



# State Health Benefits Program/School Employees' Health Benefits Program Medicare Prescription Drug Plan (PDP)

## Your 2021 Comprehensive Formulary

Administered by OptumRx®

Effective January 1, 2021



**Please read: this document contains information about the drugs we cover in this plan.**

This comprehensive formulary was updated on August 06, 2020, and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

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### OptumRx Member Services

**Phone (toll-free):** 1-844-368-8765

**TTY users:** 711

**Hours of operation:** 24 hours a day, 7 days a week

**Website:** [optumrx.com](http://optumrx.com)

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**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 OptumRx. When it refers to "plan" or "our plan," it means SHBP/SEHBP Medicare Prescription Drug Plan.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2022.

*Last updated date: August 2020*

*Formulary ID 21106*

*Version 7*

*S8841\_21\_MC-DS11\_C SON*

## **What is the Comprehensive Formulary?**

A formulary is a list of covered drugs selected by State Health Benefits Program/School Employees' Health Benefits Program in consultation with OptumRx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan 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.

## **Can the formulary (drug list) change?**

Yes. If you are taking a drug on our 2020 formulary that is covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except when a new, less-expensive generic drug becomes available, or when new adverse information about the safety or effectiveness of a drug is released.

If we make a negative change to our formulary (i.e. add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, when applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 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 60-day supply of the drug. If the Food and Drug Administration (FDA) 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.

The enclosed formulary is current as of January 1, 2021. To get updated information about covered drugs, please contact OptumRx. You may also visit our website at [optumrx.com](http://optumrx.com) where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab). Our contact information is shown on the front and back cover pages.

## **How do I use the formulary?**

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

- **Medical Condition**

The formulary begins on page 7. 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 7. 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 105. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Formulary design

## **Formulary design**

The formulary structure features generic drugs, preferred brand-name drugs, non-preferred brand-name drugs, and high-cost/specialty drugs.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs.
Tier 4	Drugs listed under Tier 4 include generic and brand-name high-cost/specialty drugs that cost \$670 or more for up to a 30-day maximum supply.

Please refer to your Evidence of Coverage for more information.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

<b>Prior Authorization (PA)</b>	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from OptumRx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
<b>Quantity Limits (QL)</b>	For certain drugs, there is a limit on the amount of the drug we will cover.
<b>Step Therapy (ST)</b>	In some cases, it is required that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 7. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling OptumRx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask OptumRx 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 formulary?" on page 4 for additional information.

## **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, is shown on the front and back cover pages.

If your drug is not covered, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask OptumRx to make an exception and cover your drug. See below for information about how to request an exception.

State Health Benefits Program/School Employees' Health Benefits Program offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. Please contact OptumRx for any questions regarding your supplemental coverage.

## **How do I request an exception to the formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, the 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 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, we may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount. If we waive a coverage restriction, it is only effective during the calendar year, and will need to be re-approved annually.

**Please Note:** If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan's formulary, or if 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 OptumRx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.**

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary, or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor (or other prescriber) to decide if you should switch to an appropriate drug that we cover or request a formulary exception. While you talk to your doctor (or other prescriber) 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 not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 get a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

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### **For more information**

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call OptumRx. Our contact information, along with the date we last updated the formulary, is shown 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), TTY 1-877-486-2048, 24 hours a day, 7 days a week. You may also visit medicare.gov.

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## Formulary

The formulary below provides information about your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The abbreviations in the “Requirements/Limits” column tell you if there are any special requirements for coverage of your drug.

Requirements/Limits	Helpful Tips
<b>B/D</b>	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>NDS</b>	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
<b>PA</b>	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from OptumRx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
<b>QL</b>	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
<b>ST</b>	Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>					
<b>Nonsteroidal Anti-inflammatory Drugs</b>					
celecoxib oral capsule	1	QL (60 EA per 30 days)	<i>indomethacin er oral capsule extended release</i>	1	
<i>diclofenac epolamine transdermal patch</i>	1	PA; QL (60 EA per 30 days)	<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>diclofenac potassium oral tablet</i>	3		<i>indomethacin sodium intravenous solution reconstituted</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	3		<i>ketoprofen er oral capsule extended release 24 hour</i>	1	
<i>diclofenac sodium oral tablet delayed release</i>	3		<i>ketoprofen oral capsule</i>	1	
<i>diclofenac sodium transdermal gel 1 %</i>	1	QL (1000 GM per 30 days)	<i>ketorolac tromethamine injection solution</i>	1	
<i>diclofenac sodium transdermal solution</i>	1	PA	<i>ketorolac tromethamine intramuscular solution</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	3		<i>ketorolac tromethamine nasal solution</i>	4	QL (5 EA per 30 days); NDS
<i>diflunisal oral tablet</i>	1		<i>ketorolac tromethamine oral tablet</i>	1	QL (20 EA per 30 days)
DUEXIS ORAL TABLET	4	QL (90 EA per 30 days); NDS	<i>klofensaid ii transdermal solution 1.5 %</i>	1	PA
<i>etodolac er oral tablet extended release 24 hour</i>	1		<i>meclofenamate sodium oral capsule</i>	1	
<i>etodolac oral capsule</i>	1		<i>mefenamic acid oral capsule</i>	1	
<i>etodolac oral tablet</i>	1		<i>meloxicam oral tablet</i>	1	
<i>fenoprofen calcium oral capsule 400 mg</i>	1		<i>nabumetone oral tablet</i>	1	
<i>fenoprofen calcium oral tablet</i>	1		<i>naproxen dr oral tablet delayed release</i>	1	
FLECTOR TRANSDERMAL PATCH	3	PA; QL (60 EA per 30 days)	<i>naproxen oral tablet</i>	1	
<i>flurbiprofen oral tablet</i>	1		<i>naproxen sodium er oral tablet extended release 24 hour</i>	1	
<i>ibu oral tablet</i>	1		<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>ibuprofen lysine intravenous solution</i>	4	NDS	<i>naproxen-esomeprazole oral tablet delayed release</i>	4	PA; QL (60 EA per 30 days); NDS
<i>ibuprofen oral suspension</i>	1		<i>oxaprozin oral tablet</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1		PENNSAID TRANSDERMAL SOLUTION	4	PA; NDS
			<i>piroxicam oral capsule</i>	1	
			<i>profeno oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
relafen ds oral tablet	4	NDS	HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	ST; NDS
SPRIX NASAL SOLUTION	4	QL (5 EA per 30 days); NDS	KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	NDS
sulindac oral tablet	1		levorphanol tartrate oral tablet	4	NDS
tolmetin sodium oral capsule	1		methadone hcl injection solution	3	NDS
tolmetin sodium oral tablet	1		methadone hcl intensol oral concentrate	1	NDS
ZIPSOR ORAL CAPSULE	4	NDS	methadone hcl oral concentrate	1	NDS
<b>Opioid Analgesics, Long-acting</b>			methadone hcl oral solution	1	NDS
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT	4	ST; NDS	methadone hcl oral tablet	1	NDS
BELBUCA Buccal FILM	3	QL (60 EA per 30 days); NDS	methadose oral concentrate 10 mg/ml	1	NDS
buprenorphine transdermal patch weekly	1	QL (4 EA per 28 days); NDS	methadose sugar-free oral concentrate	1	NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; NDS	mitigo injection solution	1	NDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 80-3.2 MG	4	NDS	MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 60 MG	4	ST; NDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG	3	NDS	MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG	3	ST; NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	NDS	morphine sulfate er beads oral capsule extended release 24 hour	1	NDS
fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr	4	NDS	morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	NDS
hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrant	1	NDS	morphine sulfate er oral capsule extended release 24 hour 100 mg	4	NDS
hydromorphone hcl er oral tablet er 24 hour abuse-deterrant	1	NDS	morphine sulfate er oral tablet extended release	1	NDS

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 50 MG	2	NDS	ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; NDS
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 250 MG	4	NDS	acetaminophen-codeine #3 oral tablet	1	NDS
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	NDS	acetaminophen-codeine oral solution	1	NDS
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG, 40 MG	4	NDS	acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	NDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrant 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	2	NDS	APADAZ ORAL TABLET	3	NDS
oxycodone hcl er oral tablet er 12 hour abuse-deterrant 60 mg, 80 mg	4	NDS	apap-caff-dihydrocodeine oral capsule	1	QL (300 EA per 30 days); NDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST; NDS	apap-caff-dihydrocodeine oral tablet	1	NDS
oxymorphone hcl er oral tablet extended release 12 hour	1	NDS	ascomp-codeine oral capsule	1	PA; NDS
tramadol hcl er (biphasic) oral tablet extended release 24 hour	1	NDS	butalbital-apap-caff-cod oral capsule	1	PA; NDS
tramadol hcl er oral capsule extended release 24 hour	3	PA; NDS	butalbital-asa-caff-codeine oral capsule	1	PA; NDS
tramadol hcl er oral tablet extended release 24 hour	1	NDS	butorphanol tartrate injection solution	1	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	2	NDS	butorphanol tartrate nasal solution	1	NDS
<b>Opioid Analgesics, Short-acting</b>			CODEINE SULFATE ORAL TABLET 15 MG	1	NDS
			codeine sulfate oral tablet 30 mg, 60 mg	1	NDS
			DEMEROL INJECTION SOLUTION 100 MG/2ML, 25 MG/0.5ML, 75 MG/1.5ML, 75 MG/ML	3	PA; NDS
			DEMEROL ORAL TABLET 100 MG	3	NDS
			DILAUDID INJECTION SOLUTION 0.2 MG/ML	3	NDS
			DURAMORPH INJECTION SOLUTION	1	NDS
			dvorah oral tablet	3	NDS
			endocet oral tablet	1	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate (pf) injection solution	1	B/D; NDS	meperidine hcl oral solution	1	NDS
fentanyl citrate (pf) injection solution cartridge	1	B/D; NDS	meperidine hcl oral tablet	1	NDS
fentanyl citrate buccal lozenge on a handle	4	PA; NDS	morphine sulfate (concentrate) oral solution 100 mg/5ml	1	NDS
fentanyl citrate buccal tablet	4	PA; NDS	morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 2 mg/ml	1	NDS
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	4	NDS	morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	B/D; NDS
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NDS	morphine sulfate (pf) intravenous solution	1	NDS
hydrocodone-acetaminophen oral tablet	1	NDS	morphine sulfate injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	NDS
hydrocodone-ibuprofen oral tablet	1	NDS	morphine sulfate intramuscular device	1	NDS
hydromorphone hcl injection solution	1	NDS	morphine sulfate intravenous solution 1 mg/ml, 150 mg/30ml	1	B/D; NDS
hydromorphone hcl oral liquid	1	NDS	morphine sulfate intravenous solution 25 mg/ml, 50 mg/ml	1	NDS
hydromorphone hcl oral tablet	1	NDS	morphine sulfate oral solution	1	NDS
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml	1	NDS	morphine sulfate oral tablet	1	NDS
hydromorphone hcl rectal suppository	1	NDS	morphine sulfate rectal suppository	1	NDS
ibudone oral tablet 5-200 mg	1	NDS	nalbuphine hcl injection solution	1	NDS
LAZANDA NASAL SOLUTION	4	PA; NDS	NALOCET ORAL TABLET	4	NDS
loracet hd oral tablet	1	NDS	NUCYNTA ORAL TABLET 100 MG	4	NDS
loracet oral tablet	1	NDS	NUCYNTA ORAL TABLET 50 MG, 75 MG	3	NDS
loracet plus oral tablet 7.5-325 mg	1	NDS	OXAYDO ORAL TABLET ABUSE-DETERRENT	4	NDS
LORTAB ORAL ELIXIR	3	NDS			
meperidine hcl injection solution	1	PA; NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl oral capsule	1	NDS	vicodin es oral tablet 7.5-300 mg	1	NDS
oxycodone hcl oral concentrate 100 mg/5ml	1	NDS	vicodin hp oral tablet 10-300 mg	1	NDS
oxycodone hcl oral solution	1	NDS	vicodin oral tablet 5-300 mg	1	NDS
oxycodone hcl oral tablet	1	NDS	xylon oral tablet 10-200 mg	1	NDS
oxycodone-acetaminophen oral solution 5-325 mg/5ml	1	NDS	<b>Anesthetics</b>		
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NDS	<b>Local Anesthetics</b>		
oxycodone-acetaminophen oral tablet 2.5-300 mg	4	NDS	7t lido external gel	1	PA; QL (30 GM per 30 days)
oxycodone-aspirin oral tablet	1	NDS	bupivacaine fisiopharma injection solution	1	
oxycodone-ibuprofen oral tablet 5-400 mg	1	NDS	bupivacaine hcl (pf) injection solution	1	
oxymorphone hcl oral tablet	1	NDS	bupivacaine hcl injection solution 0.5 %	1	
panlor oral tablet 325-30-16 mg	1	NDS	glydo external prefilled syringe	1	PA; QL (30 ML per 30 days)
pentazocine-naloxone hcl oral tablet	1	NDS	lidocaine external ointment	1	PA; QL (150 GM per 30 days)
primlev oral tablet 10-300 mg	4	NDS	lidocaine external patch 5 %	1	PA
primlev oral tablet 5-300 mg, 7.5-300 mg	3	NDS	lidocaine hcl external solution	1	PA; QL (250 ML per 30 days)
prolate oral tablet 10-300 mg	4	NDS	lidocaine hcl urethral/mucosal external gel	1	PA; QL (30 ML per 30 days)
prolate oral tablet 5-300 mg, 7.5-300 mg	3	NDS	lidocaine hcl urethral/mucosal external prefilled syringe	1	PA; QL (30 ML per 30 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	4	NDS	lidocaine in dextrose solution	1	
SUBSYS SUBLINGUAL LIQUID	4	PA; NDS	lidocaine-epinephrine injection solution	1	
tramadol hcl oral tablet	1	NDS	lidocaine-prilocaine external cream	1	PA; QL (30 GM per 30 days)
tramadol-acetaminophen oral tablet	1	NDS	LIDOCAINE-TETRACAIN EXTERNAL CREAM 7-7 %	4	PA; QL (30 GM per 30 days); NDS
			PLIAGLIS EXTERNAL CREAM	3	PA; QL (30 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUTENZA (2 PATCH) EXTERNAL KIT	4	PA; QL (4 EA per 90 days); NDS	<i>buprenorphine hcl sublingual tablet sublingual</i>	1	
QUTENZA EXTERNAL KIT	4	PA; QL (4 EA per 90 days); NDS	<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	1	QL (60 EA per 30 days)
<i>ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	1		<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>sensorcaine injection solution 0.5 %</i>	1		<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>sensorcaine-mpf injection solution 0.5 %, 0.75 %</i>	1		<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (90 EA per 30 days)
SYNERA EXTERNAL PATCH	4	NDS	LUCEMYRA ORAL TABLET	4	QL (224 EA per 14 days); NDS
<i>xylocaine dental injection solution</i>	1		SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	NDS
ZTLIDO EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)	SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG	3	QL (60 EA per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	3	QL (90 EA per 30 days)
<b>Alcohol Deterrents/Anti-craving</b>			ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG	3	ST; QL (90 EA per 30 days)
<i>acamprosate calcium oral tablet delayed release</i>	1		ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	ST; QL (360 EA per 30 days)
<i>disulfiram oral tablet</i>	1		ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	ST; QL (30 EA per 30 days)
<i>naltrexone hcl oral tablet</i>	1		ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	ST; QL (180 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	NDS	ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	ST; QL (60 EA per 30 days)
<b>Opioid Dependence</b>			<b>Opioid Reversal Agents</b>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	ST; QL (180 EA per 30 days)	EVZIO INJECTION SOLUTION AUTO-INJECTOR	4	ST; NDS
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	3	ST; QL (90 EA per 30 days)			
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	ST; QL (60 EA per 30 days)			
<i>buprenorphine hcl injection solution</i>	4	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl injection solution</i>	1		<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml</i>	1	
<i>naloxone hcl injection solution auto-injector</i>	1		<i>tobramycin sulfate injection solution reconstituted</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1		<b>ZEMDRI INTRAVENOUS SOLUTION</b>	4	NDS
<b>NARCAN NASAL LIQUID</b>	3		<b>Antibacterials, Other</b>		
<b>Smoking Cessation Agents</b>			<i>AEMCOLO ORAL TABLET DELAYED RELEASE</i>	3	PA
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	QL (60 EA per 30 days)	<i>ALTABAX EXTERNAL OINTMENT</i>	3	
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET</b>	2	QL (504 EA per 365 days)	<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<b>CHANTIX ORAL TABLET</b>	2	QL (504 EA per 365 days)	<i>aztreonam injection solution reconstituted 2 gm</i>	4	NDS
<b>CHANTIX STARTING MONTH PAK ORAL TABLET</b>	2	QL (504 EA per 365 days)	<b>CLEOCIN VAGINAL SUPPOSITORY</b>	3	
<b>NICOTROL INHALATION INHALER</b>	3	QL (2688 EA per 365 days)	<i>clindacin etz external swab</i>	1	
<b>NICOTROL NS NASAL SOLUTION</b>	2	QL (360 ML per 365 days)	<i>clindacin-p external swab</i>	1	
<b>Antibacterials</b>			<i>clindamycin hcl oral capsule</i>	1	
<b>Aminoglycosides</b>			<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
<i>amikacin sulfate injection solution</i>	1		<i>clindamycin phosphate external swab</i>	1	
<b>ARIKAYCE INHALATION SUSPENSION</b>	4	NDS	<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>gentamicin sulfate external cream</i>	1		<i>clindamycin phosphate vaginal cream</i>	1	
<i>gentamicin sulfate external ointment</i>	1		<i>colistimethate sodium (cba) injection solution reconstituted</i>	1	
<i>gentamicin sulfate injection solution</i>	1		<b>DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	NDS
<i>neomycin sulfate oral tablet</i>	1				
<i>paromomycin sulfate oral capsule</i>	1				
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
daptomycin intravenous solution reconstituted	4	NDS	SIVEXTRO ORAL TABLET	4	QL (6 EA per 30 days); NDS
IMPAVIDO ORAL CAPSULE	4	NDS	SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
lincomycin hcl injection solution	1		tigecycline intravenous solution reconstituted	4	NDS
linezolid in sodium chloride intravenous solution	4	NDS	tinidazole oral tablet	1	
linezolid intravenous solution	4	NDS	trimethoprim oral tablet	1	
linezolid oral suspension reconstituted	4	QL (1800 ML per 28 days); NDS	vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	1	
linezolid oral tablet	1	QL (56 EA per 28 days)	vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg	1	
methenamine hippurate oral tablet	1		VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	1		vancomycin hcl oral capsule 125 mg	1	QL (120 EA per 30 days)
metronidazole oral tablet	1		vancomycin hcl oral capsule 250 mg	4	QL (240 EA per 30 days); NDS
metronidazole vaginal gel	1		vancomycin hcl oral solution reconstituted	1	
MONUROL ORAL PACKET	3		VANDAZOLE VAGINAL GEL	1	
nitrofurantoin macrocrystal oral capsule	1		XENLETA INTRAVENOUS SOLUTION	4	NDS
nitrofurantoin monohydrate macrocrystals oral capsule	1		XENLETA ORAL TABLET	4	NDS
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	4	NDS
polymyxin b sulfate injection solution reconstituted	1		<b>Beta-lactam, Cephalosporins</b>		
PRIMSOL ORAL SOLUTION	3		AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	4	QL (6 EA per 30 days); NDS	cefaclor oral capsule	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
cefaclor oral suspension reconstituted	3		ceftibuten oral capsule 400 mg	1	
cefadroxil oral capsule	1		ceftibuten oral suspension reconstituted 180 mg/5ml	1	
cefadroxil oral suspension reconstituted	1		ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
cefadroxil oral tablet	1		cefuroxime axetil oral tablet	1	
cefazolin sodium injection solution reconstituted 1 gm	1		cefuroxime sodium injection solution reconstituted	1	
cefdinir oral capsule	1		cefuroxime sodium intravenous solution reconstituted	1	
cefdinir oral suspension reconstituted	1		cephalexin oral capsule 250 mg, 500 mg	1	
cefepime hcl injection solution reconstituted	1		cephalexin oral suspension reconstituted	1	
cefepime hcl intravenous solution	1		cephalexin oral tablet 250 mg	1	
cefepime-dextrose intravenous solution reconstituted	1		FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
cefixime oral capsule	1		SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
cefixime oral suspension reconstituted	1		suprax oral tablet chewable	2	
cefotaxime sodium injection solution reconstituted	1		tazicef injection solution reconstituted	1	
cefotetan disodium injection solution reconstituted	1		tazicef intravenous solution reconstituted	1	
cefoxitin sodium injection solution reconstituted	1		TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
cefoxitin sodium intravenous solution reconstituted	1		ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
cefpodoxime proxetil oral suspension reconstituted	1		Beta-lactam, Penicillins		
cefpodoxime proxetil oral tablet	1				
cefprozil oral suspension reconstituted	1				
cefprozil oral tablet	1				
ceftazidime injection solution reconstituted	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral capsule	1		NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4	NDS
amoxicillin oral suspension reconstituted	1		nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
amoxicillin oral tablet	1		nafcillin sodium intravenous solution reconstituted 1 gm	1	
amoxicillin oral tablet chewable	1		nafcillin sodium intravenous solution reconstituted 10 gm, 2 gm	4	NDS
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	1		OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
amoxicillin-potassium clavulanate oral suspension reconstituted	1		oxacillin sodium injection solution reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1		oxacillin sodium intravenous solution reconstituted	4	NDS
amoxicillin-potassium clavulanate oral tablet chewable	1		penicillin g sodium injection solution reconstituted	4	NDS
ampicillin oral capsule	1		penicillin v potassium oral solution reconstituted	1	
ampicillin sodium injection solution reconstituted 1 gm	1		penicillin v potassium oral tablet	1	
ampicillin-sulbactam sodium injection solution reconstituted	1		piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
ampicillin-sulbactam sodium intravenous solution reconstituted	1		<b>Carbapenems</b>		
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	NDS	DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3				
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3				
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3				
dicloxacillin sodium oral capsule	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ertapenem sodium injection solution reconstituted	1		ery-tab oral tablet delayed release	2	
imipenem-cilastatin intravenous solution reconstituted	1		erythrocin stearate oral tablet	3	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3		erythromycin base oral capsule delayed release particles	1	
meropenem intravenous solution reconstituted	1		erythromycin base oral tablet	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML	4	NDS	erythromycin base oral tablet delayed release	1	
RECARBRIQ INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	erythromycin ethylsuccinate oral suspension reconstituted	1	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	erythromycin ethylsuccinate oral tablet	1	
<b>Macrolides</b>			PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG	3	
azithromycin intravenous solution reconstituted	1		ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM	3	
AZITHROMYCIN ORAL PACKET	1		<b>Quinolones</b>		
azithromycin oral suspension reconstituted	1		BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
azithromycin oral tablet	1		BAXDELA ORAL TABLET	4	NDS
clarithromycin er oral tablet extended release 24 hour	1		ciprofloxacin hcl oral tablet	1	
clarithromycin oral suspension reconstituted	1		ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
clarithromycin oral tablet	1		ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	1	
DIFID ORAL TABLET	4	NDS	ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg	1	
e.e.s. 400 oral tablet	1		levofloxacin intravenous solution	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
levofloxacin oral solution	1		MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
levofloxacin oral tablet	1		minocycline hcl er oral tablet extended release 24 hour 105 mg, 65 mg, 80 mg	1	
moxifloxacin hcl in nacl intravenous solution	1		minocycline hcl er oral tablet extended release 24 hour 115 mg, 55 mg	4	NDS
moxifloxacin hcl oral tablet	1		minocycline hcl oral capsule	1	
ofloxacin oral tablet	1		monodoxine nl oral capsule 100 mg, 50 mg	1	
<b>Sulfonamides</b>			morgidox oral capsule	1	
sulfacetamide sodium (acne) external lotion	3		NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
sulfadiazine oral tablet	1		NUZYRA ORAL TABLET	4	NDS
sulfamethoxazole-trimethoprim oral suspension	1		SEYSARA ORAL TABLET	4	NDS
sulfamethoxazole-trimethoprim oral tablet	1		tetracycline hcl oral capsule	1	
sulfatrim pediatric oral suspension	1		VIBRAMYCIN ORAL SYRUP	3	
<b>Tetracyclines</b>			XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
demecephacycline hcl oral tablet	1		<b>Anticonvulsants</b>		
doxy 100 intravenous solution reconstituted	1		<b>Anticonvulsants, Other</b>		
doxycycline hyclate intravenous solution reconstituted	1		BRIVIACT INTRAVENOUS SOLUTION	4	PA; NDS
doxycycline hyclate oral capsule	1		BRIVIACT ORAL SOLUTION	4	PA; NDS
doxycycline hyclate oral tablet 100 mg	1		BRIVIACT ORAL TABLET	4	PA; NDS
doxycycline hyclate oral tablet delayed release 200 mg	1		EPIDIOLEX ORAL SOLUTION	4	PA; NDS
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		felbamate oral suspension	4	NDS
doxycycline monohydrate oral suspension reconstituted	1		felbamate oral tablet	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1				
doxycycline oral capsule delayed release	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FINTEPLA ORAL SOLUTION	4	PA; NDS	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
FYCOMPA ORAL SUSPENSION	3		<i>subvenite oral tablet</i>	1	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	4	NDS	<i>subvenite starter kit-blue oral kit</i>	1	
FYCOMPA ORAL TABLET 2 MG, 8 MG	3		<i>subvenite starter kit-green oral kit</i>	1	
LAMICTAL ODT ORAL KIT 42 X 50 MG & 14X100 MG	4	NDS	<i>subvenite starter kit-orange oral kit</i>	1	
<i>lamotrigine er oral tablet extended release 24 hour</i>	1		<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg</i>	1		<i>topiramate oral capsule sprinkle</i>	1	
<i>lamotrigine oral kit 42 x 50 mg &amp; 14x100 mg</i>	4	NDS	<i>topiramate oral tablet</i>	1	
<i>lamotrigine oral tablet</i>	1		TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	NDS
<i>lamotrigine oral tablet chewable</i>	1		<i>valproic acid oral capsule</i>	1	
<i>lamotrigine oral tablet dispersible</i>	1		<i>valproic acid oral solution</i>	1	
<i>lamotrigine starter kit-blue oral kit</i>	1		XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS
<i>lamotrigine starter kit-green oral kit</i>	1		XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS
<i>lamotrigine starter kit-orange oral kit</i>	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA
<i>levetiracetam er oral tablet extended release 24 hour</i>	1		XCOPRI ORAL TABLET 200 MG	4	PA; NDS
<i>levetiracetam intravenous solution</i>	1		XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA
<i>levetiracetam oral solution</i>	1		XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	PA; NDS
<i>levetiracetam oral tablet</i>	1				
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days); NDS			
<i>roweepra oral tablet</i>	1				
<i>roweepra xr oral tablet extended release 24 hour</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Calcium Channel Modifying Agents</b>					
CELONTIN ORAL CAPSULE	3		<i>phenobarbital oral elixir</i>	1	PA
<i>ethosuximide oral capsule</i>	1		<i>phenobarbital oral tablet</i>	1	PA
<i>ethosuximide oral solution</i>	1		<i>phenobarbital sodium injection solution</i>	1	PA
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>					
<i>clobazam oral suspension</i>	4	NDS	<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>clobazam oral tablet</i>	1		<i>pregabalin oral capsule 300 mg</i>	1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)	<i>pregabalin oral solution</i>	1	QL (900 ML per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)	<i>primidone oral tablet</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)	<i>SYMPAZAN ORAL FILM</i>	4	NDS
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)	<i>tiagabine hcl oral tablet</i>	1	
<i>DIACOMIT ORAL CAPSULE</i>	4	PA; NDS	<i>VALTOCO 10 MG DOSE NASAL LIQUID</i>	4	QL (10 EA per 30 days); NDS
<i>DIACOMIT ORAL PACKET</i>	4	PA; NDS	<i>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK</i>	4	QL (10 EA per 30 days); NDS
<i>diazepam rectal gel</i>	1		<i>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK</i>	4	QL (10 EA per 30 days); NDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1		<i>VALTOCO 5 MG DOSE NASAL LIQUID</i>	4	QL (10 EA per 30 days); NDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1		<i>vigabatrin oral packet</i>	4	PA; NDS
<i>divalproex sodium oral tablet delayed release</i>	1		<i>vigabatrin oral tablet</i>	4	PA; NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)	<i>vigadron oral packet</i>	4	PA; NDS
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)	<b>Sodium Channel Agents</b>		
<i>gabapentin oral solution 250 mg/5ml</i>	1	QL (2160 ML per 30 days)	<i>APTIOM ORAL TABLET</i>	4	NDS
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)	<i>BANZEL ORAL SUSPENSION</i>	4	NDS
<i>gabapentin oral tablet 800 mg</i>	1	QL (150 EA per 30 days)	<i>BANZEL ORAL TABLET</i>	4	NDS
			<i>carbamazepine er oral capsule extended release 12 hour</i>	1	
			<i>carbamazepine er oral tablet extended release 12 hour</i>	1	
			<i>carbamazepine oral suspension</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
carbamazepine oral tablet	1		VIMPAT ORAL TABLET 50 MG	3	
carbamazepine oral tablet chewable	1		zonisamide oral capsule	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3		<b>Antidementia Agents</b>		
dilantin infatabs oral tablet chewable	3		<b>Antidementia Agents, Other</b>		
dilantin oral capsule	3		ergoloid mesylates oral tablet	3	
DILANTIN ORAL SUSPENSION	3		NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL (56 EA per 365 days)
epitol oral tablet	1		NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
oxcarbazepine oral suspension	1		<b>Cholinesterase Inhibitors</b>		
oxcarbazepine oral tablet	1		donepezil hcl oral tablet	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	4	NDS	donepezil hcl oral tablet dispersible	1	
PEGANONE ORAL TABLET	3		galantamine hydrobromide er oral capsule extended release 24 hour	1	
phenytek oral capsule	3		galantamine hydrobromide oral solution	1	
phenytoin infatabs oral tablet chewable	1		galantamine hydrobromide oral tablet	1	
phenytoin oral suspension 125 mg/5ml	1		rivastigmine tartrate oral capsule	1	
phenytoin oral tablet chewable	1		rivastigmine transdermal patch 24 hour	1	
phenytoin sodium extended oral capsule	1		<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
phenytoin sodium injection solution	1		memantine hcl er oral capsule extended release 24 hour	1	QL (30 EA per 30 days)
TEGRETOL ORAL SUSPENSION	3		memantine hcl oral solution 2 mg/ml	1	
TEGRETOL ORAL TABLET	3		memantine hcl oral tablet 10 mg, 5 mg	1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3		MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	
VIMPAT ORAL SOLUTION	3				
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	NDS			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>Antidepressants</b>					
<b>Antidepressants, Other</b>					
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days); NDS	MARPLAN ORAL TABLET	3	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (90 EA per 30 days)	<i>phenelzine sulfate oral tablet</i>	1	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)	<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)	<i>citalopram hydrobromide oral solution</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 EA per 30 days)	<i>citalopram hydrobromide oral tablet</i>	1	
<i>bupropion hcl oral tablet</i>	1		DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (120 EA per 30 days)
<i>chlordiazepoxide- amitriptyline oral tablet</i>	1	PA	DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; QL (30 EA per 30 days)
<i>maprotiline hcl oral tablet</i>	1		<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (120 EA per 30 days)
<i>mirtazapine oral tablet</i>	1		<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	1		DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 EA per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (90 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 EA per 30 days)	<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>perphenazine- amitriptyline oral tablet</i>	1	PA	<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	1	QL (90 EA per 30 days)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	4	PA; NDS			
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	4	PA; NDS			
<b>Monoamine Oxidase Inhibitors</b>					
EMSAM TRANSDERMAL PATCH 24 HOUR	4	ST; QL (30 EA per 30 days); NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate oral solution	1		venlafaxine hcl er oral capsule extended release 24 hour	1	
escitalopram oxalate oral tablet	1		venlafaxine hcl er oral tablet extended release 24 hour	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)	venlafaxine hcl oral tablet	1	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL (56 EA per 365 days)	VIIBRYD ORAL TABLET	3	QL (30 EA per 30 days)
fluoxetine hcl oral capsule	1		VIIBRYD STARTER PACK ORAL KIT	3	QL (60 EA per 365 days)
fluoxetine hcl oral solution	1		<b>Tricyclics</b>		
fluoxetine hcl oral tablet 10 mg, 20 mg	1		amitriptyline hcl oral tablet	1	PA
fluvoxamine maleate er oral capsule extended release 24 hour	1	QL (60 EA per 30 days)	amoxapine oral tablet	1	
fluvoxamine maleate oral tablet	1		clomipramine hcl oral capsule	1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (120 EA per 30 days)	desipramine hcl oral tablet	1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; QL (30 EA per 30 days)	doxepin hcl oral capsule	1	PA
nefazodone hcl oral tablet	3		doxepin hcl oral concentrate	1	PA
paroxetine hcl er oral tablet extended release 24 hour	1		imipramine hcl oral tablet	1	
paroxetine hcl oral tablet	1		nortriptyline hcl oral capsule	1	
paroxetine mesylate oral capsule	1	QL (30 EA per 30 days)	nortriptyline hcl oral solution	1	
PAXIL ORAL SUSPENSION	3		protriptyline hcl oral tablet	1	
sertraline hcl oral concentrate	1		trimipramine maleate oral capsule	1	
sertraline hcl oral tablet	1		<b>Antiemetics</b>		
trazodone hcl oral tablet	1		<b>Antiemetics, Other</b>		
TRINTELLIX ORAL TABLET	3	QL (30 EA per 30 days)	compro rectal suppository	1	
			doxylamine-pyridoxine oral tablet delayed release	1	PA; QL (120 EA per 30 days)
			meclizine hcl oral tablet	1	
			phenadoz rectal suppository 12.5 mg, 25 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
phenergan rectal suppository 12.5 mg, 25 mg, 50 mg	1	PA	CESAMET ORAL CAPSULE 1 MG	4	PA; QL (60 EA per 30 days); NDS
prochlorperazine edisylate injection solution	1		dronabinol oral capsule	1	PA; QL (60 EA per 30 days)
prochlorperazine maleate oral tablet	1		EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D; QL (6 EA per 30 days)
prochlorperazine rectal suppository	1		gransetron hcl oral tablet	1	B/D; QL (30 EA per 30 days)
promethazine hcl oral syrup	1	PA	ondansetron hcl oral solution	1	B/D; QL (450 ML per 30 days)
promethazine hcl oral tablet	1	PA	ondansetron hcl oral tablet 24 mg	1	B/D; QL (14 EA per 28 days)
promethazine hcl rectal suppository	1	PA	ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D
promethegan rectal suppository	1	PA	ondansetron odt oral tablet dispersible	1	B/D
scopolamine transdermal patch 72 hour	1		palonosetron hcl intravenous solution 0.25 mg/5ml	4	NDS
trimethobenzamide hcl oral capsule	1	B/D	palonosetron hcl intravenous solution prefilled syringe	1	
<b>Emetogenic Therapy Adjuncts</b>			SANCUSO TRANSDERMAL PATCH	4	QL (2 EA per 30 days); NDS
AKYNZEO INTRAVENOUS SOLUTION	3		SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	4	QL (1.2 ML per 30 days); NDS
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3		SYNDROS ORAL SOLUTION	4	PA; QL (120 ML per 30 days); NDS
AKYNZEO ORAL CAPSULE	3	B/D; QL (2 EA per 30 days)	VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	B/D; QL (4 EA per 30 days)
ANZEMET ORAL TABLET 100 MG	4	B/D; QL (5 EA per 30 days); NDS	VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5ML	3	
ANZEMET ORAL TABLET 50 MG	3	B/D; QL (5 EA per 30 days)	ZUPLENZ ORAL FILM 4 MG	3	B/D
aprepitant oral capsule 125 mg	1	B/D; QL (2 EA per 30 days)	ZUPLENZ ORAL FILM 8 MG	4	B/D; NDS
aprepitant oral capsule 40 mg	1	B/D; QL (1 EA per 30 days)	<b>Antifungals</b>		
aprepitant oral capsule 80 & 125 mg	1	B/D; QL (6 EA per 30 days)	<b>Antifungals</b>		
aprepitant oral capsule 80 mg	1	B/D; QL (8 EA per 30 days)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABELCET INTRAVENOUS SUSPENSION	3	B/D	<i>fluconazole oral suspension reconstituted</i>	1	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	B/D; NDS	<i>fluconazole oral tablet</i>	1	
AMPHOTEC INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG, 50 MG	4	NDS	<i>flucytosine oral capsule</i>	4	NDS
<i>amphotericin b</i> <i>intravenous solution reconstituted</i>	1	B/D	<i>griseofulvin microsize oral suspension</i>	1	
<i>caspofungin acetate</i> <i>intravenous solution reconstituted</i>	4	NDS	<i>griseofulvin microsize oral tablet</i>	1	
<i>clotrimazole external cream</i>	1		<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>clotrimazole mouth/throat troche</i>	1		<i>gynazole-1 vaginal cream</i>	3	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	<i>itraconazole oral capsule</i>	1	PA
CRESEMBA ORAL CAPSULE	4	NDS	<i>itraconazole oral solution</i>	4	PA; NDS
<i>econazole nitrate</i> <i>external cream</i>	1		JUBLIA EXTERNAL SOLUTION	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	NDS	KERYDIN EXTERNAL SOLUTION	4	PA; NDS
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3		<i>ketoconazole external cream</i>	1	
ERTACZO EXTERNAL CREAM	4	NDS	<i>ketoconazole external foam</i>	1	
<i>fluconazole in dextrose</i> <i>intravenous solution</i> <i>200 mg/100ml</i>	1		<i>ketoconazole external shampoo</i>	1	
<i>fluconazole in sodium</i> <i>chloride intravenous</i> <i>solution</i>	1		<i>ketoconazole oral tablet</i>	1	
			<i>ketodan external foam</i>	1	
			<i>micafungin sodium</i> <i>intravenous solution</i> <i>reconstituted</i>	4	NDS
			<i>miconazole 3 vaginal suppository</i>	1	
			<i>naftifine hcl external cream</i>	1	
			<i>naftifine hcl external gel</i>	1	
			NAFTIN EXTERNAL GEL 2 %	3	
			NOXAFILE INTRAVENOUS SOLUTION	4	NDS
			NOXAFILE ORAL SUSPENSION	4	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
nyamyc external powder	1		allopurinol oral tablet	1	
nyata external powder 100000 unit/gm	1		COLCHICINE ORAL CAPSULE	2	
nystatin external cream	1		colchicine oral tablet	2	
nystatin external ointment	1		colchicine-probenecid oral tablet	1	
nystatin external powder	1		DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	3	
nystatin mouth/throat suspension	1		febuxostat oral tablet	1	
nystatin oral tablet	1		GLOPERBA ORAL SOLUTION	3	ST
nystop external powder	1		KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; NDS
ONMEL ORAL TABLET 200 MG	4	NDS	probenecid oral tablet	1	
OXISTAT EXTERNAL LOTION	3		ZURAMPIC ORAL TABLET 200 MG	3	
posaconazole oral tablet delayed release	4	NDS	<b>Antimigraine Agents</b>		
sulconazole nitrate external cream	1		<b>Ergot Alkaloids</b>		
sulconazole nitrate external solution	1		dihydroergotamine mesylate injection solution	4	PA; NDS
terbinafine hcl oral tablet	1	QL (84 EA per 180 days)	dihydroergotamine mesylate nasal solution	4	PA; QL (8 ML per 30 days); NDS
terconazole vaginal cream	1		ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	2	
terconazole vaginal suppository	1		ergotamine-caffeine oral tablet	1	
TOLSURA ORAL CAPSULE	4	PA; NDS	migergot rectal suppository	4	NDS
voriconazole intravenous solution reconstituted	4	NDS	<b>Prophylactic</b>		
voriconazole oral suspension reconstituted	4	NDS	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days)
voriconazole oral tablet 200 mg	4	NDS	AIMOVIG	3	PA; QL (2 ML per 30 days)
voriconazole oral tablet 50 mg	1		AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (4.5 ML per 90 days)
XOLEGEL EXTERNAL GEL	4	NDS	<b>Antigout Agents</b>		
<b>Antigout Agents</b>			<b>Antigout Agents</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (4.5 ML per 90 days)	<i>sumatriptan succinate oral tablet</i>	1	QL (9 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 30 days)	<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (5 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1 ML per 30 days)	<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (5 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 ML per 30 days)	<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	1	QL (5 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	4	PA; QL (15 EA per 30 days); NDS	<i>sumatriptan-naproxen sodium oral tablet</i>	1	QL (9 EA per 30 days)
<i>timolol maleate oral tablet</i>	1		SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 6 MG/0.5ML	4	QL (6 ML per 30 days); NDS
UBRELVY ORAL TABLET	4	PA; QL (16 EA per 30 days); NDS	TOSYMRA NASAL SOLUTION	3	QL (12 EA per 30 days)
<b>Serotonin (5-HT) Receptor Agonist</b>			ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	QL (8 ML per 30 days); NDS
<i>almotriptan malate oral tablet</i>	1	QL (12 EA per 30 days)	<i>zolmitriptan oral tablet</i>	1	QL (12 EA per 30 days)
AXERT ORAL TABLET 6.25 MG	4	QL (12 EA per 30 days); NDS	<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1	QL (12 EA per 30 days)	<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (9 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	1	QL (12 EA per 30 days)	<b>Antimyasthenic Agents</b>		
<i>naratriptan hcl oral tablet</i>	1	QL (9 EA per 30 days)	<b>Parasympathomimetics</b>		
REVVOW ORAL TABLET 100 MG	3	PA; QL (8 EA per 30 days)	GUANIDINE HCL ORAL TABLET	3	
REVVOW ORAL TABLET 50 MG	3	PA; QL (4 EA per 30 days)	<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>rizatriptan benzoate oral tablet</i>	1	QL (18 EA per 30 days)	<i>pyridostigmine bromide oral solution</i>	4	NDS
<i>rizatriptan benzoate oral tablet dispersible</i>	1	QL (18 EA per 30 days)	<i>pyridostigmine bromide oral tablet 30 mg</i>	4	NDS
<i>sumatriptan nasal solution</i>	1	QL (12 EA per 30 days)	<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Antimycobacterials</b>			<i>cyclophosphamide oral capsule</i>	1	B/D
<b>Antimycobacterials, Other</b>			<i>dacarbazine intravenous solution reconstituted</i>	1	
<i>dapsone oral tablet</i>	1		<b>EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	NDS
<i>rifabutin oral capsule</i>	1		<b>GLEOSTINE ORAL CAPSULE</b>	3	
<b>Antituberculars</b>			<b>HEXALEN ORAL CAPSULE 50 MG</b>	4	NDS
<i>ethambutol hcl oral tablet</i>	1		<i>ifosfamide intravenous solution reconstituted 3 gm</i>	1	
<i>isoniazid oral syrup</i>	1		<b>LEUKERAN ORAL TABLET</b>	4	NDS
<i>isoniazid oral tablet</i>	1		<b>MATULANE ORAL CAPSULE</b>	4	NDS
<i>paser oral packet</i>	3		<i>melphalan hcl intravenous solution reconstituted</i>	4	NDS
<b>PRIFTIN ORAL TABLET</b>	3		<i>oxaliplatin intravenous solution</i>	4	NDS
<i>pyrazinamide oral tablet</i>	1		<i>oxaliplatin intravenous solution reconstituted</i>	4	NDS
<i>rifampin intravenous solution reconstituted</i>	1		<b>TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	NDS
<i>rifampin oral capsule</i>	1		<i>thiotepa injection solution reconstituted</i>	4	NDS
<b>SIRTURO ORAL TABLET</b>	4	NDS	<b>TREANDA INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	NDS
<b>TRECATOR ORAL TABLET</b>	3		<b>VALCHLOR EXTERNAL GEL</b>	4	PA; NDS
<b>Antineoplastics</b>			<b>YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	NDS
<b>Alkylating Agents</b>			<b>ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	NDS
<b>BELRAPZO INTRAVENOUS SOLUTION</b>	4	NDS			
<b>BENDAMUSTINE HCL INTRAVENOUS SOLUTION</b>	4	NDS			
<b>BENDEKA INTRAVENOUS SOLUTION</b>	4	NDS			
<i>busulfan intravenous solution</i>	4	NDS			
<i>carboplatin intravenous solution 150 mg/15ml, 50 mg/5ml, 600 mg/60ml</i>	1				
<i>carmustine intravenous solution reconstituted</i>	4	NDS			
<i>cisplatin intravenous solution</i>	1				
<i>cyclophosphamide injection solution reconstituted</i>	4	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	<i>adrucil intravenous solution</i> 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	1	B/D
<b>Antiandrogens</b>			ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>abiraterone acetate oral tablet</i>	4	PA; NDS	ARRANON INTRAVENOUS SOLUTION	4	NDS
<i>bicalutamide oral tablet</i>	1		<i>cladribine intravenous solution</i>	4	B/D; NDS
ERLEADA ORAL TABLET	4	PA; NDS	<i>clofarabine intravenous solution</i>	4	NDS
<i>flutamide oral capsule</i>	1		<i>cytarabine (pf) injection solution</i>	1	B/D
<i>nilutamide oral tablet</i>	4	NDS	<i>cytarabine injection solution</i>	1	B/D
NUBEQA ORAL TABLET	4	PA; NDS	DROXIA ORAL CAPSULE	3	
XTANDI ORAL CAPSULE	4	PA; NDS	<i>flouxuridine injection solution reconstituted</i>	4	B/D; NDS
YONSA ORAL TABLET	4	PA; NDS	<i>fluorouracil intravenous solution</i>	1	B/D
ZYTIGA ORAL TABLET 500 MG	4	PA; NDS	FOLOTYN INTRAVENOUS SOLUTION	4	PA; NDS
<b>Antiangiogenic Agents</b>			<i>gemcitabine hcl intravenous solution</i> 1 gm/10ml, 1 gm/26.3ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	4	NDS
POMALYST ORAL CAPSULE	4	PA; NDS	<i>gemcitabine hcl intravenous solution reconstituted</i>	4	NDS
QINLOCK ORAL TABLET	4	PA; NDS	<i>hydroxyurea oral capsule</i>	1	
REVLIMID ORAL CAPSULE	4	PA; NDS	INFUGEM INTRAVENOUS SOLUTION	4	NDS
TABRECTA ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS	<i>mercaptopurine oral tablet</i>	1	
THALOMID ORAL CAPSULE	4	PA; NDS	NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<b>Antiestrogens/Modifiers</b>					
EMCYT ORAL CAPSULE	4	NDS			
<i>fulvestrant intramuscular solution</i>	4	NDS			
SOLTAMOX ORAL SOLUTION	4	NDS			
<i>tamoxifen citrate oral tablet</i>	1				
<i>toremifene citrate oral tablet</i>	4	NDS			
<b>Antimetabolites</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PURIXAN ORAL SUSPENSION	4	NDS	<i>dactinomycin intravenous solution reconstituted</i>	4	NDS
SIKLOS ORAL TABLET 100 MG	3	PA	<i>daunorubicin hcl intravenous solution 50 mg/10ml</i>	1	
SIKLOS ORAL TABLET 1000 MG	4	PA; NDS	<i>decitabine intravenous solution reconstituted</i>	4	PA; NDS
TABLOID ORAL TABLET	3		<b>DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG</b>	4	NDS
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA; NDS	<i>docetaxel intravenous concentrate</i>	4	NDS
<b>Antineoplastics, Other</b>			<i>docetaxel intravenous solution</i>	4	NDS
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	4	NDS	<i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>	1	B/D
<i>adriamycin intravenous solution</i>	1	B/D	<i>doxorubicin hcl liposomal intravenous injectable</i>	4	NDS
<i>adriamycin intravenous solution reconstituted</i>	1	B/D	<b>ELZONRIS INTRAVENOUS SOLUTION</b>	4	PA; NDS
AMIFOSTINE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	NDS	<i>epirubicin hcl intravenous solution</i>	1	
<i>arsenic trioxide intravenous solution 10 mg/10ml</i>	1		<b>ERWINAZE INJECTION SOLUTION RECONSTITUTED</b>	4	NDS
<i>arsenic trioxide intravenous solution 12 mg/6ml</i>	4	NDS	<b>ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	NDS
ASPARLAS INTRAVENOUS SOLUTION	4	NDS	<i>fludarabine phosphate intravenous solution</i>	4	NDS
<i>azacitidine injection suspension reconstituted</i>	4	NDS	<b>HALAVEN INTRAVENOUS SOLUTION</b>	4	PA; NDS
BLEO 15K INJECTION SOLUTION RECONSTITUTED 15 (15000 IU) UNIT	3	B/D	<b>IBRANCE ORAL TABLET</b>	4	PA; NDS
<i>bleomycin sulfate injection solution reconstituted</i>	1	B/D	<i>idarubicin hcl intravenous solution</i>	4	NDS
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS	LONSURF ORAL TABLET	4	PA; NDS
INREBIC ORAL CAPSULE	4	PA; NDS	MARQIBO INTRAVENOUS SUSPENSION	4	NDS
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	<i>mitomycin intravenous solution reconstituted</i>	4	NDS
IXEM普RA KIT INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	<i>mutamycin intravenous solution reconstituted</i>	4	NDS
JEVTANA INTRAVENOUS SOLUTION	4	PA; NDS	NINLARO ORAL CAPSULE	4	PA; NDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS	<i>paclitaxel intravenous concentrate 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	1	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS	PEMAZYRE ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS	PHESGO SUBCUTANEOUS SOLUTION	4	PA; NDS
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	B/D	PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>leucovorin calcium injection solution 500 mg/50ml</i>	1		RETEVMO ORAL CAPSULE	4	PA; NDS
<i>leucovorin calcium injection solution reconstituted</i>	1		ROMIDEPSIN INTRAVENOUS SOLUTION	4	PA; NDS
<i>leucovorin calcium oral tablet</i>	1		ROMIDEPSIN INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	4	PA; NDS
<i>levoleucovorin calcium intravenous solution 175 mg/17.5ml</i>	4	NDS	SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>levoleucovorin calcium intravenous solution reconstituted</i>	4	NDS	TAZVERIK ORAL TABLET	4	PA; NDS
<i>levoleucovorin calcium pf intravenous solution</i>	4	NDS	THERACYS INTRAVESICAL SUSPENSION RECONSTITUTED 81 MG/VIAL	4	NDS
<i>lipodox 50 intravenous injectable 2 mg/ml</i>	4	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3		ZALTRAP INTRAVENOUS SOLUTION	4	PA; NDS
TUKYSA ORAL TABLET	4	PA; NDS	ZOLINZA ORAL CAPSULE	4	PA; NDS
<i>valrubicin intravesical solution</i>	4	NDS	<b>Aromatase Inhibitors, 3rd Generation</b>		
VELCADE INJECTION SOLUTION RECONSTITUTED	4	PA; NDS	<i>anastrozole oral tablet</i>	1	
<i>vinblastine sulfate intravenous solution</i>	1	B/D	<i>exemestane oral tablet</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D	<i>letrozole oral tablet</i>	1	
<i>vincristine sulfate intravenous solution</i>	1	B/D	<b>Enzyme Inhibitors</b>		
<i>vinorelbine tartrate intravenous solution</i>	1		ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	<i>etoposide intravenous solution</i>	1	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	<i>irinotecan hcl intravenous solution</i>	1	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	ONIVYDE INTRAVENOUS INJECTABLE	4	NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	<i>toposar intravenous solution</i>	1	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	<i>topotecan hcl intravenous solution</i>	4	NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	<i>topotecan hcl intravenous solution reconstituted</i>	4	NDS
<b>Molecular Target Inhibitors</b>			<b>Molecular Target Inhibitors</b>		
			AFINITOR DISPERZ ORAL TABLET SOLUBLE	4	PA; NDS
			AFINITOR ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); NDS
			ALECensa ORAL CAPSULE	4	PA; NDS
			ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA per 30 days); NDS	ERIVEDGE ORAL CAPSULE	4	PA; NDS
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (120 EA per 30 days); NDS	erlotinib hcl oral tablet	4	PA; NDS
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (60 EA per 365 days); NDS	everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	4	PA; QL (30 EA per 30 days); NDS
AYVAKIT ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS	FARYDAK ORAL CAPSULE	4	PA; NDS
BALVERSA ORAL TABLET	4	PA; NDS	GILOTRIF ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	IBRANCE ORAL CAPSULE	4	PA; NDS
BOSULIF ORAL TABLET	4	PA; NDS	ICLUSIG ORAL TABLET 15 MG	4	PA; QL (60 EA per 30 days); NDS
BRAFTOVI ORAL CAPSULE	4	PA; NDS	ICLUSIG ORAL TABLET 45 MG	4	PA; NDS
BRUKINSA ORAL CAPSULE	4	PA; NDS	<i>imatinib mesylate oral tablet</i>	4	PA; NDS
CABOMETYX ORAL TABLET	4	PA; NDS	IMBRUVICA ORAL CAPSULE	4	PA; NDS
CALQUENCE ORAL CAPSULE	4	PA; NDS	IMBRUVICA ORAL TABLET	4	PA; NDS
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 EA per 30 days); NDS	INLYTA ORAL TABLET	4	PA; NDS
CAPRELSA ORAL TABLET 300 MG	4	PA; NDS	IRESSA ORAL TABLET	4	PA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	4	PA; NDS	JAKAFI ORAL TABLET 10 MG	4	PA; QL (60 EA per 30 days); NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	4	PA; NDS	JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	4	PA; NDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	4	PA; NDS	KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS
COPIKTRA ORAL CAPSULE	4	PA; NDS	KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS
COTELLIC ORAL TABLET	4	PA; NDS	KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS
DAURISMO ORAL TABLET	4	PA; NDS	KOSELUGO ORAL CAPSULE	4	PA; NDS
			LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS	PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS	PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS	ROZLYTREK ORAL CAPSULE	4	PA; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS	RUBRACA ORAL TABLET	4	PA; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS	RYDAPT ORAL CAPSULE	4	PA; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS	SPRYCEL ORAL TABLET	4	PA; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS	STIVARGA ORAL TABLET	4	PA; NDS
LORBRENA ORAL TABLET	4	PA; NDS	SUTENT ORAL CAPSULE	4	PA; NDS
LYNPARZA ORAL CAPSULE 50 MG	4	NDS	TAFINLAR ORAL CAPSULE	4	PA; NDS
LYNPARZA ORAL TABLET	4	PA; NDS	TAGRISSO ORAL TABLET 40 MG	4	PA; QL (30 EA per 30 days); NDS
MEKINIST ORAL TABLET	4	PA; NDS	TAGRISSO ORAL TABLET 80 MG	4	PA; NDS
MEKTOVI ORAL TABLET	4	PA; NDS	TALZENNA ORAL CAPSULE	4	PA; NDS
NERLYNX ORAL TABLET	4	PA; QL (180 EA per 30 days); NDS	TASIGNA ORAL CAPSULE	4	PA; NDS
NEXAVAR ORAL TABLET	4	PA; NDS	<i>temsirolimus intravenous solution</i>	4	NDS
ODOMZO ORAL CAPSULE	4	PA; NDS	TIBSOVO ORAL TABLET	4	PA; NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	4	PA; NDS	TURALIO ORAL CAPSULE	4	PA; NDS
			TYKERB ORAL TABLET	4	PA; NDS
			VENCLEXTA ORAL TABLET 10 MG	2	PA
			VENCLEXTA ORAL TABLET 100 MG, 50 MG	4	PA; NDS
			VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET	4	PA; NDS	CYRAMZA INTRAVENOUS SOLUTION	4	PA; NDS
VITRAKVI ORAL CAPSULE	4	PA; NDS	DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	PA; NDS
VITRAKVI ORAL SOLUTION	4	PA; NDS	DARZALEX INTRAVENOUS SOLUTION	4	PA; NDS
VIZIMPRO ORAL TABLET	4	PA; NDS	EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
VOTRIENT ORAL TABLET	4	PA; NDS	ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
XALKORI ORAL CAPSULE	4	PA; NDS	ERBITUX INTRAVENOUS SOLUTION	4	PA; NDS
XOSPATA ORAL TABLET	4	PA; NDS	GAZYVA INTRAVENOUS SOLUTION	4	PA; NDS
ZEJULA ORAL CAPSULE	4	PA; NDS	HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	PA; NDS
ZELBORAF ORAL TABLET	4	PA; NDS	HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ZYDELIG ORAL TABLET	4	PA; NDS	IMFINZI INTRAVENOUS SOLUTION	4	PA; NDS
ZYKADIA ORAL CAPSULE 150 MG	4	PA; NDS	KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ZYKADIA ORAL TABLET	4	PA; NDS	KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>			KEYTRUDA INTRAVENOUS SOLUTION	4	PA; NDS
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	PA; NDS
ARZERRA INTRAVENOUS CONCENTRATE	4	PA; NDS			
AVASTIN INTRAVENOUS SOLUTION	4	PA; NDS			
BAVENCIO INTRAVENOUS SOLUTION	4	PA; NDS			
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS			
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LARTRUVO INTRAVENOUS SOLUTION	4	PA; NDS	RITUXAN INTRAVENOUS SOLUTION	4	PA; NDS
LIBTAYO INTRAVENOUS SOLUTION	4	PA; NDS	RUXIENCE INTRAVENOUS SOLUTION	4	PA; NDS
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	SARCLISA INTRAVENOUS SOLUTION	4	PA; NDS
MVASI INTRAVENOUS SOLUTION	4	PA; NDS	TECENTRIQ INTRAVENOUS SOLUTION	4	PA; NDS
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	TRUXIMA INTRAVENOUS SOLUTION	4	PA; NDS
OPDIVO INTRAVENOUS SOLUTION	4	PA; NDS	UNITUXIN INTRAVENOUS SOLUTION	4	NDS
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	VECTIBIX INTRAVENOUS SOLUTION	4	NDS
PERJETA INTRAVENOUS SOLUTION	4	PA; NDS	YEROVY INTRAVENOUS SOLUTION	4	PA; NDS
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	ZEVALIN Y-90 INTRAVENOUS KIT	4	NDS
PORTRAZZA INTRAVENOUS SOLUTION	4	PA; NDS	ZIRABEV INTRAVENOUS SOLUTION	4	PA; NDS
POTELIGEO INTRAVENOUS SOLUTION	4	PA; NDS	<b>Retinoids</b>		
RITUXAN HYCEL A SUBCUTANEOUS SOLUTION	4	PA; NDS	<i>bexarotene oral capsule</i>	4	PA; NDS
			<i>PANRETIN EXTERNAL GEL</i>	4	NDS
			<i>TARGETIN EXTERNAL GEL</i>	4	PA; NDS
			<i>tretinoin oral capsule</i>	4	NDS
			<b>Treatment Adjuncts</b>		
			<i>dexrazoxane hcl intravenous solution reconstituted</i>	4	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	<i>pentamidine isethionate injection solution reconstituted</i>	1	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	<i>primaquine phosphate oral tablet</i>	1	
<i>mesna intravenous solution</i>	1		<i>pyrimethamine oral tablet</i>	4	PA; NDS
MESNEX ORAL TABLET	4	NDS	<i>quinine sulfate oral capsule</i>	1	PA
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	<b>Antiparkinson Agents</b>		
<b>Antiparasitics</b>			<b>Anticholinergics</b>		
<b>Anthelmintics</b>			<i>benztropine mesylate injection solution</i>	1	
<i>albendazole oral tablet</i>	4	NDS	<i>benztropine mesylate oral tablet</i>	1	
<i>emverm oral tablet chewable</i>	4	NDS	<i>trihexyphenidyl hcl oral solution</i>	1	
<i>ivermectin oral tablet</i>	1		<i>trihexyphenidyl hcl oral tablet</i>	1	
<i>praziquantel oral tablet</i>	1		<b>Antiparkinson Agents, Other</b>		
<b>Antiprotozoals</b>			<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	4	NDS	<i>entacapone oral tablet</i>	1	
ALINIA ORAL TABLET	4	NDS	<i>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	4	PA; NDS
<i>atovaquone oral suspension</i>	4	NDS	<i>NOURIANZ ORAL TABLET</i>	4	PA; NDS
<i>atovaquone-proguanil hcl oral tablet</i>	1		<i>OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK</i>	3	PA
BENZNIDAZOLE ORAL TABLET	2		<i>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	3	PA
<i>chloroquine phosphate oral tablet</i>	1		<i>tolcapone oral tablet</i>	4	NDS
COARTEM ORAL TABLET	3		<b>Dopamine Agonists</b>		
<i>hydroxychloroquine sulfate oral tablet</i>	1		<i>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</i>	4	PA; QL (90 ML per 30 days); NDS
<i>mefloquine hcl oral tablet</i>	1		<i>bromocriptine mesylate oral capsule</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D	<i>bromocriptine mesylate oral tablet</i>	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KYNMOBI SUBLINGUAL FILM	4	PA; QL (150 EA per 30 days); NDS	ZELAPAR ORAL TABLET DISPERSIBLE	4	NDS
KYNMOBI TITRATION KIT SUBLINGUAL KIT	3	PA	<b>Antipsychotics</b>		
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	ST	<b>1st Generation/Typical</b>		
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1		<i>chlorpromazine hcl injection solution</i>	1	
<i>pramipexole dihydrochloride oral tablet</i>	1		<i>chlorpromazine hcl oral tablet</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1		<i>fluphenazine decanoate injection solution</i>	1	
<i>ropinirole hcl oral tablet</i>	1		<i>fluphenazine hcl injection solution</i>	1	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>			<i>fluphenazine hcl oral concentrate</i>	1	
<i>carbidopa oral tablet</i>	4	NDS	<i>fluphenazine hcl oral elixir</i>	1	
<i>carbidopa-levodopa er oral tablet extended release</i>	1		<i>fluphenazine hcl oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1		<i>haloperidol decanoate intramuscular solution</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1		<i>haloperidol lactate injection solution</i>	1	
DUOPA ENTERAL SUSPENSION	4	PA; NDS	<i>haloperidol lactate oral concentrate</i>	1	
INBRIJA INHALATION CAPSULE	4	PA; NDS	<i>haloperidol oral tablet</i>	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	ST	<i>loxapine succinate oral capsule</i>	1	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			<i>molindone hcl oral tablet</i>	1	
<i>rasagiline mesylate oral tablet</i>	1		<i>perphenazine oral tablet</i>	1	
<i>selegiline hcl oral capsule</i>	1		<i>pimozide oral tablet</i>	1	
<i>selegiline hcl oral tablet</i>	1		<i>thioridazine hcl oral tablet</i>	1	PA
XADAGO ORAL TABLET	3	ST; QL (30 EA per 30 days)	<i>thiothixene oral capsule</i>	1	
			<i>trifluoperazine hcl oral tablet</i>	1	
			<b>2nd Generation/Atypical</b>		
			ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	NDS
			ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE ORAL TABLET	4	ST; QL (30 EA per 30 days); NDS	NUPLAZID ORAL TABLET	4	PA; NDS
<i>ariPIPRAZOLE oral solution</i>	1	QL (750 ML per 30 days)	<i>olanzapine intramuscular solution reconstituted</i>	1	
<i>ariPIPRAZOLE oral tablet</i>	1	QL (30 EA per 30 days)	<i>olanzapine oral tablet</i>	1	QL (30 EA per 30 days)
<i>ariPIPRAZOLE oral tablet dispersible</i>	4	QL (60 EA per 30 days); NDS	<i>olanzapine oral tablet dispersible</i>	1	QL (30 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	4	NDS	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	QL (30 EA per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	4	NDS	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	4	ST; QL (30 EA per 30 days); NDS	<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 EA per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; QL (60 EA per 30 days)	PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	4	NDS
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	4	ST; QL (60 EA per 30 days); NDS	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL (8 EA per 180 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	1	QL (90 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	4	NDS	<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3		<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NDS	REXULTI ORAL TABLET	4	QL (30 EA per 30 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days); NDS	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	3	
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days); NDS	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	4	NDS
NUPLAZID ORAL CAPSULE	4	PA; NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 3 MG, 4 MG	4	QL (60 EA per 30 days); NDS	<i>clozapine oral tablet dispersible 12.5 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral solution</i>	1	QL (240 ML per 30 days)	<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days); NDS
<i>risperidone oral tablet</i>	1	QL (60 EA per 30 days)	<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days); NDS
<i>risperidone oral tablet dispersible</i>	1	QL (60 EA per 30 days)	VERSACLOZ ORAL SUSPENSION	4	QL (540 ML per 30 days); NDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	4	QL (60 EA per 30 days); NDS	<b>Antispasticity Agents</b>		
SECUADO TRANSDERMAL PATCH 24 HOUR	4	PA; QL (30 EA per 30 days); NDS	<b>Antispasticity Agents</b>		
VRAYLAR ORAL CAPSULE	4	ST; QL (30 EA per 30 days); NDS	<i>baclofen intrathecal solution</i>	1	B/D
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL (14 EA per 365 days)	<i>baclofen oral tablet</i>	1	
<i>ziprasidone hcl oral capsule</i>	1	QL (60 EA per 30 days)	BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1		<i>dantrolene sodium intravenous solution reconstituted</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3		<i>dantrolene sodium oral capsule</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	4	NDS	DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
<b>Treatment-Resistant</b>			GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	3	B/D
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	QL (270 EA per 30 days)	LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML	3	B/D
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)	LIORESAL INTRATHECAL SOLUTION 10 MG/5ML	4	B/D; NDS
<i>clozapine oral tablet 50 mg</i>	1	QL (180 EA per 30 days)	MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML	4	PA; NDS
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	1	QL (270 EA per 30 days)	MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML	3	PA
			<i>revonto intravenous solution reconstituted</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
tizanidine hcl oral capsule	1		lamivudine oral tablet 100 mg	1	
tizanidine hcl oral tablet	1		VEMLIDY ORAL TABLET	4	NDS
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	3	PA	<b>Anti-hepatitis C (HCV) Agents</b>		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	4	PA; NDS	COPEGUS ORAL TABLET 200 MG	4	NDS
<b>Antivirals</b>			DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	4	QL (168 EA per 365 days); NDS
<b>Anti-cytomegalovirus (CMV) Agents</b>			EPCLUSA ORAL TABLET	4	PA; QL (84 EA per 365 days); NDS
cidofovir intravenous solution	4	NDS	HARVONI ORAL PACKET 33.75-150 MG	4	PA; QL (168 EA per 365 days); NDS
FOSCAVIR INTRAVENOUS SOLUTION	3	B/D	HARVONI ORAL PACKET 45-200 MG	4	PA; QL (336 EA per 365 days); NDS
ganciclovir sodium intravenous solution	1	B/D	HARVONI ORAL TABLET 45-200 MG	4	PA; QL (336 EA per 365 days); NDS
ganciclovir sodium intravenous solution reconstituted	1	B/D	HARVONI ORAL TABLET 90-400 MG	4	PA; QL (168 EA per 365 days); NDS
PREVYMIS INTRAVENOUS SOLUTION	4	NDS	ledipasvir-sofosbuvir oral tablet	4	PA; QL (168 EA per 365 days); NDS
PREVYMIS ORAL TABLET	4	NDS	Mavyret ORAL TABLET	4	PA; QL (336 EA per 365 days); NDS
valganciclovir hcl oral solution reconstituted	4	NDS	MODERIBA (1200 MG PACK) ORAL TABLET THERAPY PACK 600 MG	4	NDS
valganciclovir hcl oral tablet	4	NDS	MODERIBA (600 MG PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	4	NDS
<b>Anti-hepatitis B (HBV) Agents</b>			MODERIBA (800 MG PACK) ORAL TABLET THERAPY PACK 400 MG	4	NDS
adefovir dipivoxil oral tablet	4	NDS	moderiba oral tablet 200 mg	1	
BARACLUDE ORAL SOLUTION	4	QL (600 ML per 30 days); NDS	MODERIBA ORAL TABLET THERAPY PACK 400 & 600 MG	4	NDS
entecavir oral tablet	1	QL (30 EA per 30 days)			
EPIVIR HBV ORAL SOLUTION	3				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
OLYSIO ORAL CAPSULE 150 MG	4	QL (168 EA per 365 days); NDS	VIEKIRA PAK ORAL TABLET THERAPY PACK	4	PA; QL (672 EA per 365 days); NDS	
REBETOL ORAL SOLUTION 40 MG/ML	4	NDS	VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	4	PA; QL (504 EA per 365 days); NDS	
<i>ribasphere oral capsule 200 mg</i>	1		VOSEVI ORAL TABLET	4	PA; QL (84 EA per 365 days); NDS	
<i>ribasphere oral tablet 200 mg</i>	1		ZEPATIER ORAL TABLET	4	PA; QL (112 EA per 365 days); NDS	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	4	NDS	<b>Antiherpetic Agents</b>			
RIBASPHERE RIBAPAK (1000 PACK) ORAL TABLET THERAPY PACK 400 & 600 MG	4	NDS	<i>acyclovir oral capsule</i>	1		
RIBASPHERE RIBAPAK (1200 PACK) ORAL TABLET THERAPY PACK 600 MG	4	NDS	<i>acyclovir oral suspension</i>	1		
RIBASPHERE RIBAPAK (600 PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	4	NDS	<i>acyclovir oral tablet</i>	1		
RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK 400 MG	4	NDS	<i>acyclovir sodium intravenous solution</i>	1	B/D	
<i>ribavirin oral capsule</i>	1		<i>acyclovir sodium intravenous solution reconstituted 500 mg</i>	1	B/D	
<i>ribavirin oral tablet</i>	1		<i>famciclovir oral tablet</i>	1		
<i>sofosbuvir-velpatasvir oral tablet</i>	4	PA; QL (84 EA per 365 days); NDS	<i>valacyclovir hcl oral tablet</i>	1	QL (120 EA per 30 days)	
SOVALDI ORAL PACKET 150 MG	4	PA; QL (168 EA per 365 days); NDS	<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>			
SOVALDI ORAL PACKET 200 MG	4	PA; QL (336 EA per 365 days); NDS	BIKTARVY ORAL TABLET	4	QL (30 EA per 30 days); NDS	
SOVALDI ORAL TABLET	4	PA; QL (336 EA per 365 days); NDS	DOVATO ORAL TABLET	4	QL (30 EA per 30 days); NDS	
TECHNIVIE ORAL TABLET 12.5-75-50 MG	4	QL (168 EA per 365 days); NDS	GENVOYA ORAL TABLET	4	QL (30 EA per 30 days); NDS	
			ISENTRESS HD ORAL TABLET	4	NDS	
			ISENTRESS ORAL PACKET	4	NDS	
			ISENTRESS ORAL TABLET	4	NDS	
			ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	NDS	
			ISENTRESS ORAL TABLET CHEWABLE 25 MG	2		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET	4	QL (30 EA per 30 days); NDS	<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
STRIBILD ORAL TABLET	4	QL (30 EA per 30 days); NDS	<i>abacavir sulfate oral solution</i>	1	
TIVICAY ORAL TABLET 10 MG	3		<i>abacavir sulfate oral tablet</i>	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	NDS	<i>abacavir sulfate-lamivudine oral tablet</i>	1	QL (30 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE	3		<i>abacavir-lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days); NDS
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			<b>CIMDUO ORAL TABLET</b>	4	QL (30 EA per 30 days); NDS
ATRIPLA ORAL TABLET	4	QL (30 EA per 30 days); NDS	<b>DESCOVY ORAL TABLET</b>	4	QL (30 EA per 30 days); NDS
COMPLERA ORAL TABLET	4	QL (30 EA per 30 days); NDS	<i>didanosine oral capsule delayed release</i>	1	
DELSTRIGO ORAL TABLET	4	QL (30 EA per 30 days); NDS	<b>EMTRIVA ORAL CAPSULE</b>	3	
EDURANT ORAL TABLET	4	NDS	<b>EMTRIVA ORAL SOLUTION</b>	3	
<i>efavirenz oral capsule 200 mg</i>	4	NDS	<i>lamivudine oral solution</i>	1	
<i>efavirenz oral capsule 50 mg</i>	1		<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>efavirenz oral tablet</i>	4	NDS	<i>lamivudine-zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	NDS	<b>ODEFSEY ORAL TABLET</b>	4	QL (30 EA per 30 days); NDS
INTELENCE ORAL TABLET 25 MG	3		<b>RETROVIR INTRAVENOUS SOLUTION</b>	3	
<i>nevirapine er oral tablet extended release 24 hour</i>	1		<i>stavudine oral capsule</i>	1	
<i>nevirapine oral suspension</i>	1		<b>TEMIXYS ORAL TABLET</b>	4	QL (30 EA per 30 days); NDS
<i>nevirapine oral tablet</i>	1		<i>tenofovir disoproxil fumarate oral tablet</i>	1	
PIFELTRO ORAL TABLET	4	NDS	<b>TRIUMEQ ORAL TABLET</b>	4	QL (30 EA per 30 days); NDS
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3		<b>TRUVADA ORAL TABLET</b>	4	QL (30 EA per 30 days); NDS
SYMFI LO ORAL TABLET	4	QL (30 EA per 30 days); NDS	<b>VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG</b>	3	
SYMFI ORAL TABLET	4	QL (30 EA per 30 days); NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3		CRIXIVAN ORAL CAPSULE	2	
VIREAD ORAL POWDER	4	NDS	EVOTAZ ORAL TABLET	4	QL (30 EA per 30 days); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	NDS	<i>fosamprenavir calcium oral tablet</i>	4	NDS
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3		INVIRASE ORAL CAPSULE 200 MG	4	NDS
<i>zidovudine oral capsule</i>	1		INVIRASE ORAL TABLET	4	NDS
<i>zidovudine oral syrup</i>	1		KALETRA ORAL TABLET 100-25 MG	3	
<i>zidovudine oral tablet</i>	1		KALETRA ORAL TABLET 200-50 MG	4	NDS
<b>Anti-HIV Agents, Other</b>			LEXIVA ORAL SUSPENSION	3	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	NDS	<i>lopinavir-ritonavir oral solution</i>	4	NDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	4	NDS	NORVIR ORAL CAPSULE 100 MG	3	
SELZENTRY ORAL SOLUTION	4	NDS	NORVIR ORAL PACKET	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	4	NDS	NORVIR ORAL SOLUTION	3	
SELZENTRY ORAL TABLET 25 MG	3		PREZCOBIX ORAL TABLET	4	QL (30 EA per 30 days); NDS
TROGARZO INTRAVENOUS SOLUTION	4	NDS	PREZISTA ORAL SUSPENSION	4	NDS
TYBOST ORAL TABLET	2		PREZISTA ORAL TABLET 150 MG, 75 MG	3	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>			PREZISTA ORAL TABLET 600 MG, 800 MG	4	NDS
APTIVUS ORAL CAPSULE	4	NDS	REYATAZ ORAL PACKET	4	NDS
APTIVUS ORAL SOLUTION	4	NDS	<i>ritonavir oral tablet</i>	1	
<i>atazanavir sulfate oral capsule</i>	1		SYMTUZA ORAL TABLET	4	QL (30 EA per 30 days); NDS
<b>Anti-influenza Agents</b>					
<i>amantadine hcl oral capsule</i>			<i>amantadine hcl oral syrup</i>	1	
<i>amantadine hcl oral syrup</i>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
amantadine hcl oral tablet	1		alprazolam oral tablet dispersible 2 mg	1	PA; QL (150 EA per 30 days)
oseltamivir phosphate oral capsule 30 mg	1	QL (168 EA per 365 days)	alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1	PA; QL (30 EA per 30 days)
oseltamivir phosphate oral capsule 45 mg	1	QL (84 EA per 365 days)	alprazolam xr oral tablet extended release 24 hour 2 mg	1	PA; QL (150 EA per 30 days)
oseltamivir phosphate oral capsule 75 mg	1	QL (110 EA per 365 days)	alprazolam xr oral tablet extended release 24 hour 3 mg	1	PA; QL (90 EA per 30 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 ML per 365 days)	chlordiazepoxide hcl oral capsule 10 mg	1	PA; QL (900 EA per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (240 EA per 365 days)	chlordiazepoxide hcl oral capsule 25 mg	1	PA; QL (360 EA per 30 days)
rimantadine hcl oral tablet	1		chlordiazepoxide hcl oral capsule 5 mg	1	PA; QL (120 EA per 30 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	2	QL (4 EA per 365 days)	clorazepate dipotassium oral tablet 15 mg	1	QL (180 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	2	QL (4 EA per 365 days)	clorazepate dipotassium oral tablet 3.75 mg	1	QL (720 EA per 30 days)
<b>Anxiolytics</b>			clorazepate dipotassium oral tablet 7.5 mg	1	QL (360 EA per 30 days)
<b>Anxiolytics, Other</b>			diazepam injection solution	1	
buspirone hcl oral tablet	1		diazepam oral concentrate	1	
<b>Benzodiazepines</b>			diazepam oral solution	1	
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	PA; QL (30 EA per 30 days)	diazepam oral tablet 10 mg	1	QL (120 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg	1	PA; QL (150 EA per 30 days)	diazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 3 mg	1	PA; QL (90 EA per 30 days)	diazepam oral tablet 5 mg	1	QL (240 EA per 30 days)
alprazolam intensol oral concentrate	1	PA	lorazepam injection solution	1	PA
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	PA; QL (120 EA per 30 days)	lorazepam intensol oral concentrate	1	PA
alprazolam oral tablet 2 mg	1	PA; QL (150 EA per 30 days)	lorazepam oral tablet 0.5 mg, 1 mg	1	PA; QL (90 EA per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	1	PA; QL (120 EA per 30 days)	lorazepam oral tablet 2 mg	1	PA; QL (150 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl (pf) injection solution</i>	1		BYDUREON PEN	3	QL (4 EA per 28 days)
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 50 mg/10ml</i>	1		BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	3	QL (4 EA per 28 days)
<i>oxazepam oral capsule</i>	1	PA; QL (120 EA per 30 days)	BYETTA 10 MCG PEN	3	QL (2.4 ML per 28 days)
<b>Bipolar Agents</b>			BYETTA 5 MCG PEN	3	QL (4.8 ML per 28 days)
<b>Mood Stabilizers</b>			CYCLOSET ORAL TABLET	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3		FARXIGA ORAL TABLET	3	ST
<i>lithium carbonate er oral tablet extended release</i>	1		<i>glimepiride oral tablet</i>	1	
<i>lithium carbonate oral capsule</i>	1		<i>glipizide er oral tablet extended release 24 hour</i>	1	
<i>lithium carbonate oral tablet</i>	1		<i>glipizide oral tablet</i>	1	
LITHIUM ORAL SOLUTION	1		<i>glipizide xl oral tablet extended release 24 hour</i>	1	
<b>Blood Glucose Regulators</b>			<i>glipizide-metformin hcl oral tablet</i>	1	
<b>Antidiabetic Agents</b>			<i>glyburide micronized oral tablet</i>	1	
<i>acarbose oral tablet</i>	1		<i>glyburide oral tablet</i>	1	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	3	ST; QL (12 ML per 365 days)	<i>glyburide-metformin oral tablet</i>	1	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (6 ML per 28 days)	GLYXAMBI ORAL TABLET	2	ST
<i>alogliptin benzoate oral tablet</i>	3	ST	INVOKAMET ORAL TABLET	2	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	3	ST	INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
<i>alogliptin-pioglitazone oral tablet</i>	3	ST	INVOKANA ORAL TABLET	2	
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	QL (3.4 ML per 28 days)	JANUMET ORAL TABLET	2	ST
			JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST
			JANUVIA ORAL TABLET	2	ST

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JARDIANCE ORAL TABLET	2		QTERN ORAL TABLET 5-5 MG	3	ST
JENTADUETO ORAL TABLET	2	ST	<i>repaglinide oral tablet</i>	1	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST	<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	1	
KAZANO ORAL TABLET	3	ST	RYBELSUS ORAL TABLET 14 MG, 7 MG	2	ST; QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST	RYBELSUS ORAL TABLET 3 MG	2	ST; QL (60 EA per 365 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	1	PA	SEGLUROMET ORAL TABLET	3	ST
<i>metformin hcl er (osm) oral tablet extended release 24 hour</i>	1		SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
<i>metformin hcl er oral tablet extended release 24 hour</i>	1		STEGLATRO ORAL TABLET	3	ST
<i>metformin hcl oral solution</i>	1		STEGLUJAN ORAL TABLET	3	ST
<i>metformin hcl oral tablet</i>	1		SYMLINPEN 120	4	PA; NDS
<i>miglitol oral tablet</i>	1		SYMLINPEN 60	4	PA; NDS
<i>nateglinide oral tablet</i>	1		SYNJARDY ORAL TABLET	2	
NESINA ORAL TABLET	3	ST	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
ONGLYZA ORAL TABLET	3	ST	<i>tolazamide oral tablet 250 mg, 500 mg</i>	1	
OSENI ORAL TABLET	3	ST	<i>tolbutamide oral tablet</i>	1	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (1.5 ML per 28 days)	TRADJENTA ORAL TABLET	2	ST
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (3 ML per 28 days)	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST
<i>pioglitazone hcl oral tablet</i>	1		TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (2 ML per 28 days)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1		VICTOZA	2	QL (9 ML per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1		XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	ST; NDS	FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	ST
<b>Glycemic Agents</b>					
BAQSIMI ONE PACK NASAL POWDER	2		FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST
BAQSIMI TWO PACK NASAL POWDER	2		FIASP SUBCUTANEOUS SOLUTION	3	ST
<i>diazoxide oral suspension</i>	4	NDS	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3		HUMALOG MIX 50/50 KWIKPEN	2	
GLUCAGON EMERGENCY KIT INJECTION KIT	2		HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	2	
GVOKE HYPOPEN 1- PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2		HUMALOG MIX 75/25 KWIKPEN	2	
GVOKE HYPOPEN 2- PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2		HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
PROGLYCEM ORAL SUSPENSION	4	NDS	HUMALOG VIAL SUBCUTANEOUS SOLUTION	2	
<b>Insulins</b>					
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	ST	HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
ADMELOG SUBCUTANEOUS SOLUTION	3	ST	HUMULIN 70/30 KWIKPEN	2	
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT	4	PA; NDS	HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	ST	HUMULIN N KWIKPEN	2	
			HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	2	
			HUMULIN R U-500 KWIKPEN	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	2		LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
HUMULIN R VIAL INJECTION SOLUTION	2		LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2		MYXREDLIN INTRAVENOUS SOLUTION	3	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2		NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2		NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	2		NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
INSULIN ASPART SUBCUTANEOUS SOLUTION	2		NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2		NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2		NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2		NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2		NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	2	
LANTUS U-100 SOLOSTAR	2		NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	2		NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN- INJECTOR	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R RELION INJECTION SOLUTION	2		ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
NOVOLIN R VIAL INJECTION SOLUTION	2		ELIQUIS ORAL TABLET 5 MG	2	QL (90 EA per 30 days)
NOVOLOG U-100 FLEXPEN	2		<i>enoxaparin sodium injection solution</i>	1	QL (105 ML per 90 days)
NOVOLOG MIX 70/30 FLEXPEN	2		<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	QL (35 ML per 90 days)
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	2		<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (28 ML per 90 days)
NOVOLOG U-100 PENFILL	2		<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	QL (10.5 ML per 90 days)
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION	2		<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	QL (14 ML per 90 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	QL (21 ML per 90 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (28 ML per 90 days); NDS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (17.5 ML per 90 days)
TRESIBA SUBCUTANEOUS SOLUTION	2		<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (14 ML per 90 days); NDS
<b>Blood Products and Modifiers</b>			<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (21 ML per 90 days); NDS
<b>Anticoagulants</b>			FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	4	QL (35 ML per 90 days); NDS
<i>argatroban intravenous solution</i>	4	NDS	FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML	4	QL (17.5 ML per 90 days); NDS
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	3	QL (43 EA per 180 days)	FRAGMIN SUBCUTANEOUS SOLUTION 15000 UNIT/0.6ML	4	QL (21 ML per 90 days); NDS
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3				
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	2	QL (148 EA per 365 days)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SUBCUTANEOUS SOLUTION 18000 UNIT/0.72ML	4	QL (25.3 ML per 90 days); NDS	<b>Blood Products and Modifiers, Other</b>		
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	QL (7 ML per 90 days)	ADAKVEO INTRAVENOUS SOLUTION	4	PA; NDS
FRAGMIN SUBCUTANEOUS SOLUTION 7500 UNIT/0.3ML	4	QL (10.5 ML per 90 days); NDS	<i>anagrelide hcl oral capsule</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	4	QL (22.8 ML per 90 days); NDS	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; NDS
<i>heparin (porcine) in nacl injection solution 2-0.9 unit/ml-%</i>	1		ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
<i>heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-%</i>	1		ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	3	PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>	1		ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; NDS
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	1		EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
<i>jantoven oral tablet</i>	1		EPOGEN INJECTION SOLUTION 20000 UNIT/ML	4	PA; NDS
PRADAXA ORAL CAPSULE	3	QL (60 EA per 30 days)	FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
TISSEEL EXTERNAL KIT	4	NDS	GRANIX SUBCUTANEOUS SOLUTION	4	ST; NDS
TISSEEL VH EXTERNAL KIT 10 ML, 2 ML, 4 ML	4	NDS			
<i>warfarin sodium oral tablet</i>	1				
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 EA per 30 days)			
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 EA per 30 days)			
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL (102 EA per 365 days)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	ST; NDS	PROMACTA ORAL TABLET	4	PA; NDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; NDS	REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA; QL (38.4 ML per 365 days); NDS	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
MULPLETA ORAL TABLET	4	PA; NDS	RETACRIT INJECTION SOLUTION 40000 UNIT/ML	4	PA; NDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; NDS	UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	NDS
NEUPOGEN INJECTION SOLUTION	4	ST; NDS	ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	ST; NDS	<b>Hemostasis Agents</b>		
NIVESTYM INJECTION SOLUTION	4	ST; NDS	<i>aminocaproic acid oral solution</i>	4	NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	ST; NDS	<i>aminocaproic acid oral tablet</i>	1	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS	<i>tranexamic acid oral tablet</i>	1	
OXBRYTA ORAL TABLET	4	PA; QL (90 EA per 30 days); NDS	<b>Platelet Modifying Agents</b>		
PROCERIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA	<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	
PROCERIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA; NDS	ASPIRIN- OMEPRAZOLE ORAL TABLET DELAYED RELEASE	4	QL (30 EA per 30 days); NDS
PROMACTA ORAL PACKET	4	PA; NDS	BRILINTA ORAL TABLET	2	
			CABLIVI INJECTION KIT	4	PA; QL (30 EA per 30 days); NDS
			<i>cilostazol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate oral tablet	1		irbesartan oral tablet	1	
dipyridamole oral tablet	1		losartan potassium oral tablet	1	
DOPTELET ORAL TABLET	4	PA; NDS	olmesartan medoxomil oral tablet	1	
eptifibatide intravenous solution	4	NDS	telmisartan oral tablet	1	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	valsartan oral tablet	1	
prasugrel hcl oral tablet	1		<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
TAVALISSE ORAL TABLET	4	PA; NDS	benazepril hcl oral tablet	1	
YOSPRALA ORAL TABLET DELAYED RELEASE	4	QL (30 EA per 30 days); NDS	captopril oral tablet	1	
<b>Cardiovascular Agents</b>			enalapril maleate oral tablet	1	
<b>Alpha-adrenergic Agonists</b>			enalaprilat intravenous injectable	1	
clonidine hcl oral tablet	1		EPANED ORAL SOLUTION	4	NDS
clonidine transdermal patch weekly	1		fosinopril sodium oral tablet	1	
guanfacine hcl oral tablet	1		lisinopril oral tablet	1	
methyldopa oral tablet	1		moexipril hcl oral tablet	1	
methyldopate hcl intravenous solution 250 mg/5ml	1		perindopril erbumine oral tablet	1	
midodrine hcl oral tablet	1		quinapril hcl oral tablet	1	
NORTHERA ORAL CAPSULE	4	PA; NDS	ramipril oral capsule	1	
<b>alpha-Adrenergic Blocking Agents</b>			trandolapril oral tablet	1	
phenoxybenzamine hcl oral capsule	4	NDS	<b>Antiarrhythmics</b>		
prazosin hcl oral capsule	1		adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1	
<b>Angiotensin II Receptor Antagonists</b>			amiodarone hcl oral tablet	1	
candesartan cilexetil oral tablet	1		digitek oral tablet	1	
EDARBI ORAL TABLET	3		digox oral tablet	1	
eprosartan mesylate oral tablet 600 mg	1		digoxin injection solution	1	
			digoxin oral solution	1	
			digoxin oral tablet	1	
			disopyramide phosphate oral capsule	1	
			dofetilide oral capsule	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
flecainide acetate oral tablet	1		<b>beta-Adrenergic Blocking Agents</b>		
LANOXIN ORAL TABLET	3		acebutolol hcl oral capsule	1	
lidocaine hcl (cardiac) intravenous solution 20 mg/ml	1		atenolol oral tablet	1	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1		betaxolol hcl oral tablet	1	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml	1		bisoprolol fumarate oral tablet	1	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1		BYSTOLIC ORAL TABLET	2	
mexiletine hcl oral capsule	1		carvedilol oral tablet	1	
MULTAQ ORAL TABLET	2		carvedilol phosphate er oral capsule extended release 24 hour	1	
NEXTERONE INTRAVENOUS SOLUTION 360-4.14 MG/200ML-%	4	NDS	HEMANGEOL ORAL SOLUTION	4	NDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3		INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
pacerone oral tablet	1		labetalol hcl intravenous solution	1	
propafenone hcl er oral capsule extended release 12 hour	1		labetalol hcl oral tablet	1	
propafenone hcl oral tablet	1		metoprolol succinate er oral tablet extended release 24 hour	1	
quinidine gluconate er oral tablet extended release	1		metoprolol tartrate intravenous solution	1	
quinidine sulfate oral tablet	1		metoprolol tartrate intravenous solution cartridge 5 mg/5ml	1	
sorine oral tablet	1		metoprolol tartrate oral tablet	1	
sotalol hcl (af) oral tablet	1		nadolol oral tablet	1	
sotalol hcl oral tablet	1		pindolol oral tablet	1	
SOTYLIZE ORAL SOLUTION	4	NDS	propranolol hcl er oral capsule extended release 24 hour	1	
			propranolol hcl oral solution	1	
			propranolol hcl oral tablet	1	
			<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
afeditab cr oral tablet extended release 24 hour	1		diltiazem hcl er oral capsule extended release 12 hour	1	
amlodipine besylate oral tablet	1		diltiazem hcl er oral capsule extended release 24 hour	1	
felodipine er oral tablet extended release 24 hour	1		diltiazem hcl oral tablet	1	
isradipine oral capsule	3		dilt-xr oral capsule extended release 24 hour	1	
nicardipine hcl oral capsule	3		matzim la oral tablet extended release 24 hour	1	
nifedipine er oral tablet extended release 24 hour	1		taztia xt oral capsule extended release 24 hour	1	
nifedipine er osmotic release oral tablet extended release 24 hour	1		tiadylt er oral capsule extended release 24 hour	1	
nifedipine oral capsule	3		VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG	1	
nimodipine oral capsule	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
nisoldipine er oral tablet extended release 24 hour	1		verapamil hcl er oral tablet extended release	1	
NYMALIZE ORAL SOLUTION	4	NDS	verapamil hcl oral tablet	1	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>			<b>Cardiovascular Agents, Other</b>		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3		acetazolamide oral tablet 250 mg	1	
cartia xt oral capsule extended release 24 hour	1		acetazolamide sodium injection solution reconstituted	4	NDS
diltiazem hcl er beads oral capsule extended release 24 hour	1		ADRENALIN INJECTION SOLUTION	3	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1		ALDACTAZIDE ORAL TABLET 50-50 MG	3	
diltiazem hcl er coated beads oral tablet extended release 24 hour	1		aliskiren fumarate oral tablet	1	
			amiloride-hydrochlorothiazide oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl oral capsule	1		dopamine hcl intravenous solution	1	B/D
amlodipine besylate-valsartan oral tablet	1		dopamine in d5w intravenous solution	1	B/D
amlodipine-atorvastatin oral tablet	1		DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
amlodipine-olmesartan oral tablet	1		EDARBYCLOR ORAL TABLET	3	
amlodipine-valsartan-hctz oral tablet	1		enalapril-hydrochlorothiazide oral tablet	1	
atenolol-chlorthalidone oral tablet	1		ENTRESTO ORAL TABLET	2	QL (60 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet	1		epinephrine injection solution	1	
BIDIL ORAL TABLET	2		fosinopril sodium-hctz oral tablet	1	
bisoprolol-hydrochlorothiazide oral tablet	1		irbesartan-hydrochlorothiazide oral tablet	1	
BYVALSON ORAL TABLET 5-80 MG	3		lisinopril-hydrochlorothiazide oral tablet	1	
candesartan cilexetil-hctz oral tablet	1		losartan potassium-hctz oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1		methyldopa-hydrochlorothiazide oral tablet	1	
CLORPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	3		METOPROLOL-HCTZ ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	4	NDS
CONSENSI ORAL TABLET	4	QL (30 EA per 30 days); NDS	metoprolol-hydrochlorothiazide oral tablet	1	
CORLANOR ORAL SOLUTION	3	PA; QL (450 ML per 30 days)	metyrosine oral capsule	4	NDS
CORLANOR ORAL TABLET	3	PA; QL (60 EA per 30 days)	milrinone lactate in dextrose intravenous solution	1	B/D
DEFITELIO INTRAVENOUS SOLUTION	4	NDS	milrinone lactate intravenous solution 10 mg/10ml, 50 mg/50ml	1	B/D
DEMSER ORAL CAPSULE	4	NDS	milrinone lactate intravenous solution 20 mg/20ml	4	B/D; NDS
dobutamine hcl intravenous solution 500 mg/40ml	1	B/D			
dobutamine in d5w intravenous solution	1	B/D			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	1		ethacrynat sodium intravenous solution reconstituted	4	NDS
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	1		ethacrynic acid oral tablet	1	
olmesartan medoxomil-hctz oral tablet	1		furosemide injection solution	1	
olmesartan-amlodipine-hctz oral tablet	1		furosemide oral solution	1	
pentoxifylline er oral tablet extended release	3		furosemide oral tablet	1	
propranolol-hctz oral tablet	1		torsemide oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	1		<b>Diuretics, Potassium-sparing</b>		
ranolazine er oral tablet extended release 12 hour	1		amiloride hcl oral tablet	1	
spironolactone-hctz oral tablet	1		eplerenone oral tablet	1	
telmisartan-amlodipine oral tablet	1		spironolactone oral tablet	1	
telmisartan-hctz oral tablet	1		<b>Diuretics, Thiazide</b>		
trandolapril-verapamil hcl er oral tablet extended release	1		chlorothiazide oral tablet 250 mg, 500 mg	1	
triamterene-hctz oral capsule	1		chlorthalidone oral tablet	1	
triamterene-hctz oral tablet	1		DIURIL ORAL SUSPENSION	3	
valsartan-hydrochlorothiazide oral tablet	1		hydrochlorothiazide oral capsule	1	
vecamyl oral tablet	4	NDS	hydrochlorothiazide oral tablet	1	
VYNDAMAX ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS	indapamide oral tablet	1	
<b>Diuretics, Loop</b>			methyclothiazide oral tablet 5 mg	1	
bumetanide injection solution	1		metolazone oral tablet	1	
bumetanide oral tablet	1		<b>Dyslipidemics, Fibric Acid Derivatives</b>		
			fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg	1	
			fenofibrate oral capsule 134 mg, 150 mg, 50 mg	1	
			fenofibrate oral tablet	1	
			fenofibric acid oral capsule delayed release	1	
			fenofibric acid oral tablet	1	
			gemfibrozil oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>					
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST	ezetimibe-simvastatin oral tablet	1	
atorvastatin calcium oral tablet	1		JUXTAPID ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	3	ST	KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	4	PA; QL (4 ML per 28 days); NDS
FLOLIPID ORAL SUSPENSION	3	ST	NEXLETOL ORAL TABLET	3	PA; QL (30 EA per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour	1		NEXLIZET ORAL TABLET	3	PA; QL (30 EA per 30 days)
fluvastatin sodium oral capsule	1		niacin (antihyperlipidemic) oral tablet	1	
LIVALO ORAL TABLET	2	ST	niacin er (antihyperlipidemic) oral tablet extended release	1	
lovastatin oral tablet	1		niacor oral tablet	1	
pravastatin sodium oral tablet	1		omega-3-acid ethyl esters oral capsule	1	PA
rosuvastatin calcium oral tablet	1		PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
SIMVASTATIN ORAL SUSPENSION 20 MG/5ML	3	ST	prevalite oral packet	1	
simvastatin oral tablet	1		prevalite oral powder	1	
ZYPITAMAG ORAL TABLET	3	ST	REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL (3.5 ML per 28 days)
<b>Dyslipidemics, Other</b>					
cholestyramine light oral packet	1		REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 28 days)
cholestyramine light oral powder	1		REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
colesevelam hcl oral packet	1		triklo oral capsule 1 gm	1	PA
colesevelam hcl oral tablet	1		VASCEPA ORAL CAPSULE	2	PA
colestipol hcl oral granules	1		<b>Vasodilators, Direct-acting Arterial</b>		
colestipol hcl oral packet	1				
colestipol hcl oral tablet	1				
ezetimibe oral tablet	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl injection solution	1		amphetamine-dextroamphetamine er oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)
hydralazine hcl oral tablet	1		amphetamine-dextroamphetamine oral tablet	1	PA; QL (90 EA per 30 days)
minoxidil oral tablet	3		dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	PA; QL (180 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>			dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	PA; QL (120 EA per 30 days)
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	3		dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	PA; QL (60 EA per 30 days)
isosorbide dinitrate er oral tablet extended release 40 mg	1		dextroamphetamine sulfate oral tablet 10 mg	1	PA; QL (180 EA per 30 days)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		dextroamphetamine sulfate oral tablet 5 mg	1	PA; QL (90 EA per 30 days)
isosorbide dinitrate oral tablet 40 mg	4	NDS	methamphetamine hcl oral tablet	4	PA; QL (150 EA per 30 days); NDS
isosorbide mononitrate er oral tablet extended release 24 hour	1		zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 7.5 mg	3	PA; QL (90 EA per 30 days)
isosorbide mononitrate oral tablet	1		zenzedi oral tablet 30 mg	3	PA; QL (60 EA per 30 days)
mintran transdermal patch 24 hour	1		<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
nitro-bid transdermal ointment	3		APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL (30 EA per 30 days)
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3		atomoxetine hcl oral capsule 10 mg	1	QL (60 EA per 30 days)
nitroglycerin intravenous solution	1		atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)
nitroglycerin sublingual tablet sublingual	1		clonidine hcl er oral tablet extended release 12 hour	1	
nitroglycerin transdermal patch 24 hour	1				
nitroglycerin translingual solution	1				
<b>Central Nervous System Agents</b>					
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl er oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)	methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; QL (90 EA per 30 days)
dexmethylphenidate hcl oral tablet	1	PA; QL (60 EA per 30 days)	relexxii oral tablet extended release	1	PA; QL (30 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	1		<b>Central Nervous System, Other</b>		
metadate er oral tablet extended release	1	PA; QL (90 EA per 30 days)	allzital oral tablet	4	PA; NDS
methylphenidate hcl er (cd) oral capsule extended release	1	PA; QL (30 EA per 30 days)	AUSTEDO ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)	butalbital-acetaminophen oral tablet	1	PA
methylphenidate hcl er (xr) oral capsule extended release 24 hour	1	PA; QL (30 EA per 30 days)	butalbital-aspirin-caffeine oral capsule	1	PA
methylphenidate hcl er oral tablet extended release 10 mg	1	PA; QL (180 EA per 30 days)	clonidine hcl (analgesia) epidural solution	1	B/D
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	PA; QL (30 EA per 30 days)	DURACLON EPIDURAL SOLUTION 500 MCG/ML	3	B/D
methylphenidate hcl er oral tablet extended release 20 mg	1	PA; QL (90 EA per 30 days)	FIRDAPSE ORAL TABLET	4	PA; QL (240 EA per 30 days); NDS
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 EA per 30 days)	GRALISE ORAL TABLET 300 MG	3	ST; QL (180 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 EA per 30 days)	GRALISE ORAL TABLET 600 MG	3	ST; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 36 mg	1	PA; QL (60 EA per 30 days)	GRALISE STARTER ORAL 300 & 600 MG	3	ST; QL (156 EA per 365 days)
methylphenidate hcl oral solution	1	PA	INGREZZA ORAL CAPSULE 40 MG	4	PA; QL (60 EA per 30 days); NDS
methylphenidate hcl oral tablet	1	PA; QL (90 EA per 30 days)	INGREZZA ORAL CAPSULE 80 MG	4	PA; QL (30 EA per 30 days); NDS
methylphenidate hcl oral tablet chewable 10 mg	1	PA; QL (180 EA per 30 days)	INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; QL (56 EA per 365 days); NDS
			marten-tab oral tablet 50-325 mg	1	PA
			NUEDEXTA ORAL CAPSULE	3	PA
			PRIALT INTRATHECAL SOLUTION	4	B/D; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RADICAVA INTRAVENOUS SOLUTION	4	PA; NDS	GILENYA ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
<i>riluzole oral tablet</i>	1	PA	<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days); NDS
RUZURGI ORAL TABLET	4	PA; QL (300 EA per 30 days); NDS	<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days); NDS
<i>tencon oral tablet</i>	1	PA	<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days); NDS
<i>tetrabenazine oral tablet</i>	4	PA; NDS	<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days); NDS
TIGLUTIK ORAL SUSPENSION	4	PA; NDS	MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	4	PA; NDS
<i>vanatol iq oral solution</i>	4	PA; NDS	MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	4	PA; NDS
<i>vtof iq oral solution</i>	4	PA; NDS	MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	4	PA; NDS
<b>Fibromyalgia Agents</b>			MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	4	PA; NDS
SAVELLA ORAL TABLET	2	QL (60 EA per 30 days)	MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	4	PA; NDS
SAVELLA TITRATION PACK ORAL	2	QL (110 EA per 365 days)	MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	4	PA; NDS
<b>Multiple Sclerosis Agents</b>			MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	4	PA; NDS
AUBAGIO ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS	MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 EA per 30 days); NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 EA per 28 days); NDS	MAYZENT ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 EA per 28 days); NDS	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	4	PA; QL (24 EA per 365 days); NDS
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	4	PA; QL (4 EA per 28 days); NDS	<i>mitoxantrone hcl intravenous concentrate</i>	1	PA
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days); NDS			
<i>dalfampridine er oral tablet extended release 12 hour</i>	4	PA; QL (60 EA per 30 days); NDS			
<i>dimethyl fumarate oral capsule delayed release</i>	4	PA; QL (60 EA per 30 days); NDS			
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days); NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OCREVUS INTRAVENOUS SOLUTION	4	PA; QL (40 ML per 365 days); NDS	VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE	4	PA; QL (212 EA per 365 days); NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2 ML per 365 days); NDS	VUMERITY ORAL CAPSULE DELAYED RELEASE	4	PA; QL (120 EA per 30 days); NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (4 ML per 365 days); NDS	ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA; QL (14 EA per 365 days); NDS
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (1 ML per 28 days); NDS	ZEPOSIA ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 28 days); NDS	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	4	PA; QL (74 EA per 365 days); NDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (6 ML per 28 days); NDS	ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (1 ML per 28 days); NDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8.4 ML per 365 days); NDS	<b>Dental and Oral Agents</b>		
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 ML per 28 days); NDS	<b>Dental and Oral Agents</b>		
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (8.4 ML per 365 days); NDS	ARESTIN DENTAL	4	NDS
TECFIDERA STARTER PACK	4	PA; QL (120 EA per 365 days); NDS	<i>cevimeline hcl oral capsule</i>	1	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; QL (60 EA per 30 days); NDS	<i>chlorhexidine gluconate mouth/throat solution</i>	1	
TYSABRI INTRAVENOUS CONCENTRATE	4	PA; NDS	<i>doxycycline hyclate oral tablet 20 mg</i>	1	
			KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
			<i>lidocaine hcl mouth/throat solution</i>	1	PA; QL (250 MIL per 30 days)
			<i>lidocaine viscous hcl mouth/throat solution</i>	1	
			<i>oralone mouth/throat paste</i>	1	
			<i>paroex mouth/throat solution</i>	1	
			<i>periogard mouth/throat solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl oral tablet	1		metronidazole external gel	1	
triamcinolone acetonide mouth/throat paste	1		metronidazole external lotion	1	
<b>Dermatological Agents</b>			MIRVASO EXTERNAL GEL	3	PA
<b>Acne and Rosacea Agents</b>			myorisan oral capsule	1	PA
ABSORICA LD ORAL CAPSULE	4	PA; NDS	NORITATE EXTERNAL CREAM	4	NDS
ABSORICA ORAL CAPSULE	4	PA; NDS	RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	4	PA; NDS
acitretin oral capsule 10 mg, 25 mg	1		rosadan external cream	1	
acitretin oral capsule 17.5 mg	4	NDS	rosadan external gel	1	
adapalene external cream	1		tazarotene external cream	1	
adapalene external gel	1		TAZORAC EXTERNAL CREAM 0.05 %	3	
adapalene external pad	4	NDS	TAZORAC EXTERNAL GEL	3	
adapalene external solution	4	NDS	tretinoin external cream	1	PA
adapalene-benzoyl peroxide external gel	1		tretinoin external gel	1	PA
amnesteem oral capsule	1	PA	tretinoin microsphere external gel	1	PA
AVITA EXTERNAL CREAM	1	PA	tretinoin microsphere pump external gel	1	PA
AVITA EXTERNAL GEL	1	PA	zenatane oral capsule	1	PA
azelaic acid external gel	1		<b>Dermatitis and Pruitus Agents</b>		
benzoyl peroxide-erythromycin external gel	1		ala-cort external cream	1	
claravis oral capsule	1	PA	alclometasone dipropionate external cream	1	
clindamycin phos-benzoyl perox external gel	1		alclometasone dipropionate external ointment	1	
clindamycin-tretinoin external gel	1		amcinonide external ointment	1	
EPIDUO FORTE EXTERNAL GEL	3		ammonium lactate external cream	1	
FINACEA EXTERNAL FOAM	2		ammonium lactate external lotion	1	
isotretinoin oral capsule	1	PA	apexicon e external cream	4	NDS
metronidazole external cream	1		beser external lotion	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate aug external cream	1		clodan external shampoo	1	
betamethasone dipropionate aug external gel	1		CORDRAN EXTERNAL TAPE	3	
betamethasone dipropionate aug external lotion	1		cormax scalp application external solution 0.05 %	1	
betamethasone dipropionate aug external ointment	1		desonide external cream	1	
betamethasone dipropionate external cream	1		desonide external gel	1	
betamethasone dipropionate external lotion	1		desonide external lotion	1	
betamethasone dipropionate external ointment	1		desonide external ointment	1	
betamethasone valerate external cream	1		desoximetasone external cream 0.25 %	1	
betamethasone valerate external lotion	1		desoximetasone external gel	1	
betamethasone valerate external ointment	1		desoximetasone external liquid	1	
CAPEX EXTERNAL SHAMPOO	3		desoximetasone external ointment 0.25 %	1	
clobetasol propionate e external cream	1		EUCRISA EXTERNAL OINTMENT	3	PA
clobetasol propionate emulsion external foam	1		fluocinolone acetonide body external oil	1	
clobetasol propionate external foam	1		fluocinolone acetonide external cream	1	
clobetasol propionate external gel	1		fluocinolone acetonide external ointment	1	
clobetasol propionate external liquid	1		fluocinolone acetonide external solution	1	
clobetasol propionate external lotion	1		fluocinolone acetonide scalp external oil	1	
clobetasol propionate external ointment	1		fluocinonide emulsified base external cream	1	
clobetasol propionate external shampoo	1		fluocinonide external cream 0.05 %	1	
clobetasol propionate external solution	1		fluocinonide external cream 0.1 %	1	QL (120 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
flurandrenolide external lotion	4	NDS	nolix external lotion	4	NDS
fluticasone propionate external cream	1		PANDEL EXTERNAL CREAM	4	NDS
fluticasone propionate external lotion	1		pimecrolimus external cream	1	
fluticasone propionate external ointment	1		prednicarbate external cream	1	
halcinonide external cream	1		prednicarbate external ointment	1	
halobetasol propionate external cream	1		selenium sulfide external lotion	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM	4	NDS	SERNIVO EXTERNAL EMULSION	4	NDS
halobetasol propionate external ointment	1		tacrolimus external ointment	1	
hydrocortisone butyrate external cream	1		tovet external foam	1	
hydrocortisone butyrate external ointment	1		triamcinolone acetonide external aerosol solution	1	
hydrocortisone butyrate external solution	1		triamcinolone acetonide external cream	1	
hydrocortisone external cream 1 %, 2.5 %	1		triamcinolone acetonide external lotion	1	
hydrocortisone external lotion 2.5 %	1		triamcinolone acetonide external ointment	1	
hydrocortisone external ointment 1 %	1	QL (100 GM per 30 days)	trianex external ointment	4	NDS
hydrocortisone external ointment 2.5 %	1		triderm external cream 0.1 %	1	
hydrocortisone in absorbase external ointment 1 %	1	QL (100 GM per 30 days)	ULTRAVATE EXTERNAL LOTION	4	NDS
hydrocortisone valerate external cream	1	QL (60 GM per 30 days)	VERDESO EXTERNAL FOAM	4	NDS
hydrocortisone valerate external ointment	1		<b>Dermatological Agents</b>		
LEXETTE EXTERNAL FOAM	4	NDS	UVADEX INJECTION SOLUTION 20 MCG/ML	3	
mometasone furoate external cream	1		<b>Dermatological Agents, Other</b>		
mometasone furoate external ointment	1		calcipotriene external cream	1	QL (120 GM per 30 days)
mometasone furoate external solution	1		calcipotriene external ointment	1	QL (120 GM per 30 days)
			calcipotriene external solution	1	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betameth diprop external ointment</i>	4	QL (400 GM per 30 days); NDS	OTEZLA ORAL TABLET	4	PA; NDS
<i>calcipotriene-betameth diprop external suspension</i>	4	QL (400 GM per 30 days); NDS	PICATO EXTERNAL GEL	4	NDS
CALCITRIOL EXTERNAL OINTMENT	1		<i>podofilox external solution</i>	1	
CARAC EXTERNAL CREAM	4	NDS	REGRANEX EXTERNAL GEL	4	PA; NDS
<i>clotrimazole- betamethasone external cream</i>	1		SANTYL EXTERNAL OINTMENT	3	
<i>clotrimazole- betamethasone external lotion</i>	1		<i>silver sulfadiazine external cream</i>	1	
CORTISPORIN EXTERNAL OINTMENT	3		SORILUX EXTERNAL FOAM	4	NDS
<i>diclofenac sodium transdermal gel 3 %</i>	3		SSD EXTERNAL CREAM	1	
DUOBRII EXTERNAL LOTION	4	PA; NDS	SYNALAR (CREAM) EXTERNAL KIT	3	
ENSTILAR EXTERNAL FOAM	4	QL (420 GM per 28 days); NDS	TACLONEX EXTERNAL SUSPENSION	4	QL (400 GM per 30 days); NDS
FLUOROPLEX EXTERNAL CREAM	4	NDS	VEREGEN EXTERNAL OINTMENT	4	NDS
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	NDS	XERESE EXTERNAL CREAM	4	NDS
<i>fluorouracil external cream 5 %</i>	1		ZYCLARA EXTERNAL CREAM	4	NDS
<i>fluorouracil external solution</i>	1		ZYCLARA PUMP EXTERNAL CREAM	4	NDS
<i>hydrocortisone ace- pramoxine external cream 1-1 %</i>	1		<b>Pediculicides/Scabicides</b>		
<i>imiquimod external cream</i>	1		<i>crotan external lotion</i>	1	
IMIQUIMOD PUMP EXTERNAL CREAM	4	NDS	EURAX EXTERNAL CREAM 10 %	3	
<i>methoxsalen rapid oral capsule</i>	4	NDS	<i>ivermectin external cream 1 %</i>	1	
<i>nystatin-triamcinolone external cream</i>	1		<i>lindane external shampoo</i>	3	
<i>nystatin-triamcinolone external ointment</i>	1		<i>malathion external lotion</i>	1	
			<i>permethrin external cream</i>	1	
			SKLICE EXTERNAL LOTION	3	
			ULESFIA EXTERNAL LOTION 5 %	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Topical Anti-infectives</b>					
acyclovir external cream	4	NDS	SULFAMYLYON EXTERNAL CREAM	3	
acyclovir external ointment	1		XEPI EXTERNAL CREAM	3	
BACTROBAN NASAL NASAL OINTMENT 2 %	3		<b>Electrolytes/Minerals/ Metals/Vitamins</b>		
ciclodan external cream 0.77 %	1		<b>Electrolyte/Mineral Replacement</b>		
ciclodan external solution	1	PA	AMINO ACID INTRAVENOUS SOLUTION 10 %	3	B/D
ciclopirox external gel	1		AMINOSYN II INTRAVENOUS SOLUTION	3	B/D
ciclopirox external shampoo	1		aminosyn ii/electrolytes intravenous solution 8.5 %	1	B/D
ciclopirox external solution	1	PA	AMINOSYN INTRAVENOUS SOLUTION 10 %, 8.5 %	3	B/D
ciclopirox olamine external cream	1		AMINOSYN M INTRAVENOUS SOLUTION 3.5 %	3	B/D
ciclopirox olamine external suspension	1		AMINOSYN/ELECTRO LYTES INTRAVENOUS SOLUTION 7 %	3	B/D
CLINDAGEL EXTERNAL GEL	4	NDS	aminosyn/electrolytes intravenous solution 8.5 %	1	B/D
clindamycin phosphate external gel	1		AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	3	B/D
clindamycin phosphate external lotion	1		AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D
clindamycin phosphate external solution	1		AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	3	B/D
CLINDESSE VAGINAL CREAM	3		CARBAGLU ORAL TABLET	4	NDS
dapsone external gel	1		CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	3	B/D
DENAVIR EXTERNAL CREAM	4	NDS	CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D
ery external pad	1				
erythromycin external gel	1				
erythromycin external pad 2 %	1				
erythromycin external solution	1				
mafénide acetate external packet	1				
mupirocin calcium external cream	1				
mupirocin external ointment	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D	CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	B/D	CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D	CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D	CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D	<i>clinisol sf intravenous solution</i>	1	B/D
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	B/D	<i>dextrose 5%/electrolyte #48 intravenous solution</i>	1	
CLINIMIX N14G30E INTRAVENOUS SOLUTION 4.25 %	3	B/D	<i>dextrose intravenous solution 5 %</i>	1	
CLINIMIX N9G15E INTRAVENOUS SOLUTION 2.75 %	3	B/D	DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.45 %, 5-0.9 %	1	
CLINIMIX N9G20E INTRAVENOUS SOLUTION 2.75 %	3	B/D	FREAMINE HBC INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	B/D	FREAMINE III INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D	HEPATAMINE INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	3	B/D	KABIVEN INTRAVENOUS EMULSION	3	B/D
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	B/D	KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	
			<i>klor-con m10 oral tablet extended release</i>	1	
			<i>klor-con m15 oral tablet extended release</i>	1	
			<i>klor-con m20 oral tablet extended release</i>	1	
			<i>klor-con oral packet</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE	1		<i>premasol intravenous solution 10 %</i>	3	B/D
<i>klor-con sprinkle oral capsule extended release</i>	1		<i>premasol intravenous solution 6 %</i>	1	B/D
<i>lactated ringers intravenous solution</i>	1		PROCALAMINE INTRAVENOUS SOLUTION	3	B/D
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	1		PROSOL INTRAVENOUS SOLUTION	3	B/D
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	1		<i>sodium bicarbonate intravenous solution 4.2 %, 8.4 %</i>	1	
NEPHRAMINE INTRAVENOUS SOLUTION	3	B/D	<i>sodium bicarbonate-dextrose intravenous solution 150 meq/l</i>	1	
PERIKABIVEN INTRAVENOUS EMULSION	4	B/D; NDS	<i>sodium chloride (pf) injection solution</i>	1	
<i>plenamine intravenous solution</i>	1	B/D	<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	
<i>potassium acetate intravenous solution</i>	1		<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
<i>potassium chloride crys er oral tablet extended release</i>	1		<i>sodium phosphates intravenous solution 45 mmole/15ml</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1		SYNTHAMIN 17 INTRAVENOUS SOLUTION 10 %	3	B/D
<i>potassium chloride er oral tablet extended release</i>	1		TRAVASOL INTRAVENOUS SOLUTION	3	B/D
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1		TROPHAMINE INTRAVENOUS SOLUTION	3	B/D
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 20 MEQ/100ML	1		<b>Electrolyte/Mineral/Metal Modifiers</b>		
<i>potassium chloride oral packet</i>	1		CHEMET ORAL CAPSULE	4	NDS
<i>potassium chloride oral solution</i>	1		<i>clovique oral capsule</i>	4	PA; NDS
<i>potassium citrate er oral tablet extended release</i>	1		DEFERASIROX GRANULES ORAL PACKET	4	PA; NDS
			<i>deferasirox oral tablet</i>	4	PA; NDS
			<i>deferasirox oral tablet soluble</i>	4	PA; NDS
			FERRIPROX ORAL SOLUTION	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL TABLET	4	PA; NDS	LOKELMA ORAL PACKET	3	QL (90 EA per 30 days)
FERRIPROX TWICE-A-DAY ORAL TABLET	4	PA; NDS	<i>sodium polystyrene sulfonate oral suspension</i>	1	
JADENU SPRINKLE ORAL PACKET	4	PA; NDS	<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	1	
JYNARQUE ORAL TABLET 15 MG	4	QL (60 EA per 30 days); NDS	<i>sps oral suspension</i>	1	
JYNARQUE ORAL TABLET 30 MG	4	QL (30 EA per 30 days); NDS	VELTASSA ORAL PACKET	4	NDS
JYNARQUE ORAL TABLET THERAPY PACK	4	QL (56 EA per 28 days); NDS	<b>Vitamins</b>		
<i>kionex oral powder</i>	1		<i>prenatal oral tablet 27-1 mg</i>	3	
<i>penicillamine oral capsule</i>	4	PA; NDS	<i>vp-pnv-dha oral capsule</i>	3	
SAMSCA ORAL TABLET 15 MG	4	QL (30 EA per 30 days); NDS	<b>Gastrointestinal Agents</b>		
<i>sodium polystyrene sulfonate oral powder</i>	1		<b>Anti-Constipation Agents</b>		
<i>tolvaptan oral tablet</i>	4	QL (60 EA per 30 days); NDS	AMITIZA ORAL CAPSULE	2	QL (60 EA per 30 days)
<i>trientine hcl oral capsule</i>	4	PA; NDS	<i>constulose oral solution</i>	1	
<b>Phosphate Binders</b>			<i>enulose oral solution</i>	1	
AURYXIA ORAL TABLET	4	PA; NDS	<i>generlac oral solution</i>	1	
<i>calcium acetate (phos binder) oral capsule</i>	1		<i>lactulose encephalopathy oral solution</i>	1	
FOSRENOL ORAL PACKET	4	NDS	<i>lactulose oral solution 10 gm/15ml</i>	1	
<i>lanthanum carbonate oral tablet chewable</i>	4	NDS	LINZESS ORAL CAPSULE	2	QL (30 EA per 30 days)
<i>sevelamer carbonate oral packet</i>	4	NDS	MOTEGRITY ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	1		<i>polyethylene glycol 3350 oral packet</i>	1	
<i>sevelamer hcl oral tablet 400 mg</i>	1		<i>polyethylene glycol 3350 oral powder</i>	1	
<i>sevelamer hcl oral tablet 800 mg</i>	4	NDS	RELISTOR ORAL TABLET	4	ST; QL (90 EA per 30 days); NDS
VELPHORO ORAL TABLET CHEWABLE	4	NDS			
<b>Potassium Binders</b>					
<i>kionex oral suspension</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	ST; QL (18 ML per 30 days); NDS	CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	4	NDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	ST; QL (12 ML per 30 days); NDS	chenodal oral tablet	4	PA; NDS
TRULANCE ORAL TABLET	3	ST; QL (30 EA per 30 days)	CLENPIQ ORAL SOLUTION	2	
<b>Anti-Diarrheal Agents</b>			GATTEX SUBCUTANEOUS KIT	4	PA; NDS
alosetron hcl oral tablet	4	PA; NDS	gavilyte-c oral solution reconstituted	1	
diphenoxylate-atropine oral tablet	3		gavilyte-g oral solution reconstituted	1	
loperamide hcl oral capsule	1		gavilyte-h oral kit	1	
VIBERZI ORAL TABLET	4	PA; QL (60 EA per 30 days); NDS	gavilyte-n with flavor pack oral solution reconstituted	1	
XERMELO ORAL TABLET	4	PA; QL (90 EA per 30 days); NDS	loperamide hcl oral solution 1 mg/7.5ml	1	
<b>Antispasmodics, Gastrointestinal</b>			metoclopramide hcl oral solution 5 mg/5ml	1	
belladonna alkaloids- opium rectal suppository	1	NDS	metoclopramide hcl oral tablet	1	
CUVPOSA ORAL SOLUTION	3		metoclopramide hcl oral tablet dispersible	1	
dicyclomine hcl oral capsule	1		MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
dicyclomine hcl oral solution	1		MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
dicyclomine hcl oral tablet	1		OCALIVA ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
glycopyrrolate injection solution	1		opium oral tincture	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1		peg 3350/electrolytes oral solution reconstituted 240 gm	1	
methscopolamine bromide oral tablet	3		peg 3350-kcl-na bicarb- nacl oral solution reconstituted	1	
propantheline bromide oral tablet	3		peg-3350/electrolytes oral solution reconstituted	1	
<b>Gastrointestinal Agents, Other</b>			PREVPAC ORAL	4	NDS
			PYLERA ORAL CAPSULE	4	NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECTIV RECTAL OINTMENT	3		<i>esomeprazole magnesium oral capsule delayed release</i>	1	QL (60 EA per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION	2		<i>esomeprazole magnesium oral packet</i>	1	QL (60 EA per 30 days)
TALICIA ORAL CAPSULE DELAYED RELEASE	4	NDS	<i>lansoprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>trilyte oral solution reconstituted</i>	1		<i>omeppi oral capsule 20-1100 mg, 40-1100 mg</i>	4	QL (30 EA per 30 days); NDS
<i>ursodiol oral capsule</i>	1		<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>ursodiol oral tablet</i>	1		<i>omeprazole-sodium bicarbonate oral capsule</i>	4	QL (30 EA per 30 days); NDS
XIFAXAN ORAL TABLET	4	PA; NDS	<i>omeprazole-sodium bicarbonate oral packet</i>	4	QL (60 EA per 30 days); NDS
ZELNORM ORAL TABLET	3	PA; QL (60 EA per 30 days)	<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
ZINPLAVA INTRAVENOUS SOLUTION	4	NDS	<i>RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE</i>	3	QL (60 EA per 30 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS	<i>rabeprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
<b>Histamine2 (H2) Receptor Antagonists</b>			<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>famotidine oral suspension reconstituted</i>	1		<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>famotidine oral tablet 20 mg, 40 mg</i>	1		<b>ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML</b>		
<i>nizatidine oral capsule</i>	1		<b>ALDURAZYME INTRAVENOUS SOLUTION</b>		
<b>Protectants</b>			<b>ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED</b>		
<i>misoprostol oral tablet</i>	1		<b>CERDELGA ORAL CAPSULE</b>		
<i>sucralfate oral suspension</i>	1		<b>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>		
<i>sucralfate oral tablet</i>	1				
<b>Proton Pump Inhibitors</b>					
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	3	QL (60 EA per 30 days)			
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	QL (30 EA per 30 days)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHOLBAM ORAL CAPSULE	4	PA; NDS	LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2		<i>miglustat oral capsule</i>	4	PA; NDS
<i>cromolyn sodium oral concentrate</i>	1		NAGLAZYME INTRAVENOUS SOLUTION	4	PA; NDS
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; NDS	<i>nitisinone oral capsule</i>	4	NDS
CYSTADANE ORAL POWDER	4	NDS	NITYR ORAL TABLET	4	NDS
CYSTAGON ORAL CAPSULE	3		ONPATTRO INTRAVENOUS SOLUTION	4	PA; NDS
ELAPRASE INTRAVENOUS SOLUTION	4	PA; NDS	ORFADIN ORAL CAPSULE 20 MG	4	NDS
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	ORFADIN ORAL SUSPENSION	4	NDS
ENDARI ORAL PACKET	4	PA; NDS	PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (28 ML per 28 days); NDS
EXONDYS 51 INTRAVENOUS SOLUTION	4	PA; NDS	PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	4	PA; QL (8 ML per 28 days); NDS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (56 ML per 28 days); NDS
GALAFOLD ORAL CAPSULE	4	PA; QL (14 EA per 28 days); NDS	PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 2600 UNIT, 4200 UNIT	3	ST
GLASSIA INTRAVENOUS SOLUTION	4	PA; NDS	PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000 UNIT	4	ST; NDS
KANUMA INTRAVENOUS SOLUTION	4	PA; NDS	PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT	4	ST; NDS
KEVEYIS ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS			
KUVAN ORAL PACKET	4	PA; NDS			
KUVAN ORAL TABLET SOLUBLE	4	PA; NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000 UNIT, 8000 UNIT	3	ST	VYNDAQEL ORAL CAPSULE	4	PA; QL (120 EA per 30 days); NDS
PROCYSBI ORAL CAPSULE DELAYED RELEASE	4	PA; NDS	VYONDYS 53 INTRAVENOUS SOLUTION	4	PA; NDS
PROCYSBI ORAL PACKET	4	PA; NDS	XIAFLEX INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; NDS	XURIDEN ORAL PACKET	4	PA; QL (120 EA per 30 days); NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
RAVICTI ORAL LIQUID	4	PA; NDS	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
REVCovi INTRAMUSCULAR SOLUTION	4	PA; NDS	<b>Genitourinary Agents</b>		
sodium phenylbutyrate oral powder	4	NDS	<b>Antispasmodics, Urinary</b>		
sodium phenylbutyrate oral tablet	4	NDS	<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	
SPINRAZA INTRATHECAL SOLUTION	4	PA; NDS	<i>flavoxate hcl oral tablet</i>	1	
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; NDS	<i>GELNIQUE PUMP TRANSDERMAL GEL 10 %</i>	3	
SUCRAID ORAL SOLUTION	4	NDS	<i>GELNIQUE TRANSDERMAL GEL</i>	3	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	<i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	2	
VIMIZIM INTRAVENOUS SOLUTION	4	PA; NDS	<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	
VIOKACE ORAL TABLET 10440 UNIT	3	ST	<i>oxybutynin chloride oral syrup</i>	1	
VIOKACE ORAL TABLET 20880 UNIT	4	ST; NDS	<i>oxybutynin chloride oral tablet</i>	1	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	<i>solifenacain succinate oral tablet</i>	1	
			<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate oral tablet</i>	1		THIOLA ORAL TABLET	4	NDS
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST	Hormonal Agents, Stimulant/Replacernt/Modifying (Adrenal)		
<i>trospium chloride er oral capsule extended release 24 hour</i>	1		Hormonal Agents, Stimulant/Replacernt/Modifying (Adrenal)		
<i>trospium chloride oral tablet</i>	1		ACTHAR INJECTION GEL	4	PA; NDS
<b>Benign Prostatic Hypertrophy Agents</b>			<i>cortisone acetate oral tablet</i>	1	
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1		<i>deltasone oral tablet 20 mg</i>	1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3		<i>dexamethasone intensol oral concentrate</i>	1	
<i>doxazosin mesylate oral tablet</i>	1		<i>dexamethasone oral elixir</i>	1	
<i>dutasteride oral capsule</i>	1		<i>dexamethasone oral solution</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	1		<i>dexamethasone oral tablet</i>	1	
<i>finasteride oral tablet 5 mg</i>	1		EMFLAZA ORAL SUSPENSION	4	PA; NDS
<i>silodosin oral capsule</i>	1		EMFLAZA ORAL TABLET	4	PA; NDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)	<i>fludrocortisone acetate oral tablet</i>	1	
<i>tamsulosin hcl oral capsule</i>	1		HIDEX 6-DAY ORAL TABLET THERAPY PACK	3	
<i>terazosin hcl oral capsule</i>	1		<i>hydrocortisone oral tablet</i>	1	
<b>Genitourinary Agents, Other</b>			INTRAROSA VAGINAL INSERT	3	PA; QL (28 EA per 28 days)
<i>acetic acid irrigation solution</i>	1		KENALOG-80 INJECTION SUSPENSION	3	
<i>bethanechol chloride oral tablet</i>	1		MEDROL ORAL TABLET 2 MG	3	
ELMIRON ORAL CAPSULE	3		<i>methylprednisolone acetate injection suspension 50 mg/ml</i>	1	
LITHOSTAT ORAL TABLET	4	NDS	<i>methylprednisolone oral tablet</i>	1	
<i>penicillamine oral tablet</i>	4	NDS	<i>methylprednisolone oral tablet therapy pack</i>	1	
THIOLA EC ORAL TABLET DELAYED RELEASE	4	NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	1		EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	4	PA; QL (60 EA per 30 days); NDS
<b>MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (48)</b>	3		EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (30 EA per 30 days); NDS
<i>prednisolone oral solution</i>	1		FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	4	PA; QL (1 EA per 168 days); NDS
<i>prednisolone sodium phosphate oral solution</i>	1		GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	3	PA
<i>prednisone oral solution</i>	1		GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	4	PA; NDS
<i>prednisone oral tablet</i>	1		GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>prednisone oral tablet therapy pack</i>	1		HUMATROPE INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
<b>RAYOS ORAL TABLET DELAYED RELEASE</b>	4	NDS	INCRELEX SUBCUTANEOUS SOLUTION	4	PA; NDS
<i>taperdex 6-day oral tablet therapy pack 1.5 mg (21)</i>	3		NORDITROPIN FLEXPRESSO SUBCUTANEOUS SOLUTION	4	PA; NDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1		<i>novarel intramuscular solution reconstituted 10000 unit</i>	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>					
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	3	PA			
<b>DDAVP RHINAL TUBE NASAL SOLUTION</b>	4	NDS			
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	1				
<i>desmopressin ace spray refrig nasal solution</i>	1				
<i>desmopressin acetate injection solution</i>	1				
<i>desmopressin acetate oral tablet</i>	1				
<i>desmopressin acetate spray nasal solution</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	4	PA; NDS	Hormonal Agents, Stimulant/Replace- ment/Modifying (Prostaglandins)		
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	4	PA; NDS	Hormonal Agents, Stimulant/Replace- ment/Modifying (Prostaglandins)		
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	4	PA; NDS	<i>carboprost</i> <i>tromethamine</i> <i>intramuscular solution</i>	1	
OMNITROPE SUBCUTANEOUS SOLUTION	4	PA; NDS	KORLYM ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS	PROSTIN E2 VAGINAL SUPPOSITORY	4	NDS
<i>pregnyl intramuscular solution reconstituted</i>	3	PA	Hormonal Agents, Stimulant/Replace- ment/Modifying (Sex Hormones/Modifiers)		
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	4	PA; NDS	<b>Anabolic Steroids</b>		
SAIZEN INJECTION SOLUTION RECONSTITUTED	4	PA; NDS	ANADROL-50 ORAL TABLET	4	PA; NDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	4	PA; NDS	<i>oxandrolone oral tablet</i> 10 mg	4	PA; QL (60 EA per 30 days); NDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS	<i>oxandrolone oral tablet</i> 2.5 mg	1	PA; QL (240 EA per 30 days)
STIMATE NASAL SOLUTION	4	NDS	<b>Androgens</b>		
VAPRISOL INTRAVENOUS SOLUTION	4	NDS	ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	4	PA; NDS	ANDROID ORAL CAPSULE 10 MG	4	PA; NDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	3	PA	ANDROXY ORAL TABLET 10 MG	3	PA
			AVEED INTRAMUSCULAR SOLUTION	4	PA; NDS
			<i>danazol oral capsule</i>	1	
			JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA
			JATENZO ORAL CAPSULE 237 MG	4	PA; NDS
			<i>methitest oral tablet</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
methyltestosterone oral capsule	4	PA; NDS	<i>aubra</i> oral tablet	1	
STRIANT BUCCAL 30 MG	3	PA	<i>aurovela</i> 1.5/30 oral tablet	1	
<i>testosterone cypionate intramuscular solution</i>	1	PA	<i>aurovela</i> 1/20 oral tablet	1	
<i>testosterone enanthate intramuscular solution</i>	1	PA	<i>aurovela</i> 24 fe oral tablet	1	
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1	PA	<i>aurovela</i> fe 1.5/30 oral tablet	1	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA	<i>aurovela</i> fe 1/20 oral tablet	1	
<i>testosterone transdermal solution</i>	1	PA	<i>aviane</i> oral tablet	1	
TESTRED ORAL CAPSULE 10 MG	4	PA; NDS	<i>ayuna</i> oral tablet	1	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA	<i>azurette</i> oral tablet	1	
<b>Estrogens</b>			<i>balziva</i> oral tablet	1	
<i>afirmelle</i> oral tablet	1		<i>bekyree</i> oral tablet	1	
<i>altavera</i> oral tablet	1		<b>BIJUVA ORAL CAPSULE</b>	3	
<i>alyacen</i> 1/35 oral tablet	1		<i>blisovi</i> 24 fe oral tablet	1	
<i>alyacen</i> 7/7/7 oral tablet	1		<i>blisovi</i> fe 1.5/30 oral tablet	1	
<i>amabelz</i> oral tablet	1		<i>blisovi</i> fe 1/20 oral tablet	1	
<i>amethia</i> lo oral tablet	1	QL (91 EA per 91 days)	<i>briellyn</i> oral tablet	1	
<i>amethia</i> oral tablet	1	QL (91 EA per 91 days)	<i>camrese</i> lo oral tablet	1	QL (91 EA per 91 days)
<i>amethyst</i> oral tablet	1		<i>camrese</i> oral tablet	1	QL (91 EA per 91 days)
ANNOVERA VAGINAL RING	3	QL (1 EA per 360 days)	<i>caziant</i> oral tablet	1	
<i>apri</i> oral tablet	1		<i>chateal</i> eq oral tablet	1	
<i>aranelle</i> oral tablet	1		<i>chateal</i> oral tablet	1	
<i>ashlyna</i> oral tablet	1	QL (91 EA per 91 days)	<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	3	
<i>aubra</i> eq oral tablet	1		<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	3	
			<i>cryselle-28</i> oral tablet	1	
			<i>cyclafem</i> 1/35 oral tablet	1	
			<i>cyclafem</i> 7/7/7 oral tablet	1	
			<i>cyred</i> eq oral tablet	1	
			<i>cyred</i> oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
dasetta 1/35 oral tablet	1		fayosim oral tablet	1	QL (91 EA per 91 days)
dasetta 7/7/7 oral tablet	1		FEMRING VAGINAL RING	3	QL (1 EA per 90 days)
daysee oral tablet	1	QL (91 EA per 91 days)	femynor oral tablet	1	
delyla oral tablet	1		fyavolv oral tablet	1	
depo-estradiol intramuscular oil	3		gianvi oral tablet	1	
desogestrel-ethinyl estradiol oral tablet	1		gildagia oral tablet 0.4-35 mg-mcg	1	
DIVIGEL TRANSDERMAL GEL	3		gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
dotti transdermal patch twice weekly	1		gildess fe 1/20 oral tablet 1-20 mg-mcg	1	
drospirenone-ethinodiol oral tablet	1		hailey 1.5/30 oral tablet	1	
drospirenone-ethinyl estradiol oral tablet	1		hailey 24 fe oral tablet	1	
elinet oral tablet	1		IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	PA
eluryng vaginal ring	1		IMVEXXY STARTER PACK VAGINAL INSERT	2	PA
emoquette oral tablet	1		introvale oral tablet	1	QL (91 EA per 91 days)
enpresse-28 oral tablet	1		isibloom oral tablet	1	
enskyce oral tablet	1		jasmiel oral tablet	1	
estarrylla oral tablet	1		jevantique lo oral tablet 0.5-2.5 mg-mcg	1	
estradiol oral tablet	1		jinteli oral tablet	1	
estradiol transdermal patch twice weekly	1		jolessa oral tablet	1	QL (91 EA per 91 days)
estradiol transdermal patch weekly	1		juleber oral tablet	1	
estradiol vaginal cream	1		junel 1.5/30 oral tablet	1	
estradiol vaginal tablet	1		junel 1/20 oral tablet	1	
estradiol valerate intramuscular oil	1		junel fe 1.5/30 oral tablet	1	
estradiol-norethindrone acet oral tablet	1		junel fe 1/20 oral tablet	1	
ESTRING VAGINAL RING	3	QL (1 EA per 90 days)	junel fe 24 oral tablet	1	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	1		kaitlib fe oral tablet chewable	1	
ethynodiol diacetate oral tablet	1		kalliga oral tablet	1	
etonogestrel-ethinyl estradiol vaginal ring	1		kariva oral tablet	1	
falmina oral tablet	1		kelnor 1/35 oral tablet	1	
			kelnor 1/50 oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	1		microgestin 1.5/30 oral tablet	1	
kurvelo oral tablet	1		microgestin 1/20 oral tablet	1	
larin 1.5/30 oral tablet	1		microgestin fe 1.5/30 oral tablet	1	
larin 1/20 oral tablet	1		microgestin fe 1/20 oral tablet	1	
larin 24 fe oral tablet	1		mili oral tablet	1	
larin fe 1.5/30 oral tablet	1		mimvey lo oral tablet 0.5-0.1 mg	1	
larin fe 1/20 oral tablet	1		mimvey oral tablet	1	
larissia oral tablet	1		mono-linyah oral tablet	1	
LAYOLIS FE ORAL TABLET CHEWABLE	1		mononessa oral tablet	1	
leena oral tablet	1		myzilra oral tablet 50-30/75-40/ 125-30 mcg	1	
lessina oral tablet	1		necon 0.5/35 (28) oral tablet	1	
levonest oral tablet	1		necon 1/50 (28) oral tablet 1-50 mg-mcg	1	
levonorgest-eth est & eth est oral tablet	1	QL (91 EA per 91 days)	necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
levonorgest-eth estrad 91-day oral tablet	1	QL (91 EA per 91 days)	nikki oral tablet	1	
levonorgestrel-ethynodiol estrad oral tablet	1		norethin ace-eth estrad-fe oral tablet	1	
levonorgestrel estrad triphasic oral tablet	1		norethin ace-eth estrad-fe oral tablet chewable	1	
levora 0.15/30 (28) oral tablet	1		norethindrone acet-ethynodiol est oral tablet	1	
lillow oral tablet	1		norethindrone acet-ethynodiol est oral tablet chewable 1-20 mg-mcg(24)	1	
LO LOESTRIN FE ORAL TABLET	3		norethindrone-eth estradiol oral tablet	1	
lomedia 24 fe oral tablet 1-20 mg-mcg(24)	1		norethindrone-eth estradiol-fe oral tablet chewable	1	
lopreeza oral tablet	1		norgestimate-eth estradiol oral tablet	1	
loryna oral tablet	1		norgestimate-ethynodiol estradiol triphasic oral tablet	1	
low-ogestrel oral tablet	1		nortrel 0.5/35 (28) oral tablet	1	
lo-zumandimine oral tablet	1		nortrel 1/35 (21) oral tablet	1	
lutera oral tablet	1				
marlissa oral tablet	1				
melodetta 24 fe oral tablet chewable	1				
menest oral tablet	3				
mibelas 24 fe oral tablet chewable	1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
nortrel 1/35 (28) oral tablet	1		tri-estarrylla oral tablet	1	
nortrel 7/7/7 oral tablet	1		tri-legest fe oral tablet	1	
ocella oral tablet	1		tri-linyah oral tablet	1	
ogestrel oral tablet 0.5-50 mg-mcg	1		tri-lo-estarrylla oral tablet	1	
orsythia oral tablet	1		tri-lo-marzia oral tablet	1	
philith oral tablet	1		tri-lo-mili oral tablet	1	
pimtreia oral tablet	1		tri-lo-sprintec oral tablet	1	
pirmella 1/35 oral tablet	1		tri-mili oral tablet	1	
pirmella 7/7/7 oral tablet	1		trinessa (28) oral tablet	1	
portia-28 oral tablet	1		trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
PREMARIN ORAL TABLET	3		tri-previfem oral tablet	1	
PREMARIN VAGINAL CREAM	2		tri-sprintec oral tablet	1	
PREMPHASE ORAL TABLET	3		trivora (28) oral tablet	1	
PREMPRO ORAL TABLET	3		tri-vylibra lo oral tablet	1	
previfem oral tablet	1		tri-vylibra oral tablet	1	
quasense oral tablet 0.15-0.03 mg	1	QL (91 EA per 91 days)	tydemy oral tablet	1	
rajani oral tablet 3-0.02-0.451 mg	1		velivet oral tablet	1	
reclipsen oral tablet	1		vestura oral tablet 3-0.02 mg	1	
rivilsa oral tablet	1	QL (91 EA per 91 days)	vienna oral tablet	1	
setlakin oral tablet	1	QL (91 EA per 91 days)	viorele oral tablet	1	
simliya oral tablet	1		vyfemla oral tablet	1	
simpesse oral tablet	1	QL (91 EA per 91 days)	vylibra oral tablet	1	
sprintec 28 oral tablet	1		wera oral tablet	1	
sronyx oral tablet	1		wymzya fe oral tablet chewable	1	
syeda oral tablet	1		xulane transdermal patch weekly	1	
tarina 24 fe oral tablet	1		yuvafem vaginal tablet	1	
tarina fe 1/20 eq oral tablet	1		zarah oral tablet	1	
tarina fe 1/20 oral tablet	1		zenchent oral tablet 0.4-35 mg-mcg	1	
tilia fe oral tablet	1		zovia 1/35e (28) oral tablet	1	
tri femynor oral tablet	1		zovia 1/50e (28) oral tablet 1-50 mg-mcg	1	
<b>Progestins</b>					
			zumandimine oral tablet	1	
			camila oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CRINONE VAGINAL GEL	3	PA	<i>norethindrone acetate oral tablet</i>	1	
<i>deblitane oral tablet</i>	1		<i>norethindrone oral tablet</i>	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	QL (10 ML per 28 days)	<i>norlyda oral tablet</i>	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (0.65 ML per 90 days)	<i>norlyroc oral tablet</i>	1	
<i>errin oral tablet</i>	1		<i>progesterone intramuscular oil</i>	1	
<i>heather oral tablet</i>	1		<i>progesterone micronized oral capsule</i>	1	
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA; NDS	<i>sharobel oral tablet</i>	1	
<i>hydroxyprogesterone caproate intramuscular solution</i>	4	PA; NDS	SKYLA INTRAUTERINE INTRAUTERINE DEVICE	4	NDS
<i>incassia oral tablet</i>	1		<i>tulana oral tablet</i>	1	
<i>jencycla oral tablet</i>	1		<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>jolivette oral tablet 0.35 mg</i>	1		OSPHENA ORAL TABLET	2	PA; QL (30 EA per 30 days)
<i>lyza oral tablet</i>	1		<i>raloxifene hcl oral tablet</i>	1	
MAKENA INTRAMUSCULAR OIL	4	PA; NDS	<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS	EUTHYROX ORAL TABLET	3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1	QL (1 ML per 90 days)	LEVO-T ORAL TABLET	3	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	QL (1 ML per 90 days)	<i>levothyroxine sodium intravenous solution</i>	4	NDS
<i>medroxyprogesterone acetate oral tablet</i>	1		<i>levothyroxine sodium intravenous solution reconstituted</i>	4	NDS
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	PA	<i>levothyroxine sodium oral tablet</i>	1	
<i>megestrol acetate oral tablet</i>	1	PA	LEVOXYL ORAL TABLET	3	
<i>nora-be oral tablet</i>	1		<i>liothyronine sodium intravenous solution</i>	1	
			<i>liothyronine sodium oral tablet</i>	1	
			SYNTHROID ORAL TABLET	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3		ELIGARD SUBCUTANEOUS KIT 30 MG	3	PA; QL (1 EA per 112 days)
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3		ELIGARD SUBCUTANEOUS KIT 45 MG	3	PA; QL (1 EA per 168 days)
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3		ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA; QL (1 EA per 28 days)
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3		FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (4 EA per 365 days); NDS
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3		FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (1 EA per 28 days)
TIROSINT-SOL ORAL SOLUTION	3		<i>leuprolide acetate injection kit</i>	4	PA; NDS
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3		LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	4	PA; QL (1 EA per 84 days); NDS
<i>unithroid oral tablet 137 mcg</i>	3		LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	4	PA; QL (1 EA per 28 days); NDS
<b>Hormonal Agents, Suppressant (Adrenal)</b>			LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 28 days); NDS
<b>Hormonal Agents, Suppressant (Adrenal)</b>			LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 84 days); NDS
ISTURISA ORAL TABLET	4	PA; NDS	LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	4	PA; QL (1 EA per 112 days); NDS
LYSODREN ORAL TABLET	4	NDS	LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	4	PA; QL (1 EA per 168 days); NDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>			LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 28 days); NDS
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS	LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 84 days); NDS
<i>cabergoline oral tablet</i>	1				
ELIGARD SUBCUTANEOUS KIT 22.5 MG	3	PA; QL (1 EA per 84 days)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA	TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	PA; QL (1 EA per 168 days); NDS
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	4	PA; NDS	TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	4	PA; QL (1 EA per 28 days); NDS
ORIAHNN ORAL CAPSULE THERAPY PACK	4	PA; QL (56 EA per 28 days); NDS	TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; QL (1 EA per 168 days); NDS
ORILISSA ORAL TABLET 150 MG	4	PA; QL (30 EA per 30 days); NDS	ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	QL (1 EA per 84 days)
ORILISSA ORAL TABLET 200 MG	4	PA; QL (60 EA per 30 days); NDS	ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	3	QL (1 EA per 28 days)
SANDOSTATIN INJECTION SOLUTION 1000 MCG/ML, 200 MCG/ML	4	PA; NDS	<b>Hormonal Agents, Suppressant (Thyroid)</b>		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	4	PA; NDS	<b>Antithyroid Agents</b>		
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; QL (1 EA per 28 days); NDS	<i>methimazole oral tablet</i>	1	
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; QL (60 ML per 30 days); NDS	<i>propylthiouracil oral tablet</i>	1	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	4	PA; NDS	<b>Immunological Agents</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS	<b>Angioedema Agents</b>		
SUPPRELIN LA SUBCUTANEOUS KIT	4	PA; QL (1 EA per 365 days); NDS	BERINERT INTRAVENOUS KIT	4	PA; NDS
SYNAREL NASAL SOLUTION	4	NDS	CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA; QL (1 EA per 84 days); NDS	HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
			<i>icatibant acetate subcutaneous solution</i>	4	PA; NDS
			KALBITOR SUBCUTANEOUS SOLUTION	4	PA; NDS
			RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
TAKHYRO SUBCUTANEOUS SOLUTION	4	PA; NDS	HEPAGAM B INJECTION SOLUTION	4	B/D; NDS	
<b>Immunoglobulins</b>				HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; NDS
ASCENIV INTRAVENOUS SOLUTION	4	PA; NDS	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	
ATGAM INTRAVENOUS INJECTABLE	4	NDS	HYPERHEP B S/D INTRAMUSCULAR SOLUTION	4	B/D; NDS	
BIVIGAM INTRAVENOUS SOLUTION	4	PA; NDS	HYPERRAB INJECTION SOLUTION	2	B/D	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	HYPERRAB S/D INJECTION SOLUTION	2	B/D	
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; NDS	HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; NDS	HYQVIA SUBCUTANEOUS KIT	4	PA; NDS	
CYTOGAM INTRAVENOUS INJECTABLE	4	PA; NDS	IMOgam RABIES-HT INJECTION SOLUTION	3	B/D	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA; NDS	KEDRAB INJECTION SOLUTION	3	B/D	
GAMASTAN INTRAMUSCULAR INJECTABLE	2	PA	MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	2	PA	NABI-HB INTRAMUSCULAR SOLUTION	4	B/D; NDS	
GAMMAGARD INJECTION SOLUTION	4	PA; NDS	OCTAGAM INTRAVENOUS SOLUTION	4	PA; NDS	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	PANZYGA INTRAVENOUS SOLUTION	4	PA; NDS	
GAMMAKED INJECTION SOLUTION	4	PA; NDS	PRIVIGEN INTRAVENOUS SOLUTION	4	PA; NDS	
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; NDS	RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		
GAMUNEX-C INJECTION SOLUTION	4	PA; NDS				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3		COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; NDS	COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS
VARIZIG INTRAMUSCULAR SOLUTION	2	PA	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
WINRHO SDF INJECTION SOLUTION	4	NDS	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 MIL per 28 days); NDS
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; NDS	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 ML per 28 days); NDS
<b>Immunological Agents, Other</b>			ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS	ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	4	PA; QL (2 EA per 28 days); NDS
ACTEMRA INTRAVENOUS SOLUTION	4	PA; NDS	ILARIS SUBCUTANEOUS SOLUTION	4	PA; QL (2 ML per 28 days); NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (3.6 ML per 28 days); NDS	ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS			
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS			
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	STELARA SUBCUTANEOUS SOLUTION	4	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
LEMTRADA INTRAVENOUS SOLUTION	4	PA; NDS	SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
OLUMIANT ORAL TABLET	4	PA; NDS	TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL (4 ML per 28 days); NDS	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
OTEZLA ORAL TABLET THERAPY PACK	4	PA; NDS	TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; NDS
RIDAURA ORAL CAPSULE	4	NDS	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; NDS	ULTOMIRIS INTRAVENOUS SOLUTION	4	PA; NDS
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	UPLIZNA INTRAVENOUS SOLUTION	4	PA; NDS
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	XELJANZ ORAL TABLET	4	PA; NDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; NDS	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; NDS
SOLIRIS INTRAVENOUS SOLUTION	4	PA; NDS	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
STELARA INTRAVENOUS SOLUTION	4	PA; NDS	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Immunostimulants</b>					
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; NDS	CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	4	PA; NDS
INTRON A INJECTION SOLUTION	4	PA; NDS	CIMZIA STARTER KIT SUBCUTANEOUS KIT	4	PA; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED	4	PA; NDS	CIMZIA SUBCUTANEOUS KIT	4	PA; NDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	4	PA; NDS	<i>cyclosporine modified oral capsule</i>	1	B/D
PEGASYS SUBCUTANEOUS SOLUTION	4	PA; NDS	<i>cyclosporine modified oral solution</i>	1	B/D
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	4	PA; NDS	<i>cyclosporine oral capsule</i>	1	B/D
PEGINTRON SUBCUTANEOUS KIT	4	PA; NDS	ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; NDS	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
<b>Immunosuppressants</b>					
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	B/D	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	4	B/D; NDS	ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	3	B/D
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	B/D; NDS
<i>azasan oral tablet</i>	3	B/D	<i>everolimus oral tablet</i> 0.25 mg, 0.5 mg, 0.75 mg	4	B/D; NDS
<i>azathioprine oral tablet</i>	1	B/D	<i>gengraf oral capsule</i>	1	B/D
<i>azathioprine sodium injection solution reconstituted</i>	1	B/D	<i>gengraf oral solution</i>	1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS	NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS	ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS	OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1.6 ML per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; NDS	PROGRAF ORAL PACKET 0.2 MG	3	B/D
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	PROGRAF ORAL PACKET 1 MG	4	B/D; NDS
<i>leflunomide oral tablet</i>	1		RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	3	PA; QL (0.8 ML per 28 days)
<i>methotrexate (anti-rheumatic) oral tablet</i>	1		RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	3	PA; QL (1 ML per 28 days)
<i>methotrexate oral tablet</i>	1		RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	3	PA; QL (1.2 ML per 28 days)
<i>methotrexate sodium (pf) injection solution</i>	1		RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	3	PA; QL (1.4 ML per 28 days)
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1		RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	3	PA; QL (1.6 ML per 28 days)
<i>methotrexate sodium injection solution reconstituted</i>	1		RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	3	PA; QL (1.8 ML per 28 days)
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	1	B/D			
<i>mycophenolate mofetil oral capsule</i>	1	B/D			
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D; NDS			
<i>mycophenolate mofetil oral tablet</i>	1	B/D			
<i>mycophenolate sodium oral tablet delayed release</i>	1	B/D			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 25 MG/0.5ML	3	PA; QL (2 ML per 28 days)	ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 30 MG/0.6ML	3	PA; QL (2.4 ML per 28 days)	ADACEL INTRAMUSCULAR SUSPENSION	2	
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 7.5 MG/0.15ML	3	PA; QL (0.6 ML per 28 days)	BCG VACCINE INJECTION INJECTABLE	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	BEXZERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	2	
SANDIMMUNE ORAL SOLUTION	3	B/D	DAPTACEL INTRAMUSCULAR SUSPENSION	2	
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; NDS	DIPHTHERIA- TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS	ENGERIX-B INJECTION SUSPENSION	2	B/D
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS	ENGERIX-B INTRAMUSCULAR INJECTABLE	3	B/D
<i>sirolimus oral solution</i>	4	B/D; NDS	GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>sirolimus oral tablet 2 mg</i>	4	B/D; NDS	HAVRIX INTRAMUSCULAR SUSPENSION	2	
<i>tacrolimus oral capsule</i>	1	B/D	HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	2	B/D
XATMEP ORAL SOLUTION	3		HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D
ZORTRESS ORAL TABLET	4	B/D; NDS			
<b>Vaccines</b>					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED	2		RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	B/D
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	B/D	RECOMBIVAX HB INJECTION SUSPENSION	2	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	2		ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
IPOV INJECTION INJECTABLE	2		ROTATEQ ORAL SOLUTION	2	
IXIARO INTRAMUSCULAR SUSPENSION	2		SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
KINRIX INTRAMUSCULAR SUSPENSION	2		STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
MENACTRA INTRAMUSCULAR INJECTABLE	2		TDVAX INTRAMUSCULAR SUSPENSION	2	
MENHIBRIX INTRAMUSCULAR SOLUTION RECONSTITUTED 5-5- 2.5 MCG	2		TENIVAC INTRAMUSCULAR INJECTABLE	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2		TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2		TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2		TYPHIM VI INTRAMUSCULAR SOLUTION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2		VAQTA INTRAMUSCULAR SUSPENSION	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2		VARIVAX SUBCUTANEOUS INJECTABLE	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2		YF-VAX SUBCUTANEOUS INJECTABLE	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	2		CORTIFOAM EXTERNAL FOAM	3	
Inflammatory Bowel Disease Agents			<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
Aminosalicylates			<i>hydrocortisone rectal enema</i>	1	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2		<i>procto-med hc external cream</i>	1	
<i>balsalazide disodium oral capsule</i>	1		<i>procto-pak external cream</i>	1	
DIPENTUM ORAL CAPSULE	4	NDS	<i>proctosol hc external cream</i>	1	
GIAZO ORAL TABLET 1.1 GM	4	NDS	<i>proctozone-hc external cream</i>	1	
<i>mesalamine er oral capsule extended release 24 hour</i>	1		UCERIS RECTAL FOAM	3	
<i>mesalamine oral capsule delayed release</i>	1		Metabolic Bone Disease Agents		
<i>mesalamine oral tablet delayed release</i>	1		Metabolic Bone Disease Agents		
<i>mesalamine rectal enema</i>	1		<i>alendronate sodium oral solution</i>	1	
<i>mesalamine rectal suppository</i>	4	NDS	<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>mesalamine-cleanser rectal kit</i>	1		<i>alendronate sodium oral tablet 70 mg</i>	1	QL (4 EA per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE	3		BINOSTO ORAL TABLET EFFERVESCENT	3	QL (4 EA per 28 days)
SFROWASA RECTAL ENEMA	4	NDS	<i>calcitonin (salmon) nasal solution</i>	1	QL (3.7 ML per 30 days)
<i>sulfasalazine oral tablet</i>	1		<i>calcitriol intravenous solution</i>	1	
<i>sulfasalazine oral tablet delayed release</i>	1		<i>calcitriol oral capsule</i>	1	
Glucocorticoids			<i>calcitriol oral solution</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	4	NDS	<i>cinacalcet hcl oral tablet 30 mg</i>	3	
<i>budesonide oral capsule delayed release particles</i>	1		<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	4	NDS
<i>colocort rectal enema 100 mg/60ml</i>	1		<i>doxercalciferol intravenous solution</i>	1	
			<i>doxercalciferol oral capsule</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
etidronate disodium oral tablet 200 mg, 400 mg	1		TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2.34 ML per 28 days); NDS	XGEVA SUBCUTANEOUS SOLUTION	4	PA; NDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS	zoledronic acid intravenous concentrate	1	
FOSAMAX PLUS D ORAL TABLET	3	ST; QL (4 EA per 28 days)	zoledronic acid intravenous solution 4 mg/100ml	4	NDS
HECTOROL ORAL CAPSULE 1 MCG, 2.5 MCG	4	NDS	zoledronic acid intravenous solution reconstituted 4 mg	4	NDS
<i>ibandronate sodium intravenous solution</i>	1		Miscellaneous Therapeutic Agents		
<i>ibandronate sodium oral tablet</i>	1	QL (1 EA per 28 days)	Miscellaneous Therapeutic Agents		
MIACALCIN INJECTION SOLUTION	4	NDS	alcohol prep pads pad 70 %	2	
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; QL (2 EA per 28 days); NDS	CLINOLIPID INTRAVENOUS EMULSION	4	B/D; NDS
<i>paricalcitol intravenous solution 5 mcg/ml</i>	1		cvs gauze sterile pad 2"x2"	2	
<i>paricalcitol oral capsule</i>	1		deferoxamine mesylate injection solution reconstituted	1	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2 ML per 365 days)	ELLA ORAL TABLET	2	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	4	NDS	<i>fomepizole intravenous solution</i>	4	NDS
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)	GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; NDS
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1		<i>insulin pen needles 29g x 12mm</i>	2	QL (200 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)	<i>insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 EA per 28 days)	INTRALIPID INTRAVENOUS EMULSION	3	B/D
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS	<i>levocarnitine oral solution</i>	1	
			LEVOCARNITINE ORAL TABLET	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methergine oral tablet</i>	4	QL (56 EA per 365 days); NDS	PALFORZIA (40 MG DAILY DOSE) ORAL	4	PA; NDS
<i>methylergonovine maleate oral tablet</i>	4	QL (56 EA per 365 days); NDS	PALFORZIA (6 MG DAILY DOSE) ORAL	4	PA; NDS
METOPIRONE ORAL CAPSULE	4	NDS	PALFORZIA (80 MG DAILY DOSE) ORAL	4	PA; NDS
NUTRILIPID INTRAVENOUS EMULSION	3	B/D	PALFORZIA INITIAL ESCALATION ORAL	4	PA; NDS
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL (30 EA per 30 days)	SMOFLIPID INTRAVENOUS EMULSION	3	B/D
OMEGAVEN INTRAVENOUS EMULSION	3	B/D	<i>sod benz-sod phenylacet intravenous solution</i>	4	NDS
OMNIPOD	2	QL (30 EA per 30 days)	SODIUM CHLORIDE IRRIGATION SOLUTION	1	
OMNIPOD 5 PACK	2	QL (30 EA per 30 days)	<i>sterile water for irrigation irrigation solution</i>	1	
OMNIPOD DASH 5 PACK PODS	2	QL (30 EA per 30 days)	V-GO 20 KIT	2	
OMNIPOD DASH SYSTEM KIT	2	QL (1 EA per 365 days)	V-GO 30 KIT	2	
OMNIPOD STARTER KIT	2	QL (1 EA per 365 days)	V-GO 40 KIT	2	
PALFORZIA (12 MG DAILY DOSE) ORAL	4	PA; NDS	VISTOGARD ORAL PACKET	4	NDS
PALFORZIA (120 MG DAILY DOSE) ORAL	4	PA; NDS	XENICAL ORAL CAPSULE	3	PA
PALFORZIA (160 MG DAILY DOSE) ORAL	4	PA; NDS	<b>Ophthalmic Agents</b>		
PALFORZIA (20 MG DAILY DOSE) ORAL	4	PA; NDS	<b>Ophthalmic Agents, Other</b>		
PALFORZIA (200 MG DAILY DOSE) ORAL	4	PA; NDS	ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	1	
PALFORZIA (240 MG DAILY DOSE) ORAL	4	PA; NDS	<i>bacitracin-polymyxin b ophthalmic ointment</i>	1	
PALFORZIA (3 MG DAILY DOSE) ORAL	4	PA; NDS	<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	4	PA; NDS	BEOVU INTRAVITREAL SOLUTION	4	PA; NDS
PALFORZIA (300 MG TITRATION) ORAL PACKET	4	PA; NDS	BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
			<i>blephamide s.o.p. ophthalmic ointment</i>	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CEQUA OPHTHALMIC SOLUTION	3	PA	<i>neo-polycin ophthalmic ointment</i>	1	
COMBIGAN OPHTHALMIC SOLUTION	2		OXERVATE OPHTHALMIC SOLUTION	4	PA; QL (56 ML per 28 days); NDS
CORTISPORIN EXTERNAL CREAM	3		<i>polycin ophthalmic ointment</i>	1	
cyclopentolate hcl ophthalmic solution 1 %	1		<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
CYSTARAN OPHTHALMIC SOLUTION	4	PA; QL (60 ML per 28 days); NDS	PRED-G OPHTHALMIC SUSPENSION	3	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1		PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1		RESTASIS OPHTHALMIC EMULSION	2	
EYLEA INTRAVITREAL SOLUTION	4	PA; NDS	ROCKLATAN OPHTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; NDS	SIMBRINZA OPHTHALMIC SUSPENSION	3	
LACRISERT OPHTHALMIC INSERT	3		<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
LUCENTIS INTRAVITREAL SOLUTION	4	PA; NDS	TOBRADEX OPHTHALMIC OINTMENT	3	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; NDS	TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1		<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1		VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1		XIIDRA OPHTHALMIC SOLUTION	3	QL (60 EA per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1		ZYLET OPHTHALMIC SUSPENSION	3	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1		<b>Ophthalmic Anti-allergy Agents</b>		
<i>neo-polycin hc ophthalmic ointment</i>	1				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALOCRIL OPHTHALMIC SOLUTION	3		<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1	
ALOMIDE OPHTHALMIC SOLUTION	3		<i>moxifloxacin hcl ophthalmic solution</i>	1	
<i>azelastine hcl ophthalmic solution</i>	1		NATACYN OPHTHALMIC SUSPENSION	3	
BEPREVE OPHTHALMIC SOLUTION	3		<i>ofloxacin ophthalmic solution</i>	1	
<i>cromolyn sodium ophthalmic solution</i>	1		<i>sulfacetamide sodium ophthalmic ointment</i>	1	
EMADINE OPHTHALMIC SOLUTION 0.05 %	3		<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>epinastine hcl ophthalmic solution</i>	1		<i>tobramycin ophthalmic solution</i>	1	
<i>olopatadine hcl ophthalmic solution</i>	1		TOBREX OPHTHALMIC OINTMENT	3	
PAZEO OPHTHALMIC SOLUTION	3		<i>trifluridine ophthalmic solution</i>	1	
<b>Ophthalmic Anti-Infectives</b>			ZIRGAN OPHTHALMIC GEL	3	
AZASITE OPHTHALMIC SOLUTION	3		<b>Ophthalmic Anti-inflammatories</b>		
<i>bacitracin ophthalmic ointment</i>	1		ACUVAIL OPHTHALMIC SOLUTION	3	ST
BESIVANCE OPHTHALMIC SUSPENSION	3		ALREX OPHTHALMIC SUSPENSION	3	
CILOXAN OPHTHALMIC OINTMENT	3		<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1	
<i>ciprofloxacin hcl ophthalmic solution</i>	1		BROMSITE OPHTHALMIC SOLUTION	3	ST
<i>erythromycin ophthalmic ointment</i>	1		<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
<i>gatifloxacin ophthalmic solution</i>	1		<i>diclofenac sodium ophthalmic solution</i>	1	
<i>gentak ophthalmic ointment</i>	1		DUREZOL OPHTHALMIC EMULSION	3	
<i>gentamicin sulfate ophthalmic solution</i>	1		FLAREX OPHTHALMIC SUSPENSION	2	
<i>levofloxacin ophthalmic solution</i>	1		<i>fluorometholone ophthalmic suspension</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium ophthalmic solution</i>	1		BETOPTIC-S OPHTHALMIC SUSPENSION	3	
FML FORTE OPHTHALMIC SUSPENSION	2		<i>carteolol hcl ophthalmic solution</i>	1	
FML OPHTHALMIC OINTMENT	2		<i>levobunolol hcl ophthalmic solution</i>	1	
ILEVRO OPHTHALMIC SUSPENSION	3	QL (6 ML per 30 days)	<i>metipranolol ophthalmic solution 0.3 %</i>	1	
INVELTYS OPHTHALMIC SUSPENSION	3		<i>timolol maleate ophthalmic gel forming solution</i>	1	
<i>ketorolac tromethamine ophthalmic solution</i>	1		<i>timolol maleate ophthalmic solution</i>	1	
LOTEMAX OPHTHALMIC OINTMENT	3	QL (14 GM per 365 days)	<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
LOTEMAX SM OPHTHALMIC GEL	3	QL (20 GM per 365 days)	<i>acetazolamide er oral capsule extended release 12 hour</i>	1	
<i>loteprednol etabonate ophthalmic suspension</i>	1		<i>acetazolamide oral tablet 125 mg</i>	1	
MAXIDEX OPHTHALMIC SUSPENSION	2		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
NEVANAC OPHTHALMIC SUSPENSION	3	QL (6 ML per 30 days)	<i>apraclonidine hcl ophthalmic solution</i>	1	
PRED MILD OPHTHALMIC SUSPENSION	2		AZOPT OPHTHALMIC SUSPENSION	2	
<i>prednisolone acetate ophthalmic suspension</i>	1		BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	1		<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
PROLENSA OPHTHALMIC SOLUTION	3	QL (12 ML per 365 days)	<i>dorzolamide hcl ophthalmic solution</i>	1	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>			IOPIDINE OPHTHALMIC SOLUTION	3	
<i>betaxolol hcl ophthalmic solution</i>	1		<i>methazolamide oral tablet</i>	1	
BETIMOL OPHTHALMIC SOLUTION	3		PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl ophthalmic solution	1		neomycin-polymyxin-hc otic suspension	1	
RHOPRESSA OPHTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)	ofloxacin otic solution	1	
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>			<b>Respiratory Tract/Pulmonary Agents</b>		
bimatoprost ophthalmic solution	1	QL (5 ML per 30 days)	<b>Antihistamines</b>		
DURYSTA INTRAOCULAR IMPLANT	4	NDS	azelastine hcl nasal solution 0.1 %, 0.15 %	1	QL (60 ML per 30 days)
latanoprost ophthalmic solution	1		azelastine-fluticasone nasal suspension	3	QL (23 GM per 30 days)
LUMIGAN OPHTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)	carboxamine maleate oral tablet 6 mg	4	PA; NDS
travoprost (bak free) ophthalmic solution	1	QL (2.5 ML per 25 days)	clemastine fumarate oral tablet 2.68 mg	1	PA
VYZULTA OPHTHALMIC SOLUTION	3	QL (5 ML per 25 days)	cyproheptadine hcl oral syrup	1	PA
XELPROS OPHTHALMIC EMULSION	3	ST; QL (2.5 ML per 25 days)	cyproheptadine hcl oral tablet	1	PA
<b>Otic Agents</b>			desloratadine oral tablet	1	
<b>Otic Agents</b>			dexchlorpheniramine maleate oral solution	1	PA
acetic acid otic solution	1		diphenhydramine hcl injection solution	1	
CIPRO HC OTIC SUSPENSION	3		hydroxyzine hcl oral syrup	1	PA
CIPROFLOXACIN HCL OTIC SOLUTION	1		hydroxyzine hcl oral tablet	1	PA
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION	3		hydroxyzine pamoate oral capsule	1	PA
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3		levocetirizine dihydrochloride oral tablet	1	
flac otic oil	1		olopatadine hcl nasal solution	1	QL (30.5 GM per 30 days)
fluocinolone acetonide otic oil	1		ryvent oral tablet	1	PA
hydrocortisone-acetic acid otic solution	1		<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
neomycin-polymyxin-hc otic solution 1 %	1		ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT	3	ST; QL (1 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT	3	ST; QL (1 EA per 30 days)	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days)	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT	3	ST; QL (1 EA per 30 days)	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	QL (240 EA per 30 days)	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days)	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (24 GM per 30 days)	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (21.2 GM per 30 days)	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	<i>flunisolide nasal solution</i>	1	QL (50 ML per 30 days)	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	<i>fluticasone propionate nasal suspension</i>	1		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	<i>mometasone furoate nasal suspension</i>	1	QL (34 GM per 30 days)	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (2 EA per 30 days)	
ASMANEX HFA INHALATION AEROSOL	3	QL (13 GM per 30 days)	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	ST; QL (21.2 GM per 30 days)	
<i>budesonide inhalation suspension</i>	1	B/D; QL (120 ML per 30 days)	<b>Antileukotrienes</b>			
			<i>montelukast sodium oral packet</i>	1		
			<i>montelukast sodium oral tablet</i>	1		
			<i>montelukast sodium oral tablet chewable</i>	1		
			<i>zafirlukast oral tablet</i>	1		
			<i>zileuton er oral tablet extended release 12 hour</i>	4	ST; NDS	
			ZYFLO ORAL TABLET	4	ST; NDS	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Bronchodilators, Anticholinergic</b>					
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	QL (25.8 GM per 30 days)	<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 GM per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (2 EA per 30 days)	<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)</i>	1	QL (13.4 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days)	<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)</i>	1	QL (48 GM per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D; QL (312.5 ML per 30 days)	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	B/D; QL (525 MIL per 30 days)
<i>ipratropium bromide nasal solution</i>	1		<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D; QL (375 MIL per 30 days)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	4	QL (60 ML per 30 days); NDS	<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	B/D; QL (100 EA per 30 days)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	4	QL (60 ML per 30 days); NDS	<i>albuterol sulfate oral syrup</i>	3	
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL (30 EA per 30 days)	<i>albuterol sulfate oral tablet</i>	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	QL (8 GM per 30 days)	ARCAPTA NEOHALER INHALATION CAPSULE	3	ST
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	QL (8 GM per 28 days)	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	4	ST; QL (2 EA per 30 days); NDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (60 EA per 30 days)	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	4	ST; NDS
YUPELRI INHALATION SOLUTION	4	B/D; QL (90 ML per 30 days); NDS	BROVANA INHALATION NEBULIZATION SOLUTION	4	PA; QL (120 MIL per 30 days); NDS
<b>Bronchodilators, Sympathomimetic</b>					
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	3				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	Applies to products manufactured by Impax or Lineage Therapeutics	STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	3		SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	2		<i>terbutaline sulfate injection solution</i>	4	NDS
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	2	Applies to product manufactured by Mylan Specialty L.P. Only	<i>terbutaline sulfate oral tablet</i>	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3		VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	ST; QL (48 GM per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3		XOPENEX HFA INHALATION AEROSOL	3	QL (30 GM per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	B/D; QL (540 ML per 30 days)	<b>Cystic Fibrosis Agents</b>		
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	B/D; QL (90 EA per 30 days)	BETHKIS INHALATION NEBULIZATION SOLUTION	4	B/D; NDS
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	1	B/D; QL (270 ML per 30 days)	CAYSTON INHALATION SOLUTION RECONSTITUTED	4	PA; NDS
<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	1	QL (30 GM per 30 days)	KALYDECO ORAL PACKET	4	PA; NDS
<i>metaproterenol sulfate oral syrup</i>	3		KALYDECO ORAL TABLET	4	PA; NDS
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	3		KITABIS PAK INHALATION NEBULIZATION SOLUTION	4	B/D; NDS
PERFOROMIST INHALATION NEBULIZATION SOLUTION	4	B/D; QL (120 ML per 30 days); NDS	ORKAMBI ORAL PACKET	4	PA; QL (56 EA per 28 days); NDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)	ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 28 days); NDS
			PULMOZYME INHALATION SOLUTION	4	PA; NDS
			SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	4	PA; QL (56 EA per 28 days); NDS
			SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	4	PA; QL (60 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE	4	QL (224 EA per 56 days); NDS	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; NDS
<i>tobramycin inhalation nebulization solution</i>	4	B/D; NDS	<i>sildenafil citrate intravenous solution</i>	4	PA; NDS
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 EA per 28 days); NDS	<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; NDS
<b>Mast Cell Stabilizers</b>			<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>cromolyn sodium inhalation nebulization solution</i>	1	B/D	<i>tadalafil (pah) oral tablet</i>	4	PA; QL (60 EA per 30 days); NDS
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			TRACLEER 32 MG	4	PA; QL (112 EA per 28 days); NDS
DALIRESP ORAL TABLET	3	PA	<i>treprostinil injection solution</i>	4	PA; NDS
<i>theophylline er oral tablet extended release 12 hour</i>	1		TYVASO INHALATION SOLUTION	4	PA; QL (87 ML per 30 days); NDS
<i>theophylline er oral tablet extended release 24 hour</i>	1		TYVASO REFILL INHALATION SOLUTION	4	PA; QL (87 ML per 30 days); NDS
<i>theophylline oral solution</i>	1		TYVASO STARTER INHALATION SOLUTION	4	PA; QL (87 ML per 30 days); NDS
<b>Pulmonary Antihypertensives</b>			UPTRAVI ORAL TABLET	4	PA; QL (60 EA per 30 days); NDS
ADEMPAS ORAL TABLET	4	PA; QL (90 EA per 30 days); NDS	UPTRAVI ORAL TABLET THERAPY PACK	4	PA; QL (400 EA per 365 days); NDS
<i>alyq oral tablet</i>	4	PA; QL (60 EA per 30 days); NDS	VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>ambrisentan oral tablet</i>	4	PA; QL (30 EA per 30 days); NDS	VENTAVIS INHALATION SOLUTION	4	PA; QL (270 MIL per 30 days); NDS
<i>bosentan oral tablet</i>	4	PA; QL (60 EA per 30 days); NDS	<b>Pulmonary Fibrosis Agents</b>		
<i>epoprostenol sodium intravenous solution reconstituted</i>	4	PA; NDS	ESBRIET ORAL CAPSULE	4	PA; NDS
OPSUMIT ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS	ESBRIET ORAL TABLET	4	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA	OFEV ORAL CAPSULE	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>Respiratory Tract Agents, Other</b>					
acetylcysteine inhalation solution	1	B/D	FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS
ADVAIR HFA INHALATION AEROSOL	3	QL (24 GM per 30 days)	FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)	<i>ipratropium-albuterol inhalation solution</i>	1	B/D; QL (540 MIL per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3 ML per 28 days); NDS
BEVESPI AEROSPHERE INHALATION AEROSOL	3	ST; QL (10.7 GM per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (3 ML per 28 days); NDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)	NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 EA per 28 days); NDS
<i>budesonide-formoterol fumarate inhalation aerosol</i>	2	PA; QL (10.2 GM per 30 days)	<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	1	PA
CINQAIR INTRAVENOUS SOLUTION	4	PA; NDS	<i>promethazine-phenylephrine oral syrup</i>	1	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (8 GM per 30 days)	<i>ribavirin inhalation solution reconstituted</i>	4	NDS
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3	QL (17.6 GM per 30 days)	STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (24 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	3	QL (13 GM per 30 days)	SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	2	QL (12 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	2	QL (13.8 GM per 30 days)	Sleep Promoting Agents		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)	BELSOMRA ORAL TABLET	2	QL (30 EA per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE	3	ST	DAYVIGO ORAL TABLET	3	PA; QL (30 EA per 30 days)
wixela inhub inhalation aerosol powder breath activated	1	QL (60 EA per 30 days)	doxepin hcl oral tablet	1	QL (30 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>			estazolam oral tablet	1	PA; QL (30 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>			eszopiclone oral tablet	1	QL (30 EA per 30 days)
carisoprodol oral tablet	1	PA	HETLIOZ ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
carisoprodol-aspirin oral tablet	1	PA	ramelteon oral tablet	1	QL (30 EA per 30 days)
carisoprodol-aspirin-codeine oral tablet	1	PA; NDS	SECONAL ORAL CAPSULE	4	PA; NDS
chlorzoxazone oral tablet	1	PA	temazepam oral capsule	1	PA; QL (30 EA per 30 days)
cyclobenzaprine hcl er oral capsule extended release 24 hour	1	PA	zaleplon oral capsule 10 mg	1	QL (60 EA per 30 days)
cyclobenzaprine hcl oral tablet	1	PA	zaleplon oral capsule 5 mg	1	QL (30 EA per 30 days)
methocarbamol injection solution	1	PA	zolpidem tartrate er oral tablet extended release	1	QL (30 EA per 30 days)
methocarbamol oral tablet	1	PA	zolpidem tartrate oral tablet	1	QL (30 EA per 30 days)
NORGESIC FORTE ORAL TABLET	4	PA; NDS	<b>Wakefulness Promoting Agents</b>		
orphenadrine citrate er oral tablet extended release 12 hour	1	PA	armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; QL (30 EA per 30 days)
orphenadrine-aspirin-caffeine oral tablet 50-770-60 mg	4	PA; NDS	armodafinil oral tablet 50 mg	3	PA; QL (60 EA per 30 days)
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	4	PA; NDS	modafinil oral tablet	1	PA; QL (30 EA per 30 days)
<b>Sleep Disorder Agents</b>			SUNOSI ORAL TABLET	3	PA; QL (30 EA per 30 days)
			WAKIX ORAL TABLET	4	PA; QL (60 EA per 30 days); NDS
			XYREM ORAL SOLUTION	4	PA; QL (540 ML per 30 days); NDS

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

말립: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telefono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**), فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف الجنسية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyé sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان **فارسی (Farsi)** است، خدمات امداد زیانی به طور رایگان در اختیار شما می باشد. لطفاً شماره تلفن رایگانی که روی کارت شناسی شما قید شده تماس بگیرید.

ध्यान दें: यदू आप **हिन्दी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नाशिलुक उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टाल-फरी फान नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ខ្លះបំភាគខ្លួនណ៍: បានសំខែកម្មភាគខ្លួន(Khmer)សំខែកម្មភាគខ្លួនដែលត្រូវបានសំខែកម្មភាគខ្លួនដែលត្រូវបានសំខែកម្មភាគខ្លួន។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahé nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telefono nga nakalista ayan iti identification card mo.

DÍI BAA'AKONÍNIZIN: **Diné (Navajo)** bizaad bee yánilt'i'go, saad bee áka'anída'awo'ígíí, t'áá jiík'eh, bee ná'ahóót'i. T'áá shqodí ninaaltsoos nit'lízí bee nééhozinigíí bine'déé, t'áá jiík'ehgo béeésh bee hane'í biká'ígíí bee hodilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

This formulary was updated on August 06, 2020, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

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**OptumRx Member Services**

**Phone (toll-free):** **1-844-368-8765**

**TTY users:** **711**

**Hours of operation:** 24 hours a day, 7 days a week

**Website:** [optumrx.com](http://optumrx.com)

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***SHBP/SEHBP***  
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