

Health Options Program

Comprehensive Prescription Drug Formulary for the Enhanced and Basic Medicare Rx Options *(List of Covered Drugs)*

2024

PLEASE READ: THIS DOCUMENT CONTAINS
INFORMATION ABOUT THE DRUGS WE COVER
IN THESE PLANS.

This Prescription Drug Formulary for the Enhanced and Basic Medicare Rx Options (PDP) is effective as of April 1, 2024. For more recent information 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 HOPbenefits.com.

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 the Enhanced or Basic Medicare Rx Option, no matter which cost-sharing tier it's on, even if you haven't paid your deductible. Call OptumRx for more information.

Important message about what you pay for vaccines: The Enhanced Medicare Rx Option covers most Part D vaccines at no cost to you. The Basic Medicare Rx Option also covers most Part D vaccines at no cost to you, even if you haven't paid your annual deductible. Call OptumRx for more information.

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 Enhanced or Basic Medicare Rx Option.

This document includes a list of the drugs (formulary) for our plans which is effective as of April 1, 2024. 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, 2025, and from time to time during the year.

What is the Enhanced and Basic Medicare Rx Options Comprehensive Formulary?

A formulary is a list of covered drugs selected for the Enhanced and Basic Medicare Rx Options 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 Enhanced and Basic Medicare Rx Options 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*.

Please note that this formulary covers the Enhanced and Basic Medicare Rx Options only. If you are enrolled in the Value Medicare Rx Option, please contact us for a copy of that formulary. Our contact information appears on the front and back cover pages. If you have coverage through a Medicare Advantage plan through the Health Options Program, you will have to contact 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 find information in the section on page iv titled "How do I request an exception to the Enhanced and Basic Medicare Rx Options 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 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 Enhanced and Basic Medicare Rx Options Formulary?”

The enclosed formulary is current as of April 1, 2024. To get updated information about the drugs covered by the Enhanced and Basic Medicare Rx Options, 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 will be posted to 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 79. 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 Enhanced and Basic Medicare Rx Options cover 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 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 Enhanced and Basic Medicare Rx Options require you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from the Enhanced or Basic Medicare Rx Options before you fill your prescriptions. If you don’t get approval, the Enhanced or Basic Medicare Rx Options may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Enhanced and Basic Medicare Rx Options limit the amount of the drug that the Enhanced and Basic Medicare Rx Options will cover. For example, the Enhanced and Basic Medicare Rx Options cover 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 Enhanced and Basic Medicare Rx Options require 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 Enhanced and Basic Medicare Rx Options may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your 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 Enhanced or Basic 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 Enhanced and Basic Medicare Rx Options 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. 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 Enhanced and Basic Medicare Rx Options do not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Enhanced and Basic Medicare Rx Options. When you receive the list, show it to your doctor and ask them 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 page iv for information about how to request an exception.

How do I request an exception to the Enhanced and Basic Medicare Rx Options Formulary?

You can ask the Enhanced or Basic 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 Enhanced and Basic Medicare Rx Options limit 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 Enhanced or Basic 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, 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 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 (unless you have a prescription for fewer days) 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 Enhanced or Basic Medicare Rx Option and filled at a network pharmacy.

For more information

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

Medicare-excluded Drugs Covered under the Enhanced Medicare Rx Option Only (Bonus Drug List)

Certain Medicare-excluded drugs are covered under the Enhanced Medicare Rx Option, but not the Basic Medicare Rx Option. A list of these drugs can be found beginning on page 107. This is also called the bonus drug list.

How to Read the Enhanced and Basic Medicare Rx Options Prescription Drug Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by the Enhanced and Basic Medicare Rx Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

The information in the Requirements/Limits column tells you if the Enhanced and Basic Medicare Rx Options have 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 supply under the Enhanced or Basic Medicare Rx Option.

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

QL: Quantity Limit. The Enhanced and Basic Medicare Rx Options limit the amount of this drug that will be covered. See page iii for more information.

ST: Step Therapy. The Enhanced and Basic Medicare Rx Options require 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.

2024 Comprehensive Prescription Drug Formulary

The Enhanced Medicare Rx Option

DEDUCTIBLE

- There is no annual deductible under the Enhanced Medicare Rx Option.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$4 for up to a 30-day supply (and a maximum of \$12 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 107).

NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$11 for up to a 30-day supply (and a maximum of \$33 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 107).

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, you'll pay 25% to a maximum of \$150 for up to a 30-day supply and 25% to a maximum of \$300 (\$280 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.

- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 107).

NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 35% to a maximum of \$200 for up to a 30-day supply and 35% to a maximum of \$400 (\$380 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 107).

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you pay 25% of the cost.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs. You may have cost sharing for drugs that are covered under the bonus drug list (see page 107).
- Specialty drugs are limited to a 30-day supply.

2024 Comprehensive Prescription Drug Formulary

The Basic Medicare Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$100 before the Basic Medicare Rx Option pays any portion of your brand-name or specialty prescription drug costs.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$5 for up to a 30-day supply (and a maximum of \$15 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$12 for up to a 30-day supply (and a maximum of \$36 for a 31- to 90-day supply).
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, after you satisfy the annual deductible, you'll pay 30% of the cost to a maximum of \$200 for up to a 30-day supply and 30% to a maximum of \$500 (\$450 if you use mail order) for a 31- to 90-day supply.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

NON-PREFERRED BRAND-NAME DRUGS (TIER 4)

- In Initial Coverage, you'll pay 40% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you'll pay 30% of the cost after you satisfy the annual deductible.
- In the Coverage Gap, you'll pay 25% of the cost.
- In Catastrophic Coverage, the plan pays the full cost of covered Part D drugs.
- Specialty drugs are limited to a 30-day supply.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	4	
ARTHROTEC 75 TBEC	4	
CELEBREX	4	QL (60 EA per 30 days)
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
DAYPRO	4	
DICLOFENAC EPOLAMINE	3	QL (60 EA per 30 days) PA
<i>diclofenac potassium pack</i>	2	
<i>diclofenac potassium caps</i>	5	NDS
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac potassium tabs 25mg</i>	5	NDS
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	2	PA
<i>diclofenac sodium external soln 2%</i>	5	PA NDS
<i>diflunisal tabs 500mg</i>	2	
ELYXYB	3	QL (19.2 ML per 30 days) PA
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
FELDENE	4	
<i>fenoprofen calcium caps 400mg</i>	2	
<i>fenoprofen calcium tabs</i>	2	
<i>flurbiprofen tabs 100mg</i>	2	
<i>ibuprofen/famotidine</i>	2	QL (90 EA per 30 days)
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	2	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	2	
INDOCIN SUSP	5	NDS
<i>indomethacin er</i>	2	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>indomethacin supp 50mg</i>	5	NDS
KETOPROFEN ER CP24 200MG	2	
KETOPROFEN CAPS 50MG	2	
<i>ketoprofen caps 25mg</i>	5	NDS
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days)
LODINE TABS 400MG	5	NDS
MECLOFENAMATE SODIUM CAPS	2	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	2	
<i>nabumetone tabs</i>	2	
<i>naproxen sodium er</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen sodium tb24 750mg</i>	2	
<i>naproxen tbec</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen susp</i>	5	NDS
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tabs</i>	2	
PENNSAID SOLN	5	PA NDS
<i>piroxicam caps</i>	2	
<i>sulindac tabs</i>	2	
TOLMETIN SODIUM CAPS	2	
Opioid Analgesics, Long-acting		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL (60 EA per 30 days)
BELBUCA FILM 750MCG, 900MCG	5	QL (60 EA per 30 days) NDS
<i>buprenorphine</i>	2	QL (4 EA per 28 days)
BUTRANS PTWK 10MCG/HR, 15MCG/HR, 5MCG/HR, 7.5MCG/HR	4	QL (4 EA per 28 days)
BUTRANS PTWK 20MCG/HR	5	QL (4 EA per 28 days) NDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	2	
<i>fentanyl pt72 87.5mcg/hr</i>	5	NDS
HYDROCODONE BITARTRATE ER CP12	2	
<i>hydrocodone bitartrate er t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	
<i>hydrocodone bitartrate er t24a 100mg, 120mg</i>	5	NDS
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	2	
<i>hydromorphone hydrochloride er tb24 32mg</i>	2	
HYSINGLA ER T24A 20MG, 30MG, 40MG	4	ST
HYSINGLA ER T24A 100MG, 120MG, 60MG, 80MG	5	ST NDS
METHADONE HCL SOLN	2	
<i>methadone hcl tabs</i>	2	
MORPHINE SULFATE ER CP24 100MG, 10MG, 120MG, 20MG, 30MG, 45MG, 50MG, 60MG, 75MG, 80MG, 90MG	2	
<i>morphine sulfate er tbc</i>	2	
MS CONTIN TBCR 15MG, 30MG	4	
MS CONTIN TBCR 100MG, 200MG, 60MG	5	NDS
NUCYNTA ER TB12 100MG, 150MG, 50MG	3	
NUCYNTA ER TB12 200MG, 250MG	5	NDS
OXYCODONE HYDROCHLORIDE ER T12A 10MG, 20MG	3	ST
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG	3	ST
OXYCONTIN T12A 40MG, 60MG, 80MG	5	ST NDS
OXYMORPHONE HYDROCHLORIDE ER TB12 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	2	
OXYMORPHONE HYDROCHLORIDEER	2	
TRAMADOL HCL ER TB24	2	
<i>tramadol hydrochloride er</i>	2	
XTAMPZA ER	3	
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS	2	QL (300 EA per 30 days)
ACETAMINOPHEN/CODEINE SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tabs</i>	2	
<i>ascomp/codeine</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butalbital/aspirin/caffeine/codeine</i>	2	
<i>butorphanol tartrate soln</i>	2	
CODEINE SULFATE TABS 15MG, 60MG	2	
<i>codeine sulfate tabs 30mg</i>	2	
DEMEROL INJ 25MG/ML, 50MG/ML	4	PA
DILAUDID LIQD	4	
DILAUDID TABS 2MG, 4MG	4	
DILAUDID TABS 8MG	5	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA NDS
FENTANYL CITRATE TABS	5	PA NDS
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA NDS
FIORICET/CODEINE CAPS 300MG; 50MG; 40MG; 30MG	4	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	
HYDROCODONE/IBUPROFEN TABS 10MG; 200MG, 5MG; 200MG	2	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	
<i>hydromorphone hcl liqd, tabs</i>	2	
<i>hydromorphone hcl inj 10mg/ml</i>	2	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	2	
MEPERIDINE HCL ORAL SOLN	2	
<i>meperidine hcl inj 100mg/ml, 25mg/ml, 50mg/ml</i>	2	PA
<i>meperidine hcl tabs 50mg</i>	2	
<i>morphine sulfate soln, tabs</i>	2	
NUCYNTA TABS 50MG, 75MG	4	
NUCYNTA TABS 100MG	5	NDS
<i>oxycodone hydrochloride</i>	2	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 325MG/5ML; 5MG/5ML	3	
OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 300MG; 5MG	5	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxymorphone hydrochloride</i>	2	
<i>pentazocine/naloxone hcl</i>	2	
<i>tramadol hydrochloride/acetaminophen</i>	2	
TRAMADOL HYDROCHLORIDE SOLN	5	ST NDS
TRAMADOL HYDROCHLORIDE TABS 25MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hydrochloride tabs 50mg</i>	1	
<i>tramadol hydrochloride tabs 100mg</i>	2	
TREZIX CAPS 320.5MG; 30MG; 16MG	4	QL (300 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine hydrochloride soln</i>	2	QL (250 ML per 30 days) PA
<i>lidocaine ptch 5%</i>	2	PA
<i>lidocan</i>	4	PA
LIDODERM	4	PA
ZTLIDO	3	QL (90 EA per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	NDS
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) NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBL 2.9MG; 0.71MG	3	QL (180 EA per 30 days) ST
ZUBSOLV SUBL 1.4MG; 0.36MG	3	QL (360 EA per 30 days) ST
ZUBSOLV SUBL 8.6MG; 2.1MG	3	QL (60 EA per 30 days) ST
ZUBSOLV SUBL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL (90 EA per 30 days) ST
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days) ST
Opioid Reversal Agents		
KLOXXADO	3	ST
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hydrochloride liqd</i>	2	
NALOXONE HYDROCHLORIDE INJ 0.4MG/ML	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
OPVEE	3	
ZIMHI	4	ST
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	2	QL (504 EA per 365 days)
VARENICLINE TARTRATE	2	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 500mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE	5	PA NDS
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
HUMATIN	5	NDS
ISOTONIC GENTAMICIN INJ 0.8MG/ML; 0.9%	2	
<i>neomycin sulfate</i>	2	
STREPTOMYCIN SULFATE INJ 1GM	5	NDS
TOBRAMYCIN SULFATE INJ 10MG/ML	2	
<i>tobramycin sulfate inj 80mg/2ml</i>	2	
ZEMDRI	5	NDS
Antibacterials, Other		
AEMCOLO	3	PA
ALTABAX	3	
AMZEEQ	3	
AZACTAM	4	
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	5	NDS
CLEOCIN PEDIATRIC GRANULES	4	
CLEOCIN PHOSPHATE INJ 900MG/6ML	4	
CLEOCIN SUPP	3	
CLEOCIN CAPS, CREA	4	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	5	NDS
DALVANCE	5	NDS
DAPTOMYCIN INJ 350MG	5	NDS
<i>daptomycin inj 500mg</i>	5	NDS
FIRVANQ	3	
FLAGYL CAPS	4	
<i>fosfomycin tromethamine</i>	2	
HIPREX	4	
IMPAVIDO	5	NDS
<i>linezolid tabs</i>	1	QL (56 EA per 28 days)
<i>linezolid susr</i>	5	QL (1800 ML per 28 days) NDS
<i>linezolid inj 600mg/300ml</i>	2	
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole caps 375mg</i>	2	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
NITROFURANTOIN SUSP 50MG/5ML	5	NDS
<i>nitrofurantoin susp 25mg/5ml</i>	5	NDS
<i>polymyxin b sulfate inj</i>	2	
SIVEXTRO INJ	5	QL (6 EA per 30 days) NDS
SOLOSEC	3	
<i>tigecycline</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim tabs</i>	1	
TYGACIL	5	NDS
VANCOCIN CAPS 125MG	4	QL (120 EA per 30 days)
VANCOCIN CAPS 250MG	5	QL (240 EA per 30 days) NDS
<i>vancomycin hcl inj 10gm</i>	2	
<i>vancomycin hydrochloride caps 125mg</i>	2	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	2	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1gm, 500mg, 750mg</i>	2	
<i>vancomycin hydrochloride oral solr 250mg/5ml</i>	2	
<i>vancomycin hydrochloride oral solr 25mg/ml</i>	3	
VANDAZOLE	3	
XACIATO	3	
XENLETA TABS	5	NDS
ZYVOX SUSR	5	QL (1800 ML per 28 days) NDS
ZYVOX INJ 600MG/300ML	4	
Beta-lactam, Cephalosporins		
AVYCAZ	5	NDS
CEFACLOR ER TB12 500MG	2	
CEFACLOR CAPS	2	
CEFACLOR SUSR 250MG/5ML	2	
CEFADROXIL TABS	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime inj 1gm, 2gm</i>	2	
<i>cefixime</i>	2	
CEFOTETAN INJ 1GM, 2GM	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 750mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	2	
CEPHALEXIN TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin caps 750mg</i>	2	
<i>cephalexin susr</i>	2	
TAZICEF INJ 6GM	2	
<i>tazicef inj 1gm, 2gm</i>	2	
TEFLARO	5	NDS
ZERBAXA	5	NDS
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	2	
<i>amoxicillin/clavulanate potassium susr</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
AMOXICILLIN CHEW 125MG, 250MG	1	
<i>amoxicillin caps, susr, tabs</i>	1	
AMPICILLIN SODIUM INJ 125MG	2	
<i>ampicillin sodium inj 10gm, 1gm</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	2	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	1	
AUGMENTIN ES-600	4	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	2	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML	3	
<i>penicillin g potassium inj 20000000unit</i>	2	
PENICILLIN G SODIUM	5	NDS
<i>penicillin v potassium tabs</i>	1	
PENICILLIN V POTASSIUM SOLR 250MG/5ML	1	
PENICILLIN V POTASSIUM SOLR 125MG/5ML	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	2	
UNASYN BULK PACK	4	
UNASYN INJ 2GM; 1GM	4	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML	3	
Carbapenems		
<i>ertapenem</i>	2	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	2	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	2	
INVANZ	4	

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem inj 1gm, 500mg</i>	2	
PRIMAXIN IV INJ 500MG; 500MG	4	
VABOMERE	5	NDS
Macrolides		
AZITHROMYCIN PACK	2	
<i>azithromycin susr</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin tabs 250mg, 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSR	2	
<i>clarithromycin tabs</i>	2	
DIFICID	5	NDS
E.E.S. 400 TABS	4	
E.E.S. GRANULES	4	
<i>ery-tab</i>	4	
ERYPED 200	4	
ERYPED 400	5	NDS
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABS	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	5	NDS
ERYTHROMYCIN CPEP 250MG	2	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZITHROMAX INJ, PACK, SUSR	4	
ZITHROMAX TABS 250MG, 500MG	4	
Quinolones		
BAXDELA	5	NDS
CIPRO SUSR	3	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
CIPRO TABS 250MG, 500MG	4	
<i>levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
OFLOXACIN TABS 300MG	2	
<i>ofloxacin tabs 400mg</i>	2	
Sulfonamides		
BACTRIM DS	4	
BACTRIM TABS	4	
KLARON	4	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium lotn 10%</i>	2	
SULFADIAZINE TABS	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	2	
<i>doxy 100</i>	2	
DOXYCYCLINE HYCLATE DR TBEC 80MG	5	NDS
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate tabs 100mg, 150mg, 50mg, 75mg</i>	2	
<i>doxycycline monohydrate caps, tabs</i>	2	
DOXYCYCLINE CPDR	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	2	
MINOCYCLINE HYDROCHLORIDE ER TB24 55MG	2	
<i>minocycline hydrochloride er tb24 105mg, 115mg, 135mg, 45mg, 65mg, 80mg, 90mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
NUZYRA	5	NDS
ORACEA	4	
SEYSARA	5	NDS
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	3	
VIBRAMYCIN SUSR	4	
VIBRAMYCIN CAPS 100MG	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	5	PA NDS
EPIDIOLEX	5	PA NDS
EPRONTIA	3	
<i>felbamate tabs</i>	2	
<i>felbamate susp</i>	5	NDS
FINTEPLA	5	PA NDS
FYCOMPA SUSP	5	NDS
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
KEPPRA XR	5	NDS
KEPPRA SOLN	5	NDS
KEPPRA TABS 250MG	4	
KEPPRA TABS 1000MG, 500MG, 750MG	5	NDS
LAMICTAL CHEWABLE DISPERSIBLE	5	NDS
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	5	NDS
LAMICTAL STARTER/TAKING VALPROATE	4	

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR KIT	3	
LAMICTAL XR TB24 25MG	4	
LAMICTAL XR TB24 100MG, 200MG, 250MG, 300MG, 50MG	5	NDS
LAMICTAL TABS	5	NDS
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	5	NDS
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam soln</i>	2	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 750mg</i>	2	
NAYZILAM	5	QL (10 EA per 30 days) NDS
QUDEXY XR CS24 100MG, 25MG, 50MG	4	ST
QUDEXY XR CS24 150MG, 200MG	5	ST NDS
<i>roweepra tabs 500mg</i>	1	
SPRITAM	3	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	NDS
<i>subvenite starter kit/orange</i>	2	
TOPAMAX SPRINKLE CPSP 15MG	4	
TOPAMAX SPRINKLE CPSP 25MG	5	NDS
TOPAMAX TABS 25MG, 50MG	4	
TOPAMAX TABS 100MG, 200MG	5	NDS
<i>topiramate er cp24 100mg, 25mg, 50mg</i>	2	
<i>topiramate er cp24 200mg</i>	5	NDS
<i>topiramate er cs24</i>	2	
<i>topiramate csp</i>	2	
<i>topiramate tabs 25mg, 50mg</i>	1	
<i>topiramate tabs 100mg, 200mg</i>	2	
TROKENDI XR CP24 25MG, 50MG	3	
TROKENDI XR CP24 100MG, 200MG	5	NDS
<i>valproic acid</i>	2	
XCOPRI TABS	5	PA NDS
XCOPRI TBPK 0	3	PA
XCOPRI TBPK 0	5	PA NDS
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	
<i>ethosuximide</i>	2	
<i>methsuximide</i>	2	
ZARONTIN	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	2	
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE	4	
DEPAKOTE ER	4	
DIACOMIT	5	PA NDS
DIASTAT ACUDIAL GEL 10MG	4	
DIAZEPAM RECTAL GEL GEL 2.5MG	2	
<i>diazepam rectal gel gel 10mg, 20mg</i>	2	
<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 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 100mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	2	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)
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days)
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days)
LYRICA SOLN	4	QL (900 ML per 30 days)
LYRICA CAPS 300MG	4	QL (60 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days)
MYSOLINE TABS	5	NDS
NEURONTIN SOLN	4	QL (2160 ML per 30 days)
NEURONTIN CAPS 400MG	4	QL (270 EA per 30 days)
NEURONTIN CAPS 100MG, 300MG	4	QL (360 EA per 30 days)
NEURONTIN TABS 800MG	5	QL (150 EA per 30 days) NDS
NEURONTIN TABS 600MG	5	QL (180 EA per 30 days) NDS
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 100mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<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)
PRIMIDONE TABS 125MG	2	
<i>primidone tabs 250mg, 50mg</i>	2	
SYMPAZAN	5	NDS
<i>tiagabine hydrochloride</i>	2	
VALTOCO 10 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 15 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 20 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 5 MG DOSE	5	QL (10 EA per 30 days) NDS
<i>vigabatrin</i>	5	PA NDS
<i>vigadrone</i>	5	PA NDS
<i>vigpoder</i>	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
Sodium Channel Agents		
APTIOM	5	NDS
BANZEL	5	NDS
<i>carbamazepine er</i>	2	
<i>carbamazepine chew</i>	1	
<i>carbamazepine susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	
DILANTIN CAPS 30MG	3	
DILANTIN CAPS 100MG	4	
<i>epitol</i>	2	
<i>lacosamide soln, tabs</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR TB24 150MG, 300MG	3	
OXTELLAR XR TB24 600MG	5	NDS
<i>phenytek</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	NDS
<i>rufinamide tabs 200mg</i>	2	
<i>rufinamide tabs 400mg</i>	5	NDS
TEGRETOL-XR	4	
TEGRETOL TABS	4	
VIMPAT SOLN	5	NDS
VIMPAT TABS 50MG	3	
VIMPAT TABS 100MG, 150MG, 200MG	5	NDS
ZONISADE	3	ST
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABS	2	
NAMZARIC CP24	3	QL (30 EA per 30 days) ST
NAMZARIC C4PK	3	QL (56 EA per 365 days) ST
Cholinesterase Inhibitors		
ARICEPT	4	ST
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	1	
EXELON PT24	4	ST
<i>galantamine hydrobromide er</i>	2	
GALANTAMINE HYDROBROMIDE SOLN	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	2	QL (30 EA per 30 days)
<i>memantine hydrochloride soln, tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK	4	
NAMENDA XR CP24 14MG, 21MG, 28MG	4	QL (30 EA per 30 days)
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	5	QL (60 EA per 30 days) ST NDS
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	3	QL (30 EA per 30 days) ST
<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	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	2	QL (90 EA per 30 days)
PERPHENAZINE/AMITRIPTYLINE	2	
REMERON SOLTAB	4	ST
REMERON TABS 15MG, 30MG	4	ST
SYMBYAX CAPS 25MG; 3MG, 25MG; 6MG	4	QL (90 EA per 30 days) ST
WELLBUTRIN SR TB12 150MG, 200MG	4	QL (60 EA per 30 days) ST
WELLBUTRIN SR TB12 100MG	4	QL (90 EA per 30 days) ST
ZURZUVAE CAPS 30MG	5	QL (14 EA per 14 days) PA NDS
ZURZUVAE CAPS 20MG, 25MG	5	QL (28 EA per 14 days) PA NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL (30 EA per 30 days) ST NDS
MARPLAN	3	ST
NARDIL	4	ST
PARNATE	5	ST NDS
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
CELEXA TABS	4	ST
CITALOPRAM HYDROBROMIDE CAPS	3	ST
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
CYMBALTA CPEP 20MG, 60MG	4	QL (60 EA per 30 days) ST
CYMBALTA CPEP 30MG	4	QL (90 EA per 30 days) ST
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	3	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)
DULOXETINE HCL CPEP 40MG	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)

Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR	4	ST
<i>escitalopram oxalate soln</i>	2	
<i>escitalopram oxalate tabs 10mg, 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	2	
FETZIMA	3	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	3	QL (56 EA per 365 days) ST
FLUOXETINE DR	2	QL (4 EA per 28 days)
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 20mg, 40mg</i>	2	
<i>fluoxetine hydrochloride soln</i>	2	
FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG	2	
<i>fluoxetine hydrochloride tabs 10mg, 20mg, 60mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	QL (60 EA per 30 days)
LEXAPRO TABS	4	ST
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg</i>	1	
<i>paroxetine hcl tabs 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	2	
<i>paroxetine hydrochloride tabs 10mg</i>	1	
<i>paroxetine hydrochloride tabs 20mg</i>	2	
PAXIL	4	ST
PAXIL CR	4	ST
PRISTIQ TB24 100MG	4	QL (120 EA per 30 days) ST
PRISTIQ TB24 25MG, 50MG	4	QL (30 EA per 30 days) ST
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPS	3	ST
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	3	QL (30 EA per 30 days) ST
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er</i>	2	
VIIBRYD TABS	3	QL (30 EA per 30 days) ST
VILAZODONE HYDROCHLORIDE	2	QL (30 EA per 30 days) ST
ZOLOFT	4	ST
Tricyclics		
<i>amitriptyline hcl tabs 25mg</i>	1	
<i>amitriptyline hcl tabs 150mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 10mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	2	
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>imipramine pamoate</i>	2	
NORPRAMIN TABS 10MG, 25MG	4	ST
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg</i>	1	
<i>nortriptyline hydrochloride caps 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	

Antiemetics

Antiemetics, Other

ANTIVERT CHEW	4	
ANTIVERT TABS 50MG	3	
BONJESTA	3	QL (60 EA per 30 days)
<i>compro</i>	2	
DICLEGIS	4	QL (120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	2	QL (120 EA per 30 days)
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	2	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg, 25mg</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
PROMETHEGAN SUPP 50MG	2	
<i>promethegan supp 25mg</i>	2	
<i>scopolamine</i>	2	
TRANSDERM-SCOP	4	ST
<i>trimethobenzamide hydrochloride</i>	2	B/D

Emetogenic Therapy Adjuncts

ANZEMET TABS 50MG	3	QL (5 EA per 30 days) ST
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	2	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	2	QL (8 EA per 30 days) B/D
<i>dronabinol caps 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	2	QL (60 EA per 30 days) PA
EMEND TRIPACK	4	QL (6 EA per 30 days) B/D
EMEND SUSR	3	QL (6 EA per 30 days) B/D
EMEND CAPS 80MG	4	QL (8 EA per 30 days) B/D
<i>granisetron hydrochloride tabs</i>	2	QL (30 EA per 30 days) B/D
MARINOL CAPS 2.5MG	4	QL (60 EA per 30 days) PA
MARINOL CAPS 10MG, 5MG	5	QL (60 EA per 30 days) PA NDS
<i>ondansetron hcl soln</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron odt</i>	1	B/D
SYNDROS	5	QL (120 ML per 30 days) PA NDS
VARUBI TBPK	3	QL (4 EA per 28 days) B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	5	B/D NDS
<i>amphotericin b liposome</i>	5	B/D NDS
AMPHOTERICIN B INJ	2	B/D
ANCOBON	5	NDS
CANCIDAS	5	NDS
<i>caspofungin acetate inj 70mg</i>	2	
<i>caspofungin acetate inj 50mg</i>	5	NDS
<i>clotrimazole crea</i>	1	
<i>clotrimazole soln, troc</i>	2	
CRESEMBA CAPS	5	PA NDS
DIFLUCAN SUSR	4	
DIFLUCAN TABS 100MG, 150MG	4	
DIFLUCAN TABS 200MG	5	NDS
<i>econazole nitrate crea</i>	2	
ERAXIS	5	NDS
EXELDERM	3	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NDS
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
GYNAZOLE-1	3	
<i>itraconazole caps</i>	2	PA
<i>itraconazole soln</i>	5	PA NDS
JUBLIA	5	NDS
KERYDIN	4	PA
<i>ketoconazole foam, sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL (90 GM per 30 days)
LULICONAZOLE	3	
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	5	NDS
MICONAZOLE 3 SUPP	2	
MYCAMINE INJ 50MG	5	NDS
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride gel 2%</i>	2	
<i>naftifine hydrochloride crea</i>	2	
NAFTIN GEL 2%	3	
NAFTIN GEL 1%	4	
NOXAFIL PACK, SUSP, TBEC	5	PA NDS
<i>nyamyc</i>	2	QL (120 GM per 30 days)
<i>nystatin crea, susp</i>	1	
<i>nystatin oint, tabs</i>	2	
<i>nystatin powd</i>	2	QL (120 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	2	QL (120 GM per 30 days)
<i>oxiconazole nitrate</i>	2	QL (90 GM per 30 days)
<i>posaconazole dr</i>	5	PA NDS
<i>posaconazole susp</i>	5	PA NDS
SPORANOX SOLN	4	PA
SPORANOX CAPS	5	PA NDS
<i>tavaborole</i>	2	PA
<i>terbinafine hcl tabs</i>	2	QL (84 EA per 180 days)
<i>terconazole</i>	2	
VFEND IV	4	PA
VFEND TABS	4	
VFEND SUSR	5	NDS
<i>voriconazole tabs</i>	2	
<i>voriconazole susr</i>	5	NDS
<i>voriconazole inj</i>	5	PA NDS
Antigout Agents		
<i>Antigout Agents</i>		
ALLOPURINOL TABS 200MG	3	
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps</i>	3	
<i>colchicine tabs 0.6mg</i>	2	
COLCRYS	4	
<i>febuxostat</i>	2	
MITIGARE	3	
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
ULORIC	4	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	2	QL (8 ML per 30 days) PA NDS
<i>ergotamine tartrate/caffeine</i>	2	QL (24 EA per 28 days)
MIGERGOT	5	QL (20 EA per 28 days) NDS
MIGRANAL	5	QL (8 ML per 30 days) PA NDS
<i>Prophylactic</i>		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 28 days) PA
AJOVY	3	QL (4.5 ML per 84 days) PA
EMGALITY INJ 120MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
NURTEC	5	QL (18 EA per 30 days) PA NDS
QULIPTA	5	QL (30 EA per 30 days) PA NDS
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
UBRELVY	5	QL (16 EA per 30 days) PA NDS
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	2	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	2	QL (12 EA per 30 days)
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	5	QL (5 ML per 30 days) NDS
IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML	5	QL (5 ML per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
IMITREX SOLN	4	QL (12 EA per 30 days)
IMITREX TABS	4	QL (9 EA per 30 days)
MAXALT-MLT TBDP 10MG	4	QL (18 EA per 30 days)
MAXALT TABS 10MG	4	QL (18 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days)
ONZETRA XSAIL	5	QL (16 EA per 30 days) NDS
RELPAK	4	QL (12 EA per 30 days)
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABS 100MG	3	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate inj</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	2	QL (9 EA per 30 days)
<i>sumatriptan soln</i>	2	QL (12 EA per 30 days)
TREXIMET TABS 500MG; 85MG	5	QL (9 EA per 30 days) NDS
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan soln 5mg</i>	2	QL (12 EA per 30 days)
ZOMIG SOLN 2.5MG	3	QL (18 EA per 30 days)
ZOMIG SOLN 5MG	4	QL (12 EA per 30 days)

Antimyasthenic Agents

Parasympathomimetics

<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide soln</i>	2	NDS
PYRIDOSTIGMINE BROMIDE TABS 30MG	2	
<i>pyridostigmine bromide tabs 60mg</i>	2	

Antimycobacterials

Antimycobacterials, Other

<i>dapsone tabs 100mg, 25mg</i>	2	
MYCOBUTIN	5	NDS
PRETOMANID	3	
<i>rifabutin</i>	2	
ZILXI	3	

Antituberculars

<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrp</i>	2	
ISONIAZID TABS 100MG	1	
<i>isoniazid tabs 300mg</i>	1	
MYAMBUTOL TABS 400MG	4	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps, inj</i>	2	
SIRTURO	5	NDS
TRECTOR	3	

Antineoplastics

Alkylating Agents

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	2	B/D
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
LEUKERAN	5	NDS
MATULANE	5	NDS
VALCHLOR	5	PA NDS
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	2	PA NDS
<i>abiraterone acetate tabs 500mg</i>	5	PA NDS
<i>bicalutamide</i>	2	
CASODEX	5	NDS
ERLEADA	5	PA NDS
NILANDRON TABS 150MG	5	NDS
<i>nilutamide</i>	5	NDS
NUBEQA	5	PA NDS
XTANDI	5	PA NDS
YONSA	5	PA NDS
Antiangiogenic Agents		
FOTIVDA	5	PA NDS
<i>lenalidomide</i>	5	PA NDS
POMALYST	5	PA NDS
QINLOCK	5	PA NDS
REVLIMID	5	PA NDS
TABRECTA	5	QL (120 EA per 30 days) PA NDS
THALOMID	5	PA NDS
Antiestrogens/Modifiers		
EMCYT	5	NDS
FARESTON	5	NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	NDS
Antimetabolites		
DROXIA	3	
HYDREA	4	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	
PURIXAN	5	NDS
TABLOID	3	
Antineoplastics, Other		
AKEEGA	5	PA NDS
BESREMI	5	PA NDS
GAVRETO	5	PA NDS
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NDS
IDHIFA	5	QL (30 EA per 30 days) PA NDS
INREBIC	5	PA NDS
IWILFIN	5	PA NDS
KISQALI FEMARA 200 DOSE	5	PA NDS
KISQALI FEMARA 400 DOSE	5	PA NDS
KISQALI FEMARA 600 DOSE	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
KRAZATI	5	PA NDS
<i>leucovorin calcium tabs</i>	2	
LONSURF	5	PA NDS
LUMAKRAS	5	PA NDS
LYTGOBI	5	PA NDS
NINLARO	5	PA NDS
OGSIVEO	5	PA NDS
ONUREG	5	PA NDS
ORSERDU	5	PA NDS
PEMAZYRE	5	QL (30 EA per 30 days) PA NDS
RETEVMO	5	PA NDS
SCEMBLIX TABS 40MG	5	PA NDS
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA NDS
TAZVERIK	5	PA NDS
TUKYSA	5	PA NDS
VONJO	5	PA NDS
XPOVIO	5	PA NDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NDS
ZOLINZA	5	PA NDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	2	
AROMASIN	5	NDS
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<i>Molecular Target Inhibitors</i>		
AFINITOR DISPERZ	5	PA NDS
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA NDS
ALECENSA	5	PA NDS
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA NDS
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA NDS
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA NDS
AYVAKIT	5	QL (30 EA per 30 days) PA NDS
BALVERSA	5	PA NDS
BOSULIF	5	PA NDS
BRAFTOVI CAPS 75MG	5	PA NDS
BRUKINSA	5	PA NDS
CABOMETYX	5	PA NDS
CALQUENCE	5	PA NDS
CAPRELSA TABS 300MG	5	PA NDS
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA NDS
COMETRIQ	5	PA NDS
COPIKTRA	5	PA NDS
COTELLIC	5	PA NDS
DAURISMO	5	PA NDS
ERIVEDGE	5	PA NDS
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	2	PA NDS
<i>erlotinib hydrochloride tabs 150mg</i>	5	PA NDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NDS
EXKIVITY	5	NDS
FRUZAQLA	5	PA NDS
<i>gefitinib</i>	5	PA NDS
GILOTRIF	5	QL (30 EA per 30 days) PA NDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NDS
ICLUSIG TABS 30MG, 45MG	5	PA NDS
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA NDS
<i>imatinib mesylate</i>	2	PA NDS
IMBRUVICA CAPS, SUSP	5	PA NDS
IMBRUVICA TABS 140MG, 280MG, 420MG	5	PA NDS
INLYTA	5	PA NDS
INQOVI	5	PA NDS
IRESSA	5	PA NDS
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA NDS
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA NDS
JAYPIRCA TABS 100MG	5	PA NDS
JAYPIRCA TABS 50MG	5	QL (30 EA per 30 days) PA NDS
KISQALI	5	PA NDS
KOSELUGO	5	PA NDS
<i>lapatinib ditosylate</i>	5	PA NDS
LENVIMA 10 MG DAILY DOSE	5	PA NDS
LENVIMA 12MG DAILY DOSE	5	PA NDS
LENVIMA 14 MG DAILY DOSE	5	PA NDS
LENVIMA 18 MG DAILY DOSE	5	PA NDS
LENVIMA 20 MG DAILY DOSE	5	PA NDS
LENVIMA 24 MG DAILY DOSE	5	PA NDS
LENVIMA 4 MG DAILY DOSE	5	PA NDS
LENVIMA 8 MG DAILY DOSE	5	PA NDS
LORBRENA	5	PA NDS
LYNPARZA TABS	5	PA NDS
MEKINIST	5	PA NDS
MEKTOVI	5	PA NDS
NERLYNX	5	QL (180 EA per 30 days) PA NDS
NEXAVAR	5	PA NDS
ODOMZO	5	PA NDS
OJJAARA	5	PA NDS
<i>pazopanib hydrochloride</i>	5	PA NDS
PIQRAY 200MG DAILY DOSE	5	PA NDS
PIQRAY 250MG DAILY DOSE	5	PA NDS
PIQRAY 300MG DAILY DOSE	5	PA NDS
REZLIDHIA	5	PA NDS
ROZLYTREK CAPS	5	PA NDS
RUBRACA	5	PA NDS
RYDAPT	5	PA NDS
<i>sorafenib tosylate</i>	5	PA NDS
SPRYCEL	5	PA NDS
STIVARGA	5	PA NDS
<i>sunitinib malate</i>	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
SUTENT	5	PA NDS
TAFINLAR	5	PA NDS
TAGRISSE TABS 80MG	5	PA NDS
TAGRISSE TABS 40MG	5	QL (30 EA per 30 days) PA NDS
TALZENNA	5	PA NDS
TASIGNA	5	PA NDS
TEPMETKO	5	PA NDS
TIBSOVO	5	PA NDS
TRUQAP	5	PA NDS
TURALIO CAPS 125MG	5	PA NDS
VANFLYTA	5	PA NDS
VENCLEXTA STARTING PACK	5	PA NDS
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA NDS
VERZENIO	5	PA NDS
VITRAKVI	5	PA NDS
VIZIMPRO	5	PA NDS
VOTRIENT	5	PA NDS
WELIREG	5	PA NDS
XALKORI	5	PA NDS
XOSPATA	5	PA NDS
ZEJULA CAPS	5	PA NDS
ZEJULA TABS 200MG, 300MG	5	PA NDS
ZEJULA TABS 100MG	5	QL (30 EA per 30 days) PA NDS
ZELBORAF	5	PA NDS
ZYDELIG	5	PA NDS
ZYKADIA TABS	5	PA NDS
Retinoids		
<i>bexarotene</i>	5	PA NDS
PANRETIN	5	NDS
<i>tretinoin caps 10mg</i>	5	NDS
Treatment Adjuncts		
MESNEX TABS	5	NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	NDS
BILTRICIDE	4	
EMVERM	5	NDS
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs</i>	2	
STROMECTOL TABS 3MG	4	PA
Antiprotozoals		
<i>atovaquone</i>	5	NDS
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	3	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tabs</i>	2	
KRINTAFEL	3	

Drug Name	Drug Tier	Requirements/Limits
LAMPIT	3	
MALARONE	4	
<i>mefloquine hcl</i>	2	
MEPRON SUSP	5	NDS
NEBUPENT	4	B/D
<i>nitazoxanide</i>	5	NDS
PENTAM 300	4	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
PLAQUENIL	4	
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	5	PA NDS
QUALAQUIN	4	PA
<i>quinine sulfate caps 324mg</i>	2	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 0.5mg, 2mg</i>	2	
TRIHEXYPHENIDYL HCL SOLN	2	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	1	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	2	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	2	
COMTAN	4	
<i>entacapone</i>	2	
GOCOVRI	5	PA NDS
NOURIANZ	5	PA NDS
ONGENTYS CAPS 50MG	3	ST
ONGENTYS CAPS 25MG	4	ST
OSMOLEX ER TB24 129MG, 193MG	3	PA
STALEVO 100	5	NDS
STALEVO 125	5	NDS
STALEVO 150	4	
STALEVO 200	5	NDS
STALEVO 50	4	
STALEVO 75	4	
TASMAR TABS 100MG	5	QL (180 EA per 30 days) NDS
<i>tolcapone</i>	5	QL (180 EA per 30 days) NDS
<i>Dopamine Agonists</i>		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA NDS
<i>apomorphine hydrochloride inj</i>	5	QL (90 ML per 30 days) PA NDS
<i>bromocriptine mesylate caps, tabs</i>	2	
MIRAPEX ER TB24 3MG	4	
NEUPRO	3	
PARLODEL	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tabs</i>	2	
DUOPA	5	PA NDS
INBRIJA	5	PA NDS
LODOSYN	5	NDS
RYTARY	3	
SINEMET TABS 25MG; 100MG	3	
SINEMET TABS 10MG; 100MG	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	5	NDS
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
Antipsychotics		
1st Generation/Typical		
CHLORPROMAZINE HYDROCHLORIDE CONC	2	
<i>chlorpromazine hydrochloride tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
FLUPHENAZINE HCL CONC, INJ	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIX	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
HALDOL DECANOATE 100	4	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	2	
<i>perphenazine tabs</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<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 ASIMTUFII	5	NDS
ABILIFY MAINTENA	5	NDS
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days) NDS
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days)
<i>aripiprazole soln</i>	2	QL (750 ML per 30 days)
ARISTADA	5	NDS
ARISTADA INITIO	5	NDS
<i>asenapine maleate sl</i>	2	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) PA NDS
FANAPT	5	QL (60 EA per 30 days) ST NDS

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	3	QL (8 EA per 180 days) ST
GEODON INJ	4	QL (60 EA per 30 days)
INVEGA HAFYERA	5	ST NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA	5	ST NDS
INVEGA TB24 3MG, 9MG	4	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) NDS
LATUDA TABS 80MG	5	QL (60 EA per 30 days) NDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	2	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) ST NDS
NUPLAZID CAPS	5	PA NDS
NUPLAZID TABS 10MG	5	PA NDS
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>olanzapine tabs 7.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days)
PERSERIS	5	NDS
<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)
QUETIAPINE FUMARATE TABS 150MG	2	QL (90 EA per 30 days)
<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) NDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	NDS
RISPERDAL SOLN	4	QL (240 ML per 30 days)
RISPERDAL TABS 0.5MG, 1MG, 2MG, 3MG, 4MG	4	QL (60 EA per 30 days)
<i>risperidone er inj 12.5mg</i>	2	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	5	NDS
RISPERIDONE ODT TBDP 0.25MG	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
SAPHRIS	4	QL (60 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST NDS
SEROQUEL TABS 300MG	4	QL (60 EA per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	4	QL (90 EA per 30 days)
SEROQUEL TABS 400MG	5	QL (60 EA per 30 days) NDS
UZEDY	5	ST NDS
VRAYLAR CPPK	3	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST NDS
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA ZYDIS TBDP 10MG, 5MG	4	QL (30 EA per 30 days)
ZYPREXA ZYDIS TBDP 15MG, 20MG	5	QL (30 EA per 30 days) NDS
ZYPREXA INJ	4	
Treatment-Resistant		
CLOZAPINE ODT TBDP 12.5MG	2	QL (90 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	2	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	2	QL (270 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days) NDS
<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)
CLOZARIL TABS 200MG	4	QL (120 EA per 30 days)
CLOZARIL TABS 50MG	4	QL (180 EA per 30 days)
CLOZARIL TABS 25MG	4	QL (270 EA per 30 days)
CLOZARIL TABS 100MG	5	QL (270 EA per 30 days) NDS
VERSACLOZ	5	QL (540 ML per 30 days) NDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>baclofen susp</i>	5	NDS
BACLOFEN SOLN 10MG/5ML	5	ST NDS
DANTRIUM CAPS 25MG	4	ST
<i>dantrolene sodium caps</i>	2	
SOHONOS CAPS 5MG	5	QL (112 EA per 28 days) PA NDS
SOHONOS CAPS 2.5MG	5	QL (224 EA per 28 days) PA NDS
SOHONOS CAPS 1.5MG	5	QL (364 EA per 28 days) PA NDS
SOHONOS CAPS 10MG	5	QL (56 EA per 28 days) PA NDS
SOHONOS CAPS 1MG	5	QL (560 EA per 28 days) PA NDS
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
ZANAFLEX TABS 4MG	4	ST
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	NDS
PREVYMIS TABS	5	NDS
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	NDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE SOLN	5	QL (600 ML per 30 days) NDS
<i>entecavir</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACK 200MG; 50MG	5	QL (168 EA per 365 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PACK 150MG; 37.5MG	5	QL (84 EA per 365 days) PA NDS
EPCLUSA TABS 200MG; 50MG	5	QL (168 EA per 365 days) PA NDS
EPCLUSA TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA NDS
HARVONI PACK 33.75MG; 150MG	5	QL (168 EA per 365 days) PA NDS
HARVONI PACK 45MG; 200MG	5	QL (336 EA per 365 days) PA NDS
HARVONI TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA NDS
LEDIPASVIR/SOFOSBUVIR	5	QL (168 EA per 365 days) PA NDS
MAVYRET TABS	5	QL (336 EA per 365 days) PA NDS
MAVYRET PACK	5	QL (560 EA per 365 days) PA NDS
RIBAVIRIN CAPS	2	
RIBAVIRIN TABS 200MG	2	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA NDS
SOVALDI TABS	5	QL (336 EA per 365 days) PA NDS
SOVALDI PACK 150MG	5	QL (168 EA per 365 days) PA NDS
SOVALDI PACK 200MG	5	QL (336 EA per 365 days) PA NDS
VOSEVI	5	QL (84 EA per 365 days) PA NDS
ZEPATIER	5	QL (112 EA per 365 days) PA NDS
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL (30 EA per 30 days) NDS
DOVATO	5	QL (30 EA per 30 days) NDS
GENVOYA	5	QL (30 EA per 30 days) NDS
ISENTRESS HD	5	NDS
ISENTRESS PACK, TABS	5	NDS
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	NDS
JULUCA	5	QL (30 EA per 30 days) NDS
STRIBILD	5	QL (30 EA per 30 days) NDS
TIVICAY PD	5	NDS
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	QL (30 EA per 30 days) NDS
DELSTRIGO	5	QL (30 EA per 30 days) NDS
EDURANT	5	NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	QL (30 EA per 30 days) NDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days) NDS
EFAVIRENZ CAPS	2	
<i>efavirenz tabs</i>	2	
<i>etravirine</i>	5	NDS
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	5	NDS
<i>nevirapine er tb24 400mg</i>	2	
NEVIRAPINE SUSP	2	
<i>nevirapine tabs</i>	2	
PIFELTRO	5	NDS
SYMFI	5	QL (30 EA per 30 days) NDS
SYMFI LO	5	QL (30 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	2	
<i>abacavir sulfate/lamivudine</i>	2	QL (30 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days) NDS
COMBIVIR	5	QL (60 EA per 30 days) NDS
DESCOVY	5	QL (30 EA per 30 days) NDS
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	2	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (30 EA per 30 days) NDS
EMTRIVA SOLN	3	
EMTRIVA CAPS	4	
EPIVIR	4	
EPZICOM	5	QL (30 EA per 30 days) NDS
<i>lamivudine/zidovudine</i>	2	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) NDS
RETROVIR CAPS, SYRP	4	
<i>tenofovir disoproxil fumarate</i>	2	
TRIUMEQ	5	QL (30 EA per 30 days) NDS
TRIUMEQ PD	5	QL (180 EA per 30 days) NDS
TRIZIVIR	5	QL (60 EA per 30 days) NDS
TRUVADA TABS 100MG; 150MG, 133MG; 200MG, 167MG; 250MG	5	QL (30 EA per 30 days) NDS
VIREAD	5	NDS
ZIAGEN	4	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	NDS
<i>maraviroc</i>	5	NDS
RUKOBIA	5	NDS
SELZENTRY SOLN	5	NDS
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 150MG, 300MG, 75MG	5	NDS
SUNLENCA TBPK	5	NDS
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	NDS
<i>atazanavir</i>	2	
<i>atazanavir sulfate caps 300mg</i>	2	
<i>darunavir</i>	5	NDS
EVOTAZ	5	QL (30 EA per 30 days) NDS
<i>fosamprenavir calcium</i>	5	NDS
KALETRA SOLN	4	
KALETRA TABS 200MG; 50MG	2	

Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 100MG; 25MG	4	
LEXIVA SUSP	3	
LEXIVA TABS	5	NDS
<i>lopinavir/ritonavir</i>	2	
NORVIR PACK	3	
NORVIR TABS	4	
PREZCOBIX	5	QL (30 EA per 30 days) NDS
PREZISTA SUSP	5	NDS
PREZISTA TABS 75MG	3	
PREZISTA TABS 150MG, 600MG, 800MG	5	NDS
REYATAZ PACK	5	NDS
REYATAZ CAPS 200MG, 300MG	5	NDS
<i>ritonavir</i>	2	
SYMTUZA	5	QL (30 EA per 30 days) NDS
VIRACEPT	5	NDS
Anti-influenza Agents		
<i>amantadine hcl caps, soln, 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)
RELENZA DISKHALER	3	QL (240 EA per 365 days)
RIMANTADINE HYDROCHLORIDE	2	
TAMIFLU CAPS 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days)
TAMIFLU CAPS 45MG	4	QL (84 EA per 365 days)
TAMIFLU SUSR 6MG/ML	4	QL (1080 ML per 365 days)
XOFLUZA TBPk 80MG	3	QL (2 EA per 365 days)
XOFLUZA TBPk 40MG	3	QL (4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>acyclovir tabs 800mg</i>	1	
<i>acyclovir tabs 400mg</i>	2	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hydrochloride</i>	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg</i>	1	
<i>bupirone hydrochloride tabs 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	2	
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	2	
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	QL (360 EA per 30 days)
<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)
<i>diazepam intensol</i>	2	
<i>diazepam 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	
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>oxazepam</i>	2	QL (120 EA per 30 days)
VALIUM TABS 10MG	4	QL (120 EA per 30 days)
VALIUM TABS 5MG	4	QL (240 EA per 30 days)
VALIUM TABS 2MG	4	QL (300 EA per 30 days)
XANAX XR TB24 2MG	4	QL (150 EA per 30 days)
XANAX XR TB24 0.5MG, 1MG	4	QL (30 EA per 30 days)
XANAX XR TB24 3MG	5	QL (90 EA per 30 days) NDS
XANAX TABS 0.25MG, 0.5MG, 1MG	4	QL (120 EA per 30 days)
XANAX TABS 2MG	5	QL (150 EA per 30 days) NDS

Bipolar Agents

Mood Stabilizers

EQUETRO	3	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPS 600MG	2	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate tabs</i>	1	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose tabs</i>	2	
ACTOPLUS MET TABS 850MG; 15MG	4	
ALOGLIPTIN	3	QL (30 EA per 30 days) ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
BYDUREON BCISE	3	QL (3.4 ML per 28 days) PA
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 28 days) PA
BYETTA INJ 5MCG/0.02ML	3	QL (4.8 ML per 28 days) PA
CYCLOSET	3	
DUETACT	4	
FARXIGA	3	ST

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride</i>	1	
<i>glipizide er tb24 2.5mg, 5mg</i>	1	
<i>glipizide er tb24 10mg</i>	2	
<i>glipizide/metformin hydrochloride</i>	2	
GLIPIZIDE TABS 2.5MG	2	
<i>glipizide tabs 10mg, 5mg</i>	1	
GLUCOTROL XL	4	
GLYBURIDE MICRONIZED TABS 1.5MG, 3MG	1	
GLYBURIDE MICRONIZED TABS 6MG	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tabs 1.25mg, 2.5mg</i>	1	
<i>glyburide tabs 5mg</i>	2	
GLYNASE TABS 3MG	4	
GLYXAMBI	3	
INPEFA	3	ST
INVOKAMET	3	
INVOKAMET XR	3	
INVOKANA	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO XR	3	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG	3	
KAZANO	4	ST
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	PA
<i>metformin hydrochloride soln</i>	2	
METFORMIN HYDROCHLORIDE TABS 625MG	5	PA NDS
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MIGLITOL	2	
MOUNJARO	3	QL (2 ML per 28 days) PA
<i>nateglinide tabs 60mg</i>	1	
<i>nateglinide tabs 120mg</i>	2	
NESINA	4	QL (30 EA per 30 days) ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	ST
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
QTERN	3	ST
<i>repaglinide tabs 1mg</i>	1	
<i>repaglinide tabs 0.5mg, 2mg</i>	2	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
<i>saxagliptin hydrochloride</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	2	
SEGLUROMET	3	ST
SOLIQUA 100/33	3	
STEGLATRO	3	ST
STEGLUJAN	3	ST
SYMLINPEN 120	5	PA NDS
SYMLINPEN 60	5	PA NDS
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) PA
VICTOZA	3	QL (9 ML per 30 days) PA
XIGDUO XR	3	ST
XULTOPHY 100/3.6	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD	2	
SUGAR INJ 1MG		
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS INJ 1MG/0.2ML	3	
PROGLYCEM	4	
ZEGALOGUE	3	ST
<i>Insulins</i>		
ADMELOG	4	ST
ADMELOG SOLOSTAR	4	ST
AFREZZA POWD 4UNIT, 8UNIT	3	PA
AFREZZA POWD 0, 12UNIT	5	PA NDS
APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	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	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	3	
INSULIN GLARGINE	3	PA
INSULIN GLARGINE SOLOSTAR INJ 100UNIT/ML	3	PA
INSULIN GLARGINE-YFGN	3	ST
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
REZVOGLAR KWIKPEN	3	ST
SEMGLEE	3	ST
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	

Blood Products and Modifiers

Anticoagulants

ARIXTRA INJ 2.5MG/0.5ML	4	
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	NDS
<i>dabigatran etexilate caps 150mg, 75mg</i>	2	QL (60 EA per 30 days)
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>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NDS
FRAGMIN INJ 2500UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>jantoven tabs 1mg, 7.5mg</i>	2	
LOVENOX INJ 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML	4	
LOVENOX INJ 100MG/ML, 60MG/0.6ML, 80MG/0.8ML	5	NDS
PRADAXA CAPS	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>warfarin sodium tabs 1mg, 7.5mg</i>	2	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO SUSR	3	QL (600 ML per 30 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)
ZONTIVITY	3	
Blood Products and Modifiers, Other		
AGRYLIN CAPS 0.5MG	4	
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA NDS
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJ 20000UNIT/ML	5	PA NDS
FABHALTA	5	QL (60 EA per 30 days) PA NDS
FULPHILA	5	PA NDS
FYLNETRA	5	PA NDS
GRANIX	5	ST NDS
LEUKINE INJ 250MCG	5	PA NDS
MULPLETA	5	PA NDS
NEULASTA	5	PA NDS
NEUPOGEN	5	ST NDS
NIVESTYM	5	NDS
NYVEPRIA	5	PA NDS
OXBRYTA TBSO	5	QL (240 EA per 30 days) PA NDS
OXBRYTA TABS 500MG	5	QL (150 EA per 30 days) PA NDS
OXBRYTA TABS 300MG	5	QL (240 EA per 30 days) PA NDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA NDS
PROMACTA	5	PA NDS
PYRUKYND TAPER PACK	5	QL (30 EA per 30 days) PA NDS
PYRUKYND TABS 50MG	5	QL (120 EA per 30 days) PA NDS
PYRUKYND TABS 20MG, 5MG	5	QL (60 EA per 30 days) PA NDS
RELEUKO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	ST NDS
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	5	PA NDS
STIMUFEND	5	PA NDS
UDENYCA	5	PA NDS
ZARXIO	5	NDS
ZIEXTENZO	5	PA NDS
Hemostasis Agents		
<i>tranexamic acid tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA NDS
<i>cilostazol</i>	1	
<i>clopidogrel tabs 75mg</i>	2	
<i>dipyridamole tabs</i>	2	
DOPTELET	5	PA NDS
EFFIENT	4	
PLAVIX TABS 75MG	4	
<i>prasugrel</i>	2	
TAVALISSE	5	PA NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	5	PA NDS
<i>guanfacine hydrochloride tabs 1mg</i>	1	
<i>guanfacine hydrochloride tabs 2mg</i>	2	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	5	PA NDS
MINIPRESS	4	
<i>phenoxybenzamine hydrochloride</i>	5	PA NDS
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		
ATACAND	4	
AVAPRO	4	
BENICAR	4	
<i>candesartan cilexetil</i>	2	
COZAAR	4	
DIOVAN TABS	4	
EDARBI	3	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan</i>	2	
<i>losartan potassium tabs</i>	1	
MICARDIS	4	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>valsartan tabs</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
ALTACE CAPS	4	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs 25mg, 50mg</i>	1	
<i>captopril tabs 100mg, 12.5mg</i>	2	
<i>enalapril maleate soln</i>	2	
<i>enalapril maleate tabs 10mg, 5mg</i>	1	
<i>enalapril maleate tabs 2.5mg, 20mg</i>	2	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 40mg</i>	2	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS 10MG, 20MG, 40MG	4	
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE TABS 2MG, 8MG	2	
<i>perindopril erbumine tabs 4mg</i>	2	
<i>quinapril hydrochloride tabs 10mg</i>	1	
<i>quinapril hydrochloride tabs 20mg, 40mg, 5mg</i>	2	
<i>ramipril caps 10mg, 2.5mg, 5mg</i>	1	
<i>ramipril caps 1.25mg</i>	2	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 1mg, 4mg</i>	2	
ZESTRIL	4	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs</i>	2	
BETAPACE AF TABS 80MG	4	
BETAPACE AF TABS 120MG, 160MG	5	NDS
DIGOXIN SOLN	2	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	2	
<i>disopyramide phosphate caps</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN TABS 125MCG, 250MCG, 62.5MCG	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE	4	
NORPACE CR	3	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	4	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
QUINIDINE SULFATE TABS	2	
<i>sorine tabs 120mg, 160mg, 80mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
SOTYLIZE	3	
TIKOSYN	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride caps 200mg</i>	1	
<i>acebutolol hydrochloride caps 400mg</i>	2	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	
COREG	4	ST
<i>labetalol hydrochloride tabs</i>	2	
LOPRESSOR TABS	4	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
PROPRANOLOL HCL SOLN 40MG/5ML	2	
<i>propranolol hcl soln 20mg/5ml</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg, 60mg, 80mg</i>	2	
TENORMIN TABS	4	
TOPROL XL	4	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl caps</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	2	
<i>nimodipine caps</i>	2	
NISOLDIPINE ER TB24 20MG, 25.5MG, 30MG, 40MG	2	
<i>nisoldipine er tb24 17mg, 34mg, 8.5mg</i>	2	
NORVASC	4	
NYMALIZE SOLN 6MG/ML	5	NDS
SULAR TB24 17MG, 34MG, 8.5MG	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM LA TB24 120MG	3	
CARDIZEM LA TB24 180MG, 240MG, 300MG, 360MG, 420MG	4	
CARDIZEM TABS 30MG	4	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM TABS 120MG, 60MG	5	NDS
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl er cp24 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er tb24 420mg</i>	2	
<i>diltiazem hcl tabs 90mg</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
TIAZAC	4	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CP24 360MG	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	
<i>verapamil hcl tabs 80mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	2	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	
VERELAN	4	
VERELAN PM	4	
Cardiovascular Agents, Other		
<i>acetazolamide tabs 250mg</i>	2	
<i>aliskiren</i>	2	
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 5mg; 10mg, 5mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg, 2.5mg; 10mg, 5mg; 40mg</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	2	
ATACAND HCT	4	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	2	
AVALIDE	4	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
BENICAR HCT	4	
BIDIL	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CAMZYOS	5	QL (30 EA per 30 days) PA NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLN	3	QL (450 ML per 30 days) PA
CORLANOR TABS	3	QL (60 EA per 30 days) PA
DEMSER	5	PA NDS
DIOVAN HCT	4	
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	2	
ENTRESTO	3	QL (60 EA per 30 days)
EXFORGE	4	
EXFORGE HCT	4	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
HYZAAR	4	
<i>irbesartan/hydrochlorothiazide</i>	2	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
KERENDIA	3	QL (30 EA per 30 days) PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 4 5MG; 20MG	4	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	PA NDS
MICARDIS HCT	4	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA	4	
TELMISARTAN/AMLODIPINE	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
TENORETIC 100	4	
TENORETIC 50	4	
TRANDOLAPRIL/VERAPAMIL HCL ER	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
TRIBENZOR	4	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 80mg</i>	2	
VASERETIC TABS 10MG; 25MG	4	
VECAMYL	5	NDS
VYNDAMAX	5	QL (30 EA per 30 days) PA NDS
ZESTORETIC	4	
ZIAC	4	
Diuretics, Loop		
<i>bumetanide inj</i>	2	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 0.5mg, 2mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
EDECIN TABS 25MG	5	NDS
<i>ethacrynic acid tabs</i>	2	
FUROSCIX	3	PA
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	2	
FUROSEMIDE ORAL SOLN 40MG/5ML	2	
<i>furosemide oral soln 10mg/ml</i>	2	
LASIX TABS	4	
SOAANZ	3	ST
<i>torseamide tabs</i>	1	
Diuretics, Potassium-sparing		
ALDACTONE	4	
<i>amiloride hcl tabs</i>	2	
CAROSPIR	3	
DYRENIUM	4	
<i>eplerenone</i>	2	
INSPRA	4	
<i>spironolactone susp</i>	2	
<i>spironolactone tabs 100mg, 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	2	
<i>triamterene caps</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL SUSP	3	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	2	
<i>metolazone</i>	2	
THALITONE TABS 15MG	3	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
FENOFIBRATE CAPS 150MG, 50MG	2	
<i>fenofibrate caps 130mg, 43mg</i>	2	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibrate tabs 120mg, 145mg, 160mg, 40mg, 48mg</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
LIPOFEN	3	ST
LOPID TABS	4	ST
TRICOR TABS 145MG, 48MG	4	ST
TRILIPIX	4	ST
Dyslipidemics, HMG CoA Reductase Inhibitors		
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	
CRESTOR	4	
EZALLOR SPRINKLE	3	ST
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
LESCOL XL	4	ST

Drug Name	Drug Tier	Requirements/Limits
LIPITOR	4	ST
LIVALO	3	
<i>lovastatin tabs</i>	1	
<i>pitavastatin calcium</i>	2	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	2	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	2	
<i>simvastatin tabs</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	4	
ZYPITAMAG TABS 2MG, 4MG	3	ST
Dyslipidemics, Other		
<i>cholestyramine light pack</i>	2	
<i>cholestyramine pack</i>	2	
<i>colesevelam hydrochloride</i>	2	
COLESTID TABS	4	
<i>colestipol hcl pack, tabs</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	2	
JUXTAPID CAPS 10MG, 5MG	5	QL (30 EA per 30 days) PA NDS
JUXTAPID CAPS 20MG, 30MG	5	QL (60 EA per 30 days) PA NDS
LOVAZA	4	
NEXLETOL	3	QL (30 EA per 30 days) PA
NEXLIZET	3	QL (30 EA per 30 days) PA
<i>niacin er</i>	2	
NIACIN TABS 500MG	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	QL (2 ML per 28 days) PA
<i>prevalite pack</i>	2	
QUESTRAN LIGHT POWD	4	
QUESTRAN POWD	4	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
VASCEPA CAPS 0.5GM	3	
VASCEPA CAPS 1GM	4	
VYTORIN	4	ST
WELCHOL	4	
ZETIA	4	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE TABS 5MG	4	
ISORDIL TITRADOSE TABS 40MG	5	NDS
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide dinitrate tabs 40mg</i>	2	NDS
ISOSORBIDE MONONITRATE	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin soln</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
NITROLINGUAL SOLN	4	
NITROSTAT SUBL	4	
VERQUVO	3	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	2	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR	4	QL (60 EA per 30 days) ST
ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 5MG; 5MG; 5MG; 5MG	4	QL (90 EA per 30 days) ST
ADZENYS XR-ODT	3	QL (30 EA per 30 days) ST
<i>amphetamine sulfate</i>	2	QL (180 EA per 30 days)
<i>amphetamine/dextroamphetamine er cp24 12.5mg; 12.5mg; 12.5mg; 12.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 9.375mg; 9.375mg; 9.375mg; 9.375mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days)
AZSTARYS	3	QL (30 EA per 30 days) ST
DEXEDRINE CP24 15MG	5	QL (120 EA per 30 days) ST NDS
DEXEDRINE CP24 10MG	5	QL (180 EA per 30 days) ST NDS
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate soln</i>	2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days)
DYANAVAL XR SUER	3	QL (240 ML per 30 days)
DYANAVAL XR CHER	3	QL (30 EA per 30 days) ST
EVEKEO	4	QL (180 EA per 30 days) ST
EVEKEO ODT TBDP 15MG	3	QL (120 EA per 30 days) ST
EVEKEO ODT TBDP 10MG, 5MG	3	QL (180 EA per 30 days) ST
EVEKEO ODT TBDP 20MG	3	QL (90 EA per 30 days) ST
<i>lisdexamfetamine dimesylate</i>	2	QL (30 EA per 30 days) PA
<i>methamphetamine hcl</i>	2	QL (150 EA per 30 days) PA
MYDAYIS	3	QL (30 EA per 30 days) ST
<i>procentra</i>	4	QL (1800 ML per 30 days) ST
VYVANSE	3	QL (30 EA per 30 days) PA
XELSTRYM	3	QL (30 EA per 30 days) ST
<i>zenzedi tabs 2.5mg, 7.5mg</i>	3	QL (240 EA per 30 days) ST
<i>zenzedi tabs 10mg</i>	4	QL (180 EA per 30 days) ST
<i>zenzedi tabs 30mg</i>	4	QL (60 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tabs 15mg, 20mg, 5mg</i>	4	QL (90 EA per 30 days) ST
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR	4	QL (30 EA per 30 days) ST
<i>atomoxetine hydrochloride caps 25mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride caps 10mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hydrochloride er</i>	2	
CONCERTA TBCR 18MG, 27MG, 54MG	3	QL (30 EA per 30 days) ST
CONCERTA TBCR 36MG	3	QL (60 EA per 30 days) ST
COTEMPLA XR-ODT TBED 8.6MG	3	QL (180 EA per 30 days) ST
COTEMPLA XR-ODT TBED 25.9MG	3	QL (60 EA per 30 days) ST
COTEMPLA XR-ODT TBED 17.3MG	3	QL (90 EA per 30 days) ST
DAYTRANA	3	QL (30 EA per 30 days) ST
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days)
FOCALIN	4	QL (60 EA per 30 days) ST
FOCALIN XR	4	QL (30 EA per 30 days) ST
<i>guanfacine er tb24 2mg</i>	2	
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	2	
JORNAY PM	3	QL (30 EA per 30 days) ST
METHYLIN SOLN	4	ST
<i>methylphenidate</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) ST
<i>methylphenidate hydrochloride er cpcr 40mg</i>	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	2	QL (60 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45MG, 63MG	3	QL (30 EA per 30 days) ST
<i>methylphenidate hydrochloride er tbcr 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 36mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride soln</i>	2	
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days)
QELBREE CP24 100MG, 150MG	3	QL (30 EA per 30 days) ST
QELBREE CP24 200MG	3	QL (60 EA per 30 days) ST
QUILLICHEW ER CHER 20MG, 40MG	3	QL (30 EA per 30 days) ST
QUILLICHEW ER CHER 30MG	3	QL (60 EA per 30 days) ST
QUILLIVANT XR	3	QL (360 ML per 30 days) ST
RELEXXII TBCR 18MG, 27MG, 45MG, 63MG	3	QL (30 EA per 30 days) ST
RELEXXII TBCR 36MG	3	QL (60 EA per 30 days) ST
RITALIN	4	QL (90 EA per 30 days) ST
RITALIN LA CP24 10MG, 20MG, 30MG, 40MG	4	QL (30 EA per 30 days) ST
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA NDS
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/acetaminophen caps</i>	2	
<i>butalbital/acetaminophen tabs 300mg; 50mg, 325mg; 50mg</i>	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
DAYBUE	5	QL (3600 ML per 30 days) PA NDS
ESGIC TABS	4	
FIORICET CAPS	4	
FIRDAPSE	5	QL (240 EA per 30 days) PA NDS
<i>gabapentin tabs 300mg</i>	2	QL (180 EA per 30 days) ST
<i>gabapentin tabs 600mg</i>	2	QL (90 EA per 30 days) ST
GRALISE TABS 300MG	3	QL (180 EA per 30 days) ST
GRALISE TABS 750MG, 900MG	3	QL (60 EA per 30 days) ST
GRALISE TABS 450MG, 600MG	3	QL (90 EA per 30 days) ST
HORIZANT	3	QL (60 EA per 30 days) PA
INGREZZA CPPK	5	QL (56 EA per 365 days) PA NDS
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA NDS
NUEDEXTA	5	PA NDS
QUVIVIQ	3	QL (30 EA per 30 days) PA
RADICAVA ORS STARTER KIT	5	PA NDS
RELYVRIO	5	QL (60 EA per 30 days) PA NDS
RILUTEK	5	PA NDS
<i>riluzole</i>	2	PA
TEGLUTIK	5	PA NDS
TENCON TABS 325MG; 50MG	3	
<i>tetrabenazine</i>	2	PA NDS
VEOZAH	3	QL (30 EA per 30 days) PA
ZTALMY	5	PA NDS
Fibromyalgia Agents		
LYRICA CR TB24 330MG	4	QL (60 EA per 30 days)
LYRICA CR TB24 165MG, 82.5MG	4	QL (90 EA per 30 days)
<i>pregabalin er tb24 330mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin er tb24 165mg, 82.5mg</i>	2	QL (90 EA per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
AMPYRA	5	QL (60 EA per 30 days) PA NDS
AUBAGIO	5	QL (30 EA per 30 days) PA NDS
AVONEX PEN	5	QL (4 EA per 28 days) PA NDS
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA NDS
BAFIERTAM	5	QL (120 EA per 30 days) PA NDS
BETASERON	5	QL (15 EA per 30 days) PA NDS
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA NDS
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA NDS
<i>dalfampridine er</i>	2	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	2	QL (60 EA per 30 days) PA NDS
<i>dimethyl fumarate starterpack</i>	5	QL (120 EA per 365 days) PA NDS
EXTAVIA	5	QL (15 EA per 30 days) PA NDS
<i> fingolimod</i>	5	QL (30 EA per 30 days) PA NDS
GILENYA	5	QL (30 EA per 30 days) PA NDS
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
KESIMPTA	5	QL (0.4 ML per 28 days) PA NDS
MAVENCLAD	5	PA NDS
MAYZENT STARTER PACK TBPk 0.25MG	3	QL (14 EA per 365 days) PA NDS
MAYZENT STARTER PACK TBPk 0.25MG	5	QL (24 EA per 365 days) PA NDS
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA NDS
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA NDS
PLEGRIDY	5	QL (1 ML per 28 days) PA NDS
PONVORY	5	QL (30 EA per 30 days) PA NDS
PONVORY 14-DAY STARTER PACK	5	QL (28 EA per 365 days) PA NDS
REBIF	5	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA NDS
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA NDS
TASCENSO ODT	5	QL (30 EA per 30 days) PA NDS
<i>teriflunomide</i>	5	QL (30 EA per 30 days) PA NDS
VUMERITY	5	QL (120 EA per 30 days) PA NDS
ZEPOSIA	5	QL (30 EA per 30 days) PA NDS
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA NDS
ZEPOSIA STARTER KIT	5	QL (56 EA per 365 days) PA NDS
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
EVOXAC	4	
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	2	
SALAGEN	4	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA LD	5	NDS
ACANYA	4	
<i>accutane caps 10mg, 20mg, 40mg</i>	2	
<i>acitretin</i>	2	
<i>adapalene/benzoyl peroxide gel</i>	2	
<i>adapalene gel 0.3%</i>	2	
<i>adapalene crea</i>	2	
AKLIEF	3	PA
ALTRENO	3	PA
<i>amnesteem</i>	2	
ATRALIN	4	PA
<i>azelaic acid</i>	2	
AZELEX	3	
BENZAMYCIN	4	
<i>brimonidine tartrate gel 0.33%</i>	2	PA
<i>claravis</i>	2	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL 2.5%; 1.2%	2	
<i>clindamycin phosphate/benzoyl peroxide gel 3.75%; 1.2%, 5%; 1.2%</i>	2	
<i>clindamycin phosphate/tretinoin</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
DIFFERIN LOTN	3	
DIFFERIN CREA	4	
DIFFERIN GEL 0.3%	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA FOAM	3	QL (50 GM per 30 days)
FINACEA GEL	4	
<i>isotretinoin caps</i>	2	
METROCREAM	4	
METROGEL GEL 1%	4	
METROLOTION	4	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
MIRVASO	3	PA
<i>neuac</i>	2	
ONEXTON	3	
RETIN-A	4	PA
RETIN-A MICRO PUMP GEL 0.08%	5	PA NDS
RETIN-A MICRO GEL 0.04%, 0.1%	4	PA
RETIN-A MICRO GEL 0.06%	5	PA NDS
RHOFADE	3	PA
TAZAROTENE FOAM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene crea, gel</i>	2	
TAZORAC GEL	3	
TAZORAC CREA 0.05%	3	
TAZORAC CREA 0.1%	4	
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	2	PA
<i>tretinoin microsphere gel 0.08%</i>	2	PA NDS
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
TWYNEO	3	
<i>zenatane</i>	2	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort</i>	1	
ALA-SCALP	3	
<i>alclometasone dipropionate</i>	2	
AMCINONIDE OINT	2	
<i>ammonium lactate crea, lotn</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented crea, lotn, oint</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	2	QL (100 GM per 30 days)
CIBINQO	5	QL (30 EA per 30 days) PA NDS
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient foam</i>	2	
CLOBEX LIQD	4	
CLOBEX LOTN, SHAM	5	NDS
<i>clocortolone pivalate</i>	2	
<i>clodan</i>	2	
CLODERM	4	
CORDRAN TAPE	3	
CORDRAN LOTN	4	
CORDRAN CREA 0.05%	5	NDS
DERMA-SMOOTH/FS SCALP	4	
<i>desonide crea, gel, lotn</i>	2	
<i>desonide oint</i>	2	QL (120 GM per 30 days)
DESOWEN CREA	4	
<i>desoximetasone gel, liqd, oint</i>	2	
<i>desoximetasone crea</i>	2	QL (100 GM per 30 days)
DIFLORASONE DIACETATE CREA	2	
<i>diflorasone diacetate oint</i>	2	QL (60 GM per 30 days)
DIPROLENE OINT	4	
<i>doxepin hydrochloride crea 5%</i>	2	QL (90 GM per 30 days) PA
EUCRISA	3	PA
<i>fluocinolone acetonide scalp</i>	2	
FLUOCINOLONE ACETONIDE CREA 0.01%	2	
<i>fluocinolone acetonide crea 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	2	QL (120 GM per 30 days)
<i>fluocinonide gel, oint, soln</i>	2	
FLURANDRENOLIDE CREA	2	
<i>flurandrenolide lotn</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
FLUTICASONE PROPIONATE LOTN 0.05%	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	2	
<i>halobetasol propionate crea, oint</i>	2	
<i>halobetasol propionate foam</i>	3	
HYDROCORTISONE BUTYRATE CREA, SOLN	2	
<i>hydrocortisone butyrate lotn, oint</i>	2	
<i>hydrocortisone valerate oint</i>	2	
<i>hydrocortisone valerate crea</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
HYFTOR	5	PA NDS
KENALOG AERS	4	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
OPZELURA	5	QL (240 GM per 30 days) PA NDS
<i>pimecrolimus</i>	2	
<i>selenium sulfide</i>	1	
SYNALAR CREA	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
TEXACORT SOLN 2.5%	3	
TOPICORT GEL, LIQD	4	
TOPICORT CREA 0.25%	4	QL (100 GM per 30 days)
TOPICORT OINT 0.05%	4	
<i>tovet</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.05%, 0.5%</i>	2	
<i>triderm crea 0.1%</i>	1	
<i>triderm crea 0.5%</i>	2	
ULTRAVATE LOTN	5	NDS
Dermatological Agents, Other		
CABTREO	5	NDS
<i>calcipotriene/betamethasone dipropionate oint</i>	2	QL (400 GM per 30 days)
<i>calcipotriene/betamethasone dipropionate susp</i>	2	QL (400 GM per 30 days) NDS
<i>calcipotriene crea, oint</i>	2	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	2	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALCITRIOL OINT 3MCG/GM	2	
CARAC	5	NDS
<i>clotrimazole/betamethasone dipropionate crea</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn</i>	2	
CONDYLOX GEL	3	
<i>diclofenac sodium gel 3%</i>	2	QL (300 GM per 30 days)
EFUDEX CREA	4	QL (40 GM per 30 days)
ENSTILAR	5	QL (420 GM per 28 days) NDS
FLUOROURACIL CREA 0.5%	5	NDS
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
FLUOROURACIL SOLN 2%	2	
<i>fluorouracil soln 5%</i>	2	
HYDROCORTISONE ACETATE/PRAMOXINE CREA 1%; 2 1%	2	
<i>imiquimod pump</i>	5	NDS
<i>imiquimod crea 5%</i>	2	
KLISYRI	5	ST NDS
METHOXSALLEN CAPS	5	NDS
NEO-SYNALAR	3	
<i>nystatin/triamcinolone</i>	2	
OTEZLA TABS 30MG	5	QL (60 EA per 30 days) PA NDS
PODOFILOX SOLN	2	
<i>podofilox gel</i>	2	
QBREXZA	3	QL (30 EA per 30 days)
REGRANEX	5	PA NDS
SANTYL	3	
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL (30 EA per 30 days) PA NDS
<i>ssd</i>	2	
TACLONEX	5	QL (400 GM per 30 days) NDS
VECTICAL	3	
VTAMA	5	PA NDS
WINLEVI	3	PA
ZORYVE CREA	3	PA
ZYCLARA PUMP	5	NDS
<i>Pediculicides/Scabicides</i>		
CROTAN	3	
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days)
<i>malathion</i>	2	
NATROBA	4	
OVIDE	4	
<i>permethrin crea</i>	2	
SOOLANTRA	4	QL (45 GM per 30 days)
SPINOSAD	2	
<i>Topical Anti-infectives</i>		
<i>acyclovir crea 5%</i>	2	QL (5 GM per 30 days)
<i>acyclovir oint 5%</i>	2	
ACZONE GEL 7.5%	3	

Drug Name	Drug Tier	Requirements/Limits
ACZONE GEL 5%	4	
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
CLEOCIN-T LOTN	4	QL (75 ML per 30 days)
<i>clindacin</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	QL (75 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days)
CLINDESSE	3	
<i>dapsone gel 5%, 7.5%</i>	2	
DENAVIR	4	
ERY	2	
ERYGEL	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
LOPROX SHAMPOO	4	
<i>mafenide acetate</i>	2	
<i>mupirocin crea</i>	2	
<i>mupirocin oint</i>	2	QL (110 GM per 30 days)
<i>penciclovir crea</i>	2	NDS
ZOVIRAX OINT	4	
ZOVIRAX CREA	4	QL (5 GM per 30 days)

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

CARBAGLU	5	NDS
<i>carglumic acid</i>	5	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
<i>clinisol sf 15%</i>	4	B/D
DEXTROSE 10%/NACL 0.45%	2	
<i>dextrose 10%</i>	2	
DEXTROSE 10%/NACL 0.2%	2	
DEXTROSE 2.5%/NACL 0.45%	1	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>multiple electrolytes injection type 1</i>	2	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>plenamine</i>	3	B/D
<i>potassium chloride er</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 2 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	2	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	2	
<i>potassium chloride pack, oral soln</i>	2	
POTASSIUM CHLORIDE INJ 10MEQ/100ML, 20MEQ/100ML, 40MEQ/100ML	2	
<i>potassium chloride inj 2meq/ml</i>	2	
<i>potassium citrate er</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL	3	B/D
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 1mg</i>	2	
TPN ELECTROLYTES	3	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	NDS
CUVRIOR	5	PA NDS
<i>deferasirox pack</i>	5	PA NDS
<i>deferasirox tabs 90mg</i>	2	PA
<i>deferasirox tabs 180mg, 360mg</i>	2	PA NDS
<i>deferasirox tbso 125mg</i>	2	PA NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	PA NDS
<i>deferiprone</i>	5	PA NDS
EXJADE	5	PA NDS
FERRIPROX TWICE-A-DAY	5	PA NDS
JADENU SPRINKLE	5	PA NDS
JYNARQUE TABS	5	QL (120 EA per 30 days) PA NDS
JYNARQUE TBPK	5	QL (56 EA per 28 days) NDS
<i>penicillamine caps 250mg</i>	5	PA NDS
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA NDS
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA NDS
<i>sodium polystyrene sulfonate</i>	2	
<i>tolvaptan tabs 15mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>tolvaptan tabs 30mg</i>	5	QL (60 EA per 30 days) PA NDS
<i>trientine hydrochloride caps 250mg</i>	5	PA NDS
Phosphate Binders		
AURYXIA	5	PA NDS
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL PACK	5	NDS
FOSRENOL CHEW 1000MG, 500MG, 750MG	5	NDS
<i>lanthanum carbonate</i>	5	NDS
<i>sevelamer carbonate tabs</i>	2	
<i>sevelamer carbonate pack</i>	2	NDS
<i>sevelamer hydrochloride</i>	2	
VELPHORO	5	NDS
Potassium Binders		
LOKELMA	3	QL (90 EA per 30 days)
SPS	2	
VELTASSA	5	NDS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	ST
LACTULOSE PACK	2	
<i>lactulose soln</i>	2	
LINZESS	3	QL (30 EA per 30 days)
<i>lubiprostone</i>	2	QL (60 EA per 30 days)
MOTEGRITY	3	QL (30 EA per 30 days)
MOVANTIK	3	QL (30 EA per 30 days)
RELISTOR TABS	5	QL (90 EA per 30 days) NDS
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) NDS
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) NDS
SYMPROIC	3	QL (30 EA per 30 days) ST
TRULANCE	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	2	PA NDS
<i>alosetron hydrochloride tabs 1mg</i>	5	PA NDS
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
DIPHENOXYLATE/ATROPINE LIQD	2	
LOMOTIL TABS	4	
<i>loperamide hcl caps</i>	2	
MYTESI	5	QL (60 EA per 30 days) NDS
VIBERZI	5	QL (60 EA per 30 days) PA NDS
XERMELO	5	QL (90 EA per 30 days) PA NDS
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	2	
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
<i>glycopyrrolate soln</i>	2	PA
GLYCOPYRROLATE TABS 1.5MG	3	PA
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	PA
<i>methscopolamine bromide tabs</i>	2	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
BYLVAY	5	PA NDS
BYLVAY (PELLETS)	5	PA NDS
CHENODAL	5	PA NDS
CLENPIQ	3	
FILSPARI	5	QL (30 EA per 30 days) PA NDS
GATTEX	5	PA NDS
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	
HELIDAC THERAPY	3	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	2	
THPK		
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
METOCLOPRAMIDE ODT TBDP 5MG	2	
MOVIPREP	4	
MYALEPT	5	PA NDS
OICALIVA	5	QL (30 EA per 30 days) PA NDS
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
PLENVU	3	
PYLERA	5	NDS
RECTIV	3	
REGLAN TABS	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
TALICIA	3	
URSO 250	4	
URSO FORTE	4	
URSODIOL CAPS 200MG, 400MG	5	NDS
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	2	
VOQUEZNA TABS 10MG	3	QL (30 EA per 30 days) PA
VOQUEZNA TABS 20MG	3	QL (60 EA per 30 days) PA
VOWST	5	PA NDS
XIFAXAN TABS 200MG	3	PA
XIFAXAN TABS 550MG	5	PA NDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	2	
NIZATIDINE CAPS	2	
Protectants		
CARAFATE	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate susp, tabs</i>	2	
Proton Pump Inhibitors		
ACIPHEX	4	QL (60 EA per 30 days)
DEXILANT	3	QL (30 EA per 30 days)
<i>dexlansoprazole</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	2	QL (60 EA per 30 days)
KONVOMEF	3	QL (600 ML per 30 days) NDS
<i>lansoprazole cpdr, tbdd</i>	2	QL (60 EA per 30 days)
NEXIUM CPDR	4	QL (60 EA per 30 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (60 EA per 30 days)
NEXIUM PACK 10MG, 20MG, 40MG	4	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium pack</i>	2	QL (60 EA per 30 days)
PREVACID SOLUTAB TBDD	4	QL (60 EA per 30 days)
PREVACID CPDR 30MG	4	QL (60 EA per 30 days)
PROTONIX PACK, TBEC	4	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	2	QL (60 EA per 30 days)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ARALAST NP INJ 1000MG	5	PA NDS
<i>betaine anhydrous</i>	5	NDS
CERDELGA	5	PA NDS
CHOLBAM	5	PA NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	2	
CYSTADANE	5	NDS
CYSTAGON	3	
ENDARI	5	PA NDS
EVRYSDI	5	QL (240 ML per 30 days) PA NDS
GALAFOLD	5	QL (14 EA per 28 days) PA NDS
GASTROCROM	5	NDS
GLASSIA	5	PA NDS
<i>javygtor</i>	5	PA NDS
KEVEYIS	5	QL (120 EA per 30 days) PA NDS
<i>miglustat</i>	5	PA NDS
<i>nitisinone</i>	5	NDS
NITYR	5	NDS
OLPRUVA	5	PA NDS
ORFADIN	5	NDS
PALYNZIQ INJ 10MG/0.5ML	5	QL (28 ML per 28 days) PA NDS
PALYNZIQ INJ 20MG/ML	5	QL (56 ML per 28 days) PA NDS
PALYNZIQ INJ 2.5MG/0.5ML	5	QL (8 ML per 28 days) PA NDS
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST NDS
PROLASTIN-C INJ 1000MG	5	PA NDS
RAVICTI	5	PA NDS
REVCOVI	5	PA NDS
<i>sapropterin dihydrochloride</i>	5	PA NDS
<i>sodium phenylbutyrate powd, tabs</i>	5	NDS
SUCRAID	5	NDS

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI	5	PA NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	5	ST NDS
VYNDAQEL	5	QL (120 EA per 30 days) PA NDS
WAINUA	5	QL (0.8 ML per 28 days) PA NDS
XURIDEN	5	QL (120 EA per 30 days) PA NDS
ZEMAIRA INJ 1000MG	5	PA NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL (120 EA per 30 days) PA NDS
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	2	
DETROL	4	ST
DETROL LA	4	ST
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	2	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
OXYTROL	3	QL (8 EA per 28 days) ST
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	ST
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE	4	ST
VESICARE LS	3	ST
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
AVODART	4	ST
CARDURA	4	ST
CIALIS TABS 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	2	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
FLOMAX	4	ST
PROSCAR	4	ST
RAPAFLO	4	
<i>silodosin</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 5mg</i>	1	
<i>terazosin hcl caps 10mg, 1mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride tabs</i>	2	
DEPEN TITRATABS	5	NDS
ELMIRON	5	NDS
LITHOSTAT	3	
<i>penicillamine tabs 250mg</i>	5	NDS
PHEXXI	3	
THIOLA	5	NDS
THIOLA EC	5	NDS
<i>tiopronin tabs</i>	5	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	5	PA NDS
AGAMREE	5	QL (225 ML per 30 days) PA NDS
CORTEF TABS	4	
CORTROPHIN	5	PA NDS
<i>dexamethasone 10-day dose pack</i>	2	
<i>dexamethasone 13-day dose pack</i>	2	
<i>dexamethasone 6-day dose pack</i>	2	
DEXAMETHASONE SOLN	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	2	
HEMADY	3	ST
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
INTRAROSA	3	QL (28 EA per 28 days) PA
MEDROL DOSEPAK	4	
MEDROL TABS 2MG	3	
MEDROL TABS 16MG, 4MG, 8MG	4	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLN	2	
<i>prednisone tbpk</i>	2	
<i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tabs 1mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP TABS 0.1MG	4	
DDAVP TABS 0.2MG	5	NDS
<i>desmopressin acetate tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate soln 0.01%</i>	2	
EGRIFTA SV	5	QL (30 EA per 30 days) PA NDS
GENOTROPIN	5	PA NDS
GENOTROPIN MINIQUICK	5	PA NDS
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA NDS
INCRELEX	5	PA NDS
LUPRON DEPOT-PED (6-MONTH)	5	QL (1 EA per 168 days) PA NDS
NGENLA	5	PA NDS
NORDITROPIN FLEXPRO	5	PA NDS
NUTROPIN AQ NUSPIN 10	5	PA NDS
NUTROPIN AQ NUSPIN 20	5	PA NDS
NUTROPIN AQ NUSPIN 5	5	PA NDS
OMNITROPE	5	PA NDS
SEROSTIM	5	PA NDS
SKYTROFA	5	PA NDS
SOGROYA	5	PA NDS
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDROGEL PUMP GEL 1.62%	4	PA
<i>danazol caps</i>	2	
<i>depo-testosterone inj 100mg/ml, 200mg/ml</i>	4	PA
JATENZO CAPS 158MG, 198MG	3	PA
JATENZO CAPS 237MG	5	PA NDS
METHITEST	5	PA NDS
TESTIM	4	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
TESTOSTERONE ENANTHATE INJ	2	PA
<i>testosterone pump</i>	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	PA
<i>testosterone soln</i>	2	PA
XYOSTED	3	PA
<i>Estrogens</i>		
ACTIVELLA TABS 1MG; 0.5MG	4	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amabelz tabs 0.5mg; 0.1mg</i>	2	
<i>amethia</i>	2	QL (91 EA per 91 days)
ANGELIQ	3	
ANNOVERA	3	QL (1 EA per 360 days)
<i>apri</i>	2	
<i>aranelle</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ashlyna</i>	2	QL (91 EA per 91 days)
<i>aubra eq</i>	2	
<i>aviane</i>	2	
BALCOLTRA	3	
<i>balziva</i>	2	
BEYAZ	4	
BIJUVA	3	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camrese lo</i>	2	QL (91 EA per 91 days)
CLIMARA	4	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML, 40MG/ML	4	
DEPO-ESTRADIOL INJ 5MG/ML	3	
<i>desogestrel/ethinyl estradiol</i>	2	
DIVIGEL	3	
<i>dolishale</i>	2	
<i>dotti</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg</i>	2	
ELESTRIN	3	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
ESTRACE	4	
<i>estradiol valerate inj</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>	2	
<i>estradiol oral tabs 0.5mg, 1mg</i>	1	
<i>estradiol oral tabs 2mg</i>	2	
ESTRING	3	QL (1 EA per 90 days)
ESTROGEL	3	
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
EVAMIST	3	
<i>falmina</i>	2	
FEMRING	3	QL (1 EA per 90 days)
<i>finzala</i>	2	
<i>fyavolv</i>	2	
<i>gemmily</i>	2	
<i>hailey 24 fe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>haloette</i>	2	
<i>iclevia</i>	2	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>introvale</i>	2	QL (91 EA per 91 days)
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>joyeaux</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tabs 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	3	
<i>loestrin 1.5/30-21</i>	4	
<i>loestrin 1/20-21</i>	4	
<i>loestrin fe 1.5/30</i>	4	
<i>loestrin fe 1/20</i>	4	
<i>loryna</i>	2	
LOSEASONIQUE	4	QL (91 EA per 91 days)
<i>low-ogestrel</i>	1	
<i>lutra</i>	2	
<i>lyllana</i>	2	
<i>marlissa</i>	1	
MENEST	3	
MENOSTAR	3	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
NATAZIA	3	
<i>necon 0.5/35-28</i>	2	
NEXTSTELLIS	3	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps, chew</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg, 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 20mcg; 1mg, 5mcg; 1mg</i>	2	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
PREFEST	3	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
QUARTETTE	4	QL (91 EA per 91 days)
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	QL (91 EA per 91 days)
SAFYRAL	4	
SEASONIQUE	4	QL (91 EA per 91 days)
<i>setlakin</i>	2	QL (91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
TYBLUME	2	
<i>tydemy</i>	2	
VAGIFEM TABS 10MCG	4	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
VIVELLE-DOT	4	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
YASMIN 28	4	
YAZ	4	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
Progestins		
AYGESTIN	4	
<i>camila</i>	2	
CRINONE	3	PA
<i>deblitane</i>	2	
DEPO-PROVERA CONTRACEPTIVE	4	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 90 days)
<i>errin</i>	2	
<i>incassia</i>	2	
KYLEENA	3	
LILETTA	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate susp, tabs</i>	2	PA
MIRENA	3	
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone caps</i>	2	
PROVERA	4	
<i>sharobel</i>	2	
SKYLA	3	
SLYND	3	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	3	
EVISTA	4	
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL	4	
ERMEZA	3	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOTHYROXINE SODIUM CAPS	3	
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	3	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA TABS 1MG, 5MG	5	PA NDS
LYSODREN	5	NDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJ 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA NDS
LEUPROLIDE ACETATE INJ 22.5MG	3	QL (1 EA per 84 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA NDS
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA NDS
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA NDS
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA NDS
MYCAPSSA	5	PA NDS
MYFEMBREE	5	QL (30 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 500mcg/ml</i>	5	PA NDS
ORGOVYX	5	PA NDS
ORIAHNN	5	QL (56 EA per 28 days) PA NDS
ORLISSA TABS 150MG	5	QL (30 EA per 30 days) PA NDS
ORLISSA TABS 200MG	5	QL (60 EA per 30 days) PA NDS
SIGNIFOR	5	QL (60 ML per 30 days) PA NDS
SOMAVERT	5	PA NDS
SYNAREL	5	NDS
TRELSTAR MIXJECT INJ 22.5MG	3	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	3	QL (1 EA per 84 days) 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>		
BERINERT	5	PA NDS
CINRYZE	5	PA NDS
FIRAZYR	5	PA NDS
HAEGARDA	5	PA NDS
<i>icatibant acetate</i>	5	PA NDS
RUCONEST	5	PA NDS
<i>sajazir</i>	5	PA NDS
TAKHZYRO	5	PA NDS
<i>Immunoglobulins</i>		
BIVIGAM INJ 5GM/50ML	5	PA NDS
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA NDS
GAMMAKED INJ 1GM/10ML	5	PA NDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA NDS
GAMUNEX-C INJ 1GM/10ML	5	PA NDS
OCTAGAM INJ 1GM/20ML, 2GM/20ML	5	PA NDS
PANZYGA	5	PA NDS
PRIVIGEN INJ 20GM/200ML	5	PA NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	PA NDS
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA NDS
ADBRY	5	QL (4 ML per 28 days) PA NDS
ARCALYST	5	PA NDS
BENLYSTA	5	PA NDS
BIMZELX	5	QL (2 ML per 28 days) PA NDS
COSENTYX SENSOREADY PEN	5	QL (10 ML per 28 days) PA NDS
COSENTYX UNOREADY	5	QL (10 ML per 28 days) PA NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA NDS
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA NDS
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA NDS
ENSPRYNG	5	PA NDS
ENTYVIO INJ 108MG/0.68ML	5	QL (1.36 ML per 28 days) PA NDS
ILUMYA	5	QL (1 ML per 28 days) PA NDS
KEVZARA	5	QL (2.28 ML per 28 days) PA NDS
KINERET	5	PA NDS
LITFULO	5	QL (30 EA per 30 days) PA NDS
OLUMIANT	5	QL (30 EA per 30 days) PA NDS
OMVOH INJ 100MG/ML	5	QL (2 ML per 28 days) PA NDS
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA NDS
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA NDS
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA NDS
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA NDS
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA NDS
RIDAURA	5	NDS
RINVOQ	5	QL (30 EA per 30 days) PA NDS
SILIQ	5	QL (7.5 ML per 28 days) PA NDS
SKYRIZI PEN	5	QL (1 ML per 28 days) PA NDS
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA NDS
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA NDS
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA NDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA NDS
TALTZ	5	QL (4 ML per 28 days) PA NDS
TREMFYA	5	QL (2 ML per 56 days) PA NDS
VELSIPITY	5	QL (30 EA per 30 days) PA NDS
XELJANZ XR	5	QL (30 EA per 30 days) PA NDS
XELJANZ SOLN	5	QL (300 ML per 30 days) PA NDS
XELJANZ TABS	5	QL (60 EA per 30 days) PA NDS
XOLAIR INJ 150MG/ML, 150MG, 75MG/0.5ML	5	PA NDS
ZILBRYSQ INJ 23MG/0.574ML, 32.4MG/0.81ML	5	PA NDS
Immunostimulants		
ACTIMMUNE	5	PA NDS
PEGASYS	5	PA NDS
Immunosuppressants		
ASTAGRAF XL CP24 0.5MG, 1MG	3	B/D
ASTAGRAF XL CP24 5MG	5	B/D NDS
<i>azasan</i>	4	B/D
<i>azathioprine tabs</i>	2	B/D
CELLCEPT	5	B/D NDS
CIMZIA INJ 200MG	5	QL (1 EA per 28 days) PA NDS
CIMZIA INJ 200MG/ML	5	QL (2 EA per 28 days) PA NDS
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL (6 EA per 28 days) PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL (6 EA per 28 days) PA
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
CYLTEZO INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	5	QL (8 ML per 28 days) PA NDS
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA NDS
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA NDS
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARUSUS XR TB24 4MG	5	B/D NDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D NDS
<i>gengraf caps 100mg, 25mg</i>	2	B/D
<i>gengraf soln</i>	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	QL (4 EA per 365 days) PA NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL (4 EA per 28 days) PA NDS
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN INJ 40MG/0.4ML, 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	5	QL (2 EA per 28 days) PA NDS
HUMIRA INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA NDS
IMURAN TABS	4	B/D
<i>leflunomide</i>	2	
LUPKYNIS	5	QL (180 EA per 30 days) PA NDS
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D NDS
<i>mycophenolic acid dr</i>	2	B/D
MYFORTIC TBEC 180MG	4	B/D
MYFORTIC TBEC 360MG	5	B/D NDS
NEORAL	4	B/D
OTREXUP INJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PROGRAF PACK	3	B/D
PROGRAF CAPS 0.5MG, 1MG	4	B/D
PROGRAF CAPS 5MG	5	B/D NDS
RAPAMUNE SOLN	5	B/D NDS
RAPAMUNE TABS 0.5MG	4	B/D
RAPAMUNE TABS 1MG, 2MG	5	B/D NDS
RASUVO INJ 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REZUROCK	5	QL (60 EA per 30 days) PA NDS
SANDIMMUNE SOLN	3	B/D
SANDIMMUNE CAPS 100MG, 25MG	4	B/D
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 28 days) PA NDS
SIMPONI INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
<i>sirolimus soln</i>	2	B/D NDS
<i>sirolimus tabs 0.5mg, 1mg</i>	2	B/D
<i>sirolimus tabs 2mg</i>	2	B/D NDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL	3	
XATMEP	3	
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS
ZORTRESS	5	B/D NDS
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJ 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED	3	
PEDIATRIC		
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D

Drug Name	Drug Tier	Requirements/Limits
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO	4	
AZULFIDINE EN-TABS	4	
AZULFIDINE TABS	4	
<i>balsalazide disodium</i>	2	
DELZICOL	4	ST
DIPENTUM	5	NDS
LIALDA	4	
<i>mesalamine dr cpdr</i>	2	ST
MESALAMINE DR TBEC 800MG	2	
<i>mesalamine dr tbec 1.2gm</i>	2	
<i>mesalamine er</i>	2	
<i>mesalamine enem, supp</i>	2	
PENTASA	3	
ROWASA KIT	5	NDS
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
ANUSOL-HC CREA	4	
<i>budesonide er</i>	5	ST NDS
<i>budesonide cpep 3mg</i>	2	
<i>budesonide foam 2mg</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TARPEYO	5	QL (120 EA per 30 days) PA NDS
UCERIS FOAM	3	
UCERIS TB24	5	ST NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 35MG	4	QL (4 EA per 28 days) ST
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 10mg</i>	2	
ATELVIA	4	QL (4 EA per 28 days) ST
BINOSTO	3	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	2	
<i>cinacalcet hydrochloride tabs 90mg</i>	2	NDS
<i>doxercalciferol caps</i>	2	
EVENITY	5	QL (2.34 ML per 28 days) PA NDS
FORTEO INJ 600MCG/2.4ML	5	PA NDS
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST
FOSAMAX TABS 70MG	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
NATPARA	5	QL (2 EA per 28 days) PA NDS
<i>paricalcitol caps</i>	2	
PROLIA	3	QL (2 ML per 365 days)
RAYALDEE	5	NDS
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	2	
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days)
ROCALTROL	4	
SENSIPAR TABS 30MG	4	
SENSIPAR TABS 60MG, 90MG	5	NDS
TERIPARATIDE INJ 620MCG/2.48ML	5	PA NDS
TYMLOS	5	PA NDS
XGEVA	5	PA NDS
ZEMPLAR CAPS 1MCG, 2MCG	4	

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS	1	
AUGTYRO	5	PA NDS
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	QL (200 EA per 30 days)
CARNITOR SOLN, TABS	4	
CURITY GAUZE PADS 2"X2" 12 PLY	1	
GRASTEK	3	QL (30 EA per 30 days) PA
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO	3	QL (40 EA per 5 days)
<i>levocarnitine soln, tabs</i>	2	
LIVMARLI	5	QL (90 ML per 30 days) PA NDS
LODOCO	3	PA
NUTRILIPID	3	B/D
ODACTRA	3	QL (30 EA per 30 days) PA
ORALAIR	3	QL (30 EA per 30 days) PA
ORLADEYO	5	QL (30 EA per 30 days) PA NDS
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days); \$0 Copay
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days); \$0 Copay
SKYCLARYS	5	QL (90 EA per 30 days) PA NDS
<i>sodium chloride 0.9%</i>	2	
TAVNEOS	5	QL (180 EA per 30 days) PA NDS
TYRVAYA	3	QL (8.4 ML per 30 days)
VIJOICE TBPK 125MG, 50MG	5	QL (28 EA per 28 days) PA NDS
VIJOICE TBPK 0	5	QL (56 EA per 28 days) PA NDS
VOXZOGO	5	QL (30 EA per 30 days) PA NDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	2	
CEQUA	3	PA
COMBIGAN	3	
COSOPT	4	
COSOPT PF	4	
<i>cyclosporine emul 0.05%</i>	2	
CYSTADROPS	5	QL (20 ML per 28 days) NDS
CYSTARAN	5	QL (60 ML per 28 days) NDS
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
LACRISERT	3	
MAXITROL	4	
MIEBO	5	QL (12 ML per 30 days) PA NDS
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	2	
OPHTHALMIC SUSP 1%; 3.5MG/ML; 10000UNIT/ML		
OXERVATE	5	QL (56 ML per 28 days) PA NDS
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	4	
RESTASIS MULTIDOSE	4	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	

Drug Name	Drug Tier	Requirements/Limits
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	2	
VERKAZIA	5	QL (120 EA per 30 days) PA NDS
XIIDRA	3	QL (60 EA per 30 days) ST
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOMIDE	3	
<i>azelastine hcl</i>	2	
<i>bepotastine besilate</i>	2	
BEPREVE	4	
CROMOLYN SODIUM SOLN 4%	1	
<i>epinastine hcl</i>	2	
ZERVIAE	3	
Ophthalmic Anti-Infectives		
AZASITE	3	
BACITRACIN	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
LEVOFLOXACIN OPHTHALMIC SOLN 0.5%	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	3	
OCUFLOX	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
SULFACETAMIDE SODIUM OINT 10%	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	1	
TOBEX OINT	3	
TRIFLURIDINE	2	
VIGAMOX	4	
ZIRGAN	3	
Ophthalmic Anti-inflammatory		
ACULAR	4	
ACULAR LS	4	
ALREX	3	
<i>bromfenac</i>	2	
<i>bromfenac sodium soln 0.07%</i>	3	QL (12 ML per 365 days)
BROMSITE	3	ST
DEXAMETHASONE SODIUM PHOSPHATE SOLN	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	3	PA

Drug Name	Drug Tier	Requirements/Limits
FLAREX	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML FORTE	3	
FML LIQUIFILM	4	
ILEVRO	3	QL (4 ML per 30 days)
INVELTYS	3	
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	2	
LOTEMAX SM	3	QL (20 GM per 365 days)
LOTEMAX OINT	3	QL (14 GM per 365 days)
LOTEMAX SUSP	4	
LOTEMAX GEL	4	QL (20 GM per 365 days)
LOTEPREDNOL ETABONATE GEL	2	QL (20 GM per 365 days)
<i>loteprednol etabonate susp 0.5%</i>	2	
MAXIDEX SUSP	3	
NEVANAC	3	QL (4 ML per 30 days)
PRED FORTE	4	
PRED MILD	3	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	2	
PROLENSA	3	QL (12 ML per 365 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
BETAXOLOL HCL SOLN 0.5%	2	
BETIMOL	3	
BETOPTIC-S	3	
CARTEOLOL HCL	2	
ISTALOL	4	
LEVOBUNOLOL HCL SOLN 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
TIMOPTIC OCUDOSE SOLN 0.25%	3	
TIMOPTIC OCUDOSE SOLN 0.5%	4	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	2	
<i>acetazolamide tabs 125mg</i>	2	
ALPHAGAN P SOLN 0.1%	3	
ALPHAGAN P SOLN 0.15%	4	
APRACLONIDINE	2	
AZOPT	4	
<i>brimonidine tartrate soln 0.1%, 0.15%, 0.2%</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	2	
IOPIDINE SOLN 1%	3	
<i>methazolamide tabs</i>	2	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	QL (2.5 ML per 25 days)
VUITY	3	QL (7.5 ML per 25 days) PA

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
IYUZEH	3	QL (30 EA per 30 days) ST
<i>latanoprost soln</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
<i>tafluprost</i>	2	QL (30 EA per 30 days)
TRAVATAN Z	4	QL (2.5 ML per 25 days) ST
<i>travoprost</i>	2	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
XALATAN	4	
XELPROS	4	QL (2.5 ML per 25 days) ST
ZIOPTAN	3	QL (30 EA per 30 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CETRAXAL	4	ST
CIPRO HC	3	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
DERMOTIC	4	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	3	QL (12.2 GM per 30 days) ST
ARMONAIR DIGIHALER	3	QL (1 EA per 30 days) ST
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	3	QL (13 GM per 30 days) ST
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	QL (120 ML per 30 days) B/D
<i>flunisolide soln 0.025%</i>	2	QL (50 ML per 30 days)
FLUTICASONE PROPIONATE HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) PA
FLUTICASONE PROPIONATE HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) PA
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days)
OMNARIS	3	QL (12.5 GM per 30 days) ST
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST
QNASL	3	QL (10.6 GM per 30 days)
QVAR REDIHALER	3	QL (21.2 GM per 30 days) ST
XHANCE	3	QL (32 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
<i>azelastine hydrochloride/fluticasone propionate</i>	2	QL (23 GM per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
CARBINOXAMINE MALEATE SOLN	2	
<i>cetirizine hydrochloride soln 1mg/ml</i>	1	
CLARINEX-D 12 HOUR	3	
<i>clemastine fumarate syrp</i>	5	NDS
CLEMASTINE FUMARATE TABS 2.68MG	2	
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
DESLORATADINE ODT	2	
DYMISTA	4	QL (23 GM per 30 days)
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrp</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100MG	2	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride soln, tabs</i>	2	
<i>olopatadine hcl</i>	2	QL (30.5 GM per 30 days)
VISTARIL CAPS 25MG	4	
Antileukotrienes		
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium chew 4mg</i>	2	
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium pack</i>	2	
SINGULAIR TABS	4	
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR	5	QL (2 EA per 30 days) ST NDS
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
TIOTROPIUM BROMIDE	3	QL (30 EA per 30 days)
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST
YUPELRI	5	QL (90 ML per 30 days) B/D NDS
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	4	QL (48 GM per 30 days)
<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 syrp, tabs</i>	2	
<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
<i>arformoterol tartrate</i>	2	QL (120 ML per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
AUVI-Q INJ 0.1MG/0.1ML	3	QL (2 EA per 30 days)
AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA	5	QL (120 ML per 30 days) PA NDS
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	2	
<i>epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
EPIPEN 2-PAK	4	ST
EPIPEN-JR 2-PAK	4	ST
<i>formoterol fumarate nebu</i>	2	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) ST
<i>levalbuterol nebu</i>	2	QL (90 EA per 30 days) B/D
PERFOROMIST	5	QL (120 ML per 30 days) B/D NDS
PROAIR DIGIHALER	3	QL (2 EA per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) ST
<i>terbutaline sulfate tabs</i>	2	
VENTOLIN HFA	4	QL (48 GM per 30 days)
XOPENEX HFA	3	QL (30 GM per 30 days) ST
Cystic Fibrosis Agents		
BETHKIS	5	B/D NDS
CAYSTON	5	PA NDS
KALYDECO	5	PA NDS
KITABIS PAK	5	B/D NDS
ORKAMBI TABS	5	QL (112 EA per 28 days) PA NDS
ORKAMBI PACK	5	QL (56 EA per 28 days) PA NDS
PULMOZYME	5	PA NDS
SYMDEKO TBPK 150MG; 100MG	5	QL (56 EA per 28 days) PA NDS
SYMDEKO TBPK 75MG; 50MG	5	QL (60 EA per 30 days) PA NDS
TOBI PODHALER	5	QL (224 EA per 56 days) NDS
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	B/D NDS
TRIKAFTA THPK	5	QL (56 EA per 28 days) PA NDS
TRIKAFTA TBPK	5	QL (84 EA per 28 days) PA NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D NDS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA
<i>roflumilast</i>	2	PA
THEO-24	3	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline soln</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (90 EA per 30 days) PA NDS
<i>alyq</i>	2	QL (60 EA per 30 days) PA NDS
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA NDS
<i>bosentan</i>	5	QL (60 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
LIQREV	5	PA NDS
OPSUMIT	5	QL (30 EA per 30 days) PA NDS
ORENITRAM TITRATION KIT MONTH 1	5	QL (336 EA per 365 days) PA NDS
ORENITRAM TITRATION KIT MONTH 2	5	QL (672 EA per 365 days) PA NDS
ORENITRAM TITRATION KIT MONTH 3	5	QL (504 EA per 365 days) PA NDS
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA NDS
<i>sildenafil citrate susr</i>	2	PA NDS
<i>sildenafil citrate tabs</i>	2	QL (90 EA per 30 days) PA
<i>tadalafil tabs 20mg</i>	2	QL (60 EA per 30 days) PA NDS
TADLIQ	5	QL (300 ML per 30 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG	5	QL (112 EA per 28 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWD 0	5	QL (224 EA per 28 days) PA NDS
TYVASO DPI TITRATION KIT	5	QL (504 EA per 365 days) PA NDS
UPTRAVI TITRATION PACK	5	QL (400 EA per 365 days) PA NDS
UPTRAVI TABS	5	QL (60 EA per 30 days) PA NDS
VENTAVIS	5	QL (270 ML per 30 days) PA NDS
Pulmonary Fibrosis Agents		
ESBRIET	5	PA NDS
OFEV	5	PA NDS
<i>pirfenidone caps</i>	5	PA NDS
PIRFENIDONE TABS 534MG	5	PA NDS
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA NDS
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	2	B/D
ADVAIR DISKUS	4	QL (60 EA per 30 days) ST
ADVAIR HFA	4	QL (24 GM per 30 days) ST
AIRDUO DIGIHALER 113/14	4	QL (1 EA per 30 days) ST
AIRDUO DIGIHALER 232/14	4	QL (1 EA per 30 days) ST
AIRDUO DIGIHALER 55/14	4	QL (1 EA per 30 days) ST
AIRDUO RESPICLICK 113/14	4	QL (1 EA per 30 days) ST
AIRDUO RESPICLICK 232/14	4	QL (1 EA per 30 days) ST
AIRDUO RESPICLICK 55/14	4	QL (1 EA per 30 days) ST
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) ST
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>breyna</i>	3	QL (10.3 GM per 30 days) ST
BRONCHITOL	5	QL (560 EA per 28 days) PA NDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL (10.2 GM per 30 days) ST
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA	5	PA NDS
FASENRA PEN	5	PA NDS
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	3	QL (60 EA per 30 days) PA
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/SALMETEROL HFA	4	QL (24 GM per 30 days) ST
FLUTICASONE PROPIONATE/SALMETEROL AEPB	3	QL (1 EA per 30 days)
113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT		
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfat</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA NDS
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA NDS
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
PROMETHAZINE VC	2	
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) ST
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) ST
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tabs</i>	2	PA
<i>chlorzoxazone tabs 375mg, 500mg, 750mg</i>	2	
<i>chlorzoxazone tabs 250mg</i>	5	NDS
<i>cyclobenzaprine hydrochloride er</i>	2	
<i>cyclobenzaprine hydrochloride tabs</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	2	
<i>orphenadrine citrate er</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
AMBIEN	4	QL (30 EA per 30 days)
AMBIEN CR	4	QL (30 EA per 30 days)
BELSOMRA	3	QL (30 EA per 30 days)
DAYVIGO	3	QL (30 EA per 30 days) PA
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days)
EDLUAR	3	QL (30 EA per 30 days)
<i>estazolam</i>	2	QL (30 EA per 30 days)
<i>eszopiclone</i>	2	QL (30 EA per 30 days)
FLURAZEPAM HYDROCHLORIDE	2	QL (30 EA per 30 days)
HALCION TABS 0.25MG	4	QL (60 EA per 30 days)
LUNESTA	4	QL (30 EA per 30 days)
<i>ramelteon</i>	2	QL (30 EA per 30 days)
ROZEREM	4	QL (30 EA per 30 days)
SILENOR	4	QL (30 EA per 30 days)
<i>tasimelteon</i>	5	QL (30 EA per 30 days) PA NDS
<i>temazepam</i>	2	QL (30 EA per 30 days)
<i>triazolam</i>	2	QL (60 EA per 30 days)
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days)
<i>zolpidem tartrate er</i>	2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE SUBL	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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<i>zolpidem tartrate tabs</i>	1	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
LUMRYZ	5	QL (30 EA per 30 days) PA NDS
<i>modafinil tabs</i>	2	QL (30 EA per 30 days) PA
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA NDS
SUNOSI	3	QL (30 EA per 30 days) PA
WAKIX	5	QL (60 EA per 30 days) PA NDS
XYREM	5	QL (540 ML per 30 days) PA NDS
XYWAV	5	QL (540 ML per 30 days) PA NDS

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<i>vestura</i>	62
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VIBERZI	53
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VICTOZA	32
<i>vienna</i>	62
<i>vigabatrin</i>	11
<i>vigadrone</i>	11
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VIJOICE	70
VILAZODONE HYDROCHLORIDE	14
VIMPAT	12
VIKACE	56
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VIREAD	28
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VITRAKVI	22
VIVELLE-DOT	62
VIVITROL	4
VIZIMPRO	22
VONJO	20
VOQUEZNA	54
<i>voriconazole</i>	17
VOSEVI	27
VOTRIENT	22
VOWST	54
VOXZOGO	70
VRAYLAR	25
VTAMA	49
VUITY	72
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<i>vyfemla</i>	62
<i>vylibra</i>	62
VYNDAMAX	39
VYNDAQEL	56
YTORIN	41
VYVANSE	42
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WAINUA	56
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<i>warfarin sodium</i>	34
WELCHOL	41
WELIREG	22
WELLBUTRIN SR	13
WINLEVI	49
<i>wixela inhub</i>	77
<i>wymzya fe</i>	62
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XALATAN	73
XALKORI	22
XANAX	30
XANAX XR	30
XARELTO	34
XARELTO STARTER PACK	34
XATMEP	67
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XELJANZ	65
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XIFAXAN	54
XIGDUO XR	32
XIIDRA	71
XOFLUZA	29
XOLAIR	65
XOPENEX HFA	75
XOSPATA	22
XPOVIO	20
XPOVIO 60 MG TWICE WEEKLY	20
XPOVIO 80 MG TWICE WEEKLY	20
XTAMPZA ER	2
XTANDI	19
<i>xulane</i>	62
XULTOPHY 100/3.6	32
XURIDEN	56
XYOSTED	58
XYREM	78
XYWAV	78
YASMIN 28	62
YAZ	62
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YUFLYMA 1-PEN KIT	67
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<i>yuvafem</i>	62
<i>zafemy</i>	62
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<i>zaleplon</i>	77
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ZARONTIN	10
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ZEGALOGUE	32
ZEJULA	22
ZELBORAF	22
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ZEMDRI	5
ZEMPLAR	69
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<i>zidovudine</i>	28
ZIEXTENZO	35
ZILBRYSQ	65
ZILXI	18
ZIMHI	4
ZIOPTAN	73
<i>ziprasidone hcl</i>	25
<i>ziprasidone mesylate</i>	26
ZIRGAN	71
ZITHROMAX	8
ZITHROMAX TRI-PAK	8
ZITHROMAX Z-PAK	8
ZOCOR	41
ZOKINVY	56
ZOLINZA	20
<i>zolmitriptan</i>	18
<i>zolmitriptan odt</i>	18
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<i>zolpidem tartrate er</i>	77
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ZORYVE	49
ZOSYN	7
<i>zovia 1/35</i>	62
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ZTALMY	44
ZTLIDO	4
ZUBSOLV	4
ZURZUVAE	13
ZYCLARA PUMP	49
ZYDELIG	22
ZYKADIA	22
ZYLET	71
ZYPITAMAG	41
ZYPREXA	26
ZYPREXA RELPREVV	26
ZYPREXA ZYDIS	26
ZYVOX	6

Medicare-excluded Drugs Covered under the Enhanced Medicare Rx Option Only (Bonus Drug List)

DRUG NAME	DRUG TIER
COUGH AND COLD	
<i>benzonatate cap 100mg</i>	1
<i>benzonatate cap 150mg</i>	1
<i>benzonatate cap 200mg</i>	1
<i>brom/pse/dm syp</i>	1
<i>hyd pol/cpm sus 10-8/5ml</i>	1
<i>prometh/cod sol 6.25-10</i>	1
<i>prometh vc/cod syp 6.25-10</i>	1
<i>promethazine sol dm</i>	1
TESSALON PER CAP 100MG	4
TUSSIONEX SUS 10-8/5ML	3

ERECTILE AND SEXUAL DYSFUNCTION	
ADDYI TAB 100MG	3
CIALIS TAB 10MG (Limit: 6 per 30 days)	4
CIALIS TAB 20MG (Limit: 6 per 30 days)	4
LEVITRA TAB 10MG (Limit: 6 per 30 days)	4
LEVITRA TAB 2.5MG (Limit: 6 per 30 days)	4
LEVITRA TAB 20MG (Limit: 6 per 30 days)	4
LEVITRA TAB 5MG (Limit: 6 per 30 days)	4
<i>sildenafil tab 100mg</i> (Limit: 6 per 30 days)	1
<i>sildenafil tab 25mg</i> (Limit: 6 per 30 days)	1
<i>sildenafil tab 50mg</i> (Limit: 6 per 30 days)	1
<i>tadalafil tab 10mg</i> (Limit: 6 per 30 days)	1

DRUG NAME	DRUG TIER
<i>tadalafil tab 20mg</i> (Limit: 6 per 30 days)	1
<i>varafenafil tab 10mg</i> (Limit: 6 per 30 days)	1
<i>varafenafil tab 2.5mg</i> (Limit: 6 per 30 days)	1
<i>varafenafil tab 20mg</i> (Limit: 6 per 30 days)	1
<i>varafenafil tab 5mg</i> (Limit: 6 per 30 days)	1
VIAGRA TAB 100MG (Limit: 6 per 30 days)	4
VIAGRA TAB 25MG (Limit: 6 per 30 days)	4
VIAGRA TAB 50MG (Limit: 6 per 30 days)	4

VITAMINS	
ABANEU-SL SUB	3
<i>active fe tab 75-1.25</i>	1
ACTIVITE TAB	3
<i>airavite tab</i>	1
AQUASOL A INJ 50000/ML	3
<i>ascorbic acid inj 500mg/ml</i>	1
ASCORBIC ACD INJ 500MG/ML	3
ASCORBIC ACI SOL 500MG/ML	3
AVAILNEX CHW 750MG	3
B-12 COMP KIT 1000MCG	3
B-COMPLEX INJ	3
<i>b-complex inj 100</i>	1
BIOPAR DELTA CAP FORTE	3
CALCIFOL WAF	3
CENFOL TAB	3
CEREFOLIN TAB	4
<i>cerefolin tab nac</i>	1

DRUG NAME	DRUG TIER
CHOLECAL DF TAB	3
<i>chromagen cap</i>	1
CIFEREX CAP	3
CORVITE 150 TAB	3
<i>corvite fe tab</i>	1
<i>cyanocobalam inj 1000mcg</i>	1
DAVITE TAB	3
DEPLIN 15 CAP	3
DEPLIN 7.5 CAP	3
<i>dexifol tab</i>	1
<i>dialyvite tab</i>	1
DIALYVITE TAB 3000	3
DIALYVITE TAB 5000	3
DIALYVITE/ TAB ZINC	3
DRISDOL CAP 50000UNT	4
ELFOLATE TAB 15MG	3
ELFOLATE TAB 7.5MG	3
ELFOLATE PLU TAB 3-35-2MG	3
<i>fabb tab 2.2-25-1</i>	1
FERAHEME INJ 510/17ML	3
FERIVA TAB 21/7	3
FERIVAF A CAP 110-1MG	3
FERRALET 90 TAB	3
<i>ferraplus 90 tab</i>	1
<i>ferric gluco inj 12.5/ml</i>	1
FERRLECIT INJ 12.5MG/M	4
<i>ferrocite tab plus</i>	1
FOLAGENT CAP DHA	3
<i>folbee plus tab cz</i>	1
FOLGARD RX TAB	3
<i>folic acid inj 5mg/ml</i>	1
FOLI-D TAB	3
FOLIVANE-PLS CAP	3
FOLIXAPURE TAB 1-5000	3
<i>folplex 2.2 tab</i>	1
<i>foltrin cap</i>	1

DRUG NAME	DRUG TIER
FOLT X TAB	3
FOSTEUM PLUS CAP	3
FUSION PLUS CAP	3
<i>hematogen cap forte</i>	1
HEMATOGEN FA CAP	3
HEMATRON-AF TAB	3
HEMOCYTE PLS CAP	3
<i>hemocyte-f tab</i>	1
HYDROXOCOBAL INJ 1000MCG	3
HYLAVITE TAB	3
<i>iferex 150 cap forte</i>	1
INFUVITE INJ ADULT	3
INFUVITE INJ PEDIATRI	3
INJECTAFER INJ 750/15ML	3
INTEGRA F CAP	3
IROSPAN 24/6 MIS	3
K-PHOS TAB NEUTRAL	3
<i>k-tan plus cap</i>	1
<i>levomefolate cap algal</i>	1
<i>l-methylfola cap algal</i>	1
<i>l-methylfola tab 15mg</i>	1
<i>l-methylfola tab 7.5mg</i>	1
<i>l-methyl-mc tab</i>	1
<i>l-methylfola-b6-b12 tab</i>	1
MEPHYTON TAB 5MG	4
<i>metafolbic tab plus</i>	1
METANX CAP	3
<i>methylfol/ca tab me-cbl</i>	1
<i>methylfol/me cap cbl/p5p</i>	1
MULTIGEN TAB	3
MULTIGEN TAB FOLIC	3
MULTIGEN PLS TAB	3
<i>mynephrocaps cap</i>	1
NASCOBAL SPR 500MCG	3
NEPHROCAPS CAP	3
NEPHRON FA TAB	3

DRUG NAME	DRUG TIER
NICOMIDE TAB	3
<i>nicotinamide tab</i>	1
NUTRIVIT LIQ 800-15-1	3
<i>phospha 250 tab neutral</i>	1
<i>phytonadione tab 5mg</i>	1
PRO-CRITIC POW	3
PURFE CAP PLUS	3
<i>pyridoxine inj 100mg/ml</i>	1
PYRIDOXINE INJ 100MG/ML	3
RENATABS MIS IRON	3
SUPERVITE LIQ	3
TALIVA CAP	3
TANDEM PLUS CAP	3
TARON FORTE CAP	3
<i>thiamine hcl inj 100mg/ml</i>	1
TL G-FOL OS TAB	3
<i>tl-hem 150 tab</i>	1
TRIFERIC POW 272MG	3
VITAL-D RX TAB	3
<i>vitamin d cap 50000</i>	1
<i>vitamin k1 inj 10mg/ml</i>	1
<i>vitamin k1 inj 1mg/0.5</i>	1
<i>zinc sulfata inj 3mg/ml</i>	1
<i>zinc sulfata inj 5mg/ml</i>	1

This formulary is effective as of April 1, 2024.
For more recent information 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 HOPbenefits.com.

**THE ENHANCED OR BASIC MEDICARE Rx OPTION (PDP) IS A STAND-ALONE
PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN
THE ENHANCED OR BASIC MEDICARE Rx OPTION (PDP) DEPENDS ON
CONTRACT RENEWAL. CMS CONTRACT NUMBER: E3014; FORMULARY ID: 24073**



Pennsylvania Public School Employees' Retirement System (PSERS)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-773-7725; TTY: 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-773-7725; TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-773-7725; TTY: 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-773-7725; TTY: 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-800-773-7725; TTY: 711]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-773-7725; TTY: 711]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-800-773-7725; TTY: 711] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-773-7725; TTY: 711]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-773-7725; TTY: 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-773-7725; TTY: 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-773-7725; TTY: 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-773-7725; TTY: 711. पर फोन करें कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-773-7725; TTY: 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725; TTY: 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-773-7725; TTY: 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pom ożew uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-773-7725; TTY: 711. Ta usługa ja est bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-773-7725; TTY: 711 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Cambodian (Khmer): ខ្ញុំ: យើងមានសេវាកម្មប្រែប្រួលភាសាដោយឥតគិតថ្លៃ ដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីផែនការសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែប្រួលភាសា សូមទូរស័ព្ទមកកាន់យើងខ្ញុំតាមរយៈលេខ 1-800-773-7725; TTY: 711។ អ្នកដែលចេះនិយាយភាសាអង់គ្លេស/ខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιοσδήποτε ερωτήσεις που μπορεί να έχετε σχετικά με το πρόγραμμα υγείας ή το πρόγραμμα χορήγησης φαρμάκων μας. Για υπηρεσίες διερμηνείας, καλέστε μας στο 1-800-773-7725. Τηλέτυπο: 711. Κάποιο άτομο που μιλάει αγγλικά/ελληνικά μπορεί να σας βοηθήσει. Αυτή η υπηρεσία είναι δωρεάν.

Gujarati: અમારી સ્વાસ્થ્ય કેદવા યોજના વિશે તમને કોઈ પણ પ્રશ્ન ઊંઈ શકે છે, તેનો જવાબ આપવા માટે અમારી પાસે નિ:શુલ્ક અનુવાદક ની સેવાઓ છે. અનુવાદક મેળવવા માટે કુલ્ત અમને કોલ કરો, 1-800-773-7725; તેમજ મુકબધીરો માટે જી ટાઇપરાઇટર નંબર 711 પર. અંગ્રેજી/ગુજરાતી ભાષા બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ સેવા નિ:શુલ્ક છે.

Hrvatski: pružamo besplatne usluge usmenog prevođenja kako bismo odgovorili na sva Vaša eventualna pitanja o pokriću zdravstvenih usluga ili lijekova. Za razgovor s usmenim prevoditeljem nazovite nas na broj telefona: 1-800-773-7725; TTY: 711. Pomoći će Vam govornik engleskoga/hrvatskoga jezika. Ova je usluga besplatna.

Ukrainian: Ми надаємо безкоштовні послуги перекладача, який відповість на будь-які питання щодо нашого медичного обслуговування та призначення лікарських препаратів. Щоб скористатися послугами перекладача, зателефонуйте за номером 1-800-773-7725; текстовий телефон: 711. Вам допоможе людина, яка розмовляє англійською або українською мовою. Послуга безкоштовна.