

# Health Options Program

## Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option

*(List of Covered Drugs; also called the Drug List)*

# 2025

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

This Prescription Drug Formulary for the Medicare Plus Rx Option (PDP) is effective as of March 1, 2025. 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 to Friday, or visit **HOPbenefits.com**.

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

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

This document includes the Drug List for our Plan, which is effective as of March 1, 2025. 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 or coinsurance may change on January 1, 2026, and from time to time during the year.

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

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs, selected for the Medicare Plus 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 Medicare Plus 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 Optum Rx 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 Medicare Plus Rx Option only. If you are enrolled in the Medicare Standard 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?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **HOPbenefits.com**.

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

- **Immediate substitutions of certain new versions of brand-name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand-name drug or adding certain new biosimilar versions of an original biological product that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you and continue to cover the drug that is being changed. For more information, see the section titled "How do I request an exception to the Medicare Plus Rx Option's Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products, and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) withdraws it for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an

exception and continue to cover the drug you have been taking. 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 Medicare Plus Rx Option Formulary?”

The enclosed formulary is current as of March 1, 2025. To get updated information about the drugs covered by the Medicare Plus Rx Option, please contact us. Our contact information appears on the front and back cover pages.

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means that these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of March 1, 2025. To get updated information about the drugs covered by the Medicare Plus Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Medicare Plus Rx Option 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 77. 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 Medicare Plus Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as, and usually cost less than, brand-name drugs. There are generic drug substitutes available for many brand-name drugs. Generic drugs usually can be substituted for the brand-name drug at the pharmacy without needing a new prescription, depending on state laws.

### ***What are original biological products, and how are they related to biosimilars?***

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand-name drugs.

For a discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

### ***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):** Medicare Plus Rx Option requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from the Medicare Plus Rx Option before you fill your prescriptions. If you don’t get approval, the Medicare Plus Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Medicare Plus Rx Option limits the amount of the drug that the Medicare Plus Rx Option will cover. For example, the Medicare Plus Rx Option covers 30 pills per 30 days for Crestor. If your prescription is for more, Optum Rx 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 Medicare Plus Rx Option requires you to first try certain drugs to treat your medical condition before it will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Medicare Plus Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted document online 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 Medicare Plus 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 Medicare Plus 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 Optum Rx 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 Medicare Plus Rx Option does not cover your drug, you have two options:

- You can ask Optum Rx for a list of similar drugs that are covered by the Medicare Plus 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 for information about how to request an exception.

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

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

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Medicare

Plus 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.

- 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.

Generally, the Medicare Plus 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement.** You can ask for an expedited (fast) decision if you or your doctor believes, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

### ***What can I do if my drug is not on the formulary or has a restriction?***

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and

your doctor 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 has a coverage restriction, 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. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the Plan less than 90 days.

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

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

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

- 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 Medicare Plus Rx Option and filled at a network pharmacy.

## For More Information

For more detailed information about the Medicare Plus Rx Option prescription drug coverage, please review your *Evidence of Coverage* and other Plan materials. If you have questions about the Medicare Plus 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).

## Medicare-Excluded Drugs Covered Under the Medicare Plus Rx Option Only (Bonus Drug List)

Certain Medicare-excluded drugs are covered under the Medicare Plus Rx Option. A list of these drugs can be found beginning on page 104. This is also called the Bonus Drug List.

## How to Read the Medicare Plus Rx Option Drug Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by the Medicare Plus Rx Option. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

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 whether the Medicare Plus Rx Option has any special requirements for coverage of your drug.

## WHAT THE ABBREVIATIONS MEAN

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

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

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

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

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

# 2025 Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option

## **DEDUCTIBLE**

- You must pay the annual deductible of \$200 before the Medicare Plus Rx Option pays any portion of your Tier 3, 4, or 5 prescription drug costs.

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## **PREFERRED GENERIC DRUGS (TIER 1)**

- In Initial Coverage, you'll pay a maximum of \$4 for up to a 30-day supply (and a maximum of \$12 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

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## **NON-PREFERRED GENERIC DRUGS (TIER 2)**

- In Initial Coverage, you'll pay a maximum of \$10 for up to a 30-day supply (and a maximum of \$30 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

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## **PREFERRED BRAND-NAME DRUGS (TIER 3)**

- In Initial Coverage, you'll pay 20% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

## **NON-PREFERRED DRUGS (TIER 4)**

- In Initial Coverage, you'll pay 25% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

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## **SPECIALTY DRUGS (TIER 5)**

- In Initial Coverage, you pay 30% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*
- Specialty drugs are limited to a 30-day supply.

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*\* Refer to page 104 for the Bonus Drug List.*

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ARTHROTEC 50	4	
ARTHROTEC 75 TBEC	4	
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
DAYPRO	4	
DICLOFENAC EPOLAMINE	3	QL (60 EA per 30 days) PA
<i>diclofenac potassium pack</i>	2	
<i>diclofenac potassium caps</i>	5	NDS
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac potassium tabs 25mg</i>	5	NDS
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium external soln 1.5%</i>	2	PA
<i>diclofenac sodium external soln 2%</i>	5	PA NDS
<i>diflunisal tabs 500mg</i>	2	
DOLOBID TABS 250MG	3	
ELYXYB	3	PA
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fenoprofen calcium caps 400mg</i>	2	
<i>flurbiprofen tabs 100mg</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	2	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	2	
INDOCIN SUSP	5	NDS
<i>indomethacin er</i>	2	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>indomethacin susp</i>	5	NDS
<i>indomethacin supp 50mg</i>	5	NDS
KETOPROFEN ER CP24 200MG	2	
KETOPROFEN CAPS 50MG	2	
<i>ketoprofen caps 25mg</i>	5	NDS
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days)
KIPROFEN	5	NDS
LODINE TABS 400MG	5	NDS
MECLOFENAMATE SODIUM CAPS	2	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium er</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	5	NDS
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tabs</i>	2	



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

Drug Name	Drug Tier	Requirements/Limits
DILAUDID LIQD	4	
DILAUDID TABS 2MG, 4MG	4	
DILAUDID TABS 8MG	5	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
FIORICET/CODEINE CAPS 300MG; 50MG; 40MG; 30MG	4	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	
HYDROCODONE/IBUPROFEN TABS 10MG; 200MG, 5MG; 200MG	2	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	
<i>hydromorphone hcl liqd, tabs</i>	2	
<i>hydromorphone hcl inj 10mg/ml</i>	2	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	2	
MEPERIDINE HCL ORAL SOLN	2	
<i>meperidine hcl inj 100mg/ml, 25mg/ml, 50mg/ml</i>	2	PA
<i>meperidine hcl tabs 50mg</i>	2	
<i>morphine sulfate soln, tabs</i>	2	
NUCYNTA TABS 50MG, 75MG	4	
NUCYNTA TABS 100MG	5	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 325MG/5ML; 5MG/5ML	3	
<i>oxycodone hydrochloride caps, conc, soln, tabs</i>	2	
OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 300MG; 5MG	5	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxymorphone hydrochloride</i>	2	
<i>pentazocine/naloxone hcl</i>	2	
ROXYBOND TABA 10MG	5	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	
TRAMADOL HYDROCHLORIDE TABS 25MG	2	
<i>tramadol hydrochloride tabs 50mg</i>	1	
<i>tramadol hydrochloride tabs 100mg, 75mg</i>	2	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine hydrochloride soln</i>	2	QL (250 ML per 30 days) PA
<i>lidocaine/prilocaine crea</i>	2	
<i>lidocaine ptch 5%</i>	2	PA
<i>lidocan</i>	4	PA
LIDODERM	4	PA
<i>tridacaine ii</i>	4	PA
ZTLIDO	3	QL (90 EA per 30 days) PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram tabs</i>	2	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	NDS
<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>	2	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>lofexidine hydrochloride</i>	5	QL (224 EA per 14 days) NDS
LUCEMYRA	5	QL (224 EA per 14 days) NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBL 2.9MG; 0.71MG	3	QL (180 EA per 30 days) ST
ZUBSOLV SUBL 1.4MG; 0.36MG	3	QL (360 EA per 30 days) ST
ZUBSOLV SUBL 8.6MG; 2.1MG	3	QL (60 EA per 30 days) ST
ZUBSOLV SUBL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL (90 EA per 30 days) ST
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days) ST
<b>Opioid Reversal Agents</b>		
KLOXXADO	3	
NALOXONE HYDROCHLORIDE INJ 0.4MG/ML	2	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>	2	
OPVEE	3	
ZIMHI	4	ST
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS	3	QL (360 ML per 365 days)
TYRVAYA	4	QL (8.4 ML per 30 days)
<i>varenicline starting month</i>	2	QL (504 EA per 365 days)
VARENICLINE TARTRATE TABS 0.5MG, 1MG	2	QL (504 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	2	QL (504 EA per 365 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate inj 500mg/2ml</i>	2	
ARIKAYCE	5	PA NDS
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
HUMATIN	5	NDS
ISOTONIC GENTAMICIN INJ 0.8MG/ML; 0.9%	2	
<i>neomycin sulfate</i>	2	
STREPTOMYCIN SULFATE INJ 1GM	5	NDS
TOBRAMYCIN SULFATE INJ 10MG/ML	2	
<i>tobramycin sulfate inj 80mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ZEMDRI	5	NDS
<b>Antibacterials, Other</b>		
AZACTAM	4	
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	5	NDS
CLEOCIN PEDIATRIC GRANULES	4	
CLEOCIN PHOSPHATE INJ 900MG/6ML	4	
CLEOCIN SUPP	3	
CLEOCIN CAPS, CREA	4	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	5	NDS
DALVANCE	5	NDS
DAPTOMYCIN INJ 350MG	5	NDS
<i>daptomycin inj 500mg</i>	5	NDS
FIRVANQ	3	
<i>fosfomicin tromethamine</i>	2	
HIPREX	4	
IMPAVIDO	5	NDS
<i>linezolid tabs</i>	1	QL (56 EA per 28 days)
<i>linezolid susr</i>	5	QL (1800 ML per 28 days) NDS
<i>linezolid inj 600mg/300ml</i>	2	
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps 375mg</i>	2	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
NITROFURANTOIN SUSP 50MG/5ML	5	NDS
<i>nitrofurantoin susp 25mg/5ml</i>	5	NDS
<i>polymyxin b sulfate inj</i>	2	
SIVEXTRO INJ	5	QL (6 EA per 30 days) NDS
SOLOSEC	3	
<i>tigecycline</i>	5	NDS
<i>tinidazole</i>	2	
<i>trimethoprim tabs</i>	1	
TYGACIL	5	NDS
VANCOCIN CAPS 125MG	4	QL (120 EA per 30 days)
VANCOCIN CAPS 250MG	5	QL (240 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl inj 10gm</i>	2	
<i>vancomycin hydrochloride caps 125mg</i>	2	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	2	QL (240 EA per 30 days)
<i>vancomycin hydrochloride oral solr</i>	2	
<i>vancomycin hydrochloride inj 1gm, 500mg, 750mg</i>	2	
VANDAZOLE	3	
XACIATO	3	
ZYVOX SUSR	5	QL (1800 ML per 28 days) NDS
ZYVOX INJ 600MG/300ML	4	
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ	5	NDS
CEFACLOR ER TB12 500MG	2	
CEFACLOR CAPS	2	
CEFACLOR SUSR 250MG/5ML	2	
CEFADROXIL TABS	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime inj 1gm, 2gm</i>	2	
<i>cefixime</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 750mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	2	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin caps 750mg</i>	2	
<i>cephalexin susr, tabs</i>	2	
TAZICEF INJ 6GM	2	
<i>tazicef inj 1gm, 2gm</i>	2	
TEFLARO	5	NDS
ZERBAXA	5	NDS
<b>Beta-lactam, Penicillins</b>		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 400MG; 57MG	2	
<i>amoxicillin/clavulanate potassium susr</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
AMOXICILLIN CHEW 125MG, 250MG	1	
<i>amoxicillin caps, susr, tabs</i>	1	
AMPICILLIN SODIUM INJ 125MG	2	
<i>ampicillin sodium inj 10gm, 1gm</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	1	
AUGMENTIN ES-600	4	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	2	
<i>naftillin sodium inj 10gm, 1gm, 2gm</i>	2	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML	3	
<i>penicillin g potassium inj 20000000unit</i>	2	
PENICILLIN G SODIUM	5	NDS
<i>penicillin v potassium tabs</i>	1	
PENICILLIN V POTASSIUM SOLR 250MG/5ML	1	
PENICILLIN V POTASSIUM SOLR 125MG/5ML	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	2	
UNASYN BULK PACK	4	
UNASYN INJ 2GM; 1GM	4	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML	3	
<b>Carbapenems</b>		
<i>ertapenem sodium</i>	2	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	2	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	2	
INVANZ	4	
<i>meropenem inj 1gm, 500mg</i>	2	
PRIMAXIN IV INJ 500MG; 500MG	4	
VABOMERE	5	NDS
<b>Macrolides</b>		
<i>azithromycin susr</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin tabs 250mg, 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSR	2	
<i>clarithromycin tabs</i>	2	
DIFICID	5	NDS
E.E.S. 400 TABS	4	
E.E.S. GRANULES	4	
<i>ery-tab</i>	4	
ERYPED 200	4	
ERYPED 400	5	NDS
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythromycin base tabs</i>	2	
ERYTHROMYCIN DR CPEP	2	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin dr tbec</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABS	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	5	NDS
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZITHROMAX INJ, PACK, SUSR	4	
ZITHROMAX TABS 250MG, 500MG	4	
<b>Quinolones</b>		
BAXDELA	5	NDS
CIPRO SUSR	3	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
CIPROFLOXACIN I.V.-IN D5W INJ 200MG/100ML; 5%	2	
CIPRO TABS 250MG, 500MG	4	
<i>levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	
<i>levofloxacin soln, tabs</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
OFLOXACIN TABS 300MG	2	
<i>ofloxacin tabs 400mg</i>	2	
<b>Sulfonamides</b>		
BACTRIM DS	4	
BACTRIM TABS	4	
KLARON	4	
<i>sulfacetamide sodium lotn 10%</i>	2	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	2	
<i>doxy 100</i>	2	
DOXYCYCLINE HYCLATE DR TBEC 80MG	3	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate tabs 150mg, 75mg</i>	2	
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>doxycycline susr</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	2	
MINOCYCLINE HYDROCHLORIDE ER TB24 55MG	2	
<i>minocycline hydrochloride er tb24 105mg, 115mg, 135mg, 45mg, 65mg, 80mg, 90mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
NUZYRA INJ	5	NDS
NUZYRA TABS	5	QL (30 EA per 14 days) NDS

Drug Name	Drug Tier	Requirements/Limits
SEYSARA	5	NDS
<i>tetracycline hydrochloride caps</i>	2	
<b>Anticonvulsants</b>		
<b><i>Anticonvulsants, Other</i></b>		
BRIVIACT SOLN, TABS	5	PA NDS
EPIDIOLEX	5	PA NDS
EPRONTIA	3	
<i>felbamate</i>	2	
FINTEPLA	5	PA NDS
FYCOMPA SUSP	5	NDS
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
LAMICTAL XR KIT	3	
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	5	NDS
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam soln</i>	2	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 750mg</i>	2	
NAYZILAM	3	QL (10 EA per 30 days)
QUDEXY XR CS24 100MG, 25MG, 50MG	4	ST
QUDEXY XR CS24 150MG, 200MG	5	ST NDS
<i>roweepra tabs 500mg</i>	1	
SPRITAM	3	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	NDS
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er cp24 100mg, 25mg, 50mg</i>	2	
<i>topiramate er cp24 200mg</i>	5	NDS
<i>topiramate er cs24</i>	2	
<i>topiramate csp 15mg, 25mg</i>	2	
<i>topiramate tabs 25mg, 50mg</i>	1	
<i>topiramate tabs 100mg, 200mg</i>	2	
TROKENDI XR CP24 25MG, 50MG	3	
TROKENDI XR CP24 100MG, 200MG	5	NDS
<i>valproic acid</i>	2	
<b><i>Calcium Channel Modifying Agents</i></b>		
CELONTIN CAPS 300MG	3	
<i>ethosuximide</i>	2	
<i>methsuximide</i>	2	
ZARONTIN	4	
<b><i>Gamma-aminobutyric Acid (GABA) Modulating Agents</i></b>		
<i>clobazam</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE	4	
DEPAKOTE ER	4	
DIACOMIT	5	PA NDS
DIAZEPAM RECTAL GEL GEL 2.5MG	2	
<i>diazepam rectal gel gel 10mg, 20mg</i>	2	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 100mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days)
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days)
LIBERVANT	3	QL (10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 100mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln</i>	2	QL (900 ML per 30 days)
PRIMIDONE TABS 125MG	2	
<i>primidone tabs 250mg, 50mg</i>	2	
SYMPAZAN	5	NDS
<i>tiagabine hydrochloride</i>	2	
VALTOCO 10 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 15 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 20 MG DOSE	5	QL (10 EA per 30 days) NDS
VALTOCO 5 MG DOSE	5	QL (10 EA per 30 days) NDS
<i>vigabatrin</i>	5	PA NDS
<i>vigadrone</i>	5	PA NDS
VIGAFYDE	5	PA NDS
<i>vigpoder</i>	5	PA NDS
ZTALMY	5	PA NDS
<b>Sodium Channel Agents</b>		
APTIOM	5	NDS
BANZEL	5	NDS
<i>carbamazepine er</i>	2	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPS 30MG	3	
DILANTIN CAPS 100MG	4	
<i>epitol</i>	2	
<i>lacosamide soln, tabs</i>	2	
<i>oxcarbazepine</i>	2	
<i>oxcarbazepine er tb24 150mg, 300mg</i>	2	
<i>oxcarbazepine er tb24 600mg</i>	5	NDS
OXTELLAR XR TB24 150MG, 300MG	3	
OXTELLAR XR TB24 600MG	5	NDS
<i>phenytek</i>	4	
<i>phenytoin sodium extended caps 100mg</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	NDS
<i>rufinamide tabs 200mg</i>	2	
<i>rufinamide tabs 400mg</i>	5	NDS
TEGRETOL-XR	4	
TEGRETOL TABS	4	
VIMPAT SOLN	5	NDS
VIMPAT TABS 50MG	3	
VIMPAT TABS 100MG, 150MG, 200MG	5	NDS
XCOPRI TABS	5	PA NDS
XCOPRI TBPk 0	3	PA
XCOPRI TBPk 0	5	PA NDS
ZONISADE	3	ST
<i>zonisamide</i>	2	

### Antidementia Agents

#### *Antidementia Agents, Other*

NAMZARIC CP24	3	QL (30 EA per 30 days) ST
NAMZARIC C4PK	3	QL (56 EA per 365 days) ST

#### *Cholinesterase Inhibitors*

ARICEPT	4	ST
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	1	
EXELON PT24	4	ST
<i>galantamine hydrobromide er</i>	2	
GALANTAMINE HYDROBROMIDE SOLN	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	2	

#### *N-methyl-D-aspartate (NMDA) Receptor Antagonist*

<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	2	QL (30 EA per 30 days)
<i>memantine hydrochloride soln, tabs</i>	2	
NAMENDA TITRATION PAK	4	

### Antidepressants

#### *Antidepressants, Other*

AUVELITY	5	QL (60 EA per 30 days) ST NDS
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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	3	QL (30 EA per 30 days) ST
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	
CHLORDIAZEPOXIDE/AMITRIPTYLINE	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	2	QL (90 EA per 30 days)
PERPHENAZINE/AMITRIPTYLINE	2	
QUETIAPINE FUMARATE TABS 150MG	2	QL (90 EA per 30 days)
REMERON SOLTAB	4	ST
REMERON TABS 15MG, 30MG	4	ST
SYMBYAX CAPS 25MG; 3MG, 25MG; 6MG	4	QL (90 EA per 30 days) ST
ZURZUVAE CAPS 30MG	5	QL (14 EA per 14 days) PA NDS
ZURZUVAE CAPS 20MG, 25MG	5	QL (28 EA per 14 days) PA NDS
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL (30 EA per 30 days) ST NDS
MARPLAN	3	ST
NARDIL	4	ST
PARNATE	5	ST NDS
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
CELEXA TABS	4	ST
CITALOPRAM HYDROBROMIDE CAPS	3	ST
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	3	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL (90 EA per 30 days)
DULOXETINE HCL CPEP 40MG	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate soln</i>	2	
<i>escitalopram oxalate tabs 10mg, 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	2	
FETZIMA	3	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	3	QL (56 EA per 365 days) ST
FLUOXETINE DR	2	QL (4 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 20mg, 40mg</i>	2	
<i>fluoxetine hydrochloride soln</i>	2	
FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG	2	
<i>fluoxetine hydrochloride tabs 10mg, 20mg, 60mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	QL (60 EA per 30 days)
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg</i>	1	
<i>paroxetine hcl tabs 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	2	
<i>paroxetine hydrochloride tabs 10mg</i>	1	
<i>paroxetine hydrochloride tabs 20mg</i>	2	
PAXIL CR	4	ST
PAXIL TABS	4	ST
PRISTIQ TB24 100MG	4	QL (120 EA per 30 days) ST
PRISTIQ TB24 25MG, 50MG	4	QL (30 EA per 30 days) ST
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPS	3	ST
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	3	QL (30 EA per 30 days) ST
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er</i>	2	
VIIBRYD TABS	3	QL (30 EA per 30 days) ST
VILAZODONE HYDROCHLORIDE	2	QL (30 EA per 30 days) ST
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 25mg</i>	1	
<i>amitriptyline hcl tabs 150mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 10mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	2	
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>imipramine pamoate</i>	2	
NORPRAMIN TABS 10MG, 25MG	4	ST
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hydrochloride caps 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
ANTIVERT CHEW	4	
ANTIVERT TABS 50MG	3	
BONJESTA	3	QL (60 EA per 30 days)
<i>compro</i>	2	
DICLEGIS	4	QL (120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	2	QL (120 EA per 30 days)
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	2	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg, 25mg</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
PROMETHEGAN SUPP 50MG	2	
<i>promethegan supp 25mg</i>	2	
<i>scopolamine</i>	2	
<i>trimethobenzamide hydrochloride</i>	2	B/D
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	2	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	2	QL (8 EA per 30 days) B/D
<i>dronabinol caps 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	2	QL (60 EA per 30 days) PA
EMEND TRIPACK	4	QL (6 EA per 30 days) B/D
EMEND SUSR	3	QL (6 EA per 30 days) B/D
EMEND CAPS 80MG	4	QL (8 EA per 30 days) B/D
<i>granisetron hydrochloride tabs</i>	2	QL (30 EA per 30 days) B/D
MARINOL CAPS 2.5MG	4	QL (60 EA per 30 days) PA
MARINOL CAPS 10MG, 5MG	5	QL (60 EA per 30 days) PA NDS
<i>ondansetron hcl soln</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	B/D
VARUBI TBPK	3	QL (4 EA per 28 days) B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	3	B/D
AMBISOME	5	B/D NDS
<i>amphotericin b liposome</i>	5	B/D NDS
AMPHOTERICIN B INJ	2	B/D
ANCOBON	5	NDS
CANCIDAS	5	NDS
<i>caspofungin acetate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole crea</i>	1	QL (90 GM per 30 days)
<i>clotrimazole troc</i>	2	
<i>clotrimazole soln</i>	2	QL (60 ML per 30 days)
CRESEMBA CAPS	5	PA NDS
DIFLUCAN SUSR 40MG/ML	4	
DIFLUCAN TABS 100MG	4	
<i>econazole nitrate crea</i>	2	
ERAXIS	5	NDS
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NDS
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
GYNAZOLE-1	3	
<i>itraconazole caps</i>	2	PA
<i>itraconazole soln</i>	5	PA NDS
<i>ketoconazole foam, sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL (90 GM per 30 days)
LULICONAZOLE	3	
<i>micafungin</i>	2	
MICONAZOLE 3 SUPP	2	
MYCAMINE INJ 50MG	4	
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride gel 2%</i>	2	
<i>naftifine hydrochloride crea</i>	2	
NAFTIN GEL 2%	3	
NOXAFIL PACK, SUSP	5	PA NDS
<i>nyamyc</i>	2	QL (120 GM per 30 days)
<i>nystatin crea, susp</i>	1	
<i>nystatin oint, tabs</i>	2	
<i>nystatin powd</i>	2	QL (120 GM per 30 days)
<i>nystop</i>	2	QL (120 GM per 30 days)
<i>oxiconazole nitrate</i>	2	QL (90 GM per 30 days)
<i>posaconazole dr</i>	5	PA NDS
<i>posaconazole susp</i>	5	PA NDS
SPORANOX SOLN	4	PA
SPORANOX CAPS	5	PA NDS
<i>tavaborole</i>	2	PA
<i>terbinafine hcl tabs</i>	2	QL (84 EA per 180 days)
<i>terconazole</i>	2	
VFEND IV	4	PA
VFEND SUSR	5	NDS
VFEND TABS 50MG	4	
<i>voriconazole tabs</i>	2	
<i>voriconazole susr</i>	5	NDS
<i>voriconazole inj</i>	5	PA NDS

### Antigout Agents

#### Antigout Agents

<i>allopurinol tabs 100mg, 300mg</i>	1
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Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol tabs 200mg</i>	3	
<i>colchicine caps</i>	3	
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat</i>	2	
MITIGARE	3	
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
ULORIC	4	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 28 days) PA
AJOVY	3	QL (4.5 ML per 84 days) PA
EMGALITY INJ 120MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
NURTEC	5	QL (18 EA per 30 days) PA NDS
QULIPTA	5	QL (30 EA per 30 days) PA NDS
UBRELVY	5	QL (16 EA per 30 days) PA NDS
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate soln</i>	5	QL (8 ML per 30 days) PA NDS
ERGOTAMINE TARTRATE/CAFFEINE	2	QL (24 EA per 28 days)
MIGERGOT	5	QL (20 EA per 28 days) NDS
MIGRANAL	5	QL (8 ML per 30 days) PA NDS
TRUDHESA	5	QL (12 ML per 28 days) PA NDS
<b>Prophylactic</b>		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>almotriptan</i>	2	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	2	QL (12 EA per 30 days)
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	5	QL (5 ML per 30 days) NDS
IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML	5	QL (5 ML per 30 days) NDS
IMITREX TABS	4	QL (9 EA per 30 days)
MAXALT-MLT TBDP 10MG	4	QL (18 EA per 30 days)
MAXALT TABS 10MG	4	QL (18 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days)
ONZETRA XSAIL	5	QL (16 EA per 30 days) NDS
RELPAX	4	QL (12 EA per 30 days)
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABS 100MG	3	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate inj</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	2	QL (9 EA per 30 days)
<i>sumatriptan soln</i>	2	QL (12 EA per 30 days)
TREXIMET TABS 500MG; 85MG	5	QL (9 EA per 30 days) NDS
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
ZOLMITRIPTAN SOLN 2.5MG	3	QL (18 EA per 30 days)
<i>zolmitriptan soln 5mg</i>	2	QL (12 EA per 30 days)
<i>zomig tabs</i>	4	QL (12 EA per 30 days)
ZOMIG SOLN 2.5MG	3	QL (18 EA per 30 days)
ZOMIG SOLN 5MG	4	QL (12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide soln</i>	2	
PYRIDOSTIGMINE BROMIDE TABS 30MG	2	
<i>pyridostigmine bromide tabs 60mg</i>	2	
<b>Antimycobacterials</b>		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	2	
MYCOBUTIN	4	
PRETOMANID	3	
<i>rifabutin</i>	2	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	NDS
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	2	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps, inj</i>	2	
SIRTURO	5	NDS
TRECTOR	3	
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	2	B/D
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
MATULANE	5	NDS
VALCHLOR	5	PA NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	2	PA NDS
<i>abiraterone acetate tabs 500mg</i>	5	PA NDS
<i>bicalutamide</i>	2	
CASODEX	5	NDS
ERLEADA	5	PA NDS
NILANDRON TABS 150MG	5	NDS
<i>nilutamide</i>	5	NDS
NUBEQA	5	PA NDS
XTANDI	5	PA NDS
YONSA	5	PA NDS
<i>Antiangiogenic Agents</i>		
<i>lenalidomide</i>	5	PA NDS



Drug Name	Drug Tier	Requirements/Limits
POMALYST	5	PA NDS
REVLIMID	5	PA NDS
THALOMID CAPS 100MG, 50MG	5	PA NDS
<b>Antiestrogens/Modifiers</b>		
ORSERDU	5	PA NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	NDS
<b>Antimetabolites</b>		
HYDREA	4	
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	2	
PURIXAN	5	NDS
<b>Antineoplastics, Other</b>		
AKEEGA	5	PA NDS
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NDS
INREBIC	5	PA NDS
ITOVEBI TABS 9MG	5	PA
ITOVEBI TABS 3MG	5	QL (60 EA per 30 days) PA NDS
IWILFIN	5	PA NDS
KISQALI FEMARA 400 DOSE	5	PA NDS
KISQALI FEMARA 600 DOSE	5	PA NDS
LAZCLUZE TABS 240MG	5	PA NDS
LAZCLUZE TABS 80MG	5	QL (60 EA per 30 days) PA NDS
<i>leucovorin calcium tabs</i>	2	
LONSURF	5	PA NDS
LYSODREN	5	NDS
OGSIVEO	5	PA NDS
OJEMDA	5	PA NDS
ONUREG	5	PA NDS
REVUFORJ	5	PA NDS
VONJO	5	PA NDS
ZOLINZA	5	PA NDS
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	2	
AROMASIN	5	NDS
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ	5	PA NDS
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA NDS
ALECENSA	5	PA NDS
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA NDS
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA NDS
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA NDS
AUGTYRO	5	PA NDS
AYVAKIT	5	QL (30 EA per 30 days) PA NDS
BALVERSA	5	PA NDS
BOSULIF	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75MG	5	PA NDS
BRUKINSA	5	PA NDS
CABOMETYX TABS 40MG, 60MG	5	PA NDS
CABOMETYX TABS 20MG	5	QL (30 EA per 30 days) PA NDS
CALQUENCE	5	PA NDS
CAPRELSA TABS 300MG	5	PA NDS
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA NDS
COMETRIQ	5	PA NDS
COPIKTRA	5	PA NDS
COTELLIC	5	PA NDS
DANZITEN	5	PA NDS
<i>dasatinib</i>	5	PA NDS
DAURISMO	5	PA NDS
ERIVEDGE	5	PA NDS
<i>erlotinib hydrochloride tabs</i>	5	PA NDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NDS
FOTIVDA	5	PA NDS
FRUZAQLA	5	PA NDS
GAVRETO	5	PA NDS
<i>gefitinib</i>	5	PA NDS
GILOTRIF	5	QL (30 EA per 30 days) PA NDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NDS
ICLUSIG TABS 30MG, 45MG	5	PA NDS
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA NDS
IDHIFA	5	QL (30 EA per 30 days) PA NDS
<i>imatinib mesylate</i>	2	PA NDS
IMBRUVICA CAPS, SUSP	5	PA NDS
IMBRUVICA TABS 420MG	5	PA NDS
IMKELDI	5	PA NDS
INLYTA	5	PA NDS
INQOVI	5	PA NDS
IRESSA	5	PA NDS
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA NDS
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA NDS
JAYPIRCA TABS 100MG	5	PA NDS
JAYPIRCA TABS 50MG	5	QL (30 EA per 30 days) PA NDS
KISQALI	5	PA NDS
KOSELUGO	5	PA NDS
KRAZATI	5	PA NDS
<i>lapatinib ditosylate</i>	5	PA NDS
LENVIMA 10 MG DAILY DOSE	5	PA NDS
LENVIMA 12MG DAILY DOSE	5	PA NDS
LENVIMA 14 MG DAILY DOSE	5	PA NDS
LENVIMA 18 MG DAILY DOSE	5	PA NDS
LENVIMA 20 MG DAILY DOSE	5	PA NDS
LENVIMA 24 MG DAILY DOSE	5	PA NDS
LENVIMA 4 MG DAILY DOSE	5	PA NDS
LENVIMA 8 MG DAILY DOSE	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
LORBRENA	5	PA NDS
LUMAKRAS	5	PA NDS
LYNPARZA TABS	5	PA NDS
LYTGOBI	5	PA NDS
MEKINIST	5	PA NDS
MEKTOVI	5	PA NDS
NERLYNX	5	QL (180 EA per 30 days) PA NDS
NEXAVAR	5	PA NDS
NINLARO	5	PA NDS
ODOMZO	5	PA NDS
OJJAARA	5	PA NDS
<i>pazopanib hydrochloride</i>	5	PA NDS
PEMAZYRE	5	QL (30 EA per 30 days) PA NDS
PIQRAY 200MG DAILY DOSE	5	PA NDS
PIQRAY 250MG DAILY DOSE	5	PA NDS
PIQRAY 300MG DAILY DOSE	5	PA NDS
QINLOCK	5	PA NDS
RETEVMO CAPS	5	PA NDS
RETEVMO TABS 120MG, 160MG	5	PA NDS
RETEVMO TABS 80MG	5	QL (60 EA per 30 days) PA
RETEVMO TABS 40MG	5	QL (90 EA per 30 days) PA NDS
REZLIDHIA	5	PA NDS
ROZLYTREK	5	PA NDS
RUBRACA	5	PA NDS
RYDAPT	5	PA NDS
SCEMBLIX TABS 40MG	5	PA NDS
SCEMBLIX TABS 100MG	5	QL (120 EA per 30 days) PA NDS
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA NDS
<i>sorafenib tosylate</i>	5	PA NDS
SPRYCEL	5	PA NDS
STIVARGA	5	PA NDS
<i>sunitinib malate</i>	5	PA NDS
SUTENT	5	PA NDS
TABRECTA	5	QL (120 EA per 30 days) PA NDS
TAFINLAR	5	PA NDS
TAGRISSO TABS 80MG	5	PA NDS
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA NDS
TALZENNA	5	PA NDS
TASIGNA	5	PA NDS
TAZVERIK	5	PA NDS
TEPMETKO	5	PA NDS
TIBSOVO	5	PA NDS
<i>torpenz</i>	5	QL (30 EA per 30 days) PA NDS
TRUQAP TABS	5	PA NDS
TUKYSA	5	PA NDS
TURALIO CAPS 125MG	5	PA NDS
VANFLYTA	5	PA NDS
VENCLEXTA STARTING PACK	5	PA NDS
VENCLEXTA TABS 10MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 100MG, 50MG	5	PA NDS
VERZENIO	5	PA NDS
VIJOICE PACK	5	QL (28 EA per 28 days) PA NDS
VIJOICE TBPK 125MG, 50MG	5	QL (28 EA per 28 days) PA NDS
VIJOICE TBPK 0	5	QL (56 EA per 28 days) PA NDS
VITRAKVI	5	PA NDS
VIZIMPRO	5	PA NDS
VOTRIENT	5	PA NDS
XALKORI	5	PA NDS
XOSPATA	5	PA NDS
XPOVIO	5	PA NDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NDS
ZEJULA TABS 200MG, 300MG	5	PA NDS
ZEJULA TABS 100MG	5	QL (30 EA per 30 days) PA NDS
ZELBORAF	5	PA NDS
ZYDELIG	5	PA NDS
ZYKADIA TABS	5	PA NDS
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA NDS
PANRETIN	5	NDS
<i>tretinoin caps 10mg</i>	5	NDS
<b>Treatment Adjuncts</b>		
MESNEX TABS	5	NDS
VORANIGO TABS 40MG	5	PA NDS
VORANIGO TABS 10MG	5	QL (60 EA per 30 days) PA NDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	5	NDS
EMVERM	5	NDS
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs</i>	2	
STROMECTOL TABS 3MG	4	PA
<b>Antiprotozoals</b>		
<i>atovaquone</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	
DARAPRIM	5	PA NDS
<i>hydroxychloroquine sulfate tabs</i>	2	
KRINTAFEL	3	
LAMPIT	3	
MALARONE	4	
<i>mefloquine hydrochloride</i>	2	
MEPRON SUSP	5	NDS
NEBUPENT	4	B/D
NITAZOXANIDE	5	NDS
PENTAM 300	4	
<i>pentamidine isethionate inj</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate inhalation solr</i>	2	B/D
PLAQUENIL	3	
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	5	PA NDS
<i>quinine sulfate caps 324mg</i>	2	PA
SOVUNA	3	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 0.5mg, 2mg</i>	2	
TRIHXYPHENIDYL HCL SOLN	2	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	1	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	2	
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
GOCOVRI	5	PA NDS
NOURIANZ	5	PA NDS
ONGENTYS CAPS 50MG	3	ST
ONGENTYS CAPS 25MG	4	ST
STALEVO 100	5	NDS
TASMAR TABS 100MG	5	QL (180 EA per 30 days) NDS
<i>tolcapone</i>	5	QL (180 EA per 30 days) NDS
<b>Dopamine Agonists</b>		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA NDS
<i>apomorphine hydrochloride inj</i>	5	QL (90 ML per 30 days) PA NDS
<i>bromocriptine mesylate caps, tabs</i>	2	
NEUPRO	3	
PARLODEL	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tabs</i>	2	
DUOPA	5	PA NDS
INBRIJA	5	PA NDS
LODOSYN	5	NDS
RYTARY	3	
SINEMET TABS 25MG; 100MG	3	
SINEMET TABS 10MG; 100MG	4	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT	5	NDS
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
CHLORPROMAZINE HYDROCHLORIDE CONC	2	
<i>chlorpromazine hydrochloride tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
FLUPHENAZINE HCL CONC	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIX, INJ	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
HALDOL DECANOATE 100	4	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	2	
<i>perphenazine tabs</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII	5	NDS
ABILIFY MAINTENA	5	NDS
<i>aripiprazole odt tbdp 15mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole odt tbdp 10mg</i>	5	QL (60 EA per 30 days) NDS
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days)
<i>aripiprazole soln</i>	2	QL (750 ML per 30 days)
ARISTADA	5	NDS
ARISTADA INITIO	5	NDS
<i>asenapine maleate sl</i>	2	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) PA NDS
FANAPT	5	QL (60 EA per 30 days) ST NDS
FANAPT TITRATION PACK	3	QL (16 EA per 365 days) ST
GEODON INJ	4	QL (60 EA per 30 days)
INVEGA HAFYERA	5	ST NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA	5	ST NDS
INVEGA TB24 3MG, 9MG	4	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) NDS
LATUDA TABS 80MG	5	QL (60 EA per 30 days) NDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	2	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) ST NDS
NUPLAZID CAPS	5	PA NDS
NUPLAZID TABS 10MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>olanzapine tabs 7.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days)
PERSERIS	5	NDS
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days) NDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	NDS
RISPERDAL SOLN	4	QL (240 ML per 30 days)
RISPERDAL TABS 0.5MG, 1MG, 2MG, 3MG, 4MG	4	QL (60 EA per 30 days)
<i>risperidone er inj 12.5mg, 25mg</i>	2	
<i>risperidone er inj 37.5mg, 50mg</i>	5	NDS
RISPERIDONE ODT TBDP 0.25MG	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
SAPHRIS	4	QL (60 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST NDS
SEROQUEL TABS 300MG, 400MG	4	QL (60 EA per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	4	QL (90 EA per 30 days)
UZEDY	5	ST NDS
VRAYLAR CAPS	5	QL (30 EA per 30 days) NDS
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	2	QL (60 EA per 30 days)
ZYPREXA INJ	4	
<b>Treatment-Resistant</b>		
CLOZAPINE ODT TBDP 12.5MG	2	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	2	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	2	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
CLOZARIL TABS 25MG	4	QL (270 EA per 30 days)
CLOZARIL TABS 100MG	5	QL (270 EA per 30 days) NDS
VERSACLOZ	5	QL (540 ML per 30 days) NDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs</i>	2	
<i>baclofen susp</i>	5	NDS
BACLOFEN SOLN 10MG/5ML	3	ST

Drug Name	Drug Tier	Requirements/Limits
DANTRIUM CAPS 25MG	4	ST
<i>dantrolene sodium caps</i>	2	
OZOBAX DS	5	ST NDS
SOHONOS CAPS 5MG	5	QL (112 EA per 28 days) PA NDS
SOHONOS CAPS 2.5MG	5	QL (224 EA per 28 days) PA NDS
SOHONOS CAPS 1.5MG	5	QL (364 EA per 28 days) PA NDS
SOHONOS CAPS 10MG	5	QL (56 EA per 28 days) PA NDS
SOHONOS CAPS 1MG	5	QL (560 EA per 28 days) PA NDS
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
ZANAFLEX TABS 4MG	4	ST
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY	5	NDS
PREVYMIS TABS	5	NDS
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	NDS
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	2	
BARACLUDE SOLN	5	QL (600 ML per 30 days) NDS
<i>entecavir</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	NDS
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA PACK 200MG; 50MG	5	QL (168 EA per 365 days) PA NDS
EPCLUSA PACK 150MG; 37.5MG	5	QL (84 EA per 365 days) PA NDS
EPCLUSA TABS 200MG; 50MG	5	QL (168 EA per 365 days) PA NDS
EPCLUSA TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA NDS
HARVONI PACK 33.75MG; 150MG	5	QL (168 EA per 365 days) PA NDS
HARVONI PACK 45MG; 200MG	5	QL (336 EA per 365 days) PA NDS
HARVONI TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA NDS
LEDIPASVIR/SOFOSBUVIR	5	QL (168 EA per 365 days) PA NDS
MAVYRET TABS	5	QL (336 EA per 365 days) PA NDS
MAVYRET PACK	5	QL (560 EA per 365 days) PA NDS
RIBAVIRIN CAPS	2	
RIBAVIRIN TABS 200MG	2	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA NDS
SOVALDI TABS	5	QL (336 EA per 365 days) PA NDS
SOVALDI PACK 150MG	5	QL (168 EA per 365 days) PA NDS
SOVALDI PACK 200MG	5	QL (336 EA per 365 days) PA NDS
VOSEVI	5	QL (84 EA per 365 days) PA NDS
ZEPATIER	5	QL (112 EA per 365 days) PA NDS
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	QL (30 EA per 30 days) NDS
DOVATO	5	QL (30 EA per 30 days) NDS
GENVOYA	5	QL (30 EA per 30 days) NDS
ISENTRESS HD	5	QL (60 EA per 30 days) NDS



Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK, TABS	5	QL (60 EA per 30 days) NDS
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) NDS
JULUCA	5	QL (30 EA per 30 days) NDS
STRIBILD	5	QL (30 EA per 30 days) NDS
TIVICAY PD	5	QL (180 EA per 30 days) NDS
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) NDS
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	5	QL (30 EA per 30 days) NDS
DELSTRIGO	5	QL (30 EA per 30 days) NDS
EDURANT	5	QL (30 EA per 30 days) NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	QL (30 EA per 30 days) NDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days) NDS
<i>efavirenz tabs</i>	2	QL (30 EA per 30 days)
<i>etravirine</i>	5	QL (60 EA per 30 days) NDS
INTELENCE TABS 25MG	3	QL (120 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days) NDS
<i>nevirapine er tb24 400mg</i>	2	QL (30 EA per 30 days)
NEVIRAPINE SUSP	2	QL (1200 ML per 30 days)
<i>nevirapine tabs</i>	2	QL (60 EA per 30 days)
PIFELTRO	5	QL (30 EA per 30 days) NDS
SYMFI	5	QL (30 EA per 30 days) NDS
SYMFI LO	5	QL (30 EA per 30 days) NDS
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir sulfate/lamivudine</i>	2	QL (30 EA per 30 days)
<i>abacavir tabs</i>	2	QL (60 EA per 30 days)
<i>abacavir soln</i>	2	QL (960 ML per 30 days)
CIMDUO	5	QL (30 EA per 30 days) NDS
DESCOVY	5	QL (30 EA per 30 days) NDS
<i>emtricitabine</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	QL (30 EA per 30 days) NDS
EMTRIVA SOLN	3	QL (850 ML per 30 days)
EMTRIVA CAPS	4	QL (30 EA per 30 days)
EPIVIR SOLN	4	QL (960 ML per 30 days)
EPIVIR TABS 300MG	4	QL (30 EA per 30 days)
EPIVIR TABS 150MG	4	QL (60 EA per 30 days)
<i>lamivudine/zidovudine</i>	2	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine tabs 300mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 150mg</i>	2	QL (60 EA per 30 days)
ODEFSEY	5	QL (30 EA per 30 days) NDS
RETROVIR CAPS	4	QL (180 EA per 30 days)
RETROVIR SYRP	4	QL (1920 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i>	2	QL (30 EA per 30 days)
TRIUMEQ	5	QL (30 EA per 30 days) NDS
TRIUMEQ PD	3	QL (180 EA per 30 days)
TRUVADA TABS 100MG; 150MG, 133MG; 200MG, 167MG; 250MG	5	QL (30 EA per 30 days) NDS
VIREAD POWD	5	QL (240 GM per 30 days) NDS
VIREAD TABS	5	QL (30 EA per 30 days) NDS
ZIAGEN SOLN	4	QL (960 ML per 30 days)
<i>zidovudine caps</i>	2	QL (180 EA per 30 days)
<i>zidovudine syr</i>	2	QL (1920 ML per 30 days)
<i>zidovudine tabs</i>	2	QL (60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	NDS
<i>maraviroc tabs 300mg</i>	5	QL (120 EA per 30 days) NDS
<i>maraviroc tabs 150mg</i>	5	QL (60 EA per 30 days) NDS
RUKOBIA	5	QL (60 EA per 30 days) NDS
SELZENTRY SOLN	5	NDS
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) NDS
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) NDS
SUNLENCA TBPK 300MG	5	QL (10 EA per 365 days) NDS
SUNLENCA TBPK 300MG	5	QL (8 EA per 365 days) NDS
TYBOST	3	QL (30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPS	5	QL (120 EA per 30 days) NDS
<i>atazanavir sulfate caps 300mg</i>	2	QL (30 EA per 30 days)
<i>atazanavir caps 150mg</i>	2	
<i>atazanavir caps 200mg</i>	2	QL (60 EA per 30 days)
<i>darunavir tabs 800mg</i>	5	QL (30 EA per 30 days) NDS
<i>darunavir tabs 600mg</i>	5	QL (60 EA per 30 days) NDS
EVOTAZ	5	QL (30 EA per 30 days) NDS
<i>fosamprenavir calcium</i>	5	QL (120 EA per 30 days) NDS
KALETRA SOLN	4	
KALETRA TABS 200MG; 50MG	2	
KALETRA TABS 100MG; 25MG	4	
<i>lopinavir/ritonavir</i>	2	
NORVIR PACK	3	QL (360 EA per 30 days)
NORVIR TABS	4	QL (360 EA per 30 days)
PREZCOBIX	5	QL (30 EA per 30 days) NDS
PREZISTA SUSP	5	QL (400 ML per 30 days) NDS
PREZISTA TABS 75MG	3	QL (300 EA per 30 days)
PREZISTA TABS 150MG	5	QL (180 EA per 30 days) NDS
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) NDS
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) NDS
REYATAZ PACK	5	QL (180 EA per 30 days) NDS
REYATAZ CAPS 300MG	5	QL (30 EA per 30 days) NDS
REYATAZ CAPS 200MG	5	QL (60 EA per 30 days) NDS
<i>ritonavir</i>	2	QL (360 EA per 30 days)
SYMTUZA	5	QL (30 EA per 30 days) NDS
VIRACEPT TABS 625MG	5	QL (120 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250MG	5	QL (300 EA per 30 days) NDS
<b>Anti-influenza Agents</b>		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL (1080 ML per 365 days)
RELENZA DISKHALER	3	QL (240 EA per 365 days)
RIMANTADINE HYDROCHLORIDE	2	
TAMIFLU CAPS 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days)
TAMIFLU CAPS 45MG	4	QL (84 EA per 365 days)
TAMIFLU SUSR 6MG/ML	4	QL (1080 ML per 365 days)
XOFLUZA TBPK 40MG, 80MG	3	
<b>Antitherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>acyclovir tabs 800mg</i>	1	
<i>acyclovir tabs 400mg</i>	2	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hydrochloride</i>	2	QL (120 EA per 30 days)
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	3	QL (40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days);
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days);
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg</i>	1	
<i>bupirone hydrochloride tabs 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	2	
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam soln</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>oxazepam</i>	2	QL (120 EA per 30 days)
XANAX XR TB24 2MG	4	QL (150 EA per 30 days)
XANAX XR TB24 0.5MG, 1MG	4	QL (30 EA per 30 days)
XANAX XR TB24 3MG	5	QL (90 EA per 30 days) NDS
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
EQUETRO	3	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPS 600MG	2	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate tabs</i>	1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tabs</i>	2	
ACTOPLUS MET TABS 850MG; 15MG	4	
ALOGLIPTIN	3	QL (30 EA per 30 days) ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 28 days) PA
BYETTA INJ 5MCG/0.02ML	3	QL (4.8 ML per 28 days) PA
CYCLOSET	3	
DUETACT	4	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tb24 2.5mg, 5mg</i>	1	
<i>glipizide er tb24 10mg</i>	2	
<i>glipizide/metformin hydrochloride</i>	2	
GLIPIZIDE TABS 2.5MG	2	
<i>glipizide tabs 10mg, 5mg</i>	1	
GLUCOTROL XL TB24 10MG, 5MG	4	
GLYBURIDE MICRONIZED TABS 1.5MG, 3MG	1	
GLYBURIDE MICRONIZED TABS 6MG	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tabs 1.25mg, 2.5mg</i>	1	
<i>glyburide tabs 5mg</i>	2	
GLYXAMBI	3	
INVOKAMET	3	
INVOKAMET XR	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR	3	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG	3	
<i>liraglutide inj 6mg/ml</i>	3	QL (9 ML per 30 days) PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	PA
<i>metformin hydrochloride soln</i>	2	
METFORMIN HYDROCHLORIDE TABS 625MG	5	PA NDS
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MIGLITOL	2	
MOUNJARO	3	QL (2 ML per 28 days) PA
<i>nateglinide tabs 60mg</i>	1	
<i>nateglinide tabs 120mg</i>	2	
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
QTERN	3	ST
<i>repaglinide tabs 1mg</i>	1	
<i>repaglinide tabs 0.5mg, 2mg</i>	2	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
<i>saxagliptin hydrochloride</i>	2	QL (30 EA per 30 days)
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	2	
SEGLUROMET	3	ST
SOLIQUA 100/33	3	
STEGLUJAN	3	ST
SYMLINPEN 120	5	PA NDS
SYMLINPEN 60	5	PA NDS
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) PA
VICTOZA	3	QL (9 ML per 30 days) PA
XIGDUO XR	3	ST
XULTOPHY 100/3.6	3	
ZITUVIMET XR	3	ST
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	3	
<i>diazoxide susp</i>	5	NDS
GLUCAGON EMERGENCY KIT FOR LOW BLOOD	2	
SUGAR INJ 1MG		
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS INJ 1MG/0.2ML	3	
PROGLYCEM	5	NDS
ZEGALOGUE	3	ST

Drug Name	Drug Tier	Requirements/Limits
<i>Insulins</i>		
ADMELOG	4	ST
ADMELOG SOLOSTAR	4	ST
AFREZZA POWD 4UNIT, 8UNIT	3	PA
AFREZZA POWD 0, 12UNIT	5	PA NDS
APIDRA	3	
APIDRA SOLOSTAR	3	
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	5	NDS
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	3	
INSULIN GLARGINE-YFGN	3	ST
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
REZVOGLAR KWIKPEN	3	ST
SEMGLEE	3	ST
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
ARIXTRA INJ 2.5MG/0.5ML	4	
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	NDS
<i>dabigatran etexilate</i>	2	QL (60 EA per 30 days)
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	2	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NDS
FRAGMIN INJ 2500UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>jantoven tabs 1mg, 7.5mg</i>	2	
LOVENOX INJ 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	4	
LOVENOX INJ 100MG/ML	5	NDS
PRADAXA CAPS	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>warfarin sodium tabs 1mg, 7.5mg</i>	2	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO SUSR	5	QL (600 ML per 30 days) NDS
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>		
AGRYLIN CAPS 0.5MG	4	
ALVAIZ	5	PA NDS
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA NDS
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA	5	QL (60 EA per 30 days) PA NDS
FULPHILA	5	PA NDS
FYLNETRA	5	PA NDS
GRANIX	5	ST NDS
LEUKINE INJ 250MCG	5	PA NDS
MULPLETA	5	PA NDS
NEULASTA	5	PA NDS
NEUPOGEN	5	ST NDS
NIVESTYM	5	NDS
NYVEPRIA	5	PA NDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA NDS
PROMACTA	5	PA NDS
RELEUKO INJ 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	5	PA NDS
STIMUFEND	5	PA NDS
UDENYCA	5	PA NDS
XOLREMDI	5	QL (120 EA per 30 days) PA NDS
ZARXIO	5	NDS
ZIEXTENZO	5	PA NDS
<b>Hemostasis Agents</b>		
<i>tranexamic acid tabs</i>	2	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA NDS
<i>cilostazol</i>	1	
<i>clopidogrel tabs 75mg</i>	2	
<i>dipyridamole tabs</i>	2	
DOPTELET	5	PA NDS
EFFIENT	4	
PLAVIX TABS 75MG	4	
<i>prasugrel hydrochloride</i>	2	
TAVALISSE	5	PA NDS
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	2	
CLONIDINE HYDROCHLORIDE ER TB24 0.17MG	3	ST
<i>clonidine hydrochloride tabs</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i>	5	PA NDS
<i>guanfacine hydrochloride tabs 1mg</i>	1	
<i>guanfacine hydrochloride tabs 2mg</i>	2	
<i>midodrine hcl</i>	2	
NEXICLON XR TB24	3	ST
<b>Alpha-adrenergic Blocking Agents</b>		
DIBENZYLIN	5	PA NDS
<i>phenoxybenzamine hydrochloride</i>	5	PA NDS
<i>prazosin hydrochloride caps</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND	4	
AVAPRO	4	
<i>candesartan cilexetil</i>	2	
COZAAR	4	
EDARBI	3	
<i>irbesartan</i>	2	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<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 25mg, 50mg</i>	1	
<i>captopril tabs 100mg, 12.5mg</i>	2	
<i>enalapril maleate soln</i>	2	
<i>enalapril maleate tabs 10mg, 5mg</i>	1	
<i>enalapril maleate tabs 2.5mg, 20mg</i>	2	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 40mg</i>	2	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS 10MG, 20MG, 40MG	4	
<i>moexipril hcl</i>	2	
PERINDOPRIL ERBUMINE TABS 2MG, 8MG	2	
<i>perindopril erbumine tabs 4mg</i>	2	
<i>quinapril hydrochloride tabs 10mg</i>	1	
<i>quinapril hydrochloride tabs 20mg, 40mg, 5mg</i>	2	
<i>ramipril caps 10mg, 2.5mg, 5mg</i>	1	
<i>ramipril caps 1.25mg</i>	2	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 1mg, 4mg</i>	2	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tabs</i>	2	
BETAPACE AF TABS 80MG	4	
BETAPACE AF TABS 120MG, 160MG	5	NDS
DIGOXIN SOLN	2	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	2	
<i>disopyramide phosphate caps</i>	2	
<i>dofetilide</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	2	
LANOXIN TABS 125MCG, 250MCG, 62.5MCG	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE	4	
NORPACE CR	3	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	4	
<i>propafenone hcl tabs 150mg, 225mg</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>propafenone hydrochloride tabs 300mg</i>	2	
<i>quinidine gluconate cr</i>	2	
QUINIDINE SULFATE TABS	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
SOTYLIZE	3	
TIKOSYN	4	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride caps 200mg</i>	1	
<i>acebutolol hydrochloride caps 400mg</i>	2	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	2	
LOPRESSOR TABS	4	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
PROPRANOLOL HCL SOLN 40MG/5ML	2	
<i>propranolol hcl soln 20mg/5ml</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg, 60mg, 80mg</i>	2	
TOPROL XL	4	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl caps</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	2	
<i>nimodipine caps</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NISOLDIPINE ER TB24 20MG, 25.5MG, 30MG, 40MG	2	
NORVASC TABS 10MG	4	
NYMALIZE SOLN 6MG/ML	5	NDS
SULAR TB24 17MG, 34MG, 8.5MG	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
CARDIZEM LA TB24 120MG	3	
CARDIZEM LA TB24 180MG, 240MG, 300MG, 360MG, 420MG	4	
CARDIZEM TABS 30MG	4	
CARDIZEM TABS 120MG, 60MG	5	NDS
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl er cp24 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	2	
<i>diltiazem hcl er tb24 420mg</i>	2	
<i>diltiazem hcl tabs 90mg</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	2	
<i>tiadyt er</i>	2	
TIAZAC	4	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CP24 360MG	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	
<i>verapamil hcl tabs 80mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	2	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	
VERELAN	4	
VERELAN PM	4	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	2	
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 5mg; 10mg, 5mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg, 2.5mg; 10mg, 5mg; 40mg</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	2	
ATACAND HCT	4	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
AVALIDE	4	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
BENICAR HCT	4	
BIDIL	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CAMZYOS	5	QL (30 EA per 30 days) PA NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
CORLANOR SOLN	3	QL (450 ML per 30 days) PA
CORLANOR TABS	3	QL (60 EA per 30 days) PA
DEMSER	5	PA NDS
DIOVAN HCT	4	
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	2	
ENTRESTO CPSP	3	QL (240 EA per 30 days)
ENTRESTO TABS	3	QL (60 EA per 30 days)
EXFORGE	4	
EXFORGE HCT	4	
FILSPARI	5	QL (30 EA per 30 days) PA NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
HYZAAR	4	
<i>irbesartan/hydrochlorothiazide</i>	2	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
<i>ivabradine hydrochloride</i>	2	QL (60 EA per 30 days) PA
<i>lisinopril/hydrochlorothiazide</i>	1	
LODOCO	3	PA
<i>losartan potassium/hydrochlorothiazide</i>	1	
LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 5MG; 20MG	4	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	PA NDS
MICARDIS HCT	4	
NEFFY	3	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABS 25MG; 20MG	2	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTRNA	4	
TELMISARTAN/AMLODIPINE	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
TENORETIC 100	4	
TENORETIC 50	4	
TRANDOLAPRIL/VERAPAMIL HCL ER	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide tabs</i>	1	
TRIBENZOR	4	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 80mg</i>	2	
VASERETIC TABS 10MG; 25MG	4	
VECAMYL	5	NDS
VYNDAMAX	5	QL (30 EA per 30 days) PA NDS
ZESTORETIC	4	
<b>Diuretics, Loop</b>		
<i>bumetanide inj</i>	2	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 0.5mg, 2mg</i>	2	
EDECIN TABS 25MG	5	NDS
<i>ethacrynic acid tabs</i>	2	
FUROSCIX	3	PA
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	2	
FUROSEMIDE ORAL SOLN 40MG/5ML	2	
<i>furosemide oral soln 10mg/ml</i>	2	
LASIX TABS	4	
SOAANZ	3	ST
<i>toremide tabs</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tabs</i>	2	
DYRENIUM	4	
<i>triamterene caps</i>	2	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL SUSP	3	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	2	
<i>metolazone</i>	2	
THALITONE TABS 15MG	3	
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
FENOFIBRATE CAPS 150MG, 50MG	2	
<i>fenofibrate caps 43mg</i>	2	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
LOPID TABS	4	ST
TRILIPIX CPDR 45MG	4	ST
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CRESTOR	4	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
LESCOL XL	4	ST
LIVALO	3	
<i>lovastatin tabs</i>	1	
<i>pitavastatin calcium</i>	2	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	2	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	2	
<i>simvastatin tabs</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	4	
ZYPITAMAG TABS 2MG, 4MG	3	ST
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light pack</i>	2	
<i>cholestyramine pack</i>	2	
<i>colesevelam hydrochloride</i>	2	
COLESTID TABS	4	
<i>colestipol hcl pack, tabs</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	2	
JUXTAPID CAPS 10MG, 5MG	5	QL (30 EA per 30 days) PA NDS
JUXTAPID CAPS 20MG, 30MG	5	QL (60 EA per 30 days) PA NDS
LOVAZA	4	
NEXLETOL	3	QL (30 EA per 30 days) PA
NEXLIZET	3	QL (30 EA per 30 days) PA
<i>niacin er</i>	2	
NIACIN TABS 500MG	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	QL (2 ML per 28 days) PA
<i>prevalite pack</i>	2	
QUESTRAN LIGHT POWD	4	
QUESTRAN POWD	4	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
VASCEPA CAPS 0.5GM	3	
VASCEPA CAPS 1GM	4	
WELCHOL	4	
<b>Mineralocorticoid Receptor Antagonists</b>		
ALDACTONE	4	
CAROSPIR	3	
<i>eplerenone</i>	2	
INSPRA	4	
KERENDIA	3	QL (30 EA per 30 days) PA
<i>spironolactone susp</i>	2	
<i>spironolactone tabs 100mg, 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tabs 50mg</i>	2	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	QL (30 EA per 30 days) ST
INPEFA	3	ST
INVOKANA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
STEGLATRO TABS 15MG	3	QL (30 EA per 30 days) ST
STEGLATRO TABS 5MG	3	QL (60 EA per 30 days) ST
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
ISORDIL TITRADOSE TABS 5MG	4	
ISORDIL TITRADOSE TABS 40MG	5	NDS
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide dinitrate tabs 40mg</i>	2	NDS
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
NITROLINGUAL SOLN	4	
NITROSTAT SUBL	4	
VERQUVO	3	QL (30 EA per 30 days) PA
<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>		
ADDERALL XR	4	QL (60 EA per 30 days) ST
ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 5MG; 5MG; 5MG; 5MG	4	QL (90 EA per 30 days) ST
ADZENYS XR-ODT	3	QL (30 EA per 30 days) ST
<i>amphetamine sulfate</i>	2	QL (180 EA per 30 days)
<i>amphetamine/dextroamphetamine er cp24 12.5mg; 12.5mg; 12.5mg; 12.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 9.375mg; 9.375mg; 9.375mg; 9.375mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days)
AZSTARYS	3	QL (30 EA per 30 days) ST
DEXEDRINE CP24 10MG	5	QL (180 EA per 30 days) ST NDS
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate soln</i>	2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DYANA VEL XR SUER	3	QL (240 ML per 30 days)
DYANA VEL XR TBCR	3	QL (30 EA per 30 days) ST
EVEKEO	4	QL (180 EA per 30 days) ST
<i>lisdexamfetamine dimesylate</i>	2	QL (30 EA per 30 days) PA
METHAMPHETAMINE HCL	2	QL (150 EA per 30 days) PA
MYDAYIS	3	QL (30 EA per 30 days) ST
<i>procentra</i>	4	QL (1800 ML per 30 days) ST
VYVANSE	3	QL (30 EA per 30 days) PA
XELSTRYM	3	QL (30 EA per 30 days) ST
<i>zenzedi tabs 2.5mg, 7.5mg</i>	3	QL (240 EA per 30 days) ST
<i>zenzedi tabs 10mg</i>	4	QL (180 EA per 30 days) ST
<i>zenzedi tabs 30mg</i>	4	QL (60 EA per 30 days) ST
<i>zenzedi tabs 15mg, 20mg, 5mg</i>	4	QL (90 EA per 30 days) ST
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
APTENSIO XR	4	QL (30 EA per 30 days) ST
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)
<i>clonidine hydrochloride er tb12 0.1mg</i>	2	
CONCERTA TBCR 18MG, 27MG, 54MG	3	QL (30 EA per 30 days) ST
CONCERTA TBCR 36MG	3	QL (60 EA per 30 days) ST
COTEMPLA XR-ODT TBED 8.6MG	3	QL (180 EA per 30 days) ST
COTEMPLA XR-ODT TBED 25.9MG	3	QL (60 EA per 30 days) ST
COTEMPLA XR-ODT TBED 17.3MG	3	QL (90 EA per 30 days) ST
DAYTRANA	3	QL (30 EA per 30 days) ST
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days)
FOCALIN	4	QL (60 EA per 30 days) ST
FOCALIN XR	4	QL (30 EA per 30 days) ST
<i>guanfacine hydrochloride er</i>	2	
JORNAY PM	3	QL (30 EA per 30 days) ST
METHYLIN SOLN	4	ST
<i>methylphenidate</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) ST
<i>methylphenidate hydrochloride er cpcr 40mg</i>	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45MG, 63MG	3	QL (30 EA per 30 days) ST



Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tbc</i> 10mg	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tbc</i> 18mg, 27mg, 54mg, 72mg	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbc</i> 36mg	2	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tbc</i> 20mg	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride chew</i> 10mg	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride chew</i> 2.5mg, 5mg	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	2	
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days)
ONYDA XR	3	QL (120 ML per 30 days) PA
QELBREE CP24 100MG, 150MG	3	QL (30 EA per 30 days) ST
QELBREE CP24 200MG	3	QL (60 EA per 30 days) ST
QUILLICHEW ER CHER 20MG, 40MG	3	QL (30 EA per 30 days) ST
QUILLICHEW ER CHER 30MG	3	QL (60 EA per 30 days) ST
QUILLIVANT XR	3	QL (360 ML per 30 days) ST
RELEXXII TBCR 18MG, 27MG, 45MG, 54MG, 63MG	3	QL (30 EA per 30 days) ST
RELEXXII TBCR 36MG	3	QL (60 EA per 30 days) ST
RITALIN	4	QL (90 EA per 30 days) ST
RITALIN LA CP24 10MG, 20MG, 30MG, 40MG	4	QL (30 EA per 30 days) ST
<b>Central Nervous System, Other</b>		
AQNEURSA	5	QL (120 EA per 30 days) PA NDS
AUSTEDO	5	QL (120 EA per 30 days) PA NDS
AUSTEDO XR PATIENT TITRATION KIT	5	QL (56 EA per 365 days) PA NDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA NDS
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<i>butalbital/acetaminophen/caffeine tabs</i> 325mg; 50mg; 40mg	2	
<i>butalbital/acetaminophen caps</i>	2	
<i>butalbital/acetaminophen tabs</i> 300mg; 50mg, 325mg; 50mg	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
COBENFY	5	QL (60 EA per 30 days) PA NDS
COBENFY STARTER PACK	5	QL (112 EA per 365 days) PA NDS
ESGIC TABS	4	
FIORICET CAPS	4	
FIRDAPSE	5	QL (300 EA per 30 days) PA NDS
<i>gabapentin once-daily tabs</i> 300mg	2	QL (180 EA per 30 days) ST
<i>gabapentin once-daily tabs</i> 600mg	2	QL (90 EA per 30 days) ST
GRALISE TABS 300MG	3	QL (180 EA per 30 days) ST
GRALISE TABS 750MG, 900MG	3	QL (60 EA per 30 days) ST
GRALISE TABS 450MG, 600MG	3	QL (90 EA per 30 days) ST
HORIZANT	3	QL (60 EA per 30 days) PA
INGREZZA CPPK	5	QL (56 EA per 365 days) PA NDS
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA NDS
INGREZZA CPSP 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CPSP 40MG	5	QL (60 EA per 30 days) PA NDS
NUEDEXTA	5	PA NDS
RADICAVA ORS STARTER KIT	5	PA NDS
<i>riluzole</i>	2	
TEGLUTIK	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
TENCON TABS 325MG; 50MG	3	
<i>tetrabenazine tabs 12.5mg</i>	2	PA NDS
<i>tetrabenazine tabs 25mg</i>	5	PA NDS
VEOZAH	3	QL (30 EA per 30 days) PA
<b>Fibromyalgia Agents</b>		
<i>pregabalin er tb24 330mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin er tb24 165mg, 82.5mg</i>	2	QL (90 EA per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	QL (60 EA per 30 days) PA NDS
AUBAGIO	5	QL (30 EA per 30 days) PA NDS
AVONEX PEN	5	QL (4 EA per 28 days) PA NDS
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA NDS
BAFIERTAM	5	QL (120 EA per 30 days) PA NDS
BETASERON	5	QL (15 EA per 30 days) PA NDS
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA NDS
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA NDS
<i>dalfampridine er</i>	2	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	2	QL (60 EA per 30 days) PA NDS
<i>dimethyl fumarate starterpack</i>	5	QL (120 EA per 365 days) PA NDS
<i> fingolimod hydrochloride</i>	5	QL (30 EA per 30 days) PA NDS
GILENYA CAPS 0.25MG	5	QL (60 EA per 30 days) PA NDS
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA NDS
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA NDS
KESIMPTA	5	QL (0.4 ML per 28 days) PA NDS
MAVENCLAD	5	PA NDS
MAYZENT STARTER PACK TBPk 0.25MG	3	QL (14 EA per 365 days) PA NDS
MAYZENT STARTER PACK TBPk 0.25MG	5	QL (24 EA per 365 days) PA NDS
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA NDS
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA NDS
PLEGRIDY	5	QL (1 ML per 28 days) PA NDS
PONVORY	5	QL (30 EA per 30 days) PA NDS
PONVORY 14-DAY STARTER PACK	5	QL (28 EA per 365 days) PA NDS
REBIF	5	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA NDS
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA NDS
TASCENSO ODT	5	QL (30 EA per 30 days) PA NDS
<i>teriflunomide</i>	5	QL (30 EA per 30 days) PA NDS
VUMERITY	5	QL (120 EA per 30 days) PA NDS
ZEPOSIA	5	QL (30 EA per 30 days) PA NDS
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA NDS
ZEPOSIA STARTER KIT	5	QL (56 EA per 365 days) PA NDS
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>cevimeline hydrochloride</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
EVOXAC	4	
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	1	
<i>perio gard</i>	1	
<i>pilocarpine hydrochloride</i>	2	
SALAGEN	4	
<i>triamcinolone acetonide dental paste</i>	2	
<b>Dermatological Agents</b>		
<b><i>Acne and Rosacea Agents</i></b>		
ABSORICA LD	5	NDS
ACANYA	4	
<i>accutane caps 10mg, 20mg, 40mg</i>	2	
<i>acitretin</i>	2	
<i>adapalene/benzoyl peroxide gel</i>	2	
<i>adapalene gel 0.3%</i>	2	
<i>adapalene crea</i>	2	
AKLIEF	3	PA
ALTRENO	3	PA
<i>amnestem</i>	2	
ATRALIN	4	PA
<i>azelaic acid</i>	2	QL (100 GM per 30 days)
AZELEX	3	QL (100 GM per 30 days)
BENZAMYCIN	4	
<i>brimonidine tartrate gel 0.33%</i>	2	PA
<i>claravis</i>	2	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL 2.5%; 1.2%	2	
<i>clindamycin phosphate/benzoyl peroxide gel 3.75%; 1.2%, 5%; 1.2%</i>	2	
<i>clindamycin phosphate/tretinoin</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
DIFFERIN CREA	4	
DIFFERIN GEL 0.3%	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA FOAM	3	QL (50 GM per 30 days)
<i>isotretinoin caps</i>	2	
METROCREAM	4	
METROGEL GEL 1%	4	
METROLOTION	4	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
MIRVASO	3	PA
<i>neuac</i>	2	
ONEXTON	3	

Drug Name	Drug Tier	Requirements/Limits
RETIN-A	4	PA
RETIN-A MICRO PUMP GEL 0.08%	5	PA NDS
RETIN-A MICRO GEL 0.04%, 0.1%	4	PA
RETIN-A MICRO GEL 0.06%	5	PA NDS
RHOFADE	3	PA
TAZAROTENE FOAM	3	QL (100 GM per 30 days)
<i>tazarotene gel</i>	2	QL (100 GM per 30 days)
<i>tazarotene crea</i>	2	QL (60 GM per 30 days)
TAZORAC GEL	3	QL (100 GM per 30 days)
TAZORAC CREA 0.05%	3	QL (60 GM per 30 days)
TAZORAC CREA 0.1%	4	QL (60 GM per 30 days)
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	2	PA
<i>tretinoin microsphere gel 0.08%</i>	2	PA NDS
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
TWYNEO	3	
WINLEVI	3	PA
<i>zenatane</i>	2	
<b><i>Dermatitis and Pruritus Agents</i></b>		
ADBRY	5	QL (6 ML per 28 days) PA NDS
<i>ala-cort crea 1%</i>	1	
ALA-SCALP	3	
ALCLOMETASONE DIPROPIONATE OINT	2	
<i>alclometasone dipropionate crea</i>	2	
AMCINONIDE CREA, OINT	2	
<i>ammonium lactate crea, lotn</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented crea, lotn, oint</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	2	QL (100 GM per 30 days)
<i>clobetasol propionate</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient foam</i>	2	
CLOBEX LIQD, LOTN	4	
CLOBEX SHAM	5	NDS
<i>clocortolone pivalate</i>	2	
<i>clodan</i>	2	
CORDRAN TAPE	3	
DERMA-SMOOTHIE/FS SCALP	4	
DESONIDE GEL	2	
<i>desonide crea, lotn</i>	2	
<i>desonide oint</i>	2	QL (120 GM per 30 days)
DESOWEN CREA	4	
<i>desoximetasone gel, liqd, oint</i>	2	
<i>desoximetasone crea</i>	2	QL (100 GM per 30 days)
DIFLORASONE DIACETATE CREA	2	
<i>diflorasone diacetate oint</i>	2	QL (60 GM per 30 days)
DIPROLENE OINT	4	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hydrochloride crea 5%</i>	2	QL (90 GM per 30 days) PA
EUCRISA	3	PA
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base</i>	2	QL (60 GM per 30 days)
FLUOCINONIDE GEL	2	QL (60 GM per 30 days)
<i>fluocinonide crea 0.1%</i>	2	QL (120 GM per 30 days)
<i>fluocinonide crea 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide oint</i>	2	QL (60 GM per 30 days)
<i>fluocinonide soln</i>	2	QL (60 ML per 30 days)
<i>flurandrenolide lotn</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
FLUTICASONE PROPIONATE LOTN 0.05%	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide crea</i>	2	
<i>halobetasol propionate</i>	2	
HYDROCORTISONE BUTYRATE CREA, OINT, SOLN	2	
<i>hydrocortisone butyrate lotn</i>	2	
<i>hydrocortisone valerate oint</i>	2	
<i>hydrocortisone valerate crea</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone crea 1%</i>	1	
HYDROCORTISONE LOTN 2%, 2.5%	2	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
HYFTOR	5	PA NDS
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
OPZELURA	5	QL (240 GM per 30 days) PA NDS
<i>pimecrolimus</i>	2	
<i>selenium sulfide</i>	1	
SPEVIGO INJ 150MG/ML	5	QL (4 ML per 28 days) PA NDS
SYNALAR CREA, OINT	4	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
TEXACORT SOLN 2.5%	3	
TOPICORT GEL, LIQD	4	
TOPICORT CREA 0.25%	4	QL (100 GM per 30 days)
TOPICORT OINT 0.05%	4	
<i>tovet</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.05%, 0.5%</i>	2	
<i>triderm crea 0.5%</i>	2	
ZORYVE CREA 0.15%	3	PA

**Dermatological Agents, Other**

Drug Name	Drug Tier	Requirements/Limits
CABTREO	3	
<i>calcipotriene/betamethasone dipropionate susp</i>	2	QL (400 GM per 30 days) NDS
CALCIPOTRIENE SOLN	2	QL (60 ML per 30 days)
CALCIPOTRIENE FOAM	3	
<i>calcipotriene crea, oint</i>	2	QL (120 GM per 30 days)
CALCITRIOL OINT 3MCG/GM	2	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN	2	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate crea</i>	1	QL (90 GM per 30 days)
CONDYLOX GEL	3	
<i>diclofenac sodium gel 3%</i>	2	QL (300 GM per 30 days)
ENSTILAR	5	QL (420 GM per 28 days) NDS
FILSUVEZ	5	PA NDS
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
FLUOROURACIL SOLN 2%	2	
<i>fluorouracil soln 5%</i>	2	
HYDROCORTISONE ACETATE/PRAMOXINE CREA 1%; 2 1%	2	
<i>imiquimod pump</i>	2	QL (56 GM per 30 days)
<i>imiquimod crea 5%</i>	2	QL (48 EA per 30 days)
KLISYRI	5	ST NDS
METHOXSALLEN CAPS	5	NDS
NEO-SYNALAR	3	
<i>nystatin/triamcinolone acetonide oint</i>	2	
<i>nystatin/triamcinolone crea</i>	2	
OTEZLA TABS 20MG, 30MG	5	QL (60 EA per 30 days) PA NDS
PODOFILOX SOLN	2	
<i>podofilox gel</i>	2	
PROCTOFOAM HC	3	
REGRANEX	5	PA NDS
SANTYL	3	
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL (30 EA per 30 days) PA NDS
<i>ssd</i>	2	
TACLONEX SUSP	5	QL (400 GM per 30 days) NDS
VECTICAL	3	
VTAMA	5	PA NDS
ZORYVE CREA 0.3%	3	PA
ZYCLARA PUMP CREA 2.5%	5	QL (15 GM per 30 days) NDS
ZYCLARA PUMP CREA 3.75%	5	QL (56 GM per 30 days) NDS
<b>Pediculicides/Scabicides</b>		
CROTAN	3	
ELIMITE	4	
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days)
<i>malathion</i>	2	
NATROBA	4	
OVIDE	4	
<i>permethrin crea</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SOOLANTRA	4	QL (45 GM per 30 days)
SPINOSAD	2	
<b>Topical Anti-infectives</b>		
<i>acyclovir crea 5%</i>	2	QL (5 GM per 30 days)
<i>acyclovir oint 5%</i>	2	QL (60 GM per 30 days)
ACZONE GEL 7.5%	3	
ACZONE GEL 5%	4	
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
CLEOCIN-T LOTN	4	QL (75 ML per 30 days)
<i>clindacin</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	QL (75 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days)
CLINDESSE	3	
<i>dapsone gel 5%, 7.5%</i>	2	
DENAVIR	4	
ERY	2	
ERYGEL	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin crea</i>	2	
<i>mupirocin oint</i>	2	QL (110 GM per 30 days)
<i>penciclovir crea</i>	2	NDS
ZOVIRAX CREA	4	QL (5 GM per 30 days)
ZOVIRAX OINT	4	QL (60 GM per 30 days)

### Electrolytes/Minerals/Metals/Vitamins

#### Electrolyte/Mineral Replacement

CARBAGLU	5	NDS
<i>carglumic acid</i>	5	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
<i>clinisol sf 15%</i>	4	B/D
DEXTROSE 10%	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	2	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	1	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/sodium chloride 0.9%</i>	2	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
MULTIPLE ELECTROLYTES INJECTION TYPE 1	2	
PLASMA-LYTE A	3	
<i>plenamine</i>	3	B/D
<i>potassium chloride er cpcr</i>	2	
POTASSIUM CHLORIDE ER TBCR 15MEQ	2	
<i>potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED	2	
RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L		
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 2 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>		
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	2	
<i>potassium chloride pack, oral soln</i>	2	
POTASSIUM CHLORIDE INJ 10MEQ/100ML, 20MEQ/100ML, 40MEQ/100ML	2	
<i>potassium chloride inj 2meq/ml</i>	2	
<i>potassium citrate er</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL	3	B/D
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 1mg</i>	2	
TPN ELECTROLYTES	3	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D



Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
UROCIT-K 10	4	
UROCIT-K 15	4	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	5	NDS
CUVRIOR	5	PA NDS
<i>deferasirox tabs</i>	2	PA
<i>deferasirox pack</i>	5	PA NDS
<i>deferasirox tbso 125mg</i>	2	PA NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	PA NDS
<i>deferiprone</i>	5	PA NDS
DEPEN TITRATABS	5	NDS
EXJADE	5	PA NDS
FERRIPROX TWICE-A-DAY	5	PA NDS
JADENU SPRINKLE	5	PA NDS
JYNARQUE TABS	5	QL (120 EA per 30 days) PA NDS
JYNARQUE TBPK	5	QL (56 EA per 28 days) NDS
<i>penicillamine tabs</i>	5	NDS
<i>penicillamine caps</i>	5	PA NDS
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA NDS
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA NDS
<i>tolvaptan tabs 15mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>tolvaptan tabs 30mg</i>	5	QL (60 EA per 30 days) PA NDS
TRIENTINE HYDROCHLORIDE CAPS 500MG	5	PA NDS
<i>trientine hydrochloride caps 250mg</i>	5	PA NDS
<b>Potassium Binders</b>		
<i>kionex susp</i>	2	
LOKELMA	3	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
VELTASSA PACK 1GM	3	
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	5	NDS
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	ST
<i>lactulose soln</i>	2	
LACTULOSE PACK 10GM	2	
LINZESS	3	QL (30 EA per 30 days)
<i>lubiprostone</i>	2	QL (60 EA per 30 days)
MOTEGRITY	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK	3	QL (30 EA per 30 days)
RELISTOR TABS	5	QL (90 EA per 30 days) NDS
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) NDS
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) NDS
SYMPROIC	3	QL (30 EA per 30 days) ST
TRULANCE	3	QL (30 EA per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tabs 0.5mg</i>	2	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA NDS
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
DIPHENOXYLATE/ATROPINE LIQD	2	
LOMOTIL TABS	4	
<i>loperamide hcl caps</i>	2	
MYTESI	5	QL (60 EA per 30 days) NDS
VIBERZI	5	QL (60 EA per 30 days) PA NDS
XERMELO	5	QL (90 EA per 30 days) PA NDS
<b>Antispasmodics, Gastrointestinal</b>		
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	2	
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
<i>glycopyrrolate soln</i>	2	PA
GLYCOPYRROLATE TABS 1.5MG	3	PA
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	PA
<i>methscopolamine bromide tabs</i>	2	
<b>Gastrointestinal Agents, Other</b>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride</i>	2	
BYLVAY	5	PA NDS
BYLVAY (PELLETS)	5	PA NDS
CHENODAL	5	PA NDS
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
GATTEX	5	PA NDS
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	
HELIDAC THERAPY	3	
IQIRVO	5	QL (30 EA per 30 days) PA NDS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THPK	2	
LIVMARLI SOLN 19MG/ML	5	QL (60 ML per 30 days) PA NDS
LIVMARLI SOLN 9.5MG/ML	5	QL (90 ML per 30 days) PA NDS
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
METOCLOPRAMIDE ODT TBDP 5MG	2	
MOVIPREP	4	
MYALEPT	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin oint 0.4%</i>	2	
OICALIVA	5	QL (30 EA per 30 days) PA NDS
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
PLENVU	3	
PYLERA	5	NDS
RECTIV	3	
REGLAN TABS	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
TALICIA	3	
URSO FORTE	4	
URSODIOL CAPS 200MG, 400MG	5	NDS
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	2	
VOQUEZNA TABS 10MG	3	QL (30 EA per 30 days) PA
VOQUEZNA TABS 20MG	3	QL (60 EA per 30 days) PA
VOWST	5	PA NDS
XIFAXAN TABS 200MG	3	PA
XIFAXAN TABS 550MG	5	PA NDS
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	2	
NIZATIDINE CAPS 300MG	2	
<i>nizatidine caps 150mg</i>	2	
<b>Protectants</b>		
CARAFATE	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate susp, tabs</i>	2	
<b>Proton Pump Inhibitors</b>		
DEXILANT	3	QL (30 EA per 30 days)
<i>dexlansoprazole</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	2	QL (60 EA per 30 days)
KONVOMEF	3	QL (600 ML per 30 days) NDS
<i>lansoprazole cpdr</i>	2	QL (60 EA per 30 days)
NEXIUM CPDR	4	QL (60 EA per 30 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (60 EA per 30 days)
NEXIUM PACK 10MG, 20MG, 40MG	4	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole cpdr 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>	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ARALAST NP INJ 1000MG	5	PA NDS
<i>betaine anhydrous</i>	5	NDS
CERDELGA	5	PA NDS
CHOLBAM	5	PA NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	2	
CYSTADANE	5	NDS
CYSTAGON	3	
DAYBUE	5	QL (3600 ML per 30 days) PA NDS
ENDARI	5	PA NDS
EVRYSDI SOLR	5	QL (240 ML per 30 days) PA NDS
GALAFOLD	5	QL (14 EA per 28 days) PA NDS
GASTROCROM	5	NDS
GLASSIA	5	PA NDS
<i>javygtor</i>	5	PA NDS
JOENJA	5	QL (60 EA per 30 days) PA NDS
KEVEYIS	5	QL (120 EA per 30 days) PA NDS
<i>l-glutamine</i>	5	PA NDS
<i>miglustat</i>	5	PA NDS
MIPLYFFA	5	QL (90 EA per 30 days) PA NDS
<i>nitisinone</i>	5	NDS
NITYR	5	NDS
OLPRUVA	5	PA NDS
ORFADIN	5	NDS
<i>ormalvi</i>	5	QL (120 EA per 30 days) PA NDS
PALYNZIQ INJ 10MG/0.5ML	5	QL (28 ML per 28 days) PA NDS
PALYNZIQ INJ 20MG/ML	5	QL (56 ML per 28 days) PA NDS
PALYNZIQ INJ 2.5MG/0.5ML	5	QL (8 ML per 28 days) PA NDS
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST NDS
PROLASTIN-C INJ 1000MG/20ML	5	PA NDS
PYRUKYND TAPER PACK	5	QL (30 EA per 30 days) PA NDS
PYRUKYND TABS 50MG	5	QL (120 EA per 30 days) PA NDS
PYRUKYND TABS 20MG, 5MG	5	QL (60 EA per 30 days) PA NDS
RAVICTI	5	PA NDS
REVCOVI	5	PA NDS
<i>sapropterin dihydrochloride</i>	5	PA NDS
<i>sodium phenylbutyrate powd, tabs</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
SUCRAID	5	NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	5	ST NDS
VOXZOGO	5	QL (30 EA per 30 days) PA NDS
VYNDAQEL	5	QL (120 EA per 30 days) PA NDS
WAINUA	5	QL (0.8 ML per 28 days) PA NDS
WELIREG	5	PA NDS
<i>yargesa</i>	5	PA NDS
ZEMAIRA INJ 1000MG	5	PA NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er</i>	2	
DETROL	4	ST
DETROL LA	4	ST
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	2	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
OXYTROL	3	QL (8 EA per 28 days) ST
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er</i>	2	
CARDURA	4	ST
CIALIS TABS 5MG	4	QL (30 EA per 30 days) PA
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	2	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
FLOMAX	4	ST
PROSCAR	4	ST
RAPAFLO	4	
<i>silodosin</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl caps 10mg, 1mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	1	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride tabs</i>	2	
ELMIRON	5	NDS
LITHOSTAT	3	
PHEXXI	3	
THIOLA	5	NDS
THIOLA EC	5	NDS
<i>tiopronin</i>	5	NDS
<i>tiopronin dr</i>	5	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ACTHAR	5	PA NDS
ACTHAR GEL	5	PA NDS
AGAMREE	5	PA NDS
CORTEF TABS	4	
CORTROPHIN	5	PA NDS
<i>deflazacort</i>	5	PA NDS
<i>dexamethasone 10-day dose pack</i>	2	
<i>dexamethasone 13-day dose pack</i>	2	
<i>dexamethasone 6-day dose pack</i>	2	
DEXAMETHASONE SOLN	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	2	
HEMADY	3	ST
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
INTRAROSA	3	QL (28 EA per 28 days) PA
MEDROL DOSEPAK	4	
MEDROL TABS 2MG	3	
MEDROL TABS 16MG, 4MG, 8MG	4	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLN	2	
<i>prednisone tbpk</i>	2	
<i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tabs 1mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
DDAVP TABS 0.1MG	4	
DDAVP TABS 0.2MG	5	NDS
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
EGRIFTA SV	5	QL (30 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN	5	PA NDS
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA NDS
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA NDS
INCRELEX	5	PA NDS
ISTURISA TABS 1MG	5	PA NDS
ISTURISA TABS 5MG	5	QL (360 EA per 30 days) PA NDS
LUPRON DEPOT-PED (6-MONTH)	5	QL (1 EA per 168 days) PA NDS
NGENLA	5	PA NDS
NORDITROPIN FLEXPRO	5	PA NDS
NUTROPIN AQ NUSPIN 10	5	PA NDS
NUTROPIN AQ NUSPIN 20	5	PA NDS
NUTROPIN AQ NUSPIN 5	5	PA NDS
OMNITROPE	5	PA NDS
SEROSTIM	5	PA NDS
SKYTROFA	5	PA NDS
SOGROYA	5	PA NDS
ZOMACTON	3	PA

### Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

#### Androgens

ANDROGEL PUMP GEL 1.62%	4	PA
<i>danazol caps</i>	2	
<i>depo-testosterone inj 100mg/ml, 200mg/ml</i>	4	PA
JATENZO CAPS 158MG, 198MG	3	PA
JATENZO CAPS 237MG	5	PA NDS
METHITEST	5	PA NDS
TESTIM	4	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
TESTOSTERONE ENANTHATE INJ	2	PA
<i>testosterone pump</i>	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	PA
<i>testosterone soln</i>	2	PA
UNDECATREX	3	PA
XYOSTED	3	PA

#### Estrogens

ACTIVELLA TABS 1MG; 0.5MG	4	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
ANGELIQ	3	
ANNOVERA	3	QL (1 EA per 360 days)
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL (91 EA per 91 days)
<i>aubra eq</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BALCOLTRA	3	
<i>balziva</i>	2	
BEYAZ	4	
BIJUVA	3	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camrese lo</i>	2	QL (91 EA per 91 days)
CLIMARA	4	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	4	
DEPO-ESTRADIOL INJ 5MG/ML	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
DIVIGEL	3	
<i>dolishale</i>	2	
<i>dotti</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 2</i>	2	
<i>0.02mg; 0.451mg</i>		
ELESTRIN	3	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
ESTRACE	4	
<i>estradiol valerate inj</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>	2	
<i>estradiol oral tabs 0.5mg, 1mg</i>	1	
<i>estradiol oral tabs 2mg</i>	2	
ESTRING	3	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
EVAMIST	3	
<i>falmina</i>	2	
FEMRING	3	QL (1 EA per 90 days)
<i>finzala</i>	2	
<i>fyavolv</i>	2	
<i>gemmily</i>	2	
<i>hailey 24 fe</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA



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

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

Drug Name	Drug Tier	Requirements/Limits
VAGIFEM TABS 10MCG	4	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
VIVELLE-DOT	4	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
YASMIN 28	4	
YAZ	4	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<b>Progestins</b>		
<i>camila</i>	2	
CRINONE	3	PA
<i>deblitane</i>	2	
DEPO-PROVERA CONTRACEPTIVE	4	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 90 days)
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
KYLEENA	3	
LILETTA	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate tabs</i>	2	
MEGESTROL ACETATE SUSP 625MG/5ML	2	
<i>megestrol acetate susp 40mg/ml</i>	2	
MIRENA	3	
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	2	
<i>progesterone caps</i>	2	
PROVERA	4	
<i>sharobel</i>	2	
SKYLA	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	3	
EVISTA	4	
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL	4	
ERMEZA	3	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOTHYROXINE SODIUM CAPS	3	
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	3	
TIROSINT	3	
TIROSINT-SOL	3	
<i>unithroid</i>	2	

### Hormonal Agents, Suppressant (Adrenal or Pituitary)

#### *Hormonal Agents, Suppressant (Adrenal or Pituitary)*

<i>cabergoline</i>	2	
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJ 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA NDS
KORLYM	5	QL (120 EA per 30 days) PA NDS
LEUPROLIDE ACETATE INJ 22.5MG	3	QL (1 EA per 84 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA NDS
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA NDS
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA NDS
<i>mifepristone tabs 300mg</i>	5	QL (120 EA per 30 days) PA NDS
MYCAPSSA	5	PA NDS
MYFEMBREE	5	QL (30 EA per 30 days) PA NDS
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA NDS
ORGOVYX	5	PA NDS
ORIAHNN	5	QL (56 EA per 28 days) PA NDS
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA NDS
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA NDS
SIGNIFOR	5	QL (60 ML per 30 days) PA NDS
SOMAVERT	5	PA NDS
SYNAREL	5	NDS
TRELSTAR MIXJECT INJ 22.5MG	3	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	3	QL (1 EA per 84 days) PA

### Hormonal Agents, Suppressant (Thyroid)

#### *Antithyroid Agents*

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	2	
<b>Immunological Agents</b>		
<b><i>Angioedema Agents</i></b>		
BERINERT	5	PA NDS
CINRYZE	5	PA NDS
FIRAZYR	5	PA NDS
HAEGARDA	5	PA NDS
<i>icatibant acetate</i>	5	PA NDS
ORLADEYO	5	QL (30 EA per 30 days) PA NDS
RUCONEST	5	PA NDS
<i>sajazir</i>	5	PA NDS
TAKHZYRO	5	PA NDS
<b><i>Immunoglobulins</i></b>		
BIVIGAM INJ 5GM/50ML	5	PA NDS
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA NDS
GAMMAKED INJ 1GM/10ML	5	PA NDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA NDS
GAMUNEX-C INJ 1GM/10ML	5	PA NDS
OCTAGAM INJ 1GM/20ML, 2GM/20ML	5	PA NDS
PANZYGA	5	PA NDS
PRIVIGEN INJ 20GM/200ML	5	PA NDS
<b><i>Immunological Agents, Other</i></b>		
ACTEMRA ACTPEN	5	PA NDS
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA NDS
ARCALYST	5	PA NDS
BENLYSTA	5	PA NDS
BIMZELX INJ 160MG/ML	5	QL (2 ML per 28 days) PA NDS
CIBINQO	5	QL (30 EA per 30 days) PA NDS
COSENTYX SENSOREADY PEN	5	QL (10 ML per 28 days) PA NDS
COSENTYX UNOREADY	5	QL (10 ML per 28 days) PA NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA NDS
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA NDS
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA NDS
EBGLYSS	5	PA NDS
ENTYVIO PEN	5	QL (1.36 ML per 28 days) PA NDS
GRASTEK	3	QL (30 EA per 30 days) PA
ILUMYA	5	QL (1 ML per 28 days) PA NDS
KEVZARA	5	QL (2.28 ML per 28 days) PA NDS
KINERET	5	PA NDS
LITFULO	5	QL (30 EA per 30 days) PA NDS
NEMLUVIO	5	QL (2 EA per 28 days) PA
ODACTRA	3	QL (30 EA per 30 days) PA
OLUMIANT	5	QL (30 EA per 30 days) PA NDS
OMVOH INJ 100MG/ML	5	QL (2 ML per 28 days) PA NDS
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA NDS
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA NDS
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA NDS
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA NDS
RIDAURA	5	NDS
RINVOQ	5	QL (30 EA per 30 days) PA NDS
RINVOQ LQ	5	QL (360 ML per 30 days) PA NDS
SILIQ	5	QL (7.5 ML per 28 days) PA NDS
SKYRIZI PEN	5	QL (1 ML per 28 days) PA NDS
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA NDS
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA NDS
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA NDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA NDS
TALTZ INJ 20MG/0.25ML	5	QL (0.5 ML per 28 days) PA NDS
TALTZ INJ 40MG/0.5ML	5	QL (1 ML per 28 days) PA NDS
TALTZ INJ 80MG/ML	5	QL (4 ML per 28 days) PA NDS
TAVNEOS	5	QL (180 EA per 30 days) PA NDS
TREMFYA INJ 100MG/ML	5	QL (2 ML per 56 days) PA NDS
TYENNE INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA NDS
VELSIPITY	5	QL (30 EA per 30 days) PA NDS
XELJANZ XR	5	QL (30 EA per 30 days) PA NDS
XELJANZ SOLN	5	QL (300 ML per 30 days) PA NDS
XELJANZ TABS	5	QL (60 EA per 30 days) PA NDS
XOLAIR	5	PA NDS
ZILBRYSQ	5	PA NDS
<b>Immunostimulants</b>		
ACTIMMUNE	5	PA NDS
BESREMI	5	PA NDS
PEGASYS INJ 180MCG/ML	5	PA NDS
<b>Immunosuppressants</b>		
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA NDS
ADALIMUMAB-AATY 2-PEN KIT	5	QL (6 EA per 28 days) PA NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 20MG/0.2ML	5	QL (1 EA per 28 days) PA NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 40MG/0.4ML	5	QL (3 EA per 28 days) PA NDS
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only
ASTAGRAF XL CP24 0.5MG, 1MG	3	B/D
ASTAGRAF XL CP24 5MG	5	B/D NDS
<i>azasan</i>	4	B/D
<i>azathioprine tabs</i>	2	B/D
CELLCEPT	5	B/D NDS
CIMZIA INJ 200MG	5	QL (1 EA per 28 days) PA NDS
CIMZIA INJ 200MG/ML	5	QL (2 EA per 28 days) PA NDS
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D
ENBREL MINI	5	QL (8 ML per 28 days) PA NDS
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA NDS
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA NDS
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARUSUS XR TB24 4MG	5	B/D NDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D NDS
<i>engraf caps 100mg, 25mg</i>	2	B/D
<i>engraf soln</i>	2	B/D
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA PEN INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
IMURAN TABS	4	B/D
JYLAMVO	5	PA NDS
<i>leflunomide</i>	2	
LUPKYNIS	5	QL (180 EA per 30 days) PA NDS
<i>methotrexate sodium tabs</i>	2	
METHOTREXATE SODIUM INJ 50MG/2ML	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D NDS
<i>mycophenolic acid dr</i>	2	B/D
MYFORTIC TBEC 180MG	4	B/D
MYFORTIC TBEC 360MG	5	B/D NDS
MYHIBBIN	5	B/D
NEORAL	4	B/D

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PEGASYS INJ 180MCG/0.5ML	5	PA NDS
PROGRAF PACK	3	B/D
PROGRAF CAPS 0.5MG, 1MG	4	B/D
PROGRAF CAPS 5MG	5	B/D NDS
RAPAMUNE TABS 1MG, 2MG	5	B/D NDS
RASUVO INJ 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REZUROCK	5	QL (60 EA per 30 days) PA NDS
SANDIMMUNE CAPS 100MG, 25MG	4	B/D
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 28 days) PA NDS
SIMPONI INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
<i>sirolimus soln</i>	5	B/D NDS
<i>sirolimus tabs 0.5mg, 1mg</i>	2	B/D
<i>sirolimus tabs 2mg</i>	2	B/D NDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL	3	
XATMEP	3	PA
ZORTRESS TABS 0.25MG	4	B/D
ZORTRESS TABS 0.5MG, 0.75MG, 1MG	5	B/D NDS
<b>Vaccines</b>		
ABRYSVO	3	QL (1 EA per 252 days)
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	QL (1 EA per 999 days)
BCG VACCINE INJ 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	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	



Drug Name	Drug Tier	Requirements/Limits
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	
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX SUSP	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
YF-VAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
APRISO	4	
AZULFIDINE EN-TABS	4	
AZULFIDINE TABS	4	
<i>balsalazide disodium</i>	2	
DIPENTUM	5	NDS
LIALDA	4	
<i>mesalamine dr tbec</i>	2	
<i>mesalamine dr cpdr</i>	2	ST
<i>mesalamine er</i>	2	
<i>mesalamine enem, supp</i>	2	
PENTASA	3	
ROWASA KIT	5	NDS
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
ANUSOL-HC CREA	4	
<i>budesonide er</i>	5	ST NDS
<i>budesonide cpep 3mg</i>	2	
<i>budesonide foam 2mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TARPEYO	5	QL (120 EA per 30 days) PA NDS
UCERIS FOAM	3	
UCERIS TB24	5	ST NDS
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST
ACTONEL TABS 35MG	4	QL (4 EA per 28 days) ST
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 10mg</i>	2	
ADELVIA	4	QL (4 EA per 28 days) ST
BINOSTO	3	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	2	
<i>cinacalcet hydrochloride tabs 90mg</i>	2	NDS
DOXERCALCIFEROL CAPS 1MCG, 2.5MCG	2	
<i>doxercalciferol caps 0.5mcg</i>	2	
EVENITY	5	QL (2.34 ML per 28 days) PA NDS
FORTEO INJ 600MCG/2.4ML	5	PA NDS
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST
FOSAMAX TABS 70MG	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
<i>paricalcitol caps</i>	2	
PROLIA	3	QL (2 ML per 365 days)
RAYALDEE	5	NDS
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	2	
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days)
ROCALTROL	4	
SENSIPAR TABS 30MG	4	
SENSIPAR TABS 60MG, 90MG	5	NDS
TERIPARATIDE INJ 620MCG/2.48ML	5	PA NDS
TYMLOS	5	PA NDS
XGEVA	5	PA NDS
ZEMPLAR CAPS 1MCG, 2MCG	4	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	QL (200 EA per 30 days)
CARNITOR SOLN, TABS	4	
CURITY GAUZE PADS 2"X2" 12 PLY	1	
DUVYZAT	5	QL (360 ML per 30 days) PA NDS
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
<i>levocarnitine soln, tabs</i>	2	
NUTRILIPID	3	B/D
RIVFLOZA INJ 128MG/0.8ML	5	QL (0.8 ML per 28 days) PA NDS
RIVFLOZA INJ 160MG/ML, 80MG/0.5ML	5	QL (1 ML per 28 days) PA NDS
SKYCLARYS	5	QL (90 EA per 30 days) PA NDS
<i>sodium chloride 0.9%</i>	2	
WEGOVY INJ 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	5	QL (2 ML per 28 days) PA NDS
WEGOVY INJ 1.7MG/0.75ML, 2.4MG/0.75ML	5	QL (3 ML per 28 days) PA NDS
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	2	
CEQUA	4	
COMBIGAN	3	
COSOPT	4	
COSOPT PF	4	
<i>cyclosporine emul 0.05%</i>	2	
CYSTADROPS	5	QL (20 ML per 28 days) NDS
CYSTARAN	5	QL (60 ML per 28 days) NDS
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
ENSPRYNG	5	PA NDS
MAXITROL	4	
MIEBO	3	QL (12 ML per 30 days) PA
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	2	
OPHTHALMIC SUSP 1%; 3.5MG/ML; 10000UNIT/ML		
OXERVATE	5	QL (56 ML per 28 days) PA NDS
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	2	
VEVYE	5	PA NDS
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	3	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl</i>	2	
<i>bepotastine besilate</i>	2	
BEPREVE	4	
CROMOLYN SODIUM SOLN 4%	1	
<i>epinastine hcl</i>	2	
<b>Ophthalmic Anti-Infectives</b>		
AZASITE	3	
BACITRACIN	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
OCUFLOX	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
SULFACETAMIDE SODIUM OINT 10%	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	1	
TOBEX OINT	3	
TRIFLURIDINE	2	
VIGAMOX	4	
XDEMVEY	5	QL (10 ML per 42 days)
ZIRGAN	3	
<b>Ophthalmic Anti-inflammatories</b>		
ACULAR	4	
ACULAR LS	4	
ALREX	3	
<i>bromfenac</i>	2	
<i>bromfenac sodium soln 0.07%</i>	3	QL (12 ML per 365 days)
<i>bromfenac sodium soln 0.075%</i>	3	ST
BROMSITE	3	ST
DEXAMETHASONE SODIUM PHOSPHATE SOLN	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	3	PA
FLAREX	3	
<i>fluorometholone</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i>	2	
FML FORTE	3	
FML LIQUIFILM	4	
ILEVRO	3	QL (4 ML per 30 days)
INVELTYS	3	
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	2	
LOTEMAX SM	3	QL (20 GM per 365 days)
LOTEMAX OINT	3	QL (14 GM per 365 days)
LOTEMAX SUSP	4	
LOTEMAX GEL	4	QL (20 GM per 365 days)
<i>loteprednol etabonate susp</i>	2	
<i>loteprednol etabonate gel</i>	2	QL (20 GM per 365 days)
MAXIDEX SUSP	3	
NEVANAC	3	QL (4 ML per 30 days)
PRED FORTE	4	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	2	
PROLENSA	3	QL (12 ML per 365 days)
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
BETAXOLOL HCL SOLN 0.5%	2	
BETIMOL	3	
BETOPTIC-S	3	
CARTEOLOL HCL	2	
ISTALOL	4	
LEVOBUNOLOL HCL SOLN 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
TIMOPTIC OCUDOSE SOLN 0.25%	3	
TIMOPTIC OCUDOSE SOLN 0.5%	4	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
ALPHAGAN P SOLN 0.1%	3	
ALPHAGAN P SOLN 0.15%	4	
APRACLONIDINE	2	
AZOPT	4	
<i>brimonidine tartrate soln 0.1%, 0.15%, 0.2%</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	2	
IOPIDINE SOLN 1%	3	
<i>methazolamide tabs</i>	2	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	QL (2.5 ML per 25 days)
VUITY	3	QL (7.5 ML per 25 days) PA
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IYUZEH	3	ST
<i>latanoprost soln</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
<i>tafluprost</i>	2	QL (30 EA per 30 days)
TRAVATAN Z	4	QL (2.5 ML per 25 days) ST
<i>travoprost</i>	2	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
ZIOPTAN	3	QL (30 EA per 30 days)
<b>Otic Agents</b>		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
CIPRO HC	3	
<i>ciprofloxacin/dexamethasone</i>	2	
DERMOTIC	4	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ALVESCO	3	QL (12.2 GM per 30 days) ST
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	3	QL (13 GM per 30 days) ST
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	QL (120 ML per 30 days) B/D
<i>flunisolide soln 0.025%</i>	2	QL (50 ML per 30 days)
FLUTICASONE PROPIONATE HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) ST
FLUTICASONE PROPIONATE HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) ST
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days)
OMNARIS	3	QL (12.5 GM per 30 days) ST
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST
QNASL	3	QL (10.6 GM per 30 days)
QVAR REDHALER	3	QL (21.2 GM per 30 days)
XHANCE	3	QL (32 ML per 30 days)
<i>Antihistamines</i>		
<i>azelastine hydrochloride/fluticasone propionate</i>	2	QL (23 GM per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
CARBINOXAMINE MALEATE SOLN	2	
<i>cetirizine hydrochloride soln 5mg/5ml</i>	1	
CLARINEX-D 12 HOUR	3	
CLEMASTINE FUMARATE SYRP	5	NDS
CLEMASTINE FUMARATE TABS 2.68MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
DESLORATADINE ODT	2	
DYMISTA	4	QL (23 GM per 30 days)
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
HYDROXYZINE PAMOATE CAPS 100MG	2	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride soln, tabs</i>	2	
<i>olopatadine hcl</i>	2	QL (30.5 GM per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium chew 4mg</i>	2	
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium pack</i>	2	
<i>zafirlukast</i>	2	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR	5	QL (2 EA per 30 days) ST NDS
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
TIOTROPIUM BROMIDE	3	QL (30 EA per 30 days)
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST
YUPELRI	5	QL (90 ML per 30 days) B/D NDS
<b>Bronchodilators, Sympathomimetic</b>		
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	4	QL (48 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate syrup, tabs</i>	2	
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>arformoterol tartrate</i>	2	QL (120 ML per 30 days) PA NDS
AUVI-Q INJ 0.1MG/0.1ML	3	QL (2 EA per 30 days)
AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA	5	QL (120 ML per 30 days) PA NDS
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	2	
<i>epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
EPIPEN 2-PAK	4	ST
EPIPEN-JR 2-PAK	4	ST
<i>formoterol fumarate nebu</i>	2	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) ST
<i>levalbuterol nebu</i>	2	QL (90 EA per 30 days) B/D
PERFOROMIST	5	QL (120 ML per 30 days) B/D NDS
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) ST
<i>terbutaline sulfate tabs</i>	2	
VENTOLIN HFA	4	QL (48 GM per 30 days)
XOPENEX HFA	3	QL (30 GM per 30 days) ST
<b>Cystic Fibrosis Agents</b>		
BETHKIS	5	B/D NDS
CAYSTON	5	PA NDS
KALYDECO PACK	5	QL (56 EA per 28 days) PA NDS
KALYDECO TABS	5	QL (60 EA per 30 days) PA NDS
KITABIS PAK	5	B/D NDS
ORKAMBI TABS	5	QL (112 EA per 28 days) PA NDS
ORKAMBI PACK	5	QL (56 EA per 28 days) PA NDS
PULMOZYME	5	PA NDS
SYMDEKO TBPK 150MG; 100MG	5	QL (56 EA per 28 days) PA NDS
SYMDEKO TBPK 75MG; 50MG	5	QL (60 EA per 30 days) PA NDS
TOBI PODHALER	5	QL (224 EA per 56 days) NDS
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	B/D NDS
TRIKAFTA THPK	5	QL (56 EA per 28 days) PA NDS
TRIKAFTA TBPK	5	QL (84 EA per 28 days) PA NDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP	3	PA
OHTUVAYRE	5	QL (150 ML per 30 days) PA NDS
<i>roflumilast</i>	2	PA
THEO-24	3	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline soln</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	QL (90 EA per 30 days) PA NDS
<i>alyq</i>	2	QL (60 EA per 30 days) PA NDS
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA NDS
<i>bosentan</i>	5	QL (60 EA per 30 days) PA NDS
OPSUMIT	5	QL (30 EA per 30 days) PA NDS
ORENITRAM TITRATION KIT MONTH 1	5	QL (336 EA per 365 days) PA NDS
ORENITRAM TITRATION KIT MONTH 2	5	QL (672 EA per 365 days) PA NDS
ORENITRAM TITRATION KIT MONTH 3	5	QL (504 EA per 365 days) PA NDS
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA NDS
<i>sildenafil citrate susr</i>	2	PA NDS
<i>sildenafil citrate tabs</i>	2	QL (90 EA per 30 days) PA
<i>tadalafil tabs 20mg</i>	2	QL (60 EA per 30 days) PA NDS



Drug Name	Drug Tier	Requirements/Limits
TADLIQ	5	QL (300 ML per 30 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG	5	QL (112 EA per 28 days) PA NDS
TYVASO DPI TITRATION KIT	5	QL (504 EA per 365 days) PA NDS
UPTRAVI TITRATION PACK	5	QL (400 EA per 365 days) PA NDS
UPTRAVI TABS	5	QL (60 EA per 30 days) PA NDS
WINREVAIR	5	QL (1 EA per 21 days) PA NDS
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET	5	PA NDS
OFEV	5	PA NDS
<i>pirfenidone caps</i>	5	PA NDS
PIRFENIDONE TABS 534MG	5	PA NDS
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA NDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine soln</i>	2	B/D
ADVAIR DISKUS	4	QL (60 EA per 30 days) ST
ADVAIR HFA	4	QL (24 GM per 30 days) ST
AIRDUO RESPICLICK 113/14	4	QL (1 EA per 30 days) ST
AIRDUO RESPICLICK 232/14	4	QL (1 EA per 30 days) ST
AIRDUO RESPICLICK 55/14	4	QL (1 EA per 30 days) ST
AIRSUPRA	3	QL (32.1 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) ST
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>breyna</i>	3	QL (10.3 GM per 30 days) ST
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
BRONCHITOL	5	QL (560 EA per 28 days) PA NDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL (10.2 GM per 30 days) ST
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA PEN	5	PA NDS
FASENRA INJ 10MG/0.5ML	3	PA
FASENRA INJ 30MG/ML	5	PA NDS
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	3	QL (60 EA per 30 days) PA
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL HFA	4	QL (24 GM per 30 days) ST
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 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 NDS
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA NDS
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
<i>promethazine vc</i>	2	

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) ST
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) ST
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tabs</i>	2	PA
<i>chlorzoxazone tabs 375mg, 500mg, 750mg</i>	2	
<i>chlorzoxazone tabs 250mg</i>	5	NDS
<i>cyclobenzaprine hydrochloride er</i>	2	
<i>cyclobenzaprine hydrochloride tabs</i>	2	
<i>metaxalone</i>	2	
METHOCARBAMOL TABS 1000MG	5	NDS
<i>methocarbamol tabs 500mg, 750mg</i>	2	
<i>orphenadrine citrate er</i>	2	
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
AMBIEN	4	QL (30 EA per 30 days)
AMBIEN CR	4	QL (30 EA per 30 days)
BELSOMRA	3	QL (30 EA per 30 days)
DAYVIGO	3	QL (30 EA per 30 days) PA
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days)
EDLUAR	3	QL (30 EA per 30 days)
<i>estazolam</i>	2	QL (30 EA per 30 days)
<i>eszopiclone</i>	2	QL (30 EA per 30 days)
FLURAZEPAM HYDROCHLORIDE	2	QL (30 EA per 30 days)
HALCION TABS 0.25MG	4	QL (60 EA per 30 days)
QUVIVIQ	3	QL (30 EA per 30 days) PA
<i>ramelteon</i>	2	QL (30 EA per 30 days)
ROZEREM	4	QL (30 EA per 30 days)
SILENOR	4	QL (30 EA per 30 days)
<i>tasimelteon</i>	5	QL (30 EA per 30 days) PA NDS
<i>temazepam</i>	2	QL (30 EA per 30 days)
<i>triazolam</i>	2	QL (60 EA per 30 days)
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days)
<i>zolpidem tartrate er</i>	2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE SUBL	2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE CAPS	3	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs</i>	1	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA
LUMRYZ	5	QL (30 EA per 30 days) PA NDS
LUMRYZ STARTER PACK	5	QL (56 EA per 365 days) PA NDS
<i>modafinil tabs</i>	2	QL (30 EA per 30 days) PA
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA NDS
SUNOSI	3	QL (30 EA per 30 days) PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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XYREM	5	QL (540 ML per 30 days) PA NDS
XYWAV	5	QL (540 ML per 30 days) PA NDS

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VOWST	52
VOXZOGO	54
VRAYLAR	24
VTAMA	47
VUITY	70
VUMERITY	43
<i>vyfemla</i>	60
<i>vylibra</i>	60
VYNDAMAX	38
VYNDAQEL	54
VYVANSE	41
VYZULTA	71
WAINUA	54
WAKIX	76
<i>warfarin sodium</i>	32
WEGOVI	68
WELCHOL	39
WELIREG	54
WINLEVI	45
WINREVAIR	74
<i>wixela inhub</i>	75
<i>wymzya fe</i>	60
XACIATO	6

Drug Name	Page #
XALKORI	21
XANAX XR	29
XARELTO	32
XARELTO STARTER PACK	32
XATMEP	65
XCOPRI	11
XDEMVY	69
XELJANZ	63
XELJANZ XR	63
XELSTRYM	41
XERMELO	51
XGEVA	67
XHANCE	71
XIFAXAN	52
XIGDUO XR	30
XIIDRA	69
XOFLUZA	28
XOLAIR	63
XOLREMDI	33
XOPENEX HFA	73
XOSPATA	21
XPOVIO	21
XPOVIO 60 MG TWICE WEEKLY	21
XPOVIO 80 MG TWICE WEEKLY	21
XTAMPZA ER	2
XTANDI	17
<i>xulane</i>	60
XULTOPHY 100/3.6	30
XYOSTED	56
XYREM	76
XYWAV	76
<i>yargesa</i>	54
YASMIN 28	60
YAZ	60
YF-VAX	66
YONSA	17
YUPELRI	72
<i>yuvafem</i>	60
<i>zafemy</i>	60
<i>zafirlukast</i>	72
<i>zaleplon</i>	75
ZANAFLEX	25
ZARONTIN	9
ZARXIO	33
ZEGALOGUE	30
ZEJULA	21
ZELBORAF	21
ZEMAIRA	54
ZEMDRI	5
ZEMPLAR	67

Drug Name	Page #
<i>zenatane</i>	45
ZENPEP	54
<i>zenzedi</i>	41
ZEPATIER	25
ZEPOSIA	43
ZEPOSIA 7-DAY STARTER PACK	43
ZEPOSIA STARTER KIT	43
ZERBAXA	6
ZESTORETIC	38
ZIAGEN	27
<i>zidovudine</i>	27
ZIEXTENZO	33
ZILBRYSQ	63
ZIMHI	4
ZIOPTAN	71
<i>ziprasidone hcl</i>	24
<i>ziprasidone mesylate</i>	24
ZIRGAN	69
ZITHROMAX	8
ZITHROMAX TRI-PAK	8
ZITHROMAX Z-PAK	8
ZITUVIMET XR	30
ZOCOR	39
ZOLINZA	18
<i>zolmitriptan</i>	17
<i>zolmitriptan odt</i>	16
ZOLPIDEM TARTRATE	75
<i>zolpidem tartrate er</i>	75
ZOMACTON	56
<i>zomig</i>	17
ZONISADE	11
<i>zonisamide</i>	11
ZORTRESS	65
ZORYVE	46
ZORYVE	47
ZOSYN	7
<i>zovia 1/35</i>	60
ZOVIRAX	48
ZTALMY	10
ZTLIDO	3
ZUBSOLV	4
ZURZUVAE	12
ZYCLARA PUMP	47
ZYDELIG	21
ZYKADIA	21
ZYLET	69
ZYPITAMAG	39
ZYPREXA	24
ZYVOX	6

# Medicare-Excluded Drugs Covered Under the Medicare Plus Rx Option (Bonus Drug List)

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

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

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

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

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

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



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

This formulary is effective as of March 1, 2025.  
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 to Friday, or visit **HOPbenefits.com**.

**THE MEDICARE PLUS Rx OPTION (PDP) IS A STAND-ALONE  
PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT  
IN THE MEDICARE PLUS Rx OPTION (PDP) DEPENDS ON CONTRACT RENEWAL.  
CMS CONTRACT NUMBER: E3014; FORMULARY ID: 25344  
MARCH 2025**



## Pennsylvania Public School Employees' Retirement System (PSERS)

### Multi-Language Insert

#### 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. 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. 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。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。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-773-7725. 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. 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 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. 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 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. 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. 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 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. 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. 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. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-773-7725. Ta usługa jest 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、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 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。