

# Health Options Program

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

# 2024

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

This Gold5 Prescription Drug Formulary for the Value Medicare Rx Option (PDP) is effective as of December 1, 2024. For more recent information or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit [HOPbenefits.com](http://HOPbenefits.com).

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

**Important message about what you pay for insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by the Value Rx Option, no matter which cost-sharing tier it's on, even if you haven't paid your deductible. Call OptumRx for more information.

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

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

This document includes a list of the drugs (formulary) for our plan, which is effective as of December 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

### ***What is the Value Medicare Rx Option Comprehensive Formulary?***

A formulary is a list of covered drugs selected for the Value Medicare Rx Option in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The Value Medicare Rx Option will generally cover the drugs listed in our formulary as long as the

drug is medically necessary, the prescription is filled at an OptumRx network pharmacy, and other Plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

*Please note that this formulary covers the Value Medicare Rx Option only. If you are enrolled in the Enhanced or Basic Medicare Rx Option, please contact us for a copy of that formulary. Our contact information appears on the front and back cover pages. If you have coverage through a Medicare Advantage plan through the Health Options Program, you will have to contact the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.*

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less expensive drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs. We must follow Medicare rules in making these changes. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our drug list, but

immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

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

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to

request an exception, and you can also find information in the section entitled “How do I request an exception to the Value Medicare Rx Option Formulary?”

The enclosed formulary is current as of December 1, 2024. To get updated information about the drugs covered by the Value Medicare Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary will be posted to HOPbenefits.com.

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

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

- **Medical condition**

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

- **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 54. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index, and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index, and find the name of your drug in the first column of the list.

### ***What are generic drugs?***

The Value Medicare Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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

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

- **Prior Authorization (PA):** The Value Medicare Rx Option requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from the Value Medicare Rx Option before you fill your prescriptions. If you don’t get approval, the Value Medicare Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Value Medicare Rx Option limits the amount of the drug that the Value Medicare Rx Option will cover. For example, the Value Medicare Rx Option covers 30 pills per 30 days for Crestor. If your prescription is for more, OptumRx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Value Medicare Rx Option requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Value Medicare Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask the Value Medicare Rx Option to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section “How do I request an exception to the Value Medicare Rx Option Formulary?” on page iv, for information about how to request an exception.

### ***What if my drug is not on the formulary?***

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that the Value Medicare Rx Option does not cover your drug, you have two options:

- You can ask OptumRx for a list of similar drugs that are covered by the Value Medicare Rx Option. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See page iv or information about how to request an exception.

### ***How do I request an exception to the Value Medicare Rx Option Formulary?***

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

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

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

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

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

### **Emergency transitions and level-of-care changes**

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

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

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

### **For more information**

For more detailed information about the Value Medicare Rx Option's prescription drug coverage, please review your *Evidence of Coverage for the Value Medicare Rx Option* and other plan materials. If you have questions about the Value Medicare Rx Option, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### **How to Read the Value Medicare Rx Option Prescription Drug Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by the Value Medicare Rx Option. If you have trouble finding your drug in the list, turn to the Index that begins on page 54.

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

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

## WHAT THE ABBREVIATIONS MEAN

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

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

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

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

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

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# 2024 Comprehensive Gold5 Prescription Drug Formulary

## DEDUCTIBLE

- In general, you must pay the annual deductible of \$545 before the Value Medicare Rx Option pays any portion of your prescription drug costs.

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## PREFERRED GENERIC DRUGS (TIER 1)

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

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## GENERIC DRUGS (TIER 2)

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

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## PREFERRED BRAND-NAME DRUGS (TIER 3)

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

## NON-PREFERRED DRUGS (TIER 4)

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

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## SPECIALTY DRUGS (TIER 5)

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

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium tabs 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diflunisal tabs 500mg</i>	3	
<i>ec-naproxen tbec 500mg</i>	4	
<i>etodolac caps, tabs</i>	3	
<i>flurbiprofen tabs</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	2	
<i>naproxen dr tbec 375mg</i>	2	
<i>naproxen dr tbec 500mg</i>	4	
<i>naproxen sodium tabs 275mg, 550mg</i>	3	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	4	
<i>oxaprozin tabs</i>	3	
<i>piroxicam caps</i>	3	
<i>sulindac tabs</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine</i>	4	QL (4 EA per 28 days) NDS
<i>fentanyl pt72 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tabs</i>	2	NDS
<i>methadone hcl soln</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride conc</i>	3	NDS
<i>morphine sulfate er tbc</i>	3	NDS
<i>XTAMPZA ER</i>	3	NDS
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tabs 325mg; 5mg</i>	2	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	PA NDS
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS



Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tabs 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate tabs</i>	3	NDS
<i>morphine sulfate inj 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral soln 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride soln</i>	3	NDS
<i>oxycodone hydrochloride tabs 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tabs 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tabs 50mg</i>	1	NDS
<i>vicodin hp tabs 300mg; 10mg</i>	4	NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine-prilocaine-cream base crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine oint 5%</i>	3	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL (150 GM per 30 days) PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tabs</i>	3	
<i>naltrexone hcl tabs</i>	2	
<b>VIVITROL</b>	5	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl inj 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	3	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
<i>naloxone hydrochloride inj 2mg/2ml</i>	3	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
<b>NICOTROL NS</b>	4	QL (360 ML per 365 days)
<i>varenicline starting month</i>	4	QL (504 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate</i>	4	QL (504 EA per 365 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate crea 0.1%</i>	3	
<i>gentamicin sulfate inj 40mg/ml</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate inj 1gm</i>	5	
<i>tobramycin sulfate inj</i>	3	
<b>Antibacterials, Other</b>		
<i>aztreonam</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tabs</i>	4	QL (56 EA per 28 days)
<i>linezolid susr</i>	5	QL (1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tabs</i>	2	
<i>vancomycin hcl inj 10gm</i>	3	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM, 2GM	3	
<i>vancomycin hydrochloride inj 1gm, 250mg, 500mg, 750mg</i>	3	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium inj 1gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN INJ 2GM, 3GM	4	
<i>cefdinir caps</i>	2	
<i>cefdinir susr</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride inj 100gm, 2gm</i>	4	
<i>cefixime caps</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	3	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil susr</i>	3	
<i>cefpodoxime proxetil tabs</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr</i>	2	
TAZICEF INJ 6GM	3	
<i>tazicef inj 1gm, 2gm</i>	3	
TEFLARO	5	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium chew</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml;</i>	2	
<i>28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>		
<i>amoxicillin/clavulanate potassium susr 250mg/5ml;</i>	4	
<i>62.5mg/5ml</i>		
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg,</i>	2	
<i>875mg; 125mg</i>		
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	3	
<i>ampicillin caps 500mg</i>	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML,	4	
2400000UNIT/4ML, 600000UNIT/ML		
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm,</i>	4	
<i>36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>		

**Carbapenems**

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
<b>Macrolides</b>		
<i>azithromycin pack</i>	2	
<i>azithromycin susr</i>	3	
<i>azithromycin inj 500mg</i>	3	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tabs</i>	3	
<i>clarithromycin susr</i>	4	
DIFICID TABS	5	
<i>erythromycin dr tbec</i>	4	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	4	
<b>Quinolones</b>		
CIPRO SUSR	4	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	3	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	3	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	4	
<i>demeclocycline hydrochloride tabs 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	4	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 50mg</i>	2	
<i>doxycycline susr</i>	3	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	3	
<i>mondoxyne nl caps 100mg</i>	2	
<i>morgidox 1x100mg caps</i>	2	
<i>morgidox 2x100mg caps</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hydrochloride caps</i>	3	
<b>Anticonvulsants</b>		
<b><i>Anticonvulsants, Other</i></b>		
BRIVIACT SOLN, TABS	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam soln, tabs</i>	2	
NAYZILAM	4	QL (10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tabs</i>	1	
<i>topiramate csp</i>	3	
XCOPRI TABS	5	PA
XCOPRI TBPK 0	4	PA; (12.5mg-25mg)
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA; (100mg-150mg)
<b><i>Calcium Channel Modifying Agents</i></b>		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
<b><i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i></b>		
<i>clobazam</i>	4	
<i>clonazepam odt tbdp 2mg</i>	4	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr tbec</i>	2	
<i>divalproex sodium er</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 400mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin soln</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
LIBERVANT	4	QL (10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	4	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tabs</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
VIGAFYDE	5	PA
<i>vigpoder</i>	5	PA
<b>Sodium Channel Agents</b>		
APTIOM	5	
<i>carbamazepine er tb12</i>	3	
<i>carbamazepine er cp12</i>	4	
<i>carbamazepine chew 100mg</i>	2	
<i>carbamazepine susp, tabs</i>	3	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	3	
<i>lacosamide soln</i>	3	
<i>lacosamide tabs</i>	4	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 400mg</i>	5	
ZONISADE	4	ST
<i>zonisamide</i>	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates tabs</i>	4	
NAMZARIC CP24	4	QL (30 EA per 30 days) ST
<b>Cholinesterase Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tabs</i>	2	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
AUVELITY	4	QL (60 EA per 30 days) ST
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tabs</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
ZURZUVAE CAPS 30MG	5	QL (14 EA per 14 days) PA
ZURZUVAE CAPS 20MG, 25MG	5	QL (28 EA per 14 days) PA
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i></b>		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	4	
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	2	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine hydrochloride caps</i>	1	
<i>fluoxetine hydrochloride soln</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	4	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>sertraline hcl conc</i>	3	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	4	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	4	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate caps</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	4	
<i>meclizine hcl tabs</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>promethazine hcl supp 12.5mg, 25mg</i>	4	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
<i>promethegan supp 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	4	QL (6 EA per 30 days) B/D



Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 80mg</i>	4	QL (8 EA per 30 days) B/D
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl soln</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron hydrochloride inj 4mg/2ml</i>	4	
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	B/D

### Antifungals

#### Antifungals

ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b inj</i>	4	B/D
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	
<i>clotrimazole crea</i>	2	
<i>clotrimazole troc</i>	3	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tabs</i>	2	
<i>fluconazole susr</i>	3	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	4	PA
JUBLIA	5	
<i>ketoconazole sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL (90 GM per 30 days)
<i>klayesta</i>	2	QL (120 GM per 30 days)
<i>nyamyc</i>	2	QL (120 GM per 30 days)
<i>nystatin crea, oint, susp</i>	2	
<i>nystatin powd</i>	2	QL (120 GM per 30 days)
<i>nystatin tabs</i>	3	
<i>nystop</i>	2	QL (120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole susp</i>	5	PA
<i>terbinafine hcl tabs</i>	2	QL (84 EA per 180 days)
<i>terconazole crea</i>	3	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>voriconazole inj</i>	5	PA

### Antigout Agents

#### Antigout Agents

<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	

### Antimigraine Agents

#### Ergot Alkaloids

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate soln</i>	4	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/caffeine</i>	3	QL (24 EA per 28 days)
<b>Prophylactic</b>		
AIMOVIG INJ 140MG/ML	4	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 28 days) PA
EMGALITY INJ 120MG/ML	4	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA
NURTEC	5	QL (18 EA per 30 days) PA
QULIPTA	5	QL (30 EA per 30 days) PA
UBRELVY	5	QL (16 EA per 30 days) PA
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 EA per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate inj</i>	4	QL (5 ML per 30 days)
<i>sumatriptan soln</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs</i>	3	QL (12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	4	
<b>Antituberculars</b>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJ	4	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	3	
<i>rifampin caps</i>	3	
<i>rifampin inj</i>	4	
SIRTURO	5	
TRECTOR	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cisplatin inj 100mg/100ml</i>	4	
<i>cyclophosphamide caps</i>	3	B/D
<i>cyclophosphamide inj 500mg/ml</i>	5	
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
<b>Antiandrogens</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate tabs 250mg</i>	4	PA
<i>abiraterone acetate tabs 500mg</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
<b>Antiangiogenic Agents</b>		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL (120 EA per 30 days) PA
THALOMID	5	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	
<b>Antimetabolites</b>		
DROXIA	4	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	3	
PURIXAN	5	
TABLOID	4	
<b>Antineoplastics, Other</b>		
AKEEGA	5	PA
BESREMI	5	PA
COLUMVI	5	PA
EPKINLY	5	PA
GAVRETO	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
ITOVEBI TABS 9MG	5	PA
ITOVEBI TABS 3MG	5	QL (60 EA per 30 days) PA
IWILFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
LAZCLUZE TABS 240MG	5	PA
LAZCLUZE TABS 80MG	5	QL (60 EA per 30 days) PA
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	PA

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO	5	PA
ONUREG	5	PA
ORSERDU	5	PA
PEMAZYRE	5	QL (30 EA per 30 days) PA
PESGO	5	PA
RETEVMO CAPS	5	PA
RETEVMO TABS 120MG, 160MG	5	PA
RETEVMO TABS 80MG	5	QL (60 EA per 30 days) PA
RETEVMO TABS 40MG	5	QL (90 EA per 30 days) PA
SCEMBLIX TABS 40MG	5	PA
SCEMBLIX TABS 100MG	5	QL (120 EA per 30 days) PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
SYNRIBO	5	
TAZVERIK	5	PA
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
<b>Antineoplastics</b>		
OPDUALAG	5	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<b>Enzyme Inhibitors</b>		
<i>topotecan hcl inj 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
<b>Molecular Target Inhibitors</b>		
ALECENSA	5	PA
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI CAPS 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tabs 150mg</i>	5	PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA
EXKIVITY	5	
FARYDAK	5	
FRUZAQLA	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA
ICLUSIG TABS 30MG, 45MG	5	PA
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	2	PA
<i>imatinib mesylate tabs 400mg</i>	4	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
JAYPIRCA TABS 100MG	5	PA
JAYPIRCA TABS 50MG	5	QL (30 EA per 30 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABS	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL (180 EA per 30 days) PA
ODOMZO	5	PA
OJEMDA	5	PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSE TABS 80MG	5	PA
TAGRISSE TABS 40MG	5	QL (30 EA per 30 days) PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
<i>torpenz</i>	5	QL (30 EA per 30 days) PA
TRUQAP	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VORANIGO TABS 40MG	5	PA
VORANIGO TABS 10MG	5	QL (60 EA per 30 days) PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA CAPS	5	PA
ZEJULA TABS 200MG, 300MG	5	PA
ZEJULA TABS 100MG	5	QL (30 EA per 30 days) PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABS	5	PA
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
DARZALEX FASPRO	5	PA
KANJINTI	5	PA
LOQTORZI	5	PA
RUXIENCE	5	PA
TEVIMBRA	5	PA
TRAZIMERA	5	PA
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA
PANRETIN	5	

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin caps 10mg</i>	5	
<b>Treatment Adjuncts</b>		
<i>leucovorin calcium tabs</i>	3	
MESNEX TABS	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	4	
<i>ivermectin tabs</i>	2	PA
<i>praziquantel tabs</i>	4	
<b>Antiprotozoals</b>		
ALINIA SUSR	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	3	
<i>chloroquine phosphate tabs</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tabs 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	B/D
<i>primaquine phosphate tabs</i>	3	
<i>pyrimethamine tabs</i>	5	PA
<i>quinine sulfate caps 324mg</i>	3	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
<b>Antiparkinson Agents, Other</b>		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate caps, tabs</i>	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tabs</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl caps, tabs</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc</i>	4	
<i>fluphenazine hcl tabs 1mg</i>	4	
<i>fluphenazine hydrochloride elix, inj</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate inj</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol conc</i>	2	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tabs 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs 2mg, 4mg</i>	3	
<i>perphenazine tabs 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tabs 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tabs 10mg</i>	4	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days)
<i>aripiprazole soln</i>	4	QL (750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) PA
FANAPT	5	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID CAPS	5	PA
NUPLAZID TABS 10MG	5	PA
<i>olanzapine odt</i>	3	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	2	QL (30 EA per 30 days)



Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine inj</i>	4	
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	
<i>risperidone er inj 12.5mg</i>	4	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL (60 EA per 30 days)
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST
VRAYLAR CPPK	4	QL (14 EA per 365 days)
VRAYLAR CAPS	5	QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	3	QL (180 EA per 30 days)
<i>clozapine tabs 25mg</i>	3	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	4	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs 10mg, 20mg</i>	2	
<i>baclofen tabs 5mg</i>	3	
<i>dantrolene sodium caps</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABS	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<b>Anti-hepatitis B (HBV) Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLN	4	QL (600 ML per 30 days)
<i>entecavir</i>	4	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	3	
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET TABS	5	QL (336 EA per 365 days) PA
MAVYRET PACK	5	QL (560 EA per 365 days) PA
REBETOL SOLN	5	
<i>ribavirin tabs 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	QL (30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>etravirine tabs 100mg</i>	4	
<i>etravirine tabs 200mg</i>	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL (30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (30 EA per 30 days)
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	3	
<i>lamivudine tabs 150mg, 300mg</i>	3	
ODEFSEY	5	QL (30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine caps</i>	4	
TEMIXYS	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TRIZIVIR	5	QL (60 EA per 30 days)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABS	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACK, SOLN	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
REYATAZ PACK	5	
<i>ritonavir</i>	3	

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl caps, soln</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
XOFLUZA TBPk 80MG	3	QL (2 EA per 365 days)
XOFLUZA TBPk 20MG, 40MG	3	QL (4 EA per 365 days)
<b>Antiherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>famciclovir tabs</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL (120 EA per 30 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tabs 30mg, 7.5mg</i>	4	
<i>hydroxyzine pamoate caps</i>	4	
<b>Benzodiazepines</b>		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	4	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	4	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam conc, oral soln</i>	2	
<i>diazepam inj 5mg/ml</i>	4	
<i>diazepam tabs 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	1	
<i>valproic acid caps, soln</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tabs</i>	2	
BYDUREON BCISE	4	QL (3.4 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 28 days) PA
BYETTA INJ 5MCG/0.02ML	4	QL (4.8 ML per 28 days) PA
FARXIGA	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glipizide tabs 2.5mg</i>	2	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL (2 ML per 28 days) PA
<i>nateglinide</i>	1	
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days) PA
OZEMPIC INJ 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tabs 250mg, 500mg</i>	1	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) PA
XIGDUO XR	3	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium inj 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABS 300MG	5	QL (240 EA per 30 days) PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL (30 EA per 30 days) PA
PYRUKYND TABS 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABS 20MG, 5MG	5	QL (60 EA per 30 days) PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL (120 EA per 30 days) PA
ZARXIO	5	
<i>Hemostasis Agents</i>		
<i>tranexamic acid tabs</i>	3	
<i>Platelet Modifying Agents</i>		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA
<i>cilostazol</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel tabs 75mg</i>	1	
<i>clopidogrel tabs 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
<i>methyldopa tabs 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs</i>	2	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin soln</i>	4	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl caps 150mg</i>	3	
<i>mexiletine hcl caps 200mg, 250mg</i>	4	
MULTAQ	3	
PACERONE TABS 200MG	1	



Drug Name	Drug Tier	Requirements/Limits
PACERONE TABS 100MG, 400MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tabs 300mg</i>	2	
<i>quinidine sulfate tabs</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl caps 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>nadolol tabs 20mg, 40mg</i>	2	
<i>nadolol tabs 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tabs 5mg</i>	3	
<i>pindolol tabs</i>	3	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	4	
NYMALIZE SOLN 60MG/20ML	5	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	4	
<i>diltiazem hcl er tb24 420mg</i>	4	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er</i>	2	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR TABS	4	QL (60 EA per 30 days) PA
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CPSP	3	QL (240 EA per 30 days)
ENTRESTO TABS	3	QL (60 EA per 30 days)
<i>epinephrine inj 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>ivabradine hydrochloride</i>	4	QL (60 EA per 30 days) PA
KERENDIA	4	QL (30 EA per 30 days) PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
<b>Diuretics, Loop</b>		
<i>bumetanide inj, tabs</i>	2	
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	3	
<i>toremide tabs</i>	1	
<b>Diuretics, Potassium-sparing</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl tabs</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tabs</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tabs</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tabs</i>	1	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	4	
<i>cholestyramine pack, powd</i>	3	
<i>colesevelam hydrochloride tabs</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>colestipol hcl gran, pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL (30 EA per 30 days) PA
NEXLIZET	4	QL (30 EA per 30 days) PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL (2 ML per 28 days) PA
<i>prevalite</i>	4	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL (30 EA per 30 days) PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	2	
<i>minoxidil tabs</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tabs</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>	3	QL (90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride caps 25mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride caps 10mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	
<b>Central Nervous System, Other</b>		
AUSTEDO	5	QL (120 EA per 30 days) PA
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL (56 EA per 365 days) PA
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL (84 EA per 365 days) PA
AUSTEDO XR TB24 6MG	5	QL (210 EA per 30 days) PA
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA
AUSTEDO XR TB24 24MG	5	QL (60 EA per 30 days) PA
AUSTEDO XR TB24 12MG	5	QL (90 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
COBENFY	5	QL (60 EA per 30 days) PA
COBENFY STARTER PACK	5	QL (112 EA per 365 days) PA
INGREZZA CPPK	5	QL (56 EA per 365 days) PA
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
INGREZZA CPSP 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CPSP 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA
<b>Fibromyalgia Agents</b>		
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln</i>	4	QL (900 ML per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
BAFIERTAM	5	QL (120 EA per 30 days) PA
BETASERON	5	QL (15 EA per 30 days) PA
<i>dalfampridine er</i>	3	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	4	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack</i>	4	QL (120 EA per 365 days) PA
<i>fingolimod hydrochloride</i>	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TBPk 0.25MG	4	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TBPk 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA
OCREVUS	5	PA
OCREVUS ZUNOVO	5	QL (23 ML per 168 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TYSABRI	5	PA
VUMERITY	5	QL (120 EA per 30 days) PA
ZEPOSIA	5	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT CPPK 0	5	QL (56 EA per 365 days) PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CPPK 0	5	QL (74 EA per 365 days) PA; (37 Capsules Pack)

## Dental and Oral Agents

Drug Name	Drug Tier	Requirements/Limits
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	3	
KEPIVANCE	5	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL (50 GM per 30 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole crea 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene crea 0.1%</i>	4	
<i>tretinoin crea 0.025%</i>	2	PA
<i>tretinoin crea 0.05%</i>	4	PA
<i>zenatane</i>	4	
<b>Dermatitis and Pruitus Agents</b>		
ALA-CORT CREA 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate crea, lotn</i>	2	
<i>betamethasone dipropionate augmented crea</i>	2	
<i>betamethasone dipropionate augmented oint</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate crea, lotn</i>	3	
<i>betamethasone dipropionate oint</i>	4	
<i>betamethasone valerate oint</i>	2	
<i>betamethasone valerate crea, lotn</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate crea, oint</i>	2	
<i>clobetasol propionate gel, soln</i>	3	
<i>clobetasol propionate sham</i>	4	
<i>desonide crea</i>	3	
<i>desonide oint</i>	3	QL (120 GM per 30 days)
<i>desoximetasone crea 0.25%</i>	3	QL (100 GM per 30 days)
<i>desoximetasone oint 0.25%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide crea 0.1%</i>	3	QL (120 GM per 30 days)
<i>fluocinonide gel, oint, soln</i>	3	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate crea</i>	3	
<i>halobetasol propionate oint</i>	4	
<i>hydrocortisone valerate crea</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
<i>selenium sulfide</i>	2	
SPEVIGO INJ 150MG/ML	5	QL (4 ML per 28 days) PA
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.1%</i>	2	
<i>triamcinolone acetonide lotn 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene soln</i>	3	QL (60 ML per 30 days)
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate crea</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL (300 GM per 30 days) ST
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
<i>fluorouracil soln</i>	3	
<i>imiquimod crea 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide oint</i>	3	
OTEZLA TABS 20MG, 30MG	5	QL (60 EA per 30 days) PA
<i>podofilox soln</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL (30 EA per 30 days) PA
<i>ssd</i>	2	
<i>urea lotn 40%</i>	4	
<b>Pediculicides/Scabicides</b>		
<i>malathion</i>	4	
<i>permethrin crea</i>	3	
<b>Topical Anti-infectives</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oint 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan soln</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox sham, susp</i>	3	
<i>clindamycin phosphate lotn 1%</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	3	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin oint</i>	2	QL (110 GM per 30 days)
<i>mupirocin crea</i>	3	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii inj 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9%</i>	3	
<i>effe-r-k tbe-f 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate inj 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tbcr 15meq</i>	3	
<i>potassium chloride sr tbcr 8meq</i>	2	
<i>potassium chloride pack, soln</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% inj</i>	3	
<i>sodium chloride inj 0.45%, 0.9%</i>	3	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox pack</i>	5	PA
<i>deferasirox tabs 180mg</i>	2	PA
<i>deferasirox tabs 90mg</i>	3	PA
<i>deferasirox tabs 360mg</i>	4	PA
<i>deferasirox tbso 125mg</i>	4	PA
<i>deferasirox tbso 250mg, 500mg</i>	5	PA
<i>trientine hydrochloride caps 250mg</i>	5	PA
<b>Phosphate Binders</b>		
<i>calcium acetate caps</i>	4	
<i>calcium acetate tabs 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
<b>Potassium Binders</b>		
<i>kionex susp</i>	3	
LOKELMA	4	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
VELTASSA	4	
<b>Vitamins</b>		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS	3	QL (30 EA per 30 days)
<i>lubiprostone</i>	4	QL (60 EA per 30 days)
MOTTEGRITY	3	QL (30 EA per 30 days)
<i>pegylax</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 pack 17gm</i>	2	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	2	
RELISTOR TABS	5	QL (90 EA per 30 days) ST
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl caps</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl soln</i>	4	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	PA
<b>Gastrointestinal Agents, Other</b>		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride inj</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol caps 300mg</i>	4	
<i>ursodiol tabs</i>	3	
VOWST	5	PA
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
<b>Protectants</b>		
<i>misoprostol</i>	3	
<i>sucalfate tabs</i>	2	
<i>sucalfate susp</i>	4	
<b>Proton Pump Inhibitors</b>		
DEXILANT	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexlansoprazole</i>	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL (60 EA per 30 days)

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

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ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME	5	PA
JAVYGTOR	5	PA
KANUMA	5	PA
<i>l-glutamine</i>	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powd, tabs</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
<i>yargesa</i>	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<b>Genitourinary Agents</b>		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride soln	2	
oxybutynin chloride tabs 5mg	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	3	
tropium chloride	3	
tropium chloride er	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride/tamsulosin hydrochloride	4	
dutasteride caps	2	
finasteride tabs	1	
silodosin	4	
tadalafil tabs 2.5mg, 5mg	3	QL (30 EA per 30 days) PA
tamsulosin hydrochloride	1	
<i>Genitourinary Agents, Other</i>		
acetic acid 0.25%	1	
bethanechol chloride tabs	2	
d-penamamine	5	
ELMIRON	4	
penicillamine tabs	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
cortisone acetate tabs 25mg	3	
dexamethasone soln	2	
dexamethasone elix	3	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs	2	
hydrocortisone tabs 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tbpk	2	
methylprednisolone tabs	2	
prednisolone sodium phosphate soln 15mg/5ml	2	
prednisolone soln	2	
prednisone tbpk	2	
prednisone soln	4	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
triamcinolone acetonide inj 10mg/ml	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
desmopressin acetate tabs	3	
desmopressin acetate inj	5	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate nasal soln 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	QL (1 EA per 168 days) PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
<i>mifepristone tabs 200mg</i>	4	
<i>mifepristone tabs 300mg</i>	5	QL (120 EA per 30 days) PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Androgens</i>		
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate inj</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL (91 EA per 91 days)
<i>amethia lo</i>	4	QL (91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL (91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL (91 EA per 91 days)
<i>camrese lo</i>	4	QL (91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	

Drug Name	Drug Tier	Requirements/Limits
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL (91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol crea, oral tabs</i>	2	
<i>estradiol pttw, ptwk, vaginal tabs</i>	4	
ESTRING	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL (91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL (91 EA per 91 days)
<i>introvale</i>	4	QL (91 EA per 91 days)
<i>jaimiess</i>	4	QL (91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	4	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL (91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutera</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABS 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREA	4	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL (91 EA per 91 days)
<i>setlakin</i>	4	QL (91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL (91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
<b>Progestins</b>		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>gallifrey</i>	2	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)



Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tabs</i>	2	PA
<i>megestrol acetate susp 40mg/ml</i>	3	PA
<i>megestrol acetate susp 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone caps</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tabs</i>	1	
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tabs</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
ISTURISA TABS 10MG	5	QL (180 EA per 30 days) PA
ISTURISA TABS 1MG	5	QL (240 EA per 30 days) PA
ISTURISA TABS 5MG	5	QL (360 EA per 30 days) PA
LYSODREN	5	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i>	3	
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA
LANREOTIDE ACETATE INJ 120MG/0.5ML	5	PA
<i>lanreotide acetate inj 120mg/0.5ml</i>	5	PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJ 22.5MG	4	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 11.25MG	4	QL (1 EA per 84 days) PA
TRIPTODUR	5	QL (1 EA per 168 days) PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	2	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJ 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJ 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJ 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA

Drug Name	Drug Tier	Requirements/Limits
<b><i>Immunological Agents, Other</i></b>		
ADBRY INJ 150MG/ML	5	QL (4 ML per 28 days) PA
ADBRY INJ 300MG/2ML	5	QL (6 ML per 28 days) PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL (10 ML per 28 days) PA
COSENTYX UNOREADY	5	QL (10 ML per 28 days) PA
COSENTYX INJ 125MG/5ML	5	PA
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
RINVOQ LQ	5	QL (360 ML per 30 days) PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL (1 ML per 28 days) PA
SKYRIZI INJ 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
STELARA INJ 130MG/26ML	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (300 ML per 30 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
XOLAIR	5	PA
<b><i>Immunostimulants</i></b>		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
<b><i>Immunosuppressants</i></b>		
ASTAGRAF XL	4	B/D
<i>azathioprine tabs 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine caps 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL (6 EA per 28 days) PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL (6 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL (6 EA per 28 days) PA
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
CYLTEZO INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG	5	PA
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>everolimus tabs 0.25mg</i>	4	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	4	B/D
<i>gengraf soln</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	QL (4 EA per 365 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL (6 EA per 365 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL (4 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA
HUMIRA PEN INJ 40MG/0.4ML, 80MG/0.8ML	5	QL (4 EA per 28 days) PA; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA; Abbvie labeled products only
HUMIRA INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA; Abbvie labeled products only
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	4	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJ 250MG	5	PA
PROGRAF PACK	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL (60 EA per 30 days) PA
SANDIMMUNE SOLN	4	B/D
<i>sirolimus soln, tabs</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA
YUFLYMA 2-PEN KIT	5	QL (6 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA
YUFLYMA CD/UC/HS STARTER	5	QL (3 EA per 28 days) PA
<b>Vaccines</b>		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine inj 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	QL (0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VAXELIS	3	
YF-VAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tbec 1.2gm</i>	4	
<i>mesalamine er cp24</i>	4	
<i>mesalamine enem, kit, supp</i>	4	
SFROWASA	4	
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol caps</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJ 600MCG/2.4ML	5	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
<i>paricalcitol caps</i>	3	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium dr</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	4	
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
AUGTYRO	5	PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL (200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL (200 EA per 30 days)
ELLA	3	
IGALMI	4	PA
LAGEVRIO	3	QL (40 EA per 5 days)
LIVMARLI SOLN 19MG/ML	5	QL (60 ML per 30 days) PA
LIVMARLI SOLN 9.5MG/ML	5	QL (90 ML per 30 days) PA
NUTRILIPID	2	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days); \$0 Copay
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	5	QL (90 EA per 30 days) PA
<i>sodium chloride 0.9%</i>	2	
TYRVAYA	4	QL (8.4 ML per 30 days)
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL (200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL (200 EA per 30 days)
V-GO 20	3	

Drug Name	Drug Tier	Requirements/Limits
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emul 0.05%</i>	3	
CYSTARAN	5	QL (60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	2	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	3	
NATACYN	4	



Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium soln</i>	2	
<i>sulfacetamide sodium oint</i>	3	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac sodium soln 0.07%</i>	4	QL (12 ML per 365 days)
<i>dexamethasone sodium phosphate soln</i>	3	
<i>diclofenac sodium soln 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic soln 0.4%</i>	3	
LOTEMAX SM	4	QL (20 GM per 365 days)
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl soln 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate soln</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLN 0.1%	3	
BRIMONIDINE TARTRATE SOLN 0.1%	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tabs</i>	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL (2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>latanoprost soln</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin soln 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone susp</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>flunisolide soln 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER	3	QL (21.2 GM per 30 days)
<b>Antihistamines</b>		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>diphenhydramine hcl inj 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride inj</i>	4	
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tabs</i>	2	
<b>Antileukotrienes</b>		
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
<i>zafirlukast</i>	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide nasal soln</i>	2	
<i>ipratropium bromide inhalation soln</i>	2	QL (312.5 ML per 30 days) B/D
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL (30 EA per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	4	QL (375 ML per 30 days) B/D
<i>arformoterol tartrate</i>	4	QL (120 ML per 30 days) PA
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebu</i>	4	QL (120 ML per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	3	QL (30 GM per 30 days)
<i>levalbuterol nebu</i>	4	QL (90 EA per 30 days) B/D
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebu 300mg/5ml</i>	5	B/D
TRIKAFTA TBPB	5	QL (84 EA per 28 days) PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast</i>	4	PA
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	4	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>alyq</i>	4	QL (60 EA per 30 days) PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA
<i>epoprostenol sodium inj 0.5mg</i>	4	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1	5	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2	5	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3	5	QL (504 EA per 365 days) PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tabs</i>	3	QL (90 EA per 30 days) PA; (20mg)
<i>tadalafil tabs 20mg</i>	4	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<b>Respiratory Tract Agents, Other</b>		
ADVAIR HFA	3	QL (24 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
BRONCHITOL	5	QL (560 EA per 28 days) PA
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days) PA
FASENRA PEN	5	PA
FASENRA INJ 10MG/0.5ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA INJ 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	3	
<i>methocarbamol tabs 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL (30 EA per 30 days)
<i>eszopiclone</i>	4	QL (30 EA per 30 days)
<i>ramelteon</i>	4	QL (30 EA per 30 days)
<i>temazepam caps 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs</i>	2	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	3	QL (60 EA per 30 days) PA
<i>armodafinil tabs 250mg</i>	4	QL (30 EA per 30 days) PA
<i>modafinil tabs</i>	3	QL (30 EA per 30 days) PA
<i>sodium oxybate</i>	5	QL (540 ML per 30 days) PA

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<i>sirolimus</i>	45
SIRTURO	11
SKYCLARYS	48
SKYRIZI	44
SKYRIZI PEN	44
<i>sodium chloride</i>	34
<i>sodium chloride 0.45%</i>	34
<i>sodium chloride 0.9%</i>	48
<i>sodium oxybate</i>	53
<i>sodium phenylbutyrate</i>	36
<i>sodium polystyrene sulfonate</i>	34
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	35
<i>sofosbuvir/velpatasvir</i>	19
<i>solifenacin succinate</i>	37
SOLQUA 100/33	22
SOLTAMOX	12
SOMATULINE DEPOT	43
SOMAVERT	43
<i>sorafenib</i>	15
<i>sorafenib tosylate</i>	15
<i>sorine</i>	26
<i>sotalol hcl</i>	26
<i>sotalol hydrochloride</i>	26
<i>sotalol hydrochloride (af)</i>	26
SOTYKTU	32
SPEVIGO	32
SPIRIVA HANDIHALER	51
SPIRIVA RESPIMAT	51
<i>spironolactone</i>	28
<i>spironolactone/hydrochlorothiazide</i>	27
SPRAVATO 56MG DOSE	8
SPRAVATO 84MG DOSE	8
<i>sprintec 28</i>	41
SPRITAM	6
SPRYCEL	15
<i>sps</i>	34

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<i>sronyx</i>	41
<i>ssd</i>	32
STAMARIL	47
<i>stavudine</i>	20
STELARA	44
STIOLTO RESPIMAT	53
STIVARGA	15
STRENSIQ	36
<i>streptomycin sulfate</i>	3
STRIBILD	19
<i>subvenite</i>	6
<i>subvenite starter kit/blue</i>	6
<i>subvenite starter kit/green</i>	6
<i>subvenite starter kit/orange</i>	6
SUCRAID	36
<i>sucrafate</i>	35
<i>sulfacetamide sodium</i>	50
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	49
<i>sulfadiazine</i>	5
<i>sulfamethoxazole/trimethoprim</i>	5
<i>sulfamethoxazole/trimethoprim ds</i>	5
<i>sulfasalazine</i>	47
<i>sulindac</i>	1
<i>sumatriptan</i>	11
<i>sumatriptan succinate</i>	11
<i>sunitinib malate</i>	15
SUNLENCA	20
SUTAB	35
SYMPAZAN	7
SYMTUZA	21
SYNAGIS	43
SYNJARDY	22
SYNJARDY XR	22
SYNRIBO	13
SYNTHROID	42
TABLOID	12
TABRECTA	12
<i>tacrolimus</i>	32
<i>tacrolimus</i>	46
<i>tadalafil</i>	37
<i>tadalafil</i>	52
TAFINLAR	15
TAGRISO	15
TALZENNA	15
<i>tamoxifen citrate</i>	12
<i>tamsulosin hydrochloride</i>	37
<i>tarina fe 1/20</i>	41
<i>tarina fe 1/20 eq</i>	41
TASIGNA	15

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<i>tazarotene</i>	31
TAZICEF	4
<i>taztia xt</i>	26
TAZVERIK	13
TDVAX	47
TEFLARO	4
TEGSEDI	36
<i>telmisartan</i>	25
<i>telmisartan/hydrochlorothiazide</i>	27
<i>temazepam</i>	53
TEMIXYS	20
TENIVAC	47
<i>tenofovir disoproxil fumarate</i>	20
TEPMETKO	15
<i>terazosin hcl</i>	25
<i>terazosin hydrochloride</i>	25
<i>terbinafine hcl</i>	10
<i>terconazole</i>	10
<i>teriparatide</i>	48
<i>testosterone</i>	38
<i>testosterone cypionate</i>	38
<i>testosterone enanthate</i>	38
<i>testosterone pump</i>	38
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	47
<i>tetrabenazine</i>	30
<i>tetracycline hydrochloride</i>	6
TEVIMBRA	15
THALOMID	12
<i>theophylline er</i>	52
<i>thioridazine hcl</i>	17
<i>thiothixene</i>	17
THYROID	42
THYROLAR-1	42
THYROLAR-1/2	42
THYROLAR-1/4	42
THYROLAR-2	42
THYROLAR-3	42
<i>tiadylt er</i>	27
<i>tiagabine hydrochloride</i>	7
TIBSOVO	15
TICOVAC	47
<i>timolol maleate</i>	50
<i>tinidazole</i>	3
<i>tiotropium bromide</i>	51
TIVICAY	19
TIVICAY PD	19
<i>tizanidine hcl</i>	18
<i>tizanidine hydrochloride</i>	18
TOBI PODHALER	52

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TOBRADEX	49
TOBRADEX ST	49
<i>tobramycin</i>	50
<i>tobramycin</i>	52
<i>tobramycin sulfate</i>	3
<i>tobramycin/dexamethasone</i>	49
<i>tolazamide</i>	22
<i>tolterodine tartrate</i>	37
<i>tolterodine tartrate er</i>	37
<i>topiramate</i>	6
<i>topotecan hcl</i>	13
<i>topotecan hydrochloride</i>	13
<i>toremifene citrate</i>	12
<i>torpenz</i>	15
<i>torseamide</i>	27
TOUJEO MAX SOLOSTAR	23
TOUJEO SOLOSTAR	23
TRADJENTA	22
<i>tramadol hydrochloride</i>	2
<i>tramadol hydrochloride/acetaminophen</i>	2
<i>trandolapril</i>	25
<i>trandolapril/verapamil hcl er</i>	27
<i>tranexamic acid</i>	24
<i>tranylcyromine sulfate</i>	8
TRAZIMERA	15
<i>trazodone hydrochloride</i>	9
TRECTOR	11
TRELEGY ELLIPTA	53
TRELSTAR MIXJECT	43
TRESIBA	24
TRESIBA FLEXTOUCH	24
<i>tretinoin</i>	16
<i>tretinoin</i>	31
<i>tri femynor</i>	41
<i>triamcinolone acetonide</i>	32
<i>triamcinolone acetonide</i>	37
<i>triamcinolone acetonide dental paste</i>	31
<i>triamterene/hydrochlorothiazide</i>	27
<i>triderm</i>	32
<i>trientine hydrochloride</i>	34
<i>tri-estarylla</i>	41
<i>trifluoperazine hcl</i>	17
<i>trifluoperazine hydrochloride</i>	17
<i>trifluridine</i>	50
<i>trihexyphenidyl hydrochloride</i>	16
TRIJARDY XR	22
TRIKAFTA	52
<i>tri-linyah</i>	41
<i>trilyte</i>	35
<i>trimethoprim</i>	3

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<i>tri-mili</i>	41
<i>trimipramine maleate</i>	9
<i>trinessa</i>	41
TRINTELLIX	9
<i>tri-nymyo</i>	41
<i>tri-previfem</i>	41
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<i>tri-sprintec</i>	41
TRIUMEQ	20
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<i>trivora-28</i>	41
<i>tri-vylibra</i>	41
TRIZIVIR	20
TROGARZO	20
<i>trospium chloride</i>	37
<i>trospium chloride er</i>	37
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<i>tulana</i>	42
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TYBOST	20
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<i>ulticare micro pen needles/32g x 5/32"</i>	48
<i>unifine pentips 32gx6mm</i>	48
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<i>urea</i>	32
<i>ursodiol</i>	35
<i>valacyclovir hydrochloride</i>	21
VALCHLOR	11
<i>valganciclovir</i>	18
<i>valganciclovir hydrochloride</i>	18
<i>valproic acid</i>	21
<i>valsartan</i>	25
<i>valsartan/hydrochlorothiazide</i>	27
VALTOCO 10 MG DOSE	7
VALTOCO 15 MG DOSE	7
VALTOCO 20 MG DOSE	7
VALTOCO 5 MG DOSE	7
<i>vancomycin hcl</i>	3

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<i>varenicline starting month</i>	2
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VELPHORO	34
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<i>venlafaxine hydrochloride er</i>	9
VENTAVIS	52
VEOPOZ	44
<i>verapamil hcl</i>	27
<i>verapamil hcl er</i>	27
<i>verapamil hcl sr</i>	27
<i>verapamil hydrochloride</i>	27
<i>verapamil hydrochloride er</i>	27
VERQUVO	29
VERSACLOZ	18
VERZENIO	15
V-GO 20	48
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<i>vicodin hp</i>	2
VIDEX EC	20
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<i>vienna</i>	41
<i>vigabatrin</i>	7
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<i>viorele</i>	41
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VITRAKVI	15
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VOWST	35
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VUMERITY	30
<i>vyfemla</i>	41
VYJUVEK	49
<i>vylibra</i>	41
VYNDAMAX	27
VYVGART HYTRULO	44
VYZULTA	50
<i>warfarin sodium</i>	24
WELIREG	15
<i>wera</i>	41
<i>wixela inhub</i>	53
XALKORI	15
XARELTO	24
XARELTO STARTER PACK	24
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XCOPRI	6
XELJANZ	44
XELJANZ XR	44
XEMBIFY	43
XERMELO	35
XGEVA	48
XIFAXAN	35
XIGDUO XR	22
XIIDRA	49
XOFLUZA	21
XOLAIR	44
XOLREMDI	24
XOSPATA	15
XPOVIO	13
XPOVIO 100 MG ONCE WEEKLY	13
XPOVIO 40 MG ONCE WEEKLY	13
XPOVIO 40 MG TWICE WEEKLY	13
XPOVIO 60 MG ONCE WEEKLY	13
XPOVIO 60 MG TWICE WEEKLY	13
XPOVIO 80 MG ONCE WEEKLY	13
XPOVIO 80 MG TWICE WEEKLY	13
XTAMPZA ER	1
XTANDI	12
<i>yargesa</i>	36
YF-VAX	47
YUFLYMA 1-PEN KIT	46
YUFLYMA 2-PEN KIT	46
YUFLYMA 2-SYRINGE KIT	46
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<i>zafirlukast</i>	51
<i>zaleplon</i>	53
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ZEJULA	15
ZELBORAF	15
<i>zenatane</i>	31
ZENPEP	36
ZEPOSIA	30
ZEPOSIA 7-DAY STARTER PACK	30
ZEPOSIA STARTER KIT	30
<i>zidovudine</i>	20
<i>ziprasidone hcl</i>	18
<i>ziprasidone mesylate</i>	18
ZIRGAN	50
ZOKINVY	36
ZOLINZA	13
<i>zolmitriptan</i>	11
<i>zolpidem tartrate</i>	53
<i>zolpidem tartrate er</i>	53
ZONISADE	7
<i>zonisamide</i>	7
<i>zovia 1/35</i>	41
<i>zovia 1/35e</i>	41
ZTALMY	30
ZURZUVAE	8
ZYDELIG	15
ZYKADIA	15
ZYLET	49
ZYPREXA RELPREVV	18



This formulary is effective as of December 1, 2024.  
For more recent information or other questions, please  
contact the HOP Administration Unit at 1-800-773-7725, or  
for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET,  
Monday - Friday, or visit [HOPbenefits.com](http://HOPbenefits.com).

**THE VALUE MEDICARE Rx OPTION (PDP) IS A STAND-ALONE PRESCRIPTION  
DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN THE  
VALUE MEDICARE Rx OPTION (PDP) DEPENDS ON CONTRACT RENEWAL.  
CMS CONTRACT NUMBER: E3014; FORMULARY ID: 24071**



# Pennsylvania Public School Employees' Retirement System (PSERS)

## Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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