

Health Options Program

Abridged Gold5 Prescription Drug Formulary for the Value Medicare Rx Option *(Partial List of Covered Drugs)*

2021

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

This Abridged Gold5 Prescription Drug Formulary for the Value Medicare Rx Option (PDP) was updated on August 6, 2020. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit www.HOPbenefits.com.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means the Health Options Program, which is sponsored by the Pennsylvania Public School Employees' Retirement System. When it refers to “plan” or “our plan,” it means the Value Medicare Rx Option.

This document includes a partial list of the drugs (formulary) for the plan, which is current as of August 6, 2020. For a complete, 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, 2022, and from time to time during the year.

What is the Value Medicare Rx Option Abridged Formulary?

A formulary is a list of covered drugs selected by the Value Medicare Rx Option 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. The Value Medicare Rx Option will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an OptumRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

This document is a partial formulary and includes only some of the drugs covered by the Value Medicare Rx Option. For a complete listing of all prescription drugs covered by the Value Medicare Rx Option, please visit our website at www.HOPbenefits.com or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Please note that this formulary covers the Value Medicare Rx Option only. If you have coverage through the Enhanced or Basic Medicare Rx Option or a Medicare Advantage plan through the Health Options Program, you will have to contact the HOP Administration Unit or the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.

Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less expensive drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it 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. We must follow Medicare rules in making these changes. Below are changes to the drug list that will also affect members currently taking a drug:

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled "How do I request an exception to the Value Medicare Rx Option Formulary?"

The enclosed formulary is current as of August 6, 2020. To get updated information about the drugs covered by the Value Medicare Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Value Medicare Rx Option will be posted to www.HOPbenefits.com.

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 Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

- **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 28. The Index provides an alphabetical list of all 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?

The Value Medicare Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (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 have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** The Value Medicare Rx Option requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from the Value Medicare Rx Option before you fill your prescriptions. If you don't get approval, the Value Medicare Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Value Medicare Rx Option limits the amount of the drug that will be covered. For example, the Value Medicare Rx Option covers 30 pills per 30 days for Crestor. If your prescription is for more, OptumRx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Value Medicare Rx Option 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, the Value Medicare Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the 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 explains 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 the Value Medicare Rx Option 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 Value Medicare Rx Option Formulary?” on page iv, for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. This document includes only a partial list of covered drugs, so the Value Medicare Rx Option may cover your drug. For more information, 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 learn that the Value Medicare Rx Option does not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Value Medicare Rx Option. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask the 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 Value Medicare Rx Option Formulary?

You can ask the Value Medicare Rx Option to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not 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, the Value Medicare Rx Option limits the amount of 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, the Value Medicare Rx Option 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 for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

Emergency transitions and level-of-care changes

You may have a change in your treatment setting due to the level of care you require. Such transitions may include if you are:

- Admitted to a long-term care facility following an inpatient hospital stay.
- Discharged from a hospital or skilled nursing facility to a home setting.
- Admitted to a hospital or skilled nursing facility from a home setting.
- Transferred from one skilled nursing facility to another and the new facility is serviced by a different pharmacy.
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit.
- Reverted back to standard Medicare Parts A and B coverage after giving up hospice status.

This transition policy applies to drugs that are covered under the Value Medicare Rx Option and filled at a network pharmacy.

For more information

For more detailed information about the Value Medicare Rx Option prescription drug coverage, please review your *Evidence of Coverage for the Value Medicare Rx Option* and other plan materials. If you have questions about the Value Medicare Rx Option, 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 www.medicare.gov.

Value Medicare Rx Option Abridged Prescription Drug Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by the Value Medicare Rx Option.

If you have trouble finding your drug in the list, turn to the Index that begins on page 28.

Remember: This is only a partial listing of drugs covered by the Value Medicare Rx Option. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIDODERM), and generic drugs are listed in lowercase italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you if the Value Medicare Rx Option has any special requirements for coverage of your drug.

WHAT THE ABBREVIATIONS MEAN

B/D: This prescription drug has a **Part B versus Part D administrative prior authorization requirement**. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NDS: Non-Extended Day Supply. This prescription drug is not available for an extended day's supply under the Value Medicare Rx Option.

PA: Prior Authorization. You or your physician need to get approval from the Value Medicare Rx Option before you fill this prescription. If you don't get approval, the Value Medicare Rx Option may not cover the drug. See page iii for more information.

QL: Quantity Limit. The Value Medicare Rx Option limits the amount of this drug that will be covered. See page iii for more information.

ST: Step Therapy. The Value Medicare Rx Option requires you to first try another drug to treat your medical condition before we will cover this one for that condition. See page iii for more information.

2021 Abridged Gold5 Prescription Drug Formulary

DEDUCTIBLE

- In general, you must pay the annual deductible of \$445 before the Value Medicare Rx Option pays any portion of your prescription drug costs.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$2 for up to a 30-day supply (and a maximum of up to \$6 for a 31- to 90-day supply) of preferred generic drugs without having to satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$3.70 or 5%.

GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$3.70 or 5%.

PREFERRED BRAND-NAME DRUGS

(TIER 3)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$9.20 or 5%.

NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$9.20 or 5%.

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you'll pay 25% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, you'll pay the greater of \$3.70 or 5% for a **generic** prescription; you'll pay the greater of \$9.20 or 5% for a **brand** prescription.
- Specialty drugs are limited to a 30-day supply.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>meloxicam tabs</i>	1	
Opioid Analgesics, Long-acting		
<i>tramadol hcl er tb24</i>	4	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg, 300mg; 7.5mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	4	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	NDS
<i>tramadol hcl tabs</i>	1	NDS
<i>tramadol hydrochloride tabs 100mg</i>	2	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine oint</i>	4	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>naltrexone hcl tabs</i>	2	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days)
LUCEMYRA	5	QL (224 EA per 14 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
NARCAN LIQD	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	3	QL (504 EA per 365 days)
NICOTROL INHALER	4	QL (2688 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS	3	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
gentamicin sulfate crea, oint	2	
neomycin sulfate	2	
Antibacterials, Other		
clindamycin hcl caps 300mg, 75mg	2	
clindamycin hydrochloride caps 150mg	2	
nitrofurantoin monohydrate/macrocrystals	2	
Beta-lactam, Cephalosporins		
cefuroxime axetil tabs	2	
cephalexin caps 250mg, 500mg	1	
cephalexin susr	2	
cephalexin tabs 250mg	2	
Beta-lactam, Penicillins		
amoxicillin chew 125mg, 250mg	1	
amoxicillin caps, susr, tabs	1	
penicillin v potassium	1	
Carbapenems		
ertapenem	4	
meropenem	4	
Macrolides		
azithromycin tabs	1	
azithromycin susr	2	
azithromycin inj 500mg	2	
clarithromycin er	2	
clarithromycin susr, tabs	2	
Quinolones		
ciprofloxacin hcl tabs 750mg	1	
ciprofloxacin hcl tabs 100mg	4	
ciprofloxacin hydrochloride	1	
levofloxacin tabs	2	
levofloxacin inj, oral soln	4	
Sulfonamides		
sulfacetamide sodium lotn	4	
sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim tabs	1	
sulfamethoxazole/trimethoprim susp	2	
Tetracyclines		
doxy 100	4	
doxycycline hyclate caps 100mg, 50mg	2	
doxycycline hyclate tabs 100mg	2	
minocycline hcl caps 75mg	2	
minocycline hydrochloride caps 100mg, 50mg	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	5	PA
EPIDIOLEX	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
FYCOMPA SUSP	4	
FYCOMPA TABS 2MG, 8MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam tabs</i>	1	
<i>levetiracetam soln</i>	2	
NAYZILAM	5	QL (10 EA per 30 days)
<i>roweepra</i>	1	
<i>roweepra xr</i>	2	
SPRITAM	4	
<i>topiramate er</i>	4	
<i>topiramate tabs</i>	1	
<i>topiramate cpsp</i>	2	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
<i>ethosuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam susp</i>	5	
<i>clobazam tabs 10mg</i>	4	
<i>clobazam tabs 20mg</i>	4	MO
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin soln</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	4	PA
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	PA
<i>primidone tabs</i>	2	
SABRIL TABS	5	PA
SYMPAZAN	5	

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hydrochloride</i>	4	
VALTOCO	5	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
Sodium Channel Agents		
APTIOM	5	
BANZEL	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew</i>	1	
<i>carbamazepine susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
DILANTIN CAPS	4	
<i>epitol</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
PHENYTEK	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
TEGRETOL-XR	4	
TEGRETOL SUSP, TABS	4	
VIMPAT SOLN	4	
VIMPAT TABS 50MG	4	
VIMPAT TABS 100MG, 150MG, 200MG	5	
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tabs</i>	4	
NAMZARIC CP24	4	QL (30 EA per 30 days) ST
NAMZARIC C4PK	4	QL (56 EA per 365 days) ST
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	4	
Antidepressants		
Antidepressants, Other		
APLENZIN	5	QL (30 EA per 30 days) ST
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	4	QL (90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	4	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate</i>	1	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln</i>	2	
<i>fluoxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days)
<i>nefazodone hcl tabs 100mg, 150mg</i>	4	
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	4	
<i>paroxetine</i>	4	QL (30 EA per 30 days)
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	4	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	4	
PAXIL SUSP	4	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride conc</i>	2	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	4	
<i>venlafaxine hydrochloride er cp24</i>	2	
<i>venlafaxine hydrochloride er tb24 150mg, 225mg, 75mg</i>	4	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
VIIBRYD TABS	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	4	PA
<i>amoxapine</i>	4	
<i>clomipramine hcl caps</i>	4	
<i>desipramine hcl tabs</i>	4	
<i>doxepin hcl caps 100mg, 10mg, 150mg, 50mg, 75mg</i>	4	PA
<i>doxepin hcl conc</i>	4	PA
<i>doxepin hydrochloride caps 25mg</i>	4	PA
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	4	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	4	
<i>prochlorperazine maleate tabs</i>	1	
Emetogenic Therapy Adjuncts		
DRONABINOL CAPS 10MG	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl soln</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D
<i>ondansetron hydrochloride tabs</i>	1	B/D
Antifungals		
Antifungals		
<i>fluconazole susr, tabs</i>	2	
<i>ketoconazole sham</i>	1	
<i>ketoconazole crea</i>	2	
Antigout Agents		
Antigout Agents		
<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	3	
COLCHICINE TABS 0.6MG	3	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln</i>	5	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/caffeine</i>	2	
Prophylactic		
AIMOVIG INJ 140MG/ML	4	QL (1 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 30 days) PA
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA
EMGALITY INJ 100MG/ML	4	QL (3 ML per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	2	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hcl tabs 100mg</i>	2	
<i>ethambutol hydrochloride tabs 400mg</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
Antineoplastics		
Alkylating Agents		
CYCLOPHOSPHAMIDE CAPS	2	B/D
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
Antiandrogens		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
YONSA	5	PA
ZYTIGA TABS 500MG	5	PA
Antiangiogenic Agents		
POMALYST	5	PA
REVLIMID	5	PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	
PURIXAN	5	
SIKLOS TABS 100MG	4	PA
SIKLOS TABS 1000MG	5	PA
TABLOID	4	
Antineoplastics, Other		
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LONSURF	5	PA
NINLARO	5	PA
PEMAZYRE	5	QL (30 EA per 30 days) PA
SYNRIBO	5	PA
TAZVERIK	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	1	
Molecular Target Inhibitors		
AFINITOR DISPERZ	5	PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
ALECENSA	5	PA
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI CAPS 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
COPIKTRA	5	PA

Drug Name	Drug Tier	Requirements/Limits
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride</i>	5	PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
FARYDAK CAPS 10MG, 20MG	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA
ICLUSIG TABS 45MG	5	PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
IRESSA	5	PA
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABS	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL (180 EA per 30 days) PA
NEXAVAR	5	PA
ODOMZO	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TAGRISSE TABS 80MG	5	PA
TAGRISSE TABS 40MG	5	QL (30 EA per 30 days) PA
TALZENNA	5	PA
TASIGNA	5	PA
TIBSOVO	5	PA
TURALIO	5	PA

Drug Name	Drug Tier	Requirements/Limits
TYKERB	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABS	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tabs</i>	2	
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
<i>ivermectin tabs 3mg</i>	2	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	2	
<i>hydroxychloroquine sulfate tabs</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	2	
Dopamine Agonists		
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	4	
INBRIJA	5	PA
RYTARY	4	ST

Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl caps, tabs</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc, inj, tabs</i>	4	
<i>fluphenazine hydrochloride</i>	4	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	2	
<i>loxapine caps 10mg</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	PA
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
ABILIFY MYCITE	5	QL (30 EA per 30 days) ST
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days)
<i>aripiprazole soln</i>	4	QL (750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
CAPLYTA	5	QL (30 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
NUPLAZID CAPS	5	PA
NUPLAZID TABS 10MG	5	PA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	1	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	
<i>risperidone odt</i>	2	QL (60 EA per 30 days)
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
SAPHRIS	5	QL (60 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days) PA
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>tizanidine hcl caps</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS TABS	5	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>entecavir</i>	4	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	2	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	QL (336 EA per 365 days) PA
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 EA per 30 days)
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	

Drug Name	Drug Tier	Requirements/Limits
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	5	QL (30 EA per 30 days)
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz caps 50mg</i>	2	
<i>efavirenz caps 200mg</i>	5	
<i>efavirenz tabs</i>	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
SYMFI	5	QL (30 EA per 30 days)
SYMFI LO	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL (30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	2	
EMTRIVA	4	
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
ODEFSEY	5	QL (30 EA per 30 days)
<i>stavudine caps</i>	2	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 EA per 30 days)
TRUVADA	5	QL (30 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 150MG, 300MG, 75MG	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate caps 300mg</i>	4	
CRIXIVAN CAPS 200MG, 400MG	3	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABS	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	5	
NORVIR PACK, SOLN	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl caps, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL (1080 ML per 365 days)
Antiherpetic Agents		
<i>acyclovir caps, tabs</i>	1	
<i>acyclovir susp</i>	4	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg, 30mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam intensol</i>	4	PA
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	4	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 2mg</i>	4	QL (150 EA per 30 days) PA
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days) PA
<i>chlordiazepoxide hydrochloride</i>	1	QL (360 EA per 30 days) PA
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam conc, soln</i>	2	
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	2	PA
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) PA
<i>oxazepam</i>	2	QL (120 EA per 30 days) PA
Bipolar Agents		
<i>Mood Stabilizers</i>		
EQUETRO	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>glimepiride</i>	1	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride tabs</i>	1	
<i>metformin hydrochloride soln</i>	4	
<i>Glycemic Agents</i>		
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	5	
GLUCAGON EMERGENCY KIT	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>jantoven</i>	1	
PRADAXA	4	QL (60 EA per 30 days)
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/ML	5	PA
FULPHILA	5	PA
NEULASTA	5	PA
NEUPOGEN	5	ST
NIVESTYM	5	ST
RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
UDENYCA	5	PA
ZARXIO	5	
ZIEXTENZO	5	PA
<i>Hemostasis Agents</i>		
<i>tranexamic acid tabs</i>	2	
<i>Platelet Modifying Agents</i>		
BRILINTA	3	
<i>clopidogrel tabs 75mg</i>	1	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl tabs 0.1mg, 0.3mg</i>	1	
<i>clonidine hydrochloride tabs 0.2mg</i>	1	
<i>midodrine hcl</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl caps 1mg, 5mg</i>	2	
<i>prazosin hydrochloride caps 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>losartan potassium tabs</i>	1	
<i>valsartan</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>lisinopril tabs</i>	1	
<i>ramipril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl tabs 200mg</i>	1	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin soln</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
MULTAQ	3	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 100mg, 400mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>carvedilol</i>	1	
<i>metoprolol succinate er</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>matzim la</i>	2	
<i>verapamil hcl er tbc</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride tabs</i>	1	
Cardiovascular Agents, Other		
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
Diuretics, Loop		
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	2	
<i>furosemide tabs</i>	1	
<i>furosemide inj, oral soln</i>	2	
Diuretics, Potassium-sparing		
<i>eplerenone</i>	2	
<i>spironolactone tabs</i>	1	
Diuretics, Thiazide		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate caps 150mg, 50mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibrate tabs 120mg, 40mg</i>	4	
<i>gemfibrozil tabs</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
Dyslipidemics, Other		
<i>ezetimibe</i>	2	
<i>omega-3-acid ethyl esters</i>	4	PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	4	
<i>nitroglycerin lingual soln</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride cd cpr 20mg, 30mg, 50mg</i>	2	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er (la)</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 10mg, 30mg, 40mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cpr 10mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 10mg</i>	2	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 20mg</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 54mg, 72mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride chew 10mg</i>	4	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	2	PA
<i>relexxii</i>	4	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	PA
<i>butalbital/aspirin/caffeine caps</i>	4	PA
Fibromyalgia Agents		
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln</i>	2	QL (900 ML per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
BETASERON	5	QL (15 EA per 30 days) PA
EXTAVIA	5	QL (15 EA per 30 days) PA
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABS 2MG	5	QL (30 EA per 30 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole crea</i>	2	
<i>metronidazole lotn</i>	4	
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
Dermatitis and Pruitus Agents		
<i>clobetasol propionate crea, gel, lotn, oint, soln</i>	2	
<i>clobetasol propionate foam, liqd, sham</i>	4	
<i>clodan</i>	4	
<i>triamcinolone acetonide crea</i>	1	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide aers</i>	4	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide oint 0.05%</i>	4	
<i>trianex</i>	4	
<i>triderm crea 0.1%</i>	1	
Dermatological Agents, Other		
<i>clotrimazole/betamethasone dipropionate crea</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn</i>	2	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln</i>	2	
Pediculicides/Scabicides		
<i>ivermectin crea 1%</i>	4	
<i>permethrin crea</i>	2	
Topical Anti-infectives		
<i>clindamycin phosphate lotn, soln</i>	2	
<i>mupirocin oint</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>potassium chloride cr tbc 10meq</i>	2	
<i>potassium chloride er tbc 20meq</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%</i>	2	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox tbso</i>	5	PA
<i>deferasirox tabs 360mg, 90mg</i>	5	PA
<i>sodium polystyrene sulfonate powd 0</i>	2	
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer carbonate pack</i>	5	
Potassium Binders		
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	2	
<i>sps</i>	2	
<i>veltassa pack 16.8gm</i>	4	
<i>veltassa pack 25.2gm, 8.4gm</i>	5	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>lactulose soln</i>	2	
LINZESS	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>diphenoxylate/atropine tabs</i>	2	
<i>loperamide hcl caps</i>	2	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	4	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-n/ flavor pack</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
XIFAXAN TABS 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	1	
Protectants		
<i>misoprostol</i>	2	
SUCRALFATE SUSP	4	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
<i>omeprazole dr cpdr 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole cpdr 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbc</i>	1	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
VYNDAQEL	5	QL (120 EA per 30 days) PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>finasteride tabs</i>	1	
<i>tamsulosin hydrochloride</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride tabs</i>	2	
ELMIRON	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>methylprednisolone dose pack tbpk</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tabs</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	2	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	5	PA
<i>oxandrolone tabs 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA
<i>Androgens</i>		
<i>danazol caps</i>	2	
TESTOSTERONE PUMP GEL 1%	3	PA
<i>testosterone topical solution</i>	4	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	3	PA
<i>testosterone gel 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>Estrogens</i>		
CLIMARA PRO	4	
<i>estradiol crea</i>	2	
<i>estradiol tabs</i>	4	
PREMARIN CREA	4	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>yuvafem</i>	4	
<i>Progestins</i>		
<i>medroxyprogesterone acetate tabs</i>	1	
<i>progesterone caps</i>	2	
<i>Selective Estrogen Receptor Modifying Agents</i>		
OSPHENA	3	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>levothyroxine sodium tabs</i>	2	
<i>liothyronine sodium tabs</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>Immunoglobulins</i>		
<i>gammagard liquid inj 2.5gm/25ml</i>	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
VARIZIG INJ 125UNIT/1.2ML	3	PA
<i>Immunological Agents, Other</i>		
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
RINVOQ	5	PA
SKYRIZI	5	PA
<i>Immunostimulants</i>		
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
<i>Immunosuppressants</i>		
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
AZASAN	4	B/D
<i>azathioprine tabs</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine caps</i>	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	PA
<i>gengraf caps 100mg, 25mg</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf soln</i>	4	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate tabs</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	4	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PROGRAF PACK 0.2MG	4	B/D
PROGRAF PACK 1MG	5	B/D
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days) PA
SANDIMMUNE SOLN	4	B/D
<i>sirolimus soln</i>	5	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D
<i>sirolimus tabs 2mg</i>	5	B/D
<i>tacrolimus caps</i>	4	B/D
ZORTRESS TABS 1MG	5	PA
Vaccines		
ADACEL	3	
BOOSTRIX	3	
SHINGRIX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	
MESALAMINE DR TBEC 800MG	3	
<i>mesalamine dr tbec 1.2gm</i>	3	
<i>mesalamine er</i>	2	
<i>mesalamine enem, supp</i>	4	
<i>sulfasalazine tabs, tbec</i>	2	
Glucocorticoids		
<i>budesonide er</i>	5	
<i>budesonide cpep</i>	4	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
alendronate sodium soln	4	
alendronate sodium tabs 10mg, 35mg	1	
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days)
ibandronate sodium tabs	2	QL (1 EA per 28 days)
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL (200 EA per 30 days)
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
COMBIGAN	3	
dorzolamide hcl/timolol maleate	2	
dorzolamide hydrochloride/timolol maleate pf	2	
RESTASIS	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
TOBRADEX ST	4	
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
<i>Ophthalmic Anti-allergy Agents</i>		
epinastine hcl	2	
olopatadine hcl	2	
olopatadine hydrochloride soln 0.2%	2	
<i>Ophthalmic Anti-Infectives</i>		
erythromycin	1	
ofloxacin ophthalmic soln 0.3%	2	
<i>Ophthalmic Anti-inflammatories</i>		
ketorolac tromethamine	2	
prednisolone acetate	2	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
levobunolol hcl soln 0.5%	2	
timolol maleate ophthalmic gel forming	2	
timolol maleate soln 0.25%, 0.5%	1	
timolol maleate soln 0.5%	2	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
brimonidine tartrate soln 0.2%	1	
dorzolamide hcl	2	
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
bimatoprost	2	QL (5 ML per 30 days)
latanoprost soln	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
neomycin/polymyxin/hc	2	
neomycin/polymyxin/hydrocortisone susp	2	
ofloxacin otic soln 0.3%	2	

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>fluticasone propionate</i>	1	
<i>mometasone furoate</i>	4	QL (34 GM per 30 days)
Antihistamines		
<i>azelastine hcl soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>levocetirizine dihydrochloride tabs</i>	2	
Antileukotrienes		
<i>montelukast sodium chew, tabs</i>	1	
<i>montelukast sodium pack</i>	2	
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide soln</i>	2	
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (8 GM per 28 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate syrp, tabs</i>	4	
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.3ML, 0.3MG/0.3ML	3	
<i>epinephrine inj 0.15mg/0.15ml, 0.3mg/0.3ml</i>	3	
PERFOROMIST	5	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL (4 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
TOBI PODHALER	5	QL (224 EA per 56 days)
TRIKAFTA	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg</i>	2	
<i>theophylline soln</i>	2	
Pulmonary Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS	5	QL (90 EA per 30 days) PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tabs</i>	2	QL (90 EA per 30 days) PA
<i>sildenafil citrate susr</i>	5	PA
UPTRAVI TABS 1000MCG	5	QL (60 EA per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	PA
Respiratory Tract Agents, Other		
BREO ELLIPTA	3	QL (60 EA per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days)
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tabs</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days) PA
<i>temazepam caps 22.5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA
<i>modafinil</i>	2	QL (30 EA per 30 days) PA

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KISQALI FEMARA 400 DOSE	8
KISQALI FEMARA 600 DOSE	8
<i>klor-con m10</i>	20
<i>klor-con m15</i>	20
<i>klor-con m20</i>	20
KORLYM	22
KOSELUGO	9
<i>lactulose</i>	20
<i>lamivudine</i>	12
<i>lamivudine</i>	13
<i>lamivudine/zidovudine</i>	13
<i>lamotrigine</i>	3
<i>lamotrigine er</i>	3
<i>lamotrigine odt</i>	3
<i>lamotrigine starter kit/blue</i>	3
<i>lamotrigine starter kit/green</i>	3
<i>lamotrigine starter kit/orange</i>	3
LANTUS	15
LANTUS SOLOSTAR	15
<i>latanoprost</i>	25
LATUDA	11
LENVIMA 10 MG DAILY DOSE	9

Drug Name	Page #
LENVIMA 12MG DAILY DOSE	9
LENVIMA 14 MG DAILY DOSE	9
LENVIMA 18 MG DAILY DOSE	9
LENVIMA 20 MG DAILY DOSE	9
LENVIMA 24 MG DAILY DOSE	9
LENVIMA 4 MG DAILY DOSE	9
LENVIMA 8 MG DAILY DOSE	9
<i>letrozole</i>	8
<i>leucovorin calcium</i>	10
LEUKERAN	7
LEVEMIR	15
LEVEMIR FLEXTOUCH	15
<i>levetiracetam</i>	3
<i>levetiracetam er</i>	3
<i>levobunolol hcl</i>	25
<i>levocetirizine dihydrochloride</i>	26
<i>levofloxacin</i>	2
<i>levothyroxine sodium</i>	23
LEXIVA	14
<i>lidocaine</i>	1
<i>lidocaine/prilocaine</i>	1
LINZESS	20
<i>liothyronine sodium</i>	23
<i>lisinopril</i>	17
<i>lisinopril/hydrochlorothiazide</i>	17
<i>lithium</i>	15
<i>lithium carbonate</i>	15
<i>lithium carbonate er</i>	15
LONHALA MAGNAIR REFILL KIT	26
LONSURF	8
<i>loperamide hcl</i>	20
<i>lopinavir/ritonavir</i>	14
<i>lorazepam</i>	15
<i>lorazepam intensol</i>	15
LORBRENA	9
<i>lorcet</i>	1
<i>lorcet hd</i>	1
<i>lorcet plus</i>	1
<i>losartan potassium</i>	17
<i>losartan potassium/hydrochlorothiazide</i>	17
<i>loxapine</i>	11
<i>loxapine succinate</i>	11
LUCEMYRA	1
LUMIGAN	25
LYNPARZA	9
LYSODREN	23
<i>maprotiline hcl</i>	5
MARPLAN	5
MATULANE	7
<i>matzim la</i>	17

Drug Name	Page #
MAVYRET	12
MAYZENT	19
<i>meclizine hcl</i>	6
<i>medroxyprogesterone acetate</i>	22
MEKINIST	9
MEKTOVI	9
<i>meloxicam</i>	1
<i>memantine hcl titration pak</i>	4
<i>memantine hydrochloride</i>	4
<i>memantine hydrochloride er</i>	4
<i>mercaptopurine</i>	8
<i>meropenem</i>	2
<i>mesalamine</i>	24
MESALAMINE DR	24
<i>mesalamine er</i>	24
MESNEX	10
<i>metformin hydrochloride</i>	15
<i>metformin hydrochloride er</i>	15
<i>methimazole</i>	23
<i>methocarbamol</i>	27
<i>methotrexate</i>	24
<i>methotrexate sodium</i>	24
<i>methylphenidate hydrochloride</i>	18
<i>methylphenidate hydrochloride cd</i>	18
<i>methylphenidate hydrochloride er</i>	18
<i>methylphenidate hydrochloride er (la)</i>	18
<i>methylprednisolone</i>	22
<i>methylprednisolone dose pack</i>	21
<i>metoprolol succinate er</i>	17
<i>metronidazole</i>	19
<i>midodrine hcl</i>	16
<i>minitran</i>	18
<i>minocycline hcl</i>	2
<i>minocycline hydrochloride</i>	2
<i>minoxidil</i>	18
<i>mirtazapine</i>	5
<i>mirtazapine odt</i>	5
<i>misoprostol</i>	21
<i>modafinil</i>	27
<i>molindone hydrochloride</i>	11
<i>mometasone furoate</i>	26
<i>montelukast sodium</i>	26
MULTAQ	17
<i>mupirocin</i>	20
<i>mycophenolate mofetil</i>	24
<i>mycophenolic acid dr</i>	24
<i>naloxone hcl</i>	1
<i>naloxone hydrochloride</i>	1
<i>naltrexone hcl</i>	1
NAMZARIC	4

Drug Name	Page #
NARCAN	1
NAYZILAM	3
nefazodone hcl	5
nefazodone hydrochloride	5
neomycin sulfate	2
neomycin/polymyxin/hc	25
neomycin/polymyxin/hydrocortisone	25
NERLYNX	9
NEULASTA	16
NEUPOGEN	16
nevirapine	13
nevirapine er	13
NEXAVAR	9
NICOTROL INHALER	1
NICOTROL NS	2
nifedipine	17
nifedipine er	17
nilutamide	7
NINLARO	8
NITRO-BID	18
nitrofurantoin monohydrate/macrocrytals	2
nitroglycerin	18
nitroglycerin lingual	18
nitroglycerin transdermal	18
NIVESTYM	16
NORDITROPIN FLEXPEN	22
nortriptyline hcl	6
nortriptyline hydrochloride	6
NORVIR	14
NOVOLIN 70/30	15
NOVOLIN 70/30 FLEXPEN	15
NOVOLIN N	15
NOVOLIN N FLEXPEN	15
NOVOLIN R	15
NOVOLIN R FLEXPEN	15
NOVOLOG	16
NOVOLOG FLEXPEN	16
NOVOLOG MIX 70/30	16
NOVOLOG MIX 70/30 PREFILLED	16
FLEXPEN	
NOVOLOG PENFILL	16
NUBEQA	7
NUCALA	27
NUPLAZID	11
NUTROPIN AQ NUSPIN 10	22
NUTROPIN AQ NUSPIN 20	22
NUTROPIN AQ NUSPIN 5	22
octreotide acetate	23
ODEFSEY	13
ODOMZO	9

Drug Name	Page #
OFEV	27
ofloxacin	25
ofloxacin	25
olanzapine	11
olanzapine odt	11
olanzapine/fluoxetine	5
olopatadine hcl	25
olopatadine hydrochloride	25
omega-3-acid ethyl esters	18
omeprazole	21
omeprazole dr	21
OMNITROPE	22
ondansetron hcl	6
ondansetron hydrochloride	6
OPSUMIT	27
ORENITRAM	27
oseltamivir phosphate	14
OSPHERA	22
oxandrolone	22
oxazepam	15
oxcarbazepine	4
oxybutynin chloride	21
oxybutynin chloride er	21
pacerone	17
paliperidone er	11
pantoprazole sodium	21
paroxetine	5
paroxetine hcl	5
paroxetine hcl er	5
paroxetine hydrochloride	5
PAXIL	5
peg-3350/nacl/na bicarbonate/kcl	21
PEGANONE	4
PEGASYS	23
PEGASYS PROCLICK	23
PEMAZYRE	8
penicillin v potassium	2
PERFOROMIST	26
permethrin	20
perphenazine	11
perphenazine/amitriptyline	5
PERSERIS	11
phenelzine sulfate	5
phenobarbital	3
phenoxybenzamine hydrochloride	17
PHENYTEK	4
phenytoin	4
phenytoin sodium extended	4
PIFELTRO	13
pimozide	11

Drug Name	Page #
PIQRAY 200MG DAILY DOSE	9
PIQRAY 250MG DAILY DOSE	9
PIQRAY 300MG DAILY DOSE	9
POMALYST	7
<i>potassium chloride cr</i>	20
<i>potassium chloride er</i>	20
PRADAXA	16
<i>pramipexole dihydrochloride</i>	10
<i>pramipexole dihydrochloride er</i>	10
<i>prazosin hcl</i>	17
<i>prazosin hydrochloride</i>	17
<i>prednisolone acetate</i>	25
<i>prednisone</i>	22
<i>pregabalin</i>	19
PREMARIN	22
PREMPHASE	22
PREMPRO	22
PREVYMIS	12
PREZCOBIX	14
PREZISTA	14
<i>primidone</i>	3
PROAIR HFA	26
PROAIR RESPICLICK	26
<i>prochlorperazine maleate</i>	6
<i>procto-med hc</i>	24
<i>procto-pak</i>	24
<i>proctosol hc</i>	24
<i>proctozone-hc</i>	24
<i>progesterone</i>	22
PROGRAF	24
<i>propylthiouracil</i>	23
<i>protriptyline hcl</i>	6
PURIXAN	8
<i>pyridostigmine bromide</i>	7
<i>pyridostigmine bromide er</i>	7
<i>quetiapine fumarate</i>	12
<i>quetiapine fumarate er</i>	11
<i>raloxifene hydrochloride</i>	23
<i>ramipril</i>	17
<i>rasagiline mesylate</i>	11
RASUVO	24
REBIF	19
REBIF REBIDOSE	19
REBIF REBIDOSE TITRATION PACK	19
REBIF TITRATION PACK	19
<i>relexxii</i>	18
RESTASIS	25
RETACRIT	16
REVLIMID	7
REXULTI	12

Drug Name	Page #
REYATAZ	14
<i>rifabutin</i>	7
<i>rifampin</i>	7
RINVOQ	23
RISPERDAL CONSTA	12
<i>risperidone</i>	12
<i>risperidone odt</i>	12
<i>ritonavir</i>	14
<i>rivastigmine transdermal system</i>	4
<i>rizatriptan benzoate</i>	7
<i>rizatriptan benzoate odt</i>	7
ROCKLATAN	25
<i>ropinirole er</i>	10
<i>ropinirole hcl</i>	10
<i>ropinirole hydrochloride</i>	10
<i>roweepira</i>	3
<i>roweepira xr</i>	3
ROZLYTREK	9
RUBRACA	9
RYDAPT	9
RYTARY	10
SABRIL	3
SANDIMMUNE	24
SAPHRIS	12
SAVELLA	19
SAVELLA TITRATION PACK	19
SECUADO	12
<i>selegiline hcl</i>	11
SELZENTRY	13
SEREVENT DISKUS	26
<i>sertraline hcl</i>	5
<i>sertraline hydrochloride</i>	5
<i>sevelamer carbonate</i>	20
SHINGRIX	24
SIKLOS	8
<i>sildenafil citrate</i>	27
SIMBRINZA	25
<i>simvastatin</i>	18
<i>sirolimus</i>	24
SKYRIZI	23
<i>sodium chloride</i>	20
<i>sodium polystyrene sulfonate</i>	20
<i>sodium polystyrene sulfonate</i>	20
SOFOSBUVIR/VELPATASVIR	12
SOLTAMOX	7
SPIRIVA HANDIHALER	26
SPIRIVA RESPIMAT	26
<i>spironolactone</i>	17
SPRITAM	3
SPRYCEL	9

Drug Name	Page #
<i>sps</i>	20
<i>stavudine</i>	13
STIOLTO RESPIMAT	27
STIVARGA	9
STRIBILD	13
STRIVERDI RESPIMAT	26
SUCRALFATE	21
<i>sulfacetamide sodium</i>	2
<i>sulfamethoxazole/trimethoprim</i>	2
<i>sulfamethoxazole/trimethoprim ds</i>	2
<i>sulfasalazine</i>	24
<i>sumatriptan succinate</i>	7
SUMATRIPTAN SUCCINATE REFILL	7
SUPREP BOWEL PREP KIT	21
SUTENT	9
SYMBICORT	27
SYMFI	13
SYMFI LO	13
SYMPAZAN	3
SYMITUZA	14
SYNRIBO	8
TABLOID	8
<i>tacrolimus</i>	24
TAFINLAR	9
TAGRISSO	9
TALZENNA	9
<i>tamoxifen citrate</i>	8
<i>tamsulosin hydrochloride</i>	21
TARGRETIN	10
TASIGNA	9
TAZVERIK	8
TECFIDERA	19
TECFIDERA STARTER PACK	19
TEGRETOL	4
TEGRETOL-XR	4
<i>temazepam</i>	27
<i>tenofovir disoproxil fumarate</i>	13
TESTOSTERONE	22
TESTOSTERONE PUMP	22
<i>testosterone topical solution</i>	22
THALOMID	7
<i>theophylline</i>	26
<i>theophylline er</i>	26
<i>thioridazine hcl</i>	11
<i>thiothixene</i>	11
<i>tiagabine hydrochloride</i>	4
TIBSOVO	9
<i>timolol maleate</i>	25
<i>timolol maleate ophthalmic gel forming</i>	25
TIVICAY	13

Drug Name	Page #
<i>tizanidine hcl</i>	12
<i>tizanidine hydrochloride</i>	12
TOBI PODHALER	26
TOBRADEX ST	25
<i>tolterodine tartrate</i>	21
<i>tolterodine tartrate er</i>	21
<i>topiramate</i>	3
<i>topiramate er</i>	3
<i>toremifene citrate</i>	8
TOUJEO MAX SOLOSTAR	16
TOUJEO SOLOSTAR	16
<i>tramadol hcl</i>	1
<i>tramadol hcl er</i>	1
<i>tramadol hydrochloride</i>	1
<i>tranexamic acid</i>	16
<i>tranylcypromine sulfate</i>	5
<i>trazodone hydrochloride</i>	5
TRELEGY ELLIPTA	27
TRESIBA	16
TRESIBA FLEXTOUCH	16
<i>tretinoin</i>	10
<i>tretinoin</i>	19
<i>triamcinolone acetonide</i>	19
<i>trianex</i>	20
<i>triderm</i>	20
<i>trifluoperazine hcl</i>	11
<i>trifluoperazine hydrochloride</i>	11
<i>trihexyphenidyl hcl</i>	10
<i>trihexyphenidyl hydrochloride</i>	10
TRIKAFTA	26
<i>trilyte</i>	21
<i>trimipramine maleate</i>	6
TRINTELLIX	6
TRIUMEQ	13
TRUVADA	13
TURALIO	9
TYBOST	13
TYKERB	10
UDENYCA	16
UPTRAVI	27
<i>valacyclovir hcl</i>	14
<i>valacyclovir hydrochloride</i>	14
VALCHLOR	7
<i>valganciclovir</i>	12
<i>valganciclovir hydrochloride</i>	12
<i>valproic acid</i>	3
<i>valsartan</i>	17
VALTOCO	4
VARIZIG	23
<i>veltassa</i>	20

Drug Name	Page #
VENCLEXTA	10
VENCLEXTA STARTING PACK	10
<i>venlafaxine hcl er</i>	6
<i>venlafaxine hydrochloride er</i>	6
<i>verapamil hcl</i>	17
<i>verapamil hcl er</i>	17
<i>verapamil hcl sr</i>	17
<i>verapamil hydrochloride</i>	17
VERSACLOZ	12
VERZENIO	10
<i>vigabatrin</i>	4
<i>vigadrone</i>	4
VIIBRYD	6
VIIBRYD STARTER PACK	6
VIMPAT	4
VIRACEPT	14
VIREAD	13
VITRAKVI	10
VIZIMPRO	10
VOSEVI	12
VOTRIENT	10
VRAYLAR	12
VYNDAQEL	21
<i>warfarin sodium</i>	16
<i>wixela inhub</i>	27
XALKORI	10
XARELTO	16
XARELTO STARTER PACK	16
XIFAXAN	21
XIIDRA	25
XOSPATA	10
XPOVIO 100 MG ONCE WEEKLY	8
XPOVIO 60 MG ONCE WEEKLY	8
XPOVIO 80 MG ONCE WEEKLY	8
XPOVIO 80 MG TWICE WEEKLY	8
XTAMPZA ER	1
XTANDI	7
YONSA	7
YUPELRI	26
<i>yuvafem</i>	22
<i>zafirlukast</i>	26
ZARXIO	16
ZEJULA	10
ZELBORAF	10
ZENPEP	21
<i>zidovudine</i>	13
ZIEXTENZO	16
<i>ziprasidone hcl</i>	12
ZOLINZA	8
<i>zolpidem tartrate</i>	27

Drug Name	Page #
<i>zolpidem tartrate er</i>	27
<i>zonisamide</i>	4
ZORTRESS	24
ZYDELIG	10
ZYKADIA	10
ZYLET	25
ZYPREXA RELPREVV	12
ZYTIGA	7

This abridged formulary was updated on August 6, 2020. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit www.HOPbenefits.com.

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