DUR	
theophylline er 400 mg tab er 24 hr, 600 mg tab er 24 hr	2	UNIPHYL	
Pulmonary Antihypertensives			
ADEMPAS 0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab	5		PA, QL(90 / 30)
alyq 20 mg tab	3	ADCIRCA	PA, QL(60 / 30)
ambrisentan 10 mg tab, 5 mg tab	5	LETAIRIS	PA, QL(30 / 30)
bosentan 32 mg tab sol	5		PA, QL(112 / 28)
macitentan 10 mg tab	5		PA, QL(30 / 30)
sildenafil citrate 20 mg tab	2	REVATIO	PA, QL(90 / 30)
tadalafil (pah) 20 mg tab	3	ADCIRCA	PA, QL(60 / 30)
TRACLEER 125 mg tab, 62.5 mg tab	5		PA, QL(60 / 30), LA
UPTRAVI 1000 mcg tab, 1200 mcg tab, 1400 mcg tab, 1600 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab	5		PA, QL(60 / 30)
UPTRAVI 200 mcg tab	5		PA, QL(240 / 30)
UPTRAVI TITRATION 200 & 800 mcg tab pack	5		PA
WINREVAIR 2 x 45 mg sc kit, 2 x 60 mg sc kit, 45 mg sc kit, 60 mg sc kit	5		PANSO, QL(1 / 21)
Pulmonary Fibrosis Agents			
nintedanib esylate 100 mg cap, 150 mg cap	5		PA, QL(60 / 30)
pirfenidone 801 mg tab	5	ESBRIET	PA, QL(90 / 30)
pirfenidone 267 mg cap, 267 mg tab	5	ESBRIET	PA, QL(270 / 30)
Respiratory Tract Agents, Other			
acetylcysteine 10 % inh soln, 20 % inh soln	2	MUCOMYST	PA(*)
ANORO ELLIPTA 62.5-25 mcg/act inh aer pwdr br act	3		QL(60 / 30)
ARIKAYCE 590 mg/8.4ml inh susp	4		PA
BREO ELLIPTA 100-25 mcg/act inh aer pwdr br act, 200-25 mcg/act inh aer pwdr br act, 50-25 mcg/inh inh aer pwdr br act	3		QL(60 / 30)
breyna 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	4	SYMBICORT	QL(30.6 / 30), ST
BREZTRI AEROSPHERE 160-18-4.8 mcg/act inh aer, 160-9-4.8 mcg/act inh aer	3		QL(10.7 / 30)
COMBIVENT RESPIMAT 20-100 mcg/act inh aer soln	3		QL(8 / 30)
FASENRA 30 mg/ml sc soln pfs	5		PA, QL(1 / 28)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
FASENRA PEN 30 mg/ml sc soln auto-inj	5		PA, QL(1 / 28)
fluticasone-salmeterol 115-21 mcg/act inh aer, 230-21 mcg/act inh aer, 45-21 mcg/act inh aer	2		QL(12 / 30)
fluticasone-salmeterol 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	2	ADVAIR DISKUS	QL(60 / 30)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln	2	DUONEB	PA(*), QL(540 / 30)
NUCALA 40 mg/0.4ml sc soln pfs	5		PA, QL(0.4 / 28), LA
NUCALA 100 mg sc soln	5		PA, QL(3 / 28), LA
NUCALA 100 mg/ml sc soln auto-inj, 100 mg/ml sc soln pfs	5		PA, QL(3 / 28), LA
PULMOZYME 2.5 mg/2.5ml inh soln	5		PA(*)
STIOLTO RESPIMAT 2.5-2.5 mcg/act inh aer soln	3		QL(4 / 30)
SYMBICORT 160-4.5 mcg/act inh aer, 80-4.5 mcg/act inh aer	3		QL(30.6 / 30)
TRELEGY ELLIPTA 100-62.5-25 mcg/act inh aer pwdr br act, 200-62.5-25 mcg/act inh aer pwdr br act	3		QL(60 / 30)
wixela inhub 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act	2	ADVAIR DISKUS	QL(60 / 30)
XOLAIR 150 mg sc soln	5		PA
XOLAIR 150 mg/ml sc soln auto-inj, 150 mg/ml sc soln pfs, 300 mg/2ml sc soln auto-inj, 300 mg/2ml sc soln pfs, 75 mg/0.5ml sc soln auto-inj, 75 mg/0.5ml sc soln pfs	5		PA
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
cyclobenzaprine hcl 10 mg tab, 5 mg tab	1	FLEXERIL	PAHRM,HR
tizanidine hcl 2 mg tab, 4 mg tab	2	ZANAFLEX	
SLEEP DISORDER AGENTS			
Gaba Receptor Modulators			
eszopiclone 1 mg tab, 2 mg tab, 3 mg tab	4	LUNESTA	QL(30 / 30), HR
flurazepam hcl 15 mg cap, 30 mg cap	2	DALMANE	
temazepam 15 mg cap, 30 mg cap	1	RESTORIL	QL(30 / 30)
zaleplon 10 mg cap, 5 mg cap	4	SONATA	QL(30 / 30), HR
Sleep Disorders, Other			

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

Drug Name	Drug Tier	Reference Name	Requirements/Limits[1]
HETLIOZ LQ 4 mg/ml susp	5		PA, QL(150 / 30)
modafinil 100 mg tab	2	PROVIGIL	QL(30 / 30)
modafinil 200 mg tab	2	PROVIGIL	QL(60 / 30)
tasimelteon 20 mg cap	5		PA, QL(30 / 30)
XYREM 500 mg/ml soln	5		PA, QL(540 / 30), LA
zolpidem tartrate 10 mg tab, 5 mg tab	1	AMBIEN	QL(30 / 30), HR
Sleep Promoting Agents			
BELSOMRA 10 mg tab, 15 mg tab, 20 mg tab, 5 mg tab	3		QL(30 / 30)
Wakefulness Promoting Agents			
SUNOSI 150 mg tab, 75 mg tab	4		PA, QL(30 / 30)

[1] Please refer to page 9 for a list of abbreviations for requirements / limits

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