



Molina Medicare Comfort Care (HMO I-SNP)

2023 Formulary/Formulario

(List of Covered Drugs) / (Lista de Medicamentos Cubiertos)

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

HPMS Approved Formulary File Submission ID, 00023250 Version Number 18

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Molina Medicare Comfort Care Member Service at (800) 665-3086 (TTY users should call 711), October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Identificación de Presentación del Archivo del Formulario Aprobado de HPMS, 00023250 Versión Número de Versión 18

Este formulario se actualizó el 12/01/2023. Para obtener información más reciente u otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Comfort Care (800) 665-3086 (los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local; o visite MolinaHealthcare.com/Medicare.

- **Mensaje Importante Acerca de lo que Usted Paga por Vacunas** - Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no ha pagado su deducible. Llame a Servicios para Miembros para obtener más información.
- **Mensaje Importante Acerca de lo que Usted Paga por Insulina** - No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, independientemente de la categoría de costo compartido que tenga, incluso si no ha pagado su deducible.

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 Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Comfort Care.

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Molina Healthcare Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 our plan, 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 (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Comfort Care’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Comfort Care’s Formulary?”

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

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 78. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per 30 days per prescription for esomeprazole 40 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document 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 our plan 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 Molina Healthcare. When it refers to "plan" or "our plan," it means Molina Medicare Comfort Care's formulary?" on page iv for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs. Our plan will provide these OTC drugs at no cost to you. The cost to our plan of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 our plan does not cover your drug, you have two options:

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

- You can ask our plan 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 Molina Medicare Comfort Care's Formulary?

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-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.

For more information

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

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

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

Our Plan's Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

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

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

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

(*) = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.

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

Nota para los miembros actuales: este formulario se ha modificado desde el año pasado. Revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros” o “nuestro”, significa Molina Healthcare. Cuando se refiere a “el plan” o “nuestro plan”, se refiere a Molina Medicare Comfort Care.

Este documento incluye una Lista de Medicamentos (formulario) para nuestro plan, que está vigente a partir del 12/01/2023. Para recibir una versión actualizada del formulario, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Por lo general, debe utilizar farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, los copagos o los coseguros pueden cambiar el 1 de enero de 2023 y de vez en cuando durante el año.

¿Qué es el Formulario de Molina Healthcare?

Un formulario es una lista de medicamentos cubiertos seleccionados por our plan con el asesoramiento de un equipo de proveedores de atención médica, que representa los tratamientos recetados que se consideran parte necesaria de un programa de tratamiento de calidad. Por lo general, Our plan cubrirá los medicamentos que aparecen en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta médica se surta en una farmacia de la red de plan y se sigan otras políticas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de Cobertura.

Para obtener una lista completa de todos los medicamentos recetados cubiertos por our plan, visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

¿Puede cambiar el formulario (Lista de Medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero our plan puede agregar o eliminar medicamentos de la Lista de Medicamentos durante el año, moverlos a diferentes categorías de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare en la elaboración de estos cambios.

Cambios que pueden afectarlo este año: en los casos que se indican a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato un medicamento de marca registrada de nuestra Lista de Medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparecerá en la misma categoría de costo compartido o en una categoría inferior, y con las mismas o menos restricciones. Además, si agregamos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca registrada en nuestra Lista de Medicamentos, pero inmediatamente pasarlo a una categoría de costo compartido diferente o agregar nuevas restricciones. Si usted está tomando el medicamento de marca registrada, es posible que no le avisemos antes de realizar ese cambio, pero luego le proporcionaremos información sobre los cambios específicos que realizamos.
 - Si llevamos a cabo ese cambio, usted o el recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. En el aviso que le proporcionamos, también se incluirá información sobre cómo solicitar una excepción. Además, puede encontrar información en la sección a continuación titulada “¿Cómo solicito

una excepción a Molina Healthcare. Cuando se refiere a “el plan” o “nuestro plan”, se refiere al Formulario de Molina Medicare Comfort Care?”

- **Medicamentos retirados del mercado.** Además, si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario no es seguro, o si el fabricante del medicamento retira el medicamento del mercado, podemos eliminarlo inmediatamente de nuestro formulario y notificar a los miembros que lo toman.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que están tomando el medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca registrada que esté actualmente en el formulario o agregar nuevas restricciones al medicamento de marca registrada, o cambiarlo a una nueva categoría de costo compartido, o ambos. O podemos hacer cambios según las nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario o agregamos restricciones de autorización previa, límites de cantidad o terapia progresiva para un medicamento, o si movemos un medicamento a una categoría de costo compartido más alta, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigor o cuando el miembro solicite una renovación del medicamento, momento en el cual el miembro recibirá un suministro de 31 días del medicamento.
 - Si realizamos estos otros cambios, usted o su recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. En el aviso que le proporcionamos, también se incluirá información sobre cómo solicitar una excepción. Además, puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Molina Healthcare. Cuando se refiere a “el plan” o “nuestro plan”, se refiere al Formulario de Molina Medicare Comfort Care?”

Cambios que no lo afectarán si está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario para el 2023 que estaba cubierto al principio del año, no reduciremos ni dejaremos de ofrecer la cobertura de ese medicamento durante el año de cobertura 2023, excepto según lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no lo afecten. Sin embargo, el 1.º de enero del año siguiente, dichos cambios lo afectarán, y es importante revisar la Lista de Medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente a partir del 12/01/2023. Para obtener información actualizada sobre los medicamentos que our plan cubre, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

¿Cómo uso el formulario?

Hay dos maneras de encontrar un medicamento en el formulario:

Enfermedad

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de enfermedades que tratan normalmente. Por ejemplo, los medicamentos que se utilizan para tratar una enfermedad cardíaca se enumeran en la categoría Cardiovascular. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la page number. Luego, busque en el nombre de la categoría que corresponda a su medicamento.

Orden alfabético

Si no está seguro de en qué categoría debe buscar, busque su medicamento en el Índice que comienza en la página 78. En el Índice, se proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca registrada como los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Our plan cubre medicamentos de marca registrada y medicamentos genéricos. Un medicamento genérico está aprobado por la FDA y contiene el mismo principio activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en relación con la cobertura. A continuación, se indican algunos de estos requisitos y límites

- **Autorización Previa:** Our plan requiere que usted o su médico obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de our plan antes de surtir sus recetas médicas. Si no recibe la aprobación, es posible que our plan no cubra el medicamento.
- **Límites de Cantidad:** en el caso de ciertos medicamentos, our plan limita la cantidad de medicamento que our plan cubrirá. Por ejemplo, our plan proporciona 30 tablets per 30 days por receta médica de esomeprazole 40 mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.
- **Terapia Progresiva:** en algunos casos, our plan requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección médica, es posible que our plan no cubra el Medicamento B, a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, entonces our plan cubrirá el Medicamento B.

Puede ver si su medicamento tiene requisitos o límites adicionales si consulta el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos visitando nuestro sitio web. Publicamos a document en línea que explica nuestras prior authorization and step therapy restrictions. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitar a our plan que haga una excepción a estas restricciones o límites, o que haga una excepción para una lista de otros medicamentos similares que puedan tratar su afección. Consulte la sección “Cómo solicito una excepción a Molina Healthcare. Cuando se refiere a “plan” o “nuestro plan”, significa el formulario de Molina Medicare Comfort Care?” en la página ix obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos OTC son medicamentos no recetados que normalmente no están cubiertos por un Plan de Medicamentos Recetados de Medicare. Our plan paga por ciertos medicamentos OTC. Our plan le proporcionará estos medicamentos OTC sin costo alguno. El costo para our plan de estos medicamentos OTC no se tendrá en cuenta para los costos totales de los medicamentos Parte D (es decir, el costo de los medicamentos OTC no se tiene en cuenta para la brecha en cobertura).

¿Qué sucede si mi medicamento no se encuentra en el Formulario?

Si su medicamento no está incluido en este formulario (Lista de Medicamentos Cubiertos), primero debe comunicarse con los Servicios para Miembros y preguntar si su medicamento está cubierto.

Si se entera de que our plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Departamento de Servicios para Miembros una lista de medicamentos similares que our plan cubre. Cuando reciba la lista, muéstresela a su doctor y pídale que le recete un medicamento similar cubierto por our plan.
- Puede solicitarle a our plan que haga una excepción y que cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Molina Medicare Comfort Care?

Puede solicitar a our plan que haga una excepción a nuestras políticas de cobertura. Existen varios tipos de excepciones que puede solicitarnos que hagamos.

- Por ejemplo, puede solicitarnos que cubramos un medicamento, aunque no se encuentre en el formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido menor.
- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que este medicamento se encuentre en la categoría de medicamentos especializados. Si se aprueba, esto reducirá la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que no apliquemos restricciones o límites de cobertura a su medicamento. Por ejemplo, en el caso de ciertos medicamentos, our plan limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitar que no apliquemos el límite y que otorguemos una mayor cobertura.

Por lo general, our plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, the lower cost-sharing drug o las restricciones de utilización adicionales son menos eficaces para tratar su afección o tienen efectos médicos adversos en usted.

Debe comunicarse con nosotros a fin de solicitar una decisión de cobertura inicial para un formulario, tier o una excepción de restricción de utilización. **Cuando solicite una excepción para un formulario, tier o una restricción de utilización, debe enviar una declaración de su recetador o de un médico que respalde su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la

obtención de la declaración de respaldo de su recetador. Puede solicitar una apelación acelerada (rápida) si usted o su doctor creen que su salud se podría ver gravemente perjudicada si espera hasta 72 horas para recibir la decisión. Si se acepta su solicitud acelerada, deberemos comunicarle nuestra decisión en un plazo no superior a 24 horas después de haber recibido una declaración de respaldo de su doctor u otro recetador.

¿Qué hago antes de hablar con mi doctor sobre el cambio de medicamentos o la solicitud de una excepción?

Como miembro nuevo o continuo en nuestro plan, podría estar tomando medicamentos que no están en nuestro formulario. O bien es posible que esté tomando un medicamento que esté en nuestro formulario, pero su capacidad para obtenerlo sea limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su receta médica. Debe hablar con su doctor para decidir si debe cambiarse a un medicamento apropiado que cubramos o solicitar una excepción de formulario con el fin de cubrir el medicamento que usted toma. Mientras habla con su doctor para determinar el curso de acción adecuado en su caso, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en que es miembro de nuestro plan.

En el caso de cada uno de los medicamentos que no se encuentran en nuestro formulario, o si su capacidad para conseguir sus medicamentos es limitada, cubriremos un suministro provisional de 31 días. Si su receta médica está escrita para menos días, permitiremos varias renovaciones con el objetivo de proveer hasta un máximo de 31 días de suministro del medicamento. Después de su primer suministro de 31 días, no pagaremos por estos medicamentos, incluso si fue miembro del plan durante un período inferior a 90 días.

Si es residente de un centro de cuidados prolongados y necesita un medicamento que no esté en nuestro formulario o si su capacidad para recibir medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras se presenta una excepción de formulario.

Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos recetados de plan, revise la Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre our plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien visite <http://www.medicare.gov>.

El Formulario de Our Plan

El formulario below proporciona información de cobertura respecto a los medicamentos cubiertos por our plan. Si tiene problemas para encontrar el medicamento en la lista, consulte el Índice que comienza en la página 78.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos de marca registrada están en mayúscula (p. ej., CIPRO) y los medicamentos genéricos están en minúscula cursiva (p. ej., ciprofloxacina).

La información en la columna Requisitos/Límites indica si our plan tiene algún requisito especial para la cobertura de su medicamento.

PA = Autorización Previa (Prior Authorization) (aprobación): debe obtener una aprobación para recibir este medicamento.

QL = Límites de Cantidad (Quantity Limits): la cantidad de medicamentos que cubrirá el plan.

ST = criterios de terapia progresiva (step therapy criteria): debe probar otro medicamento antes de obtener este.

NM = pedido sin envío (non-mail order): este medicamento no se puede adquirir por correo.

B/D = este medicamento puede estar cubierto bajo Medicare Parte B o D, según las circunstancias.

LA = medicamento de acceso limitado (limited access drug): es posible que este medicamento solo esté disponible en algunas farmacias.

(*) = medicamentos no incluidos en la parte D o elementos OTC cubiertos por Medicaid.

NDS (non-extended days supply) = SSED (suministro sin extensión de días): se limitará la cantidad de días de suministro que puede recibir.

GC = brindamos cobertura adicional de este medicamento recetado en la brecha en cobertura. Consulte nuestra Evidencia de Cobertura para obtener más información sobre esta cobertura.

MOLINA_CY23_5T_SNP_TX-SNP eff 12/01/2023

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to page number v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	3	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	3	B/D
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ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	5	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	4	
<i>atovaquone SUSP 750mg/5ml</i>	4	
<i>aztreonam SOLR 1gm, 2gm</i>	4	
<i>CAYSTON SOLR 75mg</i>	5	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	4	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
<i>DAPTOMYCIN SOLR 350mg</i>	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
<i>EMVERM CHEW 100mg</i>	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>ivermectin</i> TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	GC
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	NDS
<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	GC
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	NDS
NOXAFIL SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	GC, QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	NDS, PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page number v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	NM
<i>abacavir sulfate</i> TABS 300mg	3	NM
APTIVUS CAPS 250mg	5	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	NM
<i>darunavir</i> TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NDS, NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	NM
<i>emtricitabine</i> CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS, NM
FUZEON SOLR 90mg	5	NDS, NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS, NM
ISENTRESS HD TABS 600mg	5	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NDS, NM
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NDS, NM
<i>ritonavir</i> TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPk 300mg	5	NDS, NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NDS, NM
TIVICAY PD TBSO 5mg	5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	5	NDS, NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	NM
<i>zidovudine</i> TABS 300mg	3	NM
ANTI-RETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	NM
BIKTARVY TAB 30-120-15 MG	5	NDS, NM
BIKTARVY TAB 50-200-25 MG	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
COMPLERA TAB	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 120-15MG	5	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM

You can find information on what the symbols and abbreviations on this table mean by going to page number v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM
STRIBILD TAB	5	NDS, NM
SYMTUZA TAB	5	NDS, NM
TRIUMEQ PD TAB	5	NDS, NM
TRIUMEQ TAB	5	NDS, NM
TRIZIVIR TAB	5	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	NDS, NM
BARACLUDE SOLN .05mg/ml	5	NDS, NM
<i>entecavir TABS .5mg, 1mg</i>	4	NM
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	4	NM
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	3	
<i>ganciclovir sodium SOLR 500mg</i>	4	B/D
HARVONI PAK 33.75-150MG	5	NDS, NM, PA
HARVONI PAK 45-200MG	5	NDS, NM, PA
HARVONI TAB 45-200MG	5	NDS, NM, PA
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	4	NM

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	NDS, NM
VOSEVI TAB	5	NDS, NM, PA
XOFLUZA TBPB 40mg, 80mg	4	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 250mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	NDS
e.e.s. 400 TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocine stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	3	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	3	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	4	

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	GC
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	3	
<i>doxycycline hyclate SOLR 100mg</i>	4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	3	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NDS, NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	4	PA
<i>tigecycline SOLR 50mg</i>	5	NDS
<i>TIGECYCLINE SOLR 50mg</i>	5	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	5	NDS, B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	3	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	3	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml</i>	5	NDS, B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	5	NDS, B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	5	NDS, B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	4	NM
<i>GLEOSTINE CAPS 100mg</i>	5	NDS, NM
<i>LEUKERAN TABS 2mg</i>	4	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	4	B/D
<i>oxaliplatin SOLR 50mg, 100mg</i>	5	NDS, B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	NDS, B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NDS, NM, LA, PA
LONSURF TAB 15-6.14	5	NDS, NM, LA, PA
LONSURF TAB 20-8.19	5	NDS, NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NDS, NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
PURIXAN SUSP 2000mg/100ml	5	NDS, NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	NDS
ERLEADA TABS 60mg, 240mg	5	NDS, NM, LA, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	4	
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, NM, LA, PA
ORGOVYX TABS 120mg	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU TABS 86mg, 345mg	5	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	NDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NDS, NM, LA, PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), NM, LA, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NDS, NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NDS, NM, LA
SYNRIBO SOLR 3.5mg	5	NDS, NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, NM, LA, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp</i> 100 mg	5	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS, NM, LA, PA
ALUNBRIG PAK	5	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS, NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NDS, NM, PA
BRAFTOVI CAPS 75mg	5	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	5	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, NM, LA, PA
COMETRIQ KIT 100MG	5	NDS, NM, LA, PA
COMETRIQ KIT 140MG	5	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, NM, LA, PA
COTELLIC TABS 20mg	5	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	5	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
EXKIVITY CAPS 40mg	5	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NDS, NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	NDS, NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NDS, NM, LA, PA
IRESSA TABS 250mg	5	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page number v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 DOSE TBPk 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	5	NDS, NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NDS, NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	5	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPk 4mg	5	NDS, NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NDS, NM, LA, PA
MEKTOVI TABS 15mg	5	NDS, NM, LA, PA
MONJUVI SOLR 200mg	5	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA
NERLYNX TABS 40mg	5	NDS, NM, LA, PA
NEXAVAR TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, NM, LA, PA
OGIVRI SOLR 150mg	5	NDS, NM, LA, PA
OGIVRI INJ 420MG	5	NDS, NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, NM, LA, PA
PHESGO SOL	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	NDS, NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	NDS, NM, PA
QINLOCK TABS 50mg	5	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NDS, NM, LA, PA
REZLIDHIA CAPS 150mg	5	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NDS, NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, NM, PA
STIVARGA TABS 40mg	5	NDS, NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS, NM, PA
TAZVERIK TABS 200mg	5	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, LA, PA
TEPMETKO TABS 225mg	5	NDS, NM, LA, PA
TIBSOVO TABS 250mg	5	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	NDS, LA, PA
TRUSELTIQ 125MG DAILY DOSE	5	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, NM, LA, PA
TURALIO CAPS 125mg, 200mg	5	NDS, NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, NM, LA, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NDS, NM, LA, PA
XOSPATA TABS 40mg	5	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	5	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	5	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	5	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, NM, LA, PA
ZYKADIA TABS 150mg	5	NDS, NM, LA, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> TABS 25mg	4	
MESNEX TABS 400mg	5	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	GC
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	GC
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	GC
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	GC
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	GC

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i> TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	GC

ALPHA BLOCKERS

<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	1	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	1	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	1	GC, QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC, QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	GC, QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg</i>	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	GC, QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	GC, QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	GC
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	3	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	3	

ANTILIPEMICS, FIBRATES

<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	GC, QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	GC
<i>betaxolol hcl TABS 10mg, 20mg</i>	3	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	GC
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	2	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	GC
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	3	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hcl coated beads CP24 360mg</i>	4	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	2	
<i>isradipine CAPS 2.5mg, 5mg</i>	4	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	4	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine</i> CAPS 30mg	4	
NYMALIZE SOLN 6mg/ml	5	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	GC
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	GC
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
<i>nitroglycerin</i> SOLN .4mg/spray	4	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTI-CONVULSANTS		
APTOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	4	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	NDS
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	NDS
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	NDS, QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, LA, PA
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
memantine hcl TABS 5mg, 10mg	3	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	GC
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	GC
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-250mg</i>	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone</i> TABS 200mg	4	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>DAYVIGO TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	3	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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Drug Name	Drug Tier	Requirements/Limits
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	3	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	3	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	GC
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>methocarbamol</i> TABS 500mg, 750mg	3	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<i>vanadom</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	3	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	3	
<i>disulfiram TABS 250mg, 500mg</i>	3	
<i>naloxone hcl LIQD 4mg/0.1ml</i>	3	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	2	
<i>naltrexone hcl TABS 50mg</i>	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate TABS .5mg, 1mg</i>	4	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	PA
VIVITROL SUSR 380mg	5	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	3	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	4	QL (300 gm / 30 days), PA
<i>testosterone GEL 1.62%</i>	4	QL (150 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	3	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	3	PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	GC, QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	GC, QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days), PA

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
FIASP PMPCRT INJ U-100	3	B/D
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	

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Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXPEN SOPN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	5	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps SUSP 15gm/60ml</i>	3	
<i>trientine hcl CAPS 250mg</i>	5	NDS, NM, PA
<i>VELTASSA PACK 8.4gm, 16.8gm, 25.2gm</i>	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amethia</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela 24 fe</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila TABS .35mg</i>	2	
<i>camrese</i>	3	
<i>camrese lo</i>	3	
<i>chateal</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	
<i>deblitane TABS .35mg</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	4	
<i>hailey 1.5/30</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	4	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	4	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>layolis fe</i>	4	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	3	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin 24 fe</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	4	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	4	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	4	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	
<i>rivelsa</i>	3	
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	3	
<i>simpesse</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>tydemy</i>	4	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>wymzya fe</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	NDS
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	3	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	

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Drug Name	Drug Tier	Requirements/Limits
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	5	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, LA, PA
CERDELGA CAPS 84mg	5	NDS, NM, LA, PA
CEREZYME SOLR 400unit	5	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, LA, PA
KORLYM TABS 300mg	5	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
raloxifene hcl TABS 60mg	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, LA, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	NDS, QL (180 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	GC
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	NDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>ANTISPASMODICS</i>		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
<i>H2-RECEPTOR ANTAGONISTS</i>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
<i>INFLAMMATORY BOWEL DISEASE</i>		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
<i>LAXATIVES</i>		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	5	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	3	
<i>misoprostol TABS 100mcg, 200mcg</i>	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS, PA
<i>sucralfate TABS 1gm</i>	3	
<i>ursodiol CAPS 300mg</i>	3	
<i>ursodiol TABS 250mg, 500mg</i>	4	
XERMELO TABS 250mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	4	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR 15mg, 30mg</i>	3	QL (60 caps / 30 days)
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	GC
<i>pantoprazole sodium SOLR 40mg</i>	4	
<i>pantoprazole sodium TBEC 20mg, 40mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
<i>BENIGN PROSTATIC HYPERPLASIA</i>		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	GC
<i>tamsulosin hcl</i> CAPS .4mg	2	
<i>MISCELLANEOUS</i>		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
<i>URINARY ANTISPASMODICS</i>		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>VAGINAL ANTI-INFECTIVES</i>		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
<i>ANTICOAGULANTS</i>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NDS, NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NDS, NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NDS, NM, LA, PA
ARCALYST SOLR 220mg	5	NDS, NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	NDS, B/D, NM, LA
<i>IMMUNOSUPPRESSANTS</i>		
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	NDS, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENG VAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	

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Drug Name	Drug Tier	Requirements/Limits
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	4	
<i>lactated ringer's solution</i>	3	
<i>MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>MG SO4/D5W INJ 10MG/ML</i>	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
<i>PLASMA-LYTE INJ -148</i>	4	
<i>PLASMA-LYTE INJ -A</i>	4	
<i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i>	3	
<i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i>	4	
<i>POT CHL 40MEQ/L IN NACL 0.9% INJ</i>	4	
<i>potassium chloride SOLN 2meq/ml</i>	3	
<i>POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml</i>	4	
<i>potassium chloride SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con</i> 8 TBCR 8meq	2	
<i>klor-con</i> 10 TBCR 10meq	2	
<i>klor-con</i> m10 TBCR 10meq	2	
<i>klor-con</i> m15 TBCR 15meq	3	
<i>klor-con</i> m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>IV NUTRITION</i>		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	GC
<i>trifluridine SOLN 1%</i>	4	
ZIRGAN GEL .15%	4	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIAE SOLN .24%	4	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .1%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost</i> SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	

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Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, LA, PA
CYSTARAN SOLN .44%	5	NDS, NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast</i> TABS 250mcg, 500mcg	3	
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	3	QL (3 inhalers / 30 days)
TOPICAL		
<i>DERMATOLOGY, ACNE</i>		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	4	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>DERMATOLOGY, ANTIBIOTICS</i>		
<i>gentamicin sulfate (topical)</i> CREA .1%	4	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	

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Drug Name	Drug Tier	Requirements/Limits
SULFAMYLOX CREA 85mg/gm	4	QL (453.6 gm / 30 days)
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	3	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%	1	GC
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%	3	QL (60 gm / 30 days)
<i>clobetasol propionate</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (30 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
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DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%	3	
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	5	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	B, PA
DEXCOM G6 MIS SENSOR	0	B, PA
DEXCOM G6 MIS TRANSMIT	0	B, PA
FREESTY LIBR KIT 2 SENSOR	0	B, PA
FREESTY LIBR MIS 2 READER	0	B, PA
FREESTYLE KIT SENSOR	0	B, PA
FREESTYLE MIS READER	0	B, PA
TRUE METRIX KIT AIR	0	B
TRUE METRIX KIT METER	0	B
TRUE METRIX STRIPS	0	B

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kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.45% inj 65
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nacl 0.45% inj 65
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nacl 0.9% inj 65
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in dextrose 5% & nacl
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