2025

Tufts Health One Care
(Medicare-Medicaid Plan)

# 2025 List of Covered Drugs

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For more recent information or other questions, contact us at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., or visit TuftsHealthOneCare.org.

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# Tufts Health One Care | 2025 *List of Covered Drugs* (Drug List or Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter drugs are covered by Tufts Health One Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health One Care. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

## Table of Contents

## A. Disclaimers

This is a list of drugs that members can get in *Tufts Health One Care*.

- Tufts Health One Care is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Benefits may change on January 1 of each year
- You can always check Tufts Health One Care's up-to-date List of Covered Drugs online at TuftsHealthOneCare.org or by calling 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.
- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- Call to request materials in languages other than English or in an alternate format. You can also make a standing request to have future mailings be in the alternate language or format. This way, you do not need to make a separate request each time. You can call Member Services to change your standing request for preferred language and/or format.

## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

### B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)

The drugs on the *List of Covered Drugs* in section C are the drugs covered by Tufts Health One Care. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Tufts Health One Care will cover all drugs on the *Drug List* if:
    - your doctor or other prescriber says you need them to get better or stay healthy,
    - Tufts Health One Care agrees that the drug is medically necessary for you, **and**
    - you fill the prescription at a Tufts Health One Care network pharmacy.
- In some cases, you have to do something before you can get a drug (refer to question B4 below).

You can also refer to an up-to-date list of drugs that we cover on our website at TuftsHealthOneCare.org or call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m..

### B2. Does the *Drug List* ever change?

Yes, and Tufts Health One Care must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from Tufts Health One Care before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Tufts Health One Care's up to date Drug List online at TuftsHealthOneCare.org.
- You can also call Member Services to check the current Drug List at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

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### B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain versions of that drug but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we are adding:
        - Is a new generic version of a brand name drug, or
        - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
    - Some of these drug types may be new to you. For more information, refer to Section B14.
    - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Call your doctor or other prescriber to discuss alternative drugs and to request a new prescription.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.]
- we add a new biosimilar to replace an original biological product currently on the *Drug List,* or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
    - tell you at least 30 days before we make the change to the *Drug List* **or**
    - let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. Please refer to question B10 for more information about exceptions.

## B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Tufts Health One Care before you fill your prescription. Tufts Health One Care may not cover the drug if you do not get approval.

- **Quantity limits:** Sometimes Tufts Health One Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health One Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your provider thinks the first drug doesn't work for you, then we will cover the second.

Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. We cover:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare. (Requires prior authorization)

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C. You can also get more information by visiting our website at TuftsHealthOneCare.org. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

### B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs on in section C has a column labeled "Necessary actions, restrictions, or limits on use."

### B6. What happens if Tufts Health One Care changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

## B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in Section D.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" in section C. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, "Cardiovascular Drugs". That is where you will find drugs that treat heart conditions.

## B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. and ask about it. If you learn that Tufts Health One Care will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

## B9. What if I am a new Tufts Health One Care member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Tufts Health One Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**

- the drug requires PA by Tufts Health One Care, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Tufts Health One Care does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. You can find more information about getting a temporary supply of a drug in Chapter 5 of your *Member Handbook*.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Tufts Health One Care member.
- This is in addition to the temporary supply during the first 90 days you are a member of Tufts Health One Care.

This one-time, temporary fill of the non-covered medication gives you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously.

As noted above, the temporary fill will generally be up to a 31-day supply, but it may be extended to allow you and your physician time to manage the complexities of multiple medications or when there are special circumstances. You can request a temporary prescription fill by calling the Tufts Health One Care Member Services department at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

### B10. Can I ask for an exception to cover my drug?

Yes. You can ask Tufts Health One Care to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Tufts Health One Care may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

### B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

## B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. To file a request, your provider or you may request an exception for coverage by mail, fax, by contacting Member Services, or by submitting a request via the Tufts Health One Care website.

**Mail:** Tufts Health Plan
ATTN: Pharmacy Utilization Management Department
1 Wellness Way
Canton, MA 02021

**Fax**: 617-673-0956

**Member Services:** 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

**Tufts Health One Care website:** TuftsHealthOneCare.org

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

## B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Tufts Health One Care covers both brand name drugs and generic drugs.

## B14. What are original biological products and how are they related to biosimilars?

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 forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars 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 more information on drug types, refer to Chapter 5 of the *Member Handbook.*

### B15. What are OTC drugs?

OTC stands for “over-the-counter”. Tufts Health One Care covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Tufts Health One Care *Drug List* to find out what OTC drugs are covered.

### B16. Does Tufts Health One Care cover non-drug OTC products?

Tufts Health One Care covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products gauze and vitamin supplements.

You can read the Tufts Health One Care *Drug List* to find out what non-drug OTC products are covered.

### B17. Does Tufts Health One Care cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You will not have a copay for either a 90-day supply or a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You will not have a copay for either a 90-day supply or a one-month supply.

### B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

### B19. What is my copay?

Tufts Health One Care members have no copays for prescription and OTC drugs as long as the member follows the plan’s rules.

### B20. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are vaccines.
- Tier 2 drugs are generic drugs.
- Tier 3 drugs are brand-name drugs.
- Tier 4 drugs are MassHealth-covered OTC drugs

Please note: All tiers have no copay

## C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Tufts Health One Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Tufts Health One Care.

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

The information in the "necessary actions, restrictions, or limits on use" column tells you if Tufts Health One Care has any rules for covering your drug.

**Note:** The letters "EC" (Enhanced Coverage) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

> **Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth.
- If you or your prescriber disagrees with our decision, you can appeal.
- If you ever have a question, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

## C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category "Cardiovascular Agents". That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

| | | |
|---|---|---|
| QL | = | Quantity limit: Limits the amount of a drug you can get. |
| NEDS | = | Non-extended day supply drug: In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill. |
| PA | = | Prior authorization (approval): you must have approval from the plan before you can get this drug. |
| PA BvD | = | These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. |
| PA NSO | = | The Prior Authorization restriction only applies if you are a new member or have not taken this drug before. |
| SP | = | Available through a designated specialty pharmacy provider. You have the option to obtain this drug through a designated specialty pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They provide free delivery to your home, educational support 24/7 by phone, and the support of nurses and pharmacists. They also will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications. |
| ST | = | Step therapy: you must try another drug before you can get this one. |
| ST NSO | = | Step therapy applies to new starts only: the step therapy prior authorization restriction only applies if you are a new member or have not taken this drug before. |

# Drugs Grouped by Medical Condition




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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| **Analgesics** | | |
| ***Analgesics*** | | |
| ACETAMINOPHEN ER 8 HOUR ARTHRITIS PAIN | 4 | EC |
| ACETAMINOPHEN SUPP 120MG, 650MG | 4 | EC |
| JOURNAVX | 3 | QL(30 EA per 90 days) |
| LIQUID ACETAMINOPHEN | 4 | EC |
| MAPAP CAPS | 4 | EC |
| ***Nonsteroidal Anti-inflammatory Drugs*** | | |
| ACETAMINOPHEN EXTRA STRENGTH | 4 | EC |
| ACETAMINOPHEN SUSP 650MG/20.3ML | 4 | EC |
| ACETAMINOPHEN TABS 325MG | 4 | EC |
| ASPIRIN EC TBEC 81MG | 4 | EC |
| ASPIRIN REGULAR STRENGTH | 4 | EC |
| *celecoxib caps* | 2 | |
| *diclofenac epolamine* | 2 | QL(60 EA per 30 days); PA |
| *diclofenac potassium tabs 50mg* | 2 | |
| *diclofenac sodium dr* | 2 | |
| *diclofenac sodium er* | 2 | |
| *diclofenac sodium gel 1%* | 2 | QL(960 GM per 30 days) |
| *diclofenac sodium external soln 1.5%* | 2 | |
| *diflunisal tabs 500mg* | 2 | |
| *ec-naproxen tbec 500mg* | 2 | |
| *etodolac er* | 2 | |
| *etodolac caps, tabs* | 2 | |
| *flurbiprofen tabs 100mg* | 2 | |
| GNP IBUPROFEN CHILDRENS | 4 | EC |
| GNP IBUPROFEN INFANTS | 4 | EC |
| GNP NAPROXEN | 4 | EC |
| GOODSENSE ASPIRIN CHEW, TABS | 4 | EC |
| GOODSENSE IBUPROFEN CHILDRENS SUSP | 4 | EC |
| GOODSENSE IBUPROFEN INFANTS | 4 | EC |
| HM NAPROXEN SODIUM CAPS | 4 | EC |
| *ibu* | 2 | |
| IBUPROFEN CAPS | 4 | EC |
| *ibuprofen susp* | 2 | |
| IBUPROFEN TABS 200MG | 4 | EC |
| *ibuprofen tabs 400mg, 600mg, 800mg* | 2 | |
| *indomethacin caps 25mg, 50mg* | 2 | |
| *meloxicam tabs* | 2 | |
| MENSTRUAL PAIN RELIEF MULTI-SYMPTOM MAXIMUM STRENGTH | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *nabumetone tabs* | 2 | |
| *naproxen dr* | 2 | |
| *naproxen sodium cr tb24 375mg* | 2 | |
| *naproxen sodium tabs 275mg, 550mg* | 2 | |
| *naproxen susp* | 2 | |
| *naproxen tabs 250mg, 375mg, 500mg* | 2 | |
| *naproxen tbec 500mg* | 2 | |
| *oxaprozin tabs* | 2 | |
| PAIN RELIEF EXTRA STRENGTH/ADULT | 4 | EC |
| *piroxicam caps* | 2 | |
| *salsalate tabs* | 2 | |
| *sulindac tabs* | 2 | |
| TRI-BUFFERED ASPIRIN TABS 325MG; 35MG; 40MG; 0; 0 | 4 | EC |
| ***Opioid Analgesics, Long-acting*** | | |
| *buprenorphine* | 2 | QL(4 EA per 28 days) |
| *fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr* | 2 | QL(10 EA per 30 days) |
| *hydromorphone hcl er tb24 12mg, 16mg, 8mg* | 2 | QL(30 EA per 30 days) |
| *methadone hcl tabs* | 2 | QL(120 EA per 30 days) |
| *methadone hcl soln 5mg/5ml* | 2 | QL(1200 ML per 30 days) |
| *methadone hcl soln 10mg/5ml* | 2 | QL(600 ML per 30 days) |
| *morphine sulfate er tbcr* | 2 | QL(60 EA per 30 days) |
| *tramadol hydrochloride er* | 2 | QL(30 EA per 30 days) |
| ***Opioid Analgesics, Short-acting*** | | |
| *acetaminophen/codeine phosphate tabs 300mg; 60mg* | 2 | QL(240 EA per 30 days) |
| *acetaminophen/codeine soln* | 2 | QL(3600 ML per 30 days) |
| *acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg* | 2 | QL(240 EA per 30 days) |
| *butorphanol tartrate soln* | 2 | QL(7.5 ML per 30 days) |
| *codeine sulfate tabs* | 2 | QL(180 EA per 30 days) |
| *endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg* | 2 | QL(240 EA per 30 days) |
| *fentanyl citrate oral transmucosal lpop 200mcg* | 2 | QL(120 EA per 30 days); PA |
| *fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg* | 2 | QL(120 EA per 30 days); PA; NEDS |
| *hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml* | 2 | QL(3600 ML per 30 days) |
| *hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg* | 2 | QL(240 EA per 30 days) |
| *hydrocodone/acetaminophen tabs 325mg; 7.5mg* | 2 | QL(240 EA per 30 days) |



You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *hydromorphone hcl liqd* | 2 | QL(1350 ML per 30 days) |
| *hydromorphone hcl tabs 8mg* | 2 | QL(120 EA per 30 days) |
| *hydromorphone hcl tabs 2mg, 4mg* | 2 | QL(240 EA per 30 days) |
| *morphine sulfate tabs* | 2 | QL(180 EA per 30 days) |
| *morphine sulfate soln 100mg/5ml* | 2 | QL(180 ML per 30 days) |
| *morphine sulfate soln 10mg/5ml, 20mg/5ml* | 2 | QL(900 ML per 30 days) |
| *oxycodone hydrochloride conc* | 2 | QL(120 ML per 30 days) |
| *oxycodone hydrochloride caps* | 2 | QL(240 EA per 30 days) |
| *oxycodone hydrochloride soln* | 2 | QL(2400 ML per 30 days) |
| *oxycodone hydrochloride tabs 20mg, 30mg* | 2 | QL(120 EA per 30 days) |
| *oxycodone hydrochloride tabs 10mg, 15mg* | 2 | QL(180 EA per 30 days) |
| *oxycodone hydrochloride tabs 5mg* | 2 | QL(240 EA per 30 days) |
| *oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg* | 2 | QL(240 EA per 30 days) |
| *tramadol hydrochloride/acetaminophen* | 2 | QL(240 EA per 30 days) |
| *tramadol hydrochloride tabs 100mg* | 2 | QL(120 EA per 30 days) |
| *tramadol hydrochloride tabs 50mg* | 2 | QL(240 EA per 30 days) |
| **Anesthetics** | | |
| ***Local Anesthetics*** | | |
| *glydo* | 2 | QL(100 ML per 30 days) |
| ISOPROPYL RUBBING ALCOHOL | 4 | EC |
| *lidocaine hcl jelly prsy* | 2 | QL(100 ML per 30 days) |
| *lidocaine hcl prsy* | 2 | QL(100 ML per 30 days) |
| *lidocaine hcl inj 0.5%, 1.5%, 4%* | 2 | |
| *lidocaine hydrochloride jelly* | 2 | QL(100 ML per 30 days) |
| *lidocaine hydrochloride external soln* | 2 | QL(100 ML per 30 days) |
| *lidocaine hydrochloride inj 1%, 2%* | 2 | |
| *lidocaine/prilocaine crea* | 2 | QL(60 GM per 30 days) |
| *lidocaine oint 5%* | 2 | QL(100 GM per 30 days) |
| *lidocaine ptch 5%* | 2 | QL(90 EA per 30 days); PA |
| *premium lidocaine* | 2 | QL(100 GM per 30 days) |
| SM ALCOHOL | 4 | EC |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | |
| ***Alcohol Deterrents/Anti-craving*** | | |
| *acamprosate calcium dr* | 2 | |
| *disulfiram tabs* | 2 | |
| *naltrexone hydrochloride tabs* | 2 | |
| VIVITROL | 3 | NEDS |
| ***Opioid Dependence*** | | |
| *buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg* | 2 | QL(360 EA per 30 days) |
| *buprenorphine hcl/naloxone hcl subl 8mg; 2mg* | 2 | QL(90 EA per 30 days) |
| *buprenorphine hcl subl 2mg* | 2 | QL(360 EA per 30 days) |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *buprenorphine hcl subl 8mg* | 2 | QL(90 EA per 30 days) |
| *buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg* | 2 | QL(180 EA per 30 days) |
| *buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg* | 2 | QL(360 EA per 30 days) |
| *buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg* | 2 | QL(90 EA per 30 days) |
| ***Opioid Reversal Agents*** | | |
| *naloxone hcl inj 4mg/10ml* | 2 | |
| *naloxone hydrochloride liqd* | 2 | QL(4 EA per 30 days) |
| *naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml, 4mg/10ml* | 2 | |
| OPVEE | 3 | QL(4 EA per 30 days) |
| ***Smoking Cessation Agents*** | | |
| *bupropion hydrochloride er (sr) tb12 150mg* | 2 | |
| GOODSENSE NICOTINE | 4 | EC |
| GOODSENSE NICOTINE POLACRILEX GUM | 4 | EC |
| NICOTINE TRANSDERMAL SYSTEM STEP 1 | 4 | EC |
| NICOTINE TRANSDERMAL SYSTEM STEP 3 | 4 | EC |
| NICOTINE TRANSDERMAL SYSTEM PT24 14MG/24HR, 7MG/24HR | 4 | EC |
| NICOTROL INHALER | 3 | |
| NICOTROL NS | 3 | |
| TYRVAYA | 3 | |
| *varenicline starting month* | 2 | QL(53 EA per 28 days) |
| *varenicline tartrate* | 2 | QL(60 EA per 30 days) |
| **Antibacterials** | | |
| ***Aminoglycosides*** | | |
| *amikacin sulfate inj 1gm/4ml, 500mg/2ml* | 2 | |
| ARIKAYCE | 3 | PA; NEDS |
| *gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%* | 2 | |
| *gentamicin sulfate crea 0.1%* | 2 | |
| *gentamicin sulfate inj 40mg/ml* | 2 | |
| *gentamicin sulfate oint 0.1%* | 2 | |
| *isotonic gentamicin inj 0.8mg/ml; 0.9%* | 2 | |
| *neomycin sulfate* | 2 | |
| *streptomycin sulfate inj 1gm* | 2 | NEDS |
| *tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml* | 2 | |
| ***Antibacterials, Other*** | | |
| *aztreonam inj 1gm* | 2 | |
| *aztreonam inj 2gm* | 2 | NEDS |
| BACITRACIN ZINC OINT | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| BACITRACIN EXTERNAL OINT 500UNIT/GM | 4 | EC |
| *clindacin-p* | 2 | |
| *clindamycin hcl caps 300mg* | 2 | |
| *clindamycin hydrochloride caps 150mg, 75mg* | 2 | |
| *clindamycin palmitate hydrochloride* | 2 | |
| *clindamycin phosphate crea 2%* | 2 | |
| *clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml* | 2 | |
| *clindamycin phosphate swab 1%* | 2 | |
| *colistimethate sodium* | 2 | NEDS |
| *daptomycin* | 2 | NEDS |
| *daptomycin/sodium chloride* | 2 | |
| GNP HYDROGEN PEROXIDE | 4 | EC |
| GNP TRIPLE ANTIBIOTIC PLUS | 4 | EC |
| HM BACITRACIN | 4 | EC |
| HYDROGEN PEROXIDE SOLN | 4 | EC |
| IMPAVIDO | 3 | NEDS |
| *linezolid tabs* | 2 | |
| *linezolid susr* | 2 | NEDS |
| *linezolid inj 600mg/300ml* | 2 | |
| *methenamine hippurate* | 2 | |
| *methenamine mandelate tabs 0.5gm, 1gm* | 2 | |
| *metronidazole vaginal* | 2 | |
| *metronidazole inj 500mg/100ml* | 2 | |
| *metronidazole tabs 250mg, 500mg* | 2 | |
| *nitrofurantoin macrocrystals* | 2 | |
| *nitrofurantoin monohydrate/macrocrystals* | 2 | |
| NUVESSA | 3 | |
| POVIDONE-IODINE SOLN | 4 | EC |
| SM TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH | 4 | EC |
| *tigecycline* | 2 | NEDS |
| *tinidazole* | 2 | |
| *trimethoprim tabs* | 2 | |
| TRIPLE ANTIBIOTIC OINT 400UNIT/GM; 3.5MG/GM; 5000UNIT/GM | 4 | EC |
| *vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm* | 2 | |
| *vancomycin hydrochloride caps* | 2 | |
| *vancomycin hydrochloride inj 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg* | 2 | |
| *vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml* | 2 | |
| ***Beta-lactam, Cephalosporins*** | | |
| *cefaclor caps* | 2 | |
| *cefaclor susr 125mg/5ml, 375mg/5ml* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *cefadroxil caps, susr* | 2 | |
| *cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%, 3gm; 2%* | 2 | |
| *cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg* | 2 | |
| *cefazolin/dextrose inj 3gm/150ml; 4%* | 2 | |
| *cefazolin inj 2gm/100ml; 4%, 2gm, 3gm* | 2 | |
| *cefdinir* | 2 | |
| *cefepime* | 2 | |
| *cefepime hydrochloride inj 2gm* | 2 | |
| *cefepime/dextrose* | 2 | |
| *cefixime* | 2 | |
| *cefotetan inj 1gm, 2gm* | 2 | |
| *cefoxitin sodium inj 10gm, 1gm, 2gm* | 2 | |
| *cefpodoxime proxetil* | 2 | |
| *cefprozil* | 2 | |
| *ceftazidime inj 1gm, 2gm, 6gm* | 2 | |
| *ceftriaxone in iso-osmotic dextrose* | 2 | |
| *ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg* | 2 | |
| *ceftriaxone/dextrose inj 1gm; 3.74%* | 2 | |
| *cefuroxime axetil tabs* | 2 | |
| *cefuroxime sodium inj 1.5gm, 750mg* | 2 | |
| *cephalexin* | 2 | |
| *tazicef inj 1gm, 2gm, 6gm* | 2 | |
| TEFLARO | 3 | NEDS |
| ***Beta-lactam, Penicillins*** | | |
| *amoxicillin/clavulanate potassium* | 2 | |
| *amoxicillin/clavulanate potassium er* | 2 | |
| *amoxicillin chew 125mg, 250mg* | 2 | |
| *amoxicillin caps, susr, tabs* | 2 | |
| *ampicillin sodium inj* | 2 | |
| *ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm* | 2 | |
| *ampicillin/sulbactam inj 2gm; 1gm* | 2 | |
| *ampicillin caps 500mg* | 2 | |
| BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML | 3 | |
| *dicloxacillin sodium* | 2 | |
| *nafcillin sodium inj 10gm, 1gm, 2gm* | 2 | |
| *oxacillin sodium inj 10gm, 1gm, 2gm* | 2 | |
| *penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml* | 2 | |
| *penicillin g potassium inj 20000000unit, 5000000unit* | 2 | |
| *penicillin g sodium* | 2 | NEDS |
| *penicillin v potassium* | 2 | |
| *piperacillin sodium/tazobactam sodium* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML | 3 | |
| ***Carbapenems*** | | |
| *ertapenem sodium* | 2 | |
| *imipenem/cilastatin* | 2 | |
| *meropenem* | 2 | |
| ***Macrolides*** | | |
| *azithromycin pack, susr, tabs* | 2 | |
| *azithromycin inj 500mg* | 2 | |
| *clarithromycin er* | 2 | |
| *clarithromycin susr, tabs* | 2 | |
| DIFICID | 3 | NEDS |
| *erythromycin dr* | 2 | |
| *erythromycin ethylsuccinate tabs* | 2 | |
| *fidaxomicin* | 2 | NEDS |
| ***Quinolones*** | | |
| *ciprofloxacin hcl tabs 100mg, 750mg* | 2 | |
| *ciprofloxacin hydrochloride tabs 250mg, 500mg* | 2 | |
| *ciprofloxacin i.v.-in d5w* | 2 | |
| *ciprofloxacin susr 500mg/5ml, 5gm/100ml* | 2 | |
| *levofloxacin in d5w* | 2 | |
| *levofloxacin oral soln 25mg/ml* | 2 | |
| *levofloxacin tabs 250mg, 500mg, 750mg* | 2 | |
| *moxifloxacin hydrochloride/sodium hydrochloride* | 2 | |
| *moxifloxacin hydrochloride tabs 400mg* | 2 | |
| ***Sulfonamides*** | | |
| *sulfacetamide sodium lotn 10%* | 2 | |
| *sulfadiazine tabs* | 2 | |
| *sulfamethoxazole/trimethoprim ds* | 2 | |
| *sulfamethoxazole/trimethoprim susp, tabs* | 2 | |
| ***Tetracyclines*** | | |
| DOXY 100 | 3 | |
| *doxycycline hyclate caps, inj* | 2 | |
| *doxycycline hyclate tabs 100mg, 150mg, 20mg* | 2 | |
| *doxycycline monohydrate caps 100mg, 50mg* | 2 | |
| *doxycycline monohydrate tabs* | 2 | |
| *doxycycline susr* | 2 | |
| *minocycline hcl caps 75mg* | 2 | |
| *minocycline hcl tabs 100mg, 75mg* | 2 | |
| *minocycline hydrochloride caps 100mg, 50mg* | 2 | |
| *minocycline hydrochloride tabs 50mg* | 2 | |
| *mondoxyne nl caps 100mg* | 2 | |
| *tetracycline hydrochloride caps* | 2 | |
| VIBRAMYCIN SYRP | 3 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| **Anticonvulsants** | | |
| ***Anticonvulsants, Other*** | | |
| BRIVIACT SOLN, TABS | 3 | NEDS |
| EPIDIOLEX | 3 | PA NSO; NEDS |
| EPRONTIA | 3 | |
| *felbamate* | 2 | |
| FINTEPLA | 3 | PA NSO; NEDS |
| FYCOMPA | 3 | |
| *lamotrigine er* | 2 | |
| *lamotrigine odt* | 2 | |
| *lamotrigine starter kit/blue* | 2 | |
| *lamotrigine starter kit/green* | 2 | |
| *lamotrigine starter kit/orange* | 2 | |
| *lamotrigine chew, tabs* | 2 | |
| *levetiracetam er* | 2 | |
| *levetiracetam inj, oral soln, tabs, tb3d* | 2 | |
| NAYZILAM | 3 | QL(10 EA per 30 days); PA NSO |
| *perampanel* | 2 | |
| *roweepra tabs 500mg* | 2 | |
| SPRITAM | 3 | |
| *subvenite* | 2 | |
| *subvenite starter kit/blue* | 2 | |
| *subvenite starter kit/green* | 2 | |
| *subvenite starter kit/orange* | 2 | |
| *topiramate cpsp, soln, tabs* | 2 | |
| *valproic acid* | 2 | |
| ***Calcium Channel Modifying Agents*** | | |
| *ethosuximide* | 2 | |
| *methsuximide* | 2 | |
| ***Gamma-aminobutyric Acid (GABA) Modulating Agents*** | | |
| *clobazam susp* | 2 | |
| *clobazam tabs* | 2 | QL(60 EA per 30 days) |
| *clonazepam odt* | 2 | |
| *clonazepam tabs* | 2 | |
| DIACOMIT | 3 | PA NSO; NEDS |
| *diazepam rectal gel* | 2 | |
| *divalproex sodium dr* | 2 | |
| *divalproex sodium er* | 2 | |
| *gabapentin caps, soln* | 2 | |
| *gabapentin tabs 600mg, 800mg* | 2 | |
| LIBERVANT | 3 | QL(10 EA per 30 days) |
| *phenobarbital elix 20mg/5ml* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg* | 2 | |
| *pregabalin* | 2 | |
| *primidone tabs* | 2 | |
| SYMPAZAN FILM 5MG | 3 | |
| SYMPAZAN FILM 10MG, 20MG | 3 | NEDS |
| *tiagabine hydrochloride* | 2 | |
| VALTOCO 10 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO; NEDS |
| VALTOCO 15 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO; NEDS |
| VALTOCO 20 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO; NEDS |
| VALTOCO 5 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO; NEDS |
| *vigabatrin* | 2 | NEDS |
| *vigadrone* | 2 | NEDS |
| VIGAFYDE | 3 | PA NSO; NEDS |
| *vigpoder* | 2 | NEDS |
| ZTALMY | 3 | PA NSO; NEDS |
| ***Sodium Channel Agents*** | | |
| APTIOM | 3 | |
| *carbamazepine er* | 2 | |
| *carbamazepine chew 100mg* | 2 | |
| *carbamazepine susp, tabs* | 2 | |
| *epitol* | 2 | |
| *eslicarbazepine acetate* | 2 | |
| *lacosamide inj, oral soln* | 2 | |
| *lacosamide tabs* | 2 | QL(60 EA per 30 days) |
| *oxcarbazepine* | 2 | |
| *phenytek* | 2 | |
| *phenytoin sodium extended* | 2 | |
| *phenytoin chew, susp* | 2 | |
| *rufinamide susp* | 2 | NEDS |
| *rufinamide tabs 200mg* | 2 | |
| *rufinamide tabs 400mg* | 2 | NEDS |
| XCOPRI TABS | 3 | NEDS |
| XCOPRI TBPK 0 | 3 | |
| XCOPRI TBPK 0 | 3 | NEDS |
| ZONISADE | 3 | |
| *zonisamide* | 2 | |
| **Antidementia Agents** | | |
| ***Antidementia Agents, Other*** | | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *memantine/donepezil hydrochloride er* | 2 | |
| NAMZARIC | 3 | |
| ***Cholinesterase Inhibitors*** | | |
| *donepezil hcl tbdp* | 2 | |
| *donepezil hcl tabs 10mg, 23mg* | 2 | |
| *donepezil hydrochloride tabs 5mg* | 2 | |
| *galantamine hydrobromide er* | 2 | |
| *galantamine hydrobromide soln, tabs* | 2 | |
| *rivastigmine tartrate* | 2 | |
| *rivastigmine transdermal system* | 2 | |
| ***N-methyl-D-aspartate (NMDA) Receptor Antagonist*** | | |
| *memantine hcl titration pak* | 2 | |
| *memantine hydrochloride er* | 2 | |
| *memantine hydrochloride soln, tabs* | 2 | |
| **Antidepressants** | | |
| ***Antidepressants, Other*** | | |
| AUVELITY | 3 | |
| *bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg* | 2 | |
| *bupropion hydrochloride er (xl) tb24 150mg, 300mg* | 2 | |
| *bupropion hydrochloride tabs* | 2 | |
| *mirtazapine odt* | 2 | |
| *mirtazapine tabs* | 2 | |
| ZURZUVAE CAPS 30MG | 3 | QL(14 EA per 14 days); PA NSO; NEDS |
| ZURZUVAE CAPS 20MG, 25MG | 3 | QL(28 EA per 14 days); PA NSO; NEDS |
| ***Monoamine Oxidase Inhibitors*** | | |
| EMSAM | 3 | ST NSO; NEDS |
| MARPLAN | 3 | |
| *phenelzine sulfate* | 2 | |
| *tranylcypromine sulfate* | 2 | |
| ***SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor*** | | |
| *citalopram hydrobromide soln, tabs* | 2 | |
| *desvenlafaxine er* | 2 | |
| 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 hydrochloride dr cpep 20mg, 60mg* | 2 | QL(60 EA per 30 days) |
| *duloxetine hydrochloride dr cpep 30mg, 40mg* | 2 | QL(90 EA per 30 days) |
| *escitalopram oxalate soln, tabs* | 2 | |
| FETZIMA | 3 | ST NSO |
| FETZIMA TITRATION PACK | 3 | ST NSO |
| *fluoxetine dr* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *fluoxetine hydrochloride caps, soln* | 2 | |
| *fluvoxamine maleate* | 2 | |
| *nefazodone hydrochloride* | 2 | |
| *paroxetine hcl tabs 30mg, 40mg* | 2 | |
| *paroxetine hydrochloride susp* | 2 | |
| *paroxetine hydrochloride tabs 10mg, 20mg* | 2 | |
| *raldesy* | 3 | NEDS |
| *sertraline hcl conc* | 2 | |
| *sertraline hcl tabs 50mg* | 2 | |
| *sertraline hydrochloride tabs 100mg, 25mg* | 2 | |
| *trazodone hydrochloride* | 2 | |
| TRINTELLIX | 3 | |
| *venlafaxine hydrochloride* | 2 | |
| *venlafaxine hydrochloride er cp24* | 2 | |
| *venlafaxine hydrochloride er tb24 37.5mg* | 2 | |
| VIIBRYD STARTER PACK | 3 | |
| *vilazodone hydrochloride* | 2 | |
| ***Tricyclics*** | | |
| *amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg* | 2 | |
| *amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg* | 2 | |
| *amoxapine* | 2 | |
| *clomipramine hydrochloride* | 2 | |
| *desipramine hydrochloride* | 2 | |
| *doxepin hcl caps 75mg* | 2 | |
| *doxepin hcl conc* | 2 | |
| *doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg* | 2 | |
| *imipramine hcl tabs 25mg, 50mg* | 2 | |
| *imipramine hydrochloride tabs 10mg* | 2 | |
| *nortriptyline hcl caps 25mg, 75mg* | 2 | |
| *nortriptyline hcl soln* | 2 | |
| *nortriptyline hydrochloride caps 10mg, 50mg* | 2 | |
| *protriptyline hcl* | 2 | |
| *trimipramine maleate caps* | 2 | |
| **Antiemetics** | | |
| ***Antiemetics, Other*** | | |
| MECLIZINE 25 | 4 | EC |
| MECLIZINE HCL TABS 12.5MG | 4 | EC |
| *meclizine hcl tabs 12.5mg, 25mg* | 2 | |
| MECLIZINE HYDROCHLORIDE CHEW | 4 | EC |
| *prochlorperazine edisylate inj 10mg/2ml* | 2 | |
| *prochlorperazine maleate tabs* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *prochlorperazine supp 25mg* | 2 | |
| *promethazine hcl inj* | 2 | |
| *promethazine hydrochloride plain* | 2 | |
| *promethazine hydrochloride tabs* | 2 | |
| *scopolamine* | 2 | |
| ***Emetogenic Therapy Adjuncts*** | | |
| *aprepitant caps 0, 40mg, 80mg* | 2 | PA BvD |
| *aprepitant caps 125mg* | 2 | PA BvD; NEDS |
| *dronabinol* | 2 | PA BvD |
| *granisetron hydrochloride tabs* | 2 | PA BvD |
| *ondansetron hcl soln* | 2 | PA BvD |
| *ondansetron hcl tabs 24mg* | 2 | PA BvD |
| *ondansetron hydrochloride tabs* | 2 | PA BvD |
| *ondansetron odt tbdp 4mg, 8mg* | 2 | PA BvD |
| **Antifungals** | | |
| ***Antifungals*** | | |
| ABELCET | 3 | PA |
| *amphotericin b liposome* | 2 | PA; NEDS |
| *amphotericin b inj* | 2 | PA |
| CLOTRIMAZOLE CREA 1% | 4 | EC |
| *clotrimazole crea 1%* | 2 | |
| *clotrimazole troc* | 2 | |
| CLOTRIMAZOLE SOLN 1% | 4 | EC |
| *clotrimazole soln 1%* | 2 | |
| *econazole nitrate crea* | 2 | |
| *fluconazole in sodium chloride* | 2 | |
| *fluconazole susr, tabs* | 2 | |
| *flucytosine caps* | 2 | NEDS |
| GNP CLOTRIMAZOLE 3 | 4 | EC |
| *griseofulvin microsize* | 2 | |
| *griseofulvin ultramicrosize tabs 125mg, 250mg* | 2 | |
| *itraconazole caps* | 2 | |
| *ketoconazole sham, tabs* | 2 | |
| *ketoconazole crea* | 2 | QL(120 GM per 30 days) |
| *klayesta* | 2 | |
| *micafungin* | 2 | |
| MICONAZOLE 3 COMBINATION PACK | 4 | EC |
| MICONAZOLE 3 COMBO PACK | 4 | EC |
| *miconazole 3 supp* | 2 | |
| MICONAZOLE 7 | 4 | EC |
| MICONAZOLE NITRATE CREA | 4 | EC |
| *naftifine hydrochloride crea* | 2 | |
| *nyamyc* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *nystatin crea, oint, powd, susp, tabs* | 2 | |
| *nystop* | 2 | |
| *posaconazole dr* | 2 | NEDS |
| *posaconazole susp* | 2 | NEDS |
| SM CLOTRIMAZOLE VAGINAL | 4 | EC |
| SM MICONAZOLE 3 | 4 | EC |
| *terbinafine hcl tabs* | 2 | QL(42 EA per 42 days) |
| *terconazole* | 2 | |
| TOLNAFTATE ANTIFUNGAL CREA | 4 | EC |
| TOLNAFTATE POWD | 4 | EC |
| *voriconazole tabs* | 2 | |
| *voriconazole susr* | 2 | NEDS |
| *voriconazole inj* | 2 | PA; NEDS |
| **Antigout Agents** | | |
| ***Antigout Agents*** | | |
| *allopurinol tabs 100mg, 300mg* | 2 | |
| *colchicine caps* | 2 | |
| *colchicine tabs 0.6mg* | 2 | |
| GLOPERBA | 3 | |
| *probenecid/colchicine* | 2 | |
| *probenecid tabs* | 2 | |
| **Antimigraine Agents** | | |
| ***Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists*** | | |
| AIMOVIG | 3 | QL(1 ML per 30 days); PA |
| EMGALITY INJ 120MG/ML | 3 | QL(2 ML per 30 days); PA |
| EMGALITY INJ 100MG/ML | 3 | QL(3 ML per 30 days); PA |
| NURTEC | 3 | PA |
| UBRELVY | 3 | PA |
| ***Ergot Alkaloids*** | | |
| *dihydroergotamine mesylate soln* | 2 | QL(8 ML per 30 days); NEDS |
| *ergotamine tartrate/caffeine* | 2 | |
| ***Prophylactic*** | | |
| *timolol maleate tabs 10mg, 20mg, 5mg* | 2 | |
| ***Serotonin (5-HT) Receptor Agonist*** | | |
| *naratriptan hcl* | 2 | |
| *rizatriptan benzoate* | 2 | |
| *rizatriptan benzoate odt* | 2 | |
| *sumatriptan succinate refill inj 6mg/0.5ml* | 2 | |
| *sumatriptan succinate inj, tabs* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *sumatriptan soln* | 2 | |
| **Antimyasthenic Agents** | | |
| ***Parasympathomimetics*** | | |
| *pyridostigmine bromide er tbcr* | 2 | |
| *pyridostigmine bromide tabs 60mg* | 2 | |
| **Antimycobacterials** | | |
| ***Antimycobacterials, Other*** | | |
| *dapsone tabs* | 2 | |
| *rifabutin* | 2 | |
| ***Antituberculars*** | | |
| *ethambutol hydrochloride* | 2 | |
| *isoniazid syrp, tabs* | 2 | |
| PRIFTIN | 3 | |
| *pyrazinamide tabs* | 2 | |
| *rifampin caps, inj* | 2 | |
| SIRTURO | 3 | PA; NEDS |
| TRECATOR | 3 | |
| **Antineoplastics** | | |
| ***Alkylating Agents*** | | |
| *cyclophosphamide tabs* | 2 | PA BvD |
| *cyclophosphamide caps* | 2 | PA BvD; SP-Optum Specialty |
| GLEOSTINE CAPS 100MG, 10MG, 40MG | 3 | |
| LEUKERAN | 3 | NEDS |
| MATULANE | 3 | NEDS |
| VALCHLOR | 3 | NEDS; SP-Optum Specialty |
| ***Antiandrogens*** | | |
| *abiraterone acetate* | 2 | PA NSO; NEDS; SP-Optum Specialty |
| ABIRTEGA | 2 | PA NSO |
| *bicalutamide* | 2 | |
| ERLEADA TABS 240MG | 3 | PA NSO; NEDS |
| ERLEADA TABS 60MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| EULEXIN | 3 | |
| *flutamide* | 2 | |
| *nilutamide* | 2 | NEDS |
| NUBEQA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| XTANDI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ***Antiangiogenic Agents*** | | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *lenalidomide caps 2.5mg, 20mg* | 2 | PA NSO; NEDS |
| *lenalidomide caps 10mg, 15mg, 25mg, 5mg* | 2 | PA NSO; NEDS; SP-Optum Specialty |
| POMALYST | 3 | PA NSO; NEDS; SP-Optum Specialty |
| REVLIMID | 3 | PA NSO; NEDS |
| THALOMID | 3 | NEDS; SP-Optum Specialty |
| ***Antiestrogens/Modifiers*** | | |
| EMCYT | 3 | NEDS |
| ORSERDU | 3 | PA NSO; NEDS |
| SOLTAMOX | 3 | NEDS |
| *tamoxifen citrate tabs* | 2 | |
| *toremifene citrate* | 2 | NEDS |
| ***Antimetabolites*** | | |
| DROXIA | 3 | |
| *hydroxyurea caps* | 2 | |
| *mercaptopurine tabs* | 2 | |
| *mercaptopurine susp* | 2 | NEDS |
| PURIXAN | 3 | NEDS |
| TABLOID | 3 | SP-Optum Specialty |
| ***Antineoplastics, Other*** | | |
| AKEEGA | 3 | PA NSO; NEDS |
| *bortezomib inj 1mg, 2.5mg* | 2 | |
| *bortezomib inj 3.5mg/1.4ml, 3.5mg* | 2 | NEDS |
| *boruzu* | 2 | |
| *docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml* | 2 | |
| IBRANCE TABS 100MG, 125MG, 75MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| INREBIC | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ITOVEBI TABS 9MG | 3 | PA NSO; NEDS |
| ITOVEBI TABS 3MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| IWILFIN | 3 | PA NSO; NEDS |
| KISQALI FEMARA 200 DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| KISQALI FEMARA 400 DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| KISQALI FEMARA 600 DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LAZCLUZE TABS 240MG | 3 | PA NSO; NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| LAZCLUZE TABS 80MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| *leucovorin calcium tabs* | 2 | |
| LONSURF | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LYSODREN | 3 | NEDS |
| OGSIVEO | 3 | PA NSO; NEDS |
| OJEMDA | 3 | PA NSO; NEDS |
| ONUREG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| *paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml* | 2 | |
| REVUFORJ | 3 | PA NSO; NEDS |
| SYNRIBO | 3 | NEDS |
| TRUSELTIQ | 3 | PA NSO; NEDS |
| VONJO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZOLINZA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ***Aromatase Inhibitors, 3rd Generation*** | | |
| *anastrozole tabs* | 2 | |
| *exemestane* | 2 | |
| *letrozole* | 2 | |
| ***Enzyme Inhibitors*** | | |
| AVMAPKI FAKZYNJA CO-PACK | 3 | PA NSO; NEDS |
| KYPROLIS | 3 | NEDS |
| ***Molecular Target Inhibitors*** | | |
| ALECENSA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ALUNBRIG | 3 | PA NSO; NEDS |
| AUGTYRO | 3 | PA NSO; NEDS |
| AYVAKIT | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| BALVERSA | 3 | PA NSO; NEDS |
| BOSULIF CAPS 50MG | 3 | PA NSO; NEDS |
| BOSULIF CAPS 100MG | 3 | QL(120 EA per 30 days); PA NSO; NEDS |
| BOSULIF TABS 100MG | 3 | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| BOSULIF TABS 400MG, 500MG | 3 | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| BRAFTOVI CAPS 75MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| BRUKINSA | 3 | PA NSO; NEDS |
| CABOMETYX | 3 | PA NSO; NEDS; SP-Optum Specialty |
| CALQUENCE TABS | 3 | PA NSO; NEDS |
| CALQUENCE CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| CAPRELSA TABS 300MG | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| CAPRELSA TABS 100MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| COMETRIQ | 3 | PA NSO; NEDS; SP-Optum Specialty |
| COPIKTRA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| COTELLIC | 3 | PA NSO; NEDS; SP-Optum Specialty |
| DANZITEN | 3 | PA NSO; NEDS |
| *dasatinib* | 2 | PA NSO; NEDS |
| DAURISMO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ERIVEDGE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| *erlotinib hydrochloride tabs 150mg, 25mg* | 2 | QL(30 EA per 30 days); NEDS; SP-Optum Specialty |
| *erlotinib hydrochloride tabs 100mg* | 2 | QL(90 EA per 30 days); NEDS; SP-Optum Specialty |
| *everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg* | 2 | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| *everolimus tbso 2mg, 3mg, 5mg* | 2 | QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| EXKIVITY | 3 | PA NSO; NEDS |
| FOTIVDA | 3 | PA NSO; NEDS |
| FRUZAQLA | 3 | PA NSO; NEDS |
| GAVRETO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| *gefitinib* | 2 | PA NSO; NEDS |
| GILOTRIF | 3 | PA NSO; NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| GOMEKLI | 3 | PA NSO; NEDS |
| IBRANCE CAPS 100MG, 125MG, 75MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ICLUSIG | 3 | PA NSO; NEDS |
| IDHIFA | 3 | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| *imatinib mesylate tabs* | 2 | NEDS; SP-Optum Specialty |
| IMBRUVICA SUSP | 3 | PA NSO; NEDS |
| IMBRUVICA CAPS, TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| IMKELDI | 3 | PA NSO; NEDS |
| INLYTA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| INQOVI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| JAKAFI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| JAYPIRCA | 3 | PA NSO; NEDS |
| KISQALI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| KOSELUGO | 3 | PA NSO; NEDS |
| KRAZATI | 3 | PA NSO; NEDS |
| *lapatinib ditosylate* | 2 | QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 10 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 12MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 14 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 18 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 20 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 24 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 4 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 8 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| LORBRENA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LUMAKRAS TABS 240MG, 320MG | 3 | PA NSO; NEDS |
| LUMAKRAS TABS 120MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LYNPARZA TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LYTGOBI | 3 | PA NSO; NEDS |
| MEKINIST SOLR | 3 | PA NSO; NEDS |
| MEKINIST TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| MEKTOVI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| NERLYNX | 3 | PA NSO; NEDS; SP-Optum Specialty |
| *nilotinib hydrochloride* | 2 | PA NSO; NEDS |
| NINLARO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ODOMZO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| OJJAARA | 3 | PA NSO; NEDS |
| *pazopanib hydrochloride* | 2 | QL(120 EA per 30 days); PA NSO; NEDS |
| PEMAZYRE | 3 | PA NSO; NEDS |
| PIQRAY 200MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| PIQRAY 250MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| PIQRAY 300MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| QINLOCK | 3 | PA NSO; NEDS |
| RETEVMO CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| RETEVMO TABS 120MG, 160MG | 3 | PA NSO; NEDS |
| RETEVMO TABS 80MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| RETEVMO TABS 40MG | 3 | QL(90 EA per 30 days); PA NSO; NEDS |
| REZLIDHIA | 3 | PA NSO; NEDS |
| ROMVIMZA | 3 | PA NSO; NEDS |
| ROZLYTREK PACK | 3 | PA NSO; NEDS |
| ROZLYTREK CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| RUBRACA | 3 | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| RYDAPT | 3 | PA NSO; NEDS; SP-Optum Specialty |
| SCEMBLIX TABS 20MG, 40MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| SCEMBLIX TABS 100MG | 3 | QL(120 EA per 30 days); PA NSO; NEDS |
| *sorafenib* | 2 | QL(220 EA per 30 days); PA NSO; NEDS |
| *sorafenib tosylate* | 2 | QL(220 EA per 30 days); PA NSO; NEDS |
| SPRYCEL | 3 | PA NSO; NEDS; SP-Optum Specialty |
| STIVARGA | 3 | QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| *sunitinib malate* | 2 | PA NSO; NEDS; SP-Optum Specialty |
| TABRECTA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TAFINLAR TBSO | 3 | PA NSO; NEDS |
| TAFINLAR CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TAGRISSO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TALZENNA CAPS 0.1MG, 0.35MG | 3 | PA NSO; NEDS |
| TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TASIGNA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TAZVERIK | 3 | PA NSO; NEDS |
| TEPMETKO | 3 | PA NSO; NEDS |
| TIBSOVO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TRUQAP | 3 | PA NSO; NEDS |
| TUKYSA | 3 | PA NSO; NEDS |
| TURALIO | 3 | PA NSO; NEDS |
| VANFLYTA | 3 | PA NSO; NEDS |
| VENCLEXTA STARTING PACK | 3 | PA NSO; NEDS; SP-Optum Specialty |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| VENCLEXTA TABS 100MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| VENCLEXTA TABS 10MG, 50MG | 3 | PA NSO; SP-Optum Specialty |
| VERZENIO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| VITRAKVI | 3 | PA NSO; NEDS |
| VIZIMPRO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| XALKORI CPSP | 3 | PA NSO; NEDS |
| XALKORI CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| XOSPATA | 3 | PA NSO; NEDS |
| XPOVIO | 3 | PA NSO; NEDS |
| XPOVIO 60 MG TWICE WEEKLY | 3 | PA NSO; NEDS |
| XPOVIO 80 MG TWICE WEEKLY | 3 | PA NSO; NEDS |
| ZEJULA TABS | 3 | PA NSO; NEDS |
| ZEJULA CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZELBORAF | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZYDELIG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZYKADIA TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ***Monoclonal Antibodies/Antibody-Drug Conjugates*** | | |
| DARZALEX | 3 | NEDS |
| OPDIVO | 3 | NEDS |
| YERVOY | 3 | NEDS |
| ***Retinoids*** | | |
| *bexarotene caps* | 2 | NEDS; SP-Optum Specialty |
| *bexarotene gel* | 2 | PA NSO; NEDS |
| PANRETIN | 3 | NEDS |
| *tretinoin caps 10mg* | 2 | NEDS; SP-Optum Specialty |
| ***Treatment Adjuncts*** | | |
| *mesna tabs* | 2 | NEDS |
| MESNEX TABS | 3 | NEDS |
| VORANIGO TABS 40MG | 3 | PA NSO; NEDS |
| VORANIGO TABS 10MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| **Antiparasitics** | | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ***Anthelmintics*** | | |
| *albendazole tabs* | 2 | |
| *ivermectin tabs* | 2 | |
| *praziquantel tabs* | 2 | |
| REESES PINWORM MEDICINE SUSP 144MG/ML | 4 | EC |
| ***Antiprotozoals*** | | |
| *atovaquone* | 2 | |
| *atovaquone/proguanil hcl tabs 62.5mg; 25mg* | 2 | |
| *atovaquone/proguanil hydrochloride* | 2 | |
| *chloroquine phosphate tabs* | 2 | |
| COARTEM | 3 | QL(24 EA per 3 days) |
| *hydroxychloroquine sulfate tabs 200mg* | 2 | |
| *mefloquine hydrochloride* | 2 | |
| *nitazoxanide* | 2 | |
| *pentamidine isethionate inj* | 2 | |
| *pentamidine isethionate inhalation solr* | 2 | PA BvD |
| *primaquine phosphate tabs* | 2 | |
| *pyrimethamine tabs* | 2 | NEDS |
| *quinine sulfate caps 324mg* | 2 | PA |
| **Antiparkinson Agents** | | |
| ***Anticholinergics*** | | |
| *benztropine mesylate tabs* | 2 | |
| *trihexyphenidyl hcl soln* | 2 | |
| *trihexyphenidyl hydrochloride* | 2 | |
| ***Antiparkinson Agents, Other*** | | |
| *carbidopa/levodopa/entacapone* | 2 | |
| *entacapone* | 2 | |
| ***Dopamine Agonists*** | | |
| *bromocriptine mesylate caps, tabs* | 2 | |
| KYNMOBI | 3 | NEDS |
| *pramipexole dihydrochloride* | 2 | |
| *ropinirole er* | 2 | |
| *ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg* | 2 | |
| *ropinirole hydrochloride tabs 0.25mg, 3mg* | 2 | |
| ***Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors*** | | |
| *carbidopa/levodopa* | 2 | |
| *carbidopa/levodopa er* | 2 | |
| *carbidopa/levodopa odt* | 2 | |
| *carbidopa tabs* | 2 | |
| ***Monoamine Oxidase B (MAO-B) Inhibitors*** | | |
| *rasagiline mesylate tabs* | 2 | |
| *selegiline hcl caps, tabs* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| **Antipsychotics** | | |
| ***1st Generation/Typical*** | | |
| *chlorpromazine hcl tabs* | 2 | |
| *chlorpromazine hydrochloride conc, tabs* | 2 | |
| *fluphenazine decanoate inj* | 2 | |
| *fluphenazine hcl conc* | 2 | |
| *fluphenazine hydrochloride* | 2 | |
| *haloperidol decanoate inj* | 2 | |
| *haloperidol lactate* | 2 | |
| *haloperidol conc, tabs* | 2 | |
| *loxapine* | 2 | |
| *molindone hydrochloride* | 2 | |
| *perphenazine tabs* | 2 | |
| *pimozide* | 2 | |
| *thioridazine hydrochloride* | 2 | |
| *thiothixene caps 10mg, 1mg, 2mg, 5mg* | 2 | |
| *trifluoperazine hcl tabs 10mg, 2mg, 5mg* | 2 | |
| *trifluoperazine hydrochloride tabs 1mg* | 2 | |
| ***2nd Generation/Atypical*** | | |
| ABILIFY ASIMTUFII | 3 | NEDS |
| ABILIFY MAINTENA | 3 | NEDS |
| ABILIFY MYCITE MAINTENANCE KIT TBPK 10MG | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| ABILIFY MYCITE STARTER KIT TBPK 15MG, 20MG, 2MG, 30MG, 5MG | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| *aripiprazole* | 2 | |
| *aripiprazole odt* | 2 | |
| ARISTADA | 3 | NEDS |
| ARISTADA INITIO | 3 | NEDS |
| *asenapine maleate sl* | 2 | ST NSO |
| CAPLYTA | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| FANAPT | 3 | ST NSO; NEDS |
| FANAPT TITRATION PACK A | 3 | ST NSO |
| FANAPT TITRATION PACK B | 3 | ST NSO |
| FANAPT TITRATION PACK C | 3 | ST NSO |
| INVEGA HAFYERA | 3 | NEDS |
| INVEGA SUSTENNA INJ 39MG/0.25ML | 3 | |
| INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML | 3 | NEDS |
| INVEGA TRINZA | 3 | NEDS |
| *lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg* | 2 | QL(30 EA per 30 days) |
| *lurasidone hydrochloride tabs 80mg* | 2 | QL(60 EA per 30 days) |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| LYBALVI | 3 | PA NSO; NEDS |
| NUPLAZID CAPS | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| NUPLAZID TABS 10MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| *olanzapine* | 2 | |
| *olanzapine odt* | 2 | |
| OPIPZA | 3 | PA NSO; NEDS |
| *paliperidone er* | 2 | |
| PERSERIS | 3 | NEDS |
| *quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg* | 2 | |
| *quetiapine fumarate tabs 25mg, 50mg* | 2 | QL(60 EA per 30 days) |
| REXULTI | 3 | NEDS |
| RISPERDAL CONSTA INJ 12.5MG, 25MG | 3 | |
| RISPERDAL CONSTA INJ 37.5MG, 50MG | 3 | NEDS |
| *risperidone* | 2 | |
| *risperidone er inj 12.5mg, 25mg* | 2 | |
| *risperidone er inj 37.5mg, 50mg* | 2 | NEDS |
| *risperidone odt* | 2 | |
| SECUADO | 3 | NEDS |
| VRAYLAR CPPK | 3 | |
| VRAYLAR CAPS | 3 | NEDS |
| *ziprasidone hcl* | 2 | |
| *ziprasidone mesylate* | 2 | |
| ZYPREXA RELPREVV INJ 210MG | 3 | |
| ZYPREXA RELPREVV INJ 300MG, 405MG | 3 | NEDS |
| ***Treatment-Resistant*** | | |
| *clozapine odt* | 2 | |
| *clozapine tabs 100mg, 200mg, 25mg, 50mg* | 2 | |
| VERSACLOZ | 3 | NEDS |
| **Antispasticity Agents** | | |
| ***Antispasticity Agents*** | | |
| *baclofen tabs 10mg, 20mg, 5mg* | 2 | |
| *dantrolene sodium caps* | 2 | |
| *tizanidine hcl tabs 2mg* | 2 | |
| *tizanidine hydrochloride tabs 4mg* | 2 | |
| **Antivirals** | | |
| ***Anti-cytomegalovirus (CMV) Agents*** | | |
| *cidofovir* | 2 | NEDS |
| LIVTENCITY | 3 | PA; NEDS |
| PREVYMIS TABS | 3 | PA; NEDS |
| PREVYMIS PACK 20MG | 3 | PA |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| PREVYMIS PACK 120MG | 3 | PA; NEDS |
| *valganciclovir* | 2 | |
| *valganciclovir hydrochloride* | 2 | NEDS |
| ***Anti-hepatitis B (HBV) Agents*** | | |
| *adefovir dipivoxil* | 2 | |
| *entecavir* | 2 | |
| *lamivudine tabs 100mg* | 2 | |
| VEMLIDY | 3 | NEDS |
| ***Anti-hepatitis C (HCV) Agents*** | | |
| MAVYRET | 3 | PA; NEDS; SP-Optum Specialty |
| *ribavirin caps* | 2 | SP-Optum Specialty |
| *ribavirin tabs 200mg* | 2 | SP-Optum Specialty |
| *sofosbuvir/velpatasvir* | 2 | PA; NEDS |
| VOSEVI | 3 | PA; NEDS; SP-Optum Specialty |
| ***Anti-HIV Agents, Integrase Inhibitors (INSTI)*** | | |
| BIKTARVY | 3 | NEDS |
| DOVATO | 3 | NEDS |
| GENVOYA | 3 | NEDS |
| ISENTRESS HD | 3 | QL(60 EA per 30 days); NEDS |
| ISENTRESS PACK | 3 | |
| ISENTRESS TABS | 3 | QL(120 EA per 30 days); NEDS |
| ISENTRESS CHEW 100MG | 3 | QL(180 EA per 30 days); NEDS |
| ISENTRESS CHEW 25MG | 3 | QL(720 EA per 30 days) |
| JULUCA | 3 | NEDS |
| STRIBILD | 3 | NEDS |
| TIVICAY PD | 3 | |
| TIVICAY TABS 10MG | 3 | |
| TIVICAY TABS 25MG, 50MG | 3 | NEDS |
| ***Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)*** | | |
| COMPLERA | 3 | NEDS |
| DELSTRIGO | 3 | NEDS |
| EDURANT | 3 | NEDS |
| EDURANT PED | 3 | NEDS |
| *efavirenz* | 2 | |
| *efavirenz/emtricitabine/tenofovir disoproxil fumarate* | 2 | NEDS |
| *efavirenz/lamivudine/tenofovir disoproxil fumarate* | 2 | NEDS |
| *emtricitabine/rilpivirine/tenofovir disoproxil fumarate* | 2 | NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *etravirine* | 2 | NEDS |
| INTELENCE TABS 25MG | 3 | |
| *nevirapine* | 2 | |
| *nevirapine er* | 2 | |
| PIFELTRO | 3 | NEDS |
| ***Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)*** | | |
| *abacavir* | 2 | |
| *abacavir sulfate/lamivudine* | 2 | |
| CIMDUO | 3 | NEDS |
| DESCOVY | 3 | NEDS |
| *emtricitabine* | 2 | |
| *emtricitabine/tenofovir disoproxil* | 2 | NEDS |
| *emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg* | 2 | |
| *emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg* | 2 | NEDS |
| EMTRIVA SOLN | 3 | |
| *lamivudine/zidovudine* | 2 | |
| *lamivudine soln 10mg/ml* | 2 | |
| *lamivudine tabs 150mg, 300mg* | 2 | |
| ODEFSEY | 3 | NEDS |
| *tenofovir disoproxil fumarate* | 2 | |
| TRIUMEQ | 3 | NEDS |
| TRIUMEQ PD | 3 | |
| TRIZIVIR | 3 | NEDS |
| VIREAD POWD | 3 | NEDS |
| VIREAD TABS 150MG, 200MG, 250MG | 3 | NEDS |
| *zidovudine* | 2 | |
| ***Anti-HIV Agents, Other*** | | |
| FUZEON | 3 | NEDS |
| *maraviroc tabs 300mg* | 2 | QL(120 EA per 30 days); NEDS |
| *maraviroc tabs 150mg* | 2 | QL(60 EA per 30 days); NEDS |
| RUKOBIA | 3 | NEDS |
| SELZENTRY SOLN | 3 | QL(1800 ML per 30 days) |
| SELZENTRY TABS 25MG | 3 | |
| SELZENTRY TABS 75MG | 3 | NEDS |
| SUNLENCA TBPK | 3 | NEDS |
| SUNLENCA TABS | 3 | QL(24 EA per 168 days); NEDS |
| TYBOST | 3 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ***Anti-HIV Agents, Protease Inhibitors (PI)*** | | |
| APTIVUS CAPS | 3 | NEDS |
| *atazanavir* | 2 | |
| *atazanavir sulfate caps 300mg* | 2 | |
| *darunavir* | 2 | NEDS |
| EVOTAZ | 3 | NEDS |
| *fosamprenavir calcium* | 2 | NEDS |
| KALETRA SOLN | 3 | |
| LEXIVA SUSP | 3 | |
| *lopinavir/ritonavir* | 2 | |
| NORVIR PACK, SOLN | 3 | |
| PREZCOBIX TABS 150MG; 800MG | 3 | NEDS |
| PREZISTA SUSP | 3 | NEDS |
| PREZISTA TABS 75MG | 3 | |
| PREZISTA TABS 150MG | 3 | NEDS |
| REYATAZ PACK | 3 | NEDS |
| *ritonavir* | 2 | |
| SYMTUZA | 3 | NEDS |
| VIRACEPT TABS 250MG | 3 | |
| VIRACEPT TABS 625MG | 3 | NEDS |
| ***Anti-influenza Agents*** | | |
| *amantadine hcl caps, soln, tabs* | 2 | |
| *oseltamivir phosphate caps, susr* | 2 | |
| RELENZA DISKHALER | 3 | |
| *rimantadine hydrochloride* | 2 | |
| XOFLUZA TBPK 40MG, 80MG | 3 | QL(1 EA per 7 days) |
| ***Antiherpetic Agents*** | | |
| *acyclovir sodium inj 50mg/ml* | 2 | PA |
| *acyclovir caps, susp, tabs* | 2 | |
| *famciclovir tabs* | 2 | |
| *valacyclovir hydrochloride* | 2 | |
| ***Antiviral, Coronavirus Agents*** | | |
| LAGEVRIO | 3 | QL(40 EA per 5 days) |
| PAXLOVID TBPK 150MG; 100MG | 3 | QL(11 EA per 5 days) |
| PAXLOVID TBPK 150MG; 100MG | 3 | QL(20 EA per 5 days) |
| PAXLOVID TBPK 300MG; 100MG | 3 | QL(30 EA per 5 days) |
| **Anxiolytics** | | |
| ***Anxiolytics, Other*** | | |
| *buspirone hcl tabs 15mg* | 2 | |
| *buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg* | 2 | |
| ***Benzodiazepines*** | | |
| *alprazolam* | 2 | |
| *alprazolam er* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *clorazepate dipotassium tabs* | 2 | |
| *diazepam intensol* | 2 | |
| *diazepam soln, tabs* | 2 | |
| *lorazepam intensol* | 2 | |
| *lorazepam tabs* | 2 | |
| *oxazepam* | 2 | |
| **Bipolar Agents** | | |
| ***Mood Stabilizers*** | | |
| *lithium* | 2 | |
| *lithium carbonate er* | 2 | |
| *lithium carbonate caps, tabs* | 2 | |
| **Blood Glucose Regulators** | | |
| ***Antidiabetic Agents*** | | |
| *acarbose tabs* | 2 | |
| *glimepiride tabs 1mg, 2mg, 4mg* | 2 | |
| *glipizide er* | 2 | |
| *glipizide/metformin hydrochloride* | 2 | |
| *glipizide tabs 10mg, 5mg* | 2 | |
| *glyburide micronized* | 2 | |
| *glyburide/metformin hydrochloride* | 2 | |
| *glyburide tabs 1.25mg, 2.5mg, 5mg* | 2 | |
| GLYXAMBI | 3 | |
| JANUMET | 3 | |
| JANUMET XR | 3 | |
| JANUVIA | 3 | |
| JENTADUETO | 3 | |
| JENTADUETO XR | 3 | |
| *metformin hydrochloride er tb24 500mg, 750mg* | 2 | |
| *metformin hydrochloride soln* | 2 | |
| *metformin hydrochloride tabs 1000mg, 500mg, 850mg* | 2 | |
| *miglitol* | 2 | |
| MOUNJARO | 3 | PA |
| *nateglinide* | 2 | |
| OZEMPIC | 3 | PA |
| *pioglitazone hcl-glimepiride* | 2 | |
| *pioglitazone hcl/metformin hcl* | 2 | |
| *pioglitazone hcl tabs 45mg* | 2 | |
| *pioglitazone hydrochloride tabs 15mg, 30mg* | 2 | |
| *repaglinide* | 2 | |
| RYBELSUS | 3 | PA |
| *saxagliptin hydrochloride* | 2 | |
| *saxagliptin hydrochloride/metformin hydrochloride er* | 2 | |
| SYMLINPEN 120 | 3 | NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| SYMLINPEN 60 | 3 | NEDS |
| SYNJARDY | 3 | |
| SYNJARDY XR | 3 | |
| TRADJENTA | 3 | |
| TRULICITY | 3 | PA |
| XIGDUO XR | 3 | |
| ***Glycemic Agents*** | | |
| BAQSIMI ONE PACK | 3 | |
| BAQSIMI TWO PACK | 3 | |
| *diazoxide susp* | 2 | |
| GLUCAGEN HYPOKIT | 3 | |
| GLUCAGON EMERGENCY KIT | 2 | |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG | 2 | |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML | 3 | |
| GLUTOSE 5 | 4 | EC |
| GVOKE HYPOPEN 1-PACK | 3 | |
| GVOKE HYPOPEN 2-PACK | 3 | |
| GVOKE KIT | 3 | |
| GVOKE PFS | 3 | |
| ***Insulins*** | | |
| HUMALOG | 3 | |
| HUMALOG JUNIOR KWIKPEN | 3 | |
| HUMALOG KWIKPEN | 3 | |
| HUMALOG MIX 50/50 | 3 | |
| HUMALOG MIX 50/50 KWIKPEN | 3 | |
| HUMALOG MIX 75/25 | 3 | |
| HUMALOG MIX 75/25 KWIKPEN | 3 | |
| HUMULIN 70/30 | 3 | |
| HUMULIN 70/30 KWIKPEN | 3 | |
| HUMULIN N | 3 | |
| HUMULIN N KWIKPEN | 3 | |
| HUMULIN R | 3 | |
| HUMULIN R U-500 (CONCENTRATED) | 3 | |
| HUMULIN R U-500 KWIKPEN | 3 | |
| INSULIN LISPRO | 3 | |
| *insulin lispro junior kwikpen* | 2 | |
| *insulin lispro kwikpen* | 2 | |
| *insulin lispro protamine/insulin lispro kwikpen* | 2 | |
| LANTUS | 3 | |
| LANTUS SOLOSTAR | 3 | |
| LEVEMIR FLEXTOUCH | 3 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| NOVOLIN 70/30 | 3 | |
| NOVOLIN 70/30 FLEXPEN | 3 | |
| NOVOLIN N | 3 | |
| NOVOLIN N FLEXPEN | 3 | |
| NOVOLIN R | 3 | |
| NOVOLIN R FLEXPEN | 3 | |
| NOVOLOG | 3 | |
| NOVOLOG FLEXPEN | 3 | |
| NOVOLOG MIX 70/30 | 3 | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN | 3 | |
| NOVOLOG PENFILL | 3 | |
| TOUJEO MAX SOLOSTAR | 3 | |
| TOUJEO SOLOSTAR | 3 | |
| TRESIBA | 3 | |
| TRESIBA FLEXTOUCH | 3 | |
| **Blood Products and Modifiers** | | |
| ***Anticoagulants*** | | |
| *dabigatran etexilate* | 2 | |
| ELIQUIS | 3 | |
| ELIQUIS STARTER PACK | 3 | |
| *enoxaparin sodium* | 2 | |
| *fondaparinux sodium inj 2.5mg/0.5ml* | 2 | |
| *fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml* | 2 | NEDS |
| FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML | 3 | |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML | 3 | NEDS |
| *heparin sodium/d5w inj 5%; 40unit/ml* | 2 | |
| *heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml* | 2 | |
| *jantoven* | 2 | |
| *rivaroxaban susr* | 2 | |
| *warfarin sodium tabs* | 2 | |
| XARELTO STARTER PACK | 3 | |
| XARELTO TABS | 3 | |
| ***Blood Products and Modifiers, Other*** | | |
| *anagrelide hydrochloride* | 2 | |
| *eltrombopag olamine* | 2 | PA; NEDS |
| MOZOBIL | 3 | NEDS |
| NEULASTA | 3 | NEDS; SP-Optum Specialty |
| NEULASTA ONPRO KIT | 3 | NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *plerixafor* | 2 | NEDS |
| PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML | 3 | NEDS; SP-Optum Specialty |
| PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 3 | SP-Optum Specialty |
| PROMACTA | 3 | PA; NEDS; SP-Optum Specialty |
| RETACRIT INJ 40000UNIT/ML | 3 | NEDS; SP-Optum Specialty |
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 3 | SP-Optum Specialty |
| UDENYCA ONBODY | 3 | NEDS |
| UDENYCA INJ 6MG/0.6ML | 3 | NEDS |
| UDENYCA INJ 6MG/0.6ML | 3 | NEDS; SP-Optum Specialty |
| ZARXIO | 3 | NEDS; SP-Optum Specialty |
| ***Hemostasis Agents*** | | |
| *aminocaproic acid inj, oral soln* | 2 | |
| *aminocaproic acid tabs 500mg* | 2 | |
| *tranexamic acid tabs* | 2 | |
| ***Platelet Modifying Agents*** | | |
| *aspirin/dipyridamole er* | 2 | |
| BRILINTA | 3 | |
| CABLIVI | 3 | NEDS |
| *cilostazol* | 2 | |
| *clopidogrel* | 2 | |
| DOPTELET | 3 | PA; NEDS; SP-Optum Specialty |
| *prasugrel hydrochloride* | 2 | |
| **Cardiovascular Agents** | | |
| ***Alpha-adrenergic Agonists*** | | |
| *clonidine* | 2 | |
| *clonidine hydrochloride tabs* | 2 | |
| *droxidopa* | 2 | PA; NEDS |
| *midodrine hydrochloride* | 2 | |
| ***Alpha-adrenergic Blocking Agents*** | | |
| *prazosin hydrochloride caps* | 2 | |
| ***Angiotensin II Receptor Antagonists*** | | |
| *candesartan cilexetil* | 2 | |
| *irbesartan* | 2 | |
| *losartan potassium tabs* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *olmesartan medoxomil tabs* | 2 | |
| *telmisartan* | 2 | |
| *valsartan tabs* | 2 | |
| ***Angiotensin-converting Enzyme (ACE) Inhibitors*** | | |
| *benazepril hydrochloride tabs* | 2 | |
| *captopril tabs* | 2 | |
| *enalapril maleate tabs* | 2 | |
| *fosinopril sodium* | 2 | |
| *lisinopril tabs* | 2 | |
| *moexipril hydrochloride* | 2 | |
| *perindopril erbumine* | 2 | |
| *quinapril hydrochloride* | 2 | |
| *ramipril* | 2 | |
| *trandolapril* | 2 | |
| ***Antiarrhythmics*** | | |
| *amiodarone hydrochloride tabs* | 2 | |
| *digitek tabs 0.125mg, 0.25mg* | 2 | |
| *digoxin oral soln* | 2 | |
| *digoxin inj 0.25mg/ml* | 2 | |
| *digoxin tabs 125mcg, 250mcg* | 2 | |
| *dofetilide* | 2 | |
| *flecainide acetate* | 2 | |
| *mexiletine hydrochloride caps* | 2 | |
| MULTAQ | 3 | |
| *propafenone hcl* | 2 | |
| *propafenone hydrochloride er* | 2 | |
| *propafenone hydrochloride tabs 225mg, 300mg* | 2 | |
| *quinidine gluconate cr* | 2 | |
| *quinidine gluconate er* | 2 | |
| *quinidine sulfate tabs* | 2 | |
| *sorine* | 2 | |
| *sotalol hcl tabs 120mg, 160mg, 240mg* | 2 | |
| *sotalol hydrochloride (af)* | 2 | |
| *sotalol hydrochloride tabs 80mg* | 2 | |
| ***Beta-adrenergic Blocking Agents*** | | |
| *acebutolol hydrochloride* | 2 | |
| *atenolol tabs* | 2 | |
| *bisoprolol fumarate tabs 10mg, 5mg* | 2 | |
| *carvedilol* | 2 | |
| *labetalol hydrochloride tabs 100mg, 200mg, 300mg* | 2 | |
| *metoprolol succinate er* | 2 | |
| *metoprolol tartrate tabs* | 2 | |
| *nadolol tabs 20mg, 40mg, 80mg* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *nebivolol hydrochloride* | 2 | |
| *pindolol tabs* | 2 | |
| *propranolol hcl soln 40mg/5ml* | 2 | |
| *propranolol hcl tabs 40mg* | 2 | |
| *propranolol hydrochloride er* | 2 | |
| *propranolol hydrochloride soln* | 2 | |
| *propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg* | 2 | |
| ***Calcium Channel Blocking Agents, Dihydropyridines*** | | |
| *amlodipine besylate tabs* | 2 | |
| *felodipine er* | 2 | |
| *nifedipine er* | 2 | |
| *nimodipine caps* | 2 | |
| ***Calcium Channel Blocking Agents, Nondihydropyridines*** | | |
| *cartia xt* | 2 | |
| *dilt-xr* | 2 | |
| *diltiazem hcl cd* | 2 | |
| *diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg* | 2 | |
| *diltiazem hcl er cp12* | 2 | |
| *diltiazem hcl er tb24 300mg, 360mg, 420mg* | 2 | |
| *diltiazem hcl tabs 30mg, 60mg* | 2 | |
| *diltiazem hydrochloride er cp24* | 2 | |
| *diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg* | 2 | |
| *diltiazem hydrochloride tabs 120mg, 90mg* | 2 | |
| *matzim la* | 2 | |
| *taztia xt* | 2 | |
| *tiadylt er* | 2 | |
| *verapamil hcl er cp24 100mg, 300mg* | 2 | |
| *verapamil hcl er tbcr 120mg* | 2 | |
| *verapamil hcl sr cp24* | 2 | |
| *verapamil hcl tabs 40mg, 80mg* | 2 | |
| *verapamil hydrochloride er cp24* | 2 | |
| *verapamil hydrochloride er tbcr 180mg, 240mg* | 2 | |
| *verapamil hydrochloride tabs 120mg* | 2 | |
| ***Cardiovascular Agents, Other*** | | |
| *aliskiren* | 2 | |
| *amiloride/hydrochlorothiazide* | 2 | |
| *amlodipine besylate/atorvastatin calcium* | 2 | |
| *amlodipine besylate/benazepril hydrochloride* | 2 | |
| *amlodipine besylate/valsartan* | 2 | |
| *amlodipine/olmesartan medoxomil* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg* | 2 | |
| *atenolol/chlorthalidone* | 2 | |
| *benazepril hydrochloride/hydrochlorothiazide* | 2 | |
| *bisoprolol fumarate/hydrochlorothiazide* | 2 | |
| *candesartan cilexetil/hydrochlorothiazide* | 2 | |
| CORLANOR | 3 | |
| *enalapril maleate/hydrochlorothiazide* | 2 | |
| ENTRESTO | 3 | |
| *fosinopril sodium/hydrochlorothiazide* | 2 | |
| *irbesartan/hydrochlorothiazide* | 2 | |
| *ivabradine hydrochloride* | 2 | |
| *lisinopril/hydrochlorothiazide* | 2 | |
| *losartan potassium/hydrochlorothiazide* | 2 | |
| *metoprolol/hydrochlorothiazide* | 2 | |
| *metyrosine* | 2 | NEDS |
| NIACIN FLUSH FREE CAPS 500MG | 4 | EC |
| *olmesartan medoxomil/amlodipine/hydrochlorothiazide* | 2 | |
| *olmesartan medoxomil/hydrochlorothiazide* | 2 | |
| *pentoxifylline er* | 2 | |
| *quinapril/hydrochlorothiazide* | 2 | |
| *ranolazine er* | 2 | |
| *spironolactone/hydrochlorothiazide* | 2 | |
| TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG | 3 | |
| *telmisartan/amlodipine* | 2 | |
| *telmisartan/hydrochlorothiazide* | 2 | |
| *trandolapril/verapamil hcl er* | 2 | |
| *triamterene/hydrochlorothiazide caps 25mg; 37.5mg* | 2 | |
| *triamterene/hydrochlorothiazide tabs* | 2 | |
| *valsartan/hydrochlorothiazide* | 2 | |
| ***Diuretics, Loop*** | | |
| *bumetanide inj, tabs* | 2 | |
| *ethacrynic acid tabs* | 2 | |
| *furosemide inj, oral soln, tabs* | 2 | |
| *torsemide tabs* | 2 | |
| ***Diuretics, Potassium-sparing*** | | |
| *amiloride hcl tabs* | 2 | |
| *triamterene caps* | 2 | |
| ***Diuretics, Thiazide*** | | |
| *chlorthalidone tabs 25mg, 50mg* | 2 | |
| *hydrochlorothiazide caps, tabs* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *indapamide tabs* | 2 | |
| *metolazone* | 2 | |
| ***Dyslipidemics, Fibric Acid Derivatives*** | | |
| *fenofibrate micronized caps 134mg, 200mg, 67mg* | 2 | |
| *fenofibrate caps 130mg, 150mg, 43mg, 50mg* | 2 | |
| *fenofibrate tabs 145mg, 160mg, 48mg, 54mg* | 2 | |
| *fenofibric acid dr* | 2 | |
| *gemfibrozil tabs* | 2 | |
| ***Dyslipidemics, HMG CoA Reductase Inhibitors*** | | |
| *atorvastatin calcium* | 2 | |
| FLOLIPID | 3 | |
| *fluvastatin* | 2 | |
| *fluvastatin sodium er* | 2 | |
| *lovastatin tabs* | 2 | |
| *pitavastatin calcium* | 2 | |
| *pravastatin sodium* | 2 | |
| *rosuvastatin calcium tabs* | 2 | |
| *simvastatin tabs* | 2 | |
| ***Dyslipidemics, Other*** | | |
| *cholestyramine light* | 2 | |
| *cholestyramine pack, powd* | 2 | |
| *colestipol hydrochloride* | 2 | |
| *ezetimibe* | 2 | |
| *ezetimibe/simvastatin* | 2 | |
| *icosapent ethyl* | 2 | |
| *niacin er* | 2 | |
| NIACIN FLUSH FREE CAPS 100MG; 400MG | 4 | EC |
| *omega-3-acid ethyl esters* | 2 | |
| PRALUENT | 3 | PA |
| *prevalite powd* | 2 | |
| *prevalite pack* | 3 | |
| REPATHA | 3 | PA |
| REPATHA PUSHTRONEX SYSTEM | 3 | PA |
| REPATHA SURECLICK | 3 | PA |
| ***Mineralocorticoid Receptor Antagonists*** | | |
| *eplerenone* | 2 | |
| KERENDIA | 3 | PA |
| *spironolactone tabs* | 2 | |
| ***Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)*** | | |
| FARXIGA | 3 | |
| JARDIANCE | 3 | |
| ***Vasodilators, Direct-acting Arterial/Venous*** | | |
| *isosorbide dinitrate tabs* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *isosorbide mononitrate* | 2 | |
| *isosorbide mononitrate er* | 2 | |
| *nitroglycerin transdermal* | 2 | |
| *nitroglycerin soln 0.4mg/spray* | 2 | |
| *nitroglycerin subl 0.3mg, 0.4mg, 0.6mg* | 2 | |
| VERQUVO | 3 | |
| ***Vasodilators, Direct-acting Arterial*** | | |
| *hydralazine hydrochloride tabs* | 2 | |
| *minoxidil tabs* | 2 | |
| **Central Nervous System Agents** | | |
| ***Attention Deficit Hyperactivity Disorder Agents, Amphetamines*** | | |
| *amphetamine/dextroamphetamine* | 2 | |
| *dextroamphetamine sulfate er* | 2 | |
| *dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg* | 2 | |
| ***Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines*** | | |
| *atomoxetine hydrochloride caps 10mg, 25mg* | 2 | QL(60 EA per 30 days) |
| *atomoxetine caps 100mg, 80mg* | 2 | QL(30 EA per 30 days) |
| *atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg* | 2 | QL(60 EA per 30 days) |
| *clonidine hydrochloride er* | 2 | |
| *dexmethylphenidate hcl er cp24 20mg, 35mg* | 2 | |
| *dexmethylphenidate hcl tabs 10mg, 5mg* | 2 | |
| *dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg* | 2 | |
| *dexmethylphenidate hydrochloride cp24* | 2 | |
| *dexmethylphenidate hydrochloride tabs 2.5mg* | 2 | |
| *guanfacine hydrochloride er* | 2 | QL(90 EA per 90 days) |
| *methylphenidate hydrochloride* | 2 | |
| *methylphenidate hydrochloride er (cd)* | 2 | |
| *methylphenidate hydrochloride er (la)* | 2 | |
| *methylphenidate hydrochloride er (osm) tbcr 18mg, 27mg, 36mg, 54mg* | 2 | |
| *methylphenidate hydrochloride er tb24* | 2 | |
| *methylphenidate hydrochloride er tbcr 10mg, 20mg* | 2 | |
| ***Central Nervous System, Other*** | | |
| ACETAMINOPHEN SOLN 160MG/5ML | 4 | EC |
| AUSTEDO | 3 | PA; NEDS; SP-Optum Specialty |
| AUSTEDO XR PATIENT TITRATION KIT TEPK 0 | 3 | QL(56 EA per 365 days); PA; NEDS |
| AUSTEDO XR PATIENT TITRATION KIT TEPK 0 | 3 | QL(84 EA per 365 days); PA; NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| AUSTEDO XR TB24 6MG | 3 | QL(210 EA per 30 days); PA; NEDS |
| AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG | 3 | QL(30 EA per 30 days); PA; NEDS |
| AUSTEDO XR TB24 24MG | 3 | QL(60 EA per 30 days); PA; NEDS |
| AUSTEDO XR TB24 12MG | 3 | QL(90 EA per 30 days); PA; NEDS |
| COBENFY | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| COBENFY STARTER PACK | 3 | QL(112 EA per 365 days); PA NSO; NEDS |
| INGREZZA | 3 | PA; NEDS |
| NUEDEXTA | 3 | PA |
| RADICAVA ORS | 3 | PA; NEDS; SP-Optum Specialty |
| RADICAVA ORS STARTER KIT | 3 | PA; NEDS |
| *riluzole* | 2 | |
| TENSION HEADACHE | 4 | EC |
| *tetrabenazine* | 2 | PA; SP-Optum Specialty |
| VEOZAH | 3 | QL(30 EA per 30 days); PA |
| ***Fibromyalgia Agents*** | | |
| SAVELLA | 3 | |
| SAVELLA TITRATION PACK | 3 | |
| ***Multiple Sclerosis Agents*** | | |
| AVONEX PEN | 3 | NEDS; SP-Optum Specialty |
| AVONEX INJ 30MCG/0.5ML | 3 | NEDS; SP-Optum Specialty |
| BETASERON | 3 | NEDS; SP-Optum Specialty |
| *dalfampridine er* | 2 | SP-Optum Specialty |
| *dimethyl fumarate* | 2 | SP-Optum Specialty |
| *fingolimod hydrochloride* | 2 | NEDS |
| *glatiramer acetate inj 40mg/ml* | 2 | QL(12 ML per 28 days); NEDS |
| *glatiramer acetate inj 20mg/ml* | 2 | QL(30 ML per 30 days); NEDS |
| KESIMPTA | 3 | PA; NEDS; SP-Optum Specialty |
| MAYZENT | 3 | NEDS; SP-Optum Specialty |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| MAYZENT STARTER PACK TBPK 0.25MG | 3 | NEDS; SP-Optum Specialty |
| MAYZENT STARTER PACK TBPK 0.25MG | 3 | SP-Optum Specialty |
| PLEGRIDY | 3 | NEDS; SP-Optum Specialty |
| PLEGRIDY STARTER PACK | 3 | NEDS; SP-Optum Specialty |
| REBIF | 3 | ST NSO; NEDS; SP-Optum Specialty |
| REBIF REBIDOSE | 3 | ST NSO; NEDS; SP-Optum Specialty |
| REBIF REBIDOSE TITRATION PACK | 3 | ST NSO; NEDS; SP-Optum Specialty |
| REBIF TITRATION PACK | 3 | ST NSO; NEDS; SP-Optum Specialty |
| *teriflunomide* | 2 | |
| VUMERITY | 3 | NEDS; SP-Optum Specialty |
| ZEPOSIA | 3 | NEDS |
| ZEPOSIA 7-DAY STARTER PACK | 3 | NEDS |
| ZEPOSIA STARTER KIT | 3 | NEDS |
| **Dental and Oral Agents** | | |
| ***Dental and Oral Agents*** | | |
| *cevimeline hydrochloride* | 2 | |
| *chlorhexidine gluconate soln* | 2 | |
| DENTAGEL | 4 | EC |
| HM ANTISEPTIC SKIN CLEANSER | 4 | EC |
| *kourzeq* | 2 | |
| *lidocaine hydrochloride viscous* | 2 | |
| *lidocaine viscous* | 2 | |
| *oralone dental paste* | 2 | |
| *periogard* | 2 | |
| *pilocarpine hydrochloride tabs 5mg, 7.5mg* | 2 | |
| PREVIDENT 5000 BOOSTER PLUS | 4 | EC |
| PREVIDENT 5000 DRY MOUTH | 4 | EC |
| *sf 5000 plus* | 2 | |
| *sodium fluoride 5000 plus* | 2 | |
| *sodium fluoride 5000 ppm crea* | 2 | |
| *sodium fluoride crea 1.1%* | 2 | |
| *triamcinolone acetonide dental paste* | 2 | |
| **Dermatological Agents** | | |
| ***Acne and Rosacea Agents*** | | |
| *accutane* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *acitretin* | 2 | |
| *adapalene gel* | 2 | PA |
| *amnesteem* | 2 | |
| *avita* | 2 | PA |
| *azelaic acid* | 2 | |
| *claravis* | 2 | |
| *clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%* | 2 | |
| *clindamycin/benzoyl peroxide* | 2 | |
| *isotretinoin caps* | 2 | |
| *metronidazole crea 0.75%* | 2 | |
| *metronidazole gel 0.75%, 1%* | 2 | |
| *metronidazole lotn 0.75%* | 2 | |
| MYORISAN | 2 | |
| NEUAC | 2 | |
| *rosadan* | 2 | |
| *tazarotene crea, gel* | 2 | PA |
| *tretinoin microsphere* | 2 | PA |
| *tretinoin crea 0.025%, 0.05%, 0.1%* | 2 | PA |
| ZENATANE | 2 | |
| ***Dermatitis and Pruritus Agents*** | | |
| *amcinonide crea* | 2 | |
| AMMONIUM LACTATE CREA 12% | 4 | EC |
| *ammonium lactate crea 12%* | 2 | |
| *ammonium lactate lotn* | 2 | |
| ANTI-DANDRUFF SHAMPOO | 4 | EC |
| *betamethasone dipropionate augmented* | 2 | |
| *betamethasone dipropionate crea, lotn, oint* | 2 | |
| *betamethasone valerate crea, lotn, oint* | 2 | |
| *clobetasol propionate e* | 2 | QL(240 GM per 30 days) |
| *clobetasol propionate crea 0.05%* | 2 | QL(240 GM per 30 days) |
| *clobetasol propionate soln* | 2 | QL(200 ML per 30 days) |
| *clobetasol propionate sham* | 2 | QL(236 ML per 30 days) |
| *clobetasol propionate gel, oint* | 2 | QL(240 GM per 30 days) |
| *clodan* | 2 | QL(236 ML per 30 days) |
| *desonide crea, oint* | 2 | |
| *desoximetasone crea* | 2 | |
| DESRX | 2 | |
| *fluocinolone acetonide body* | 2 | |
| *fluocinolone acetonide scalp* | 2 | |
| *fluocinolone acetonide topical* | 2 | |
| *fluocinolone acetonide crea 0.01%, 0.025%* | 2 | |
| *fluocinolone acetonide oint 0.025%* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *fluocinolone acetonide soln 0.01%* | 2 | |
| *fluocinonide* | 2 | |
| *fluocinonide emulsified base* | 2 | |
| *fluticasone propionate crea 0.05%* | 2 | |
| *fluticasone propionate oint 0.005%* | 2 | |
| GNP HYDROCORTISONE MAXIMUM STRENGTH | 4 | EC |
| GNP HYDROCORTISONE CREA 0.5% | 4 | EC |
| *halobetasol propionate crea, oint* | 2 | |
| *hydrocortisone butyrate oint* | 2 | |
| *hydrocortisone valerate* | 2 | |
| HYDROCORTISONE CREA 1% | 4 | EC |
| *hydrocortisone crea 1%, 2.5%* | 2 | |
| HYDROCORTISONE LOTN 1% | 4 | EC |
| *hydrocortisone lotn 2.5%* | 2 | |
| *hydrocortisone oint 1%, 2.5%* | 2 | |
| *mometasone furoate crea 0.1%* | 2 | |
| *mometasone furoate oint 0.1%* | 2 | |
| *mometasone furoate soln 0.1%* | 2 | |
| *pimecrolimus* | 2 | |
| *prednicarbate oint* | 2 | |
| *selenium sulfide* | 2 | |
| *tacrolimus oint 0.03%, 0.1%* | 2 | |
| *triamcinolone acetonide crea 0.025%, 0.1%, 0.5%* | 2 | |
| *triamcinolone acetonide lotn 0.025%, 0.1%* | 2 | |
| *triamcinolone acetonide oint 0.025%, 0.1%, 0.5%* | 2 | |
| TRITOCIN | 2 | |
| ***Dermatological Agents, Other*** | | |
| AMERIDERM PERISHIELD | 4 | EC |
| *calcipotriene crea, oint* | 2 | QL(120 GM per 30 days) |
| *calcipotriene soln* | 2 | QL(120 ML per 30 days) |
| *calcitriol oint 3mcg/gm* | 2 | |
| CAPSAICIN CREA 0.025%, 0.075%, 0.1% | 4 | EC |
| *clotrimazole/betamethasone dipropionate* | 2 | |
| DESITIN CREA | 4 | EC |
| *diclofenac sodium gel 3%* | 2 | QL(200 GM per 30 days) |
| *fluorouracil crea 5%* | 2 | |
| *fluorouracil soln* | 2 | |
| GNP WART REMOVER | 4 | EC |
| HIBICLENS | 4 | EC |
| HYDROLATUM | 4 | EC |
| *imiquimod crea* | 2 | |
| *nystatin/triamcinolone* | 2 | |
| *nystatin/triamcinolone acetonide oint* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| OTEZLA TABS 20MG, 30MG | 3 | QL(60 EA per 30 days); PA; NEDS |
| *podofilox* | 2 | |
| PROCTOFOAM HC | 3 | |
| SANTYL | 3 | |
| *silver sulfadiazine* | 2 | |
| *ssd* | 2 | |
| VITAMIN A & D OINT 76%; 0; 0 | 4 | EC |
| WART REMOVER MAXIMUM STRENGTH LIQD | 4 | EC |
| ZINC OXIDE OINT 20%, 25% | 4 | EC |
| ***Pediculicides/Scabicides*** | | |
| LICE TREATMENT CREME RINSE LIQD 1% | 4 | EC |
| *malathion* | 2 | |
| *permethrin crea* | 2 | |
| SM LICE TREATMENT LIQD | 4 | EC |
| ***Topical Anti-infectives*** | | |
| BENZOYL PEROXIDE WASH LIQD 10%, 5% | 4 | EC |
| BENZOYL PEROXIDE GEL 10%, 2.5%, 5% | 4 | EC |
| BP WASH LIQD 2.5% | 4 | EC |
| *ciclopirox nail lacquer* | 2 | |
| *ciclopirox olamine* | 2 | |
| *ciclopirox gel, sham, susp* | 2 | |
| *clindamycin phosphate gel 1%* | 2 | |
| *clindamycin phosphate lotn 1%* | 2 | |
| *clindamycin phosphate external soln 1%* | 2 | |
| *ery* | 2 | |
| *erythromycin gel 2%* | 2 | |
| *erythromycin soln 2%* | 2 | |
| MENTAX | 3 | |
| *mupirocin crea* | 2 | QL(180 GM per 30 days) |
| *mupirocin oint* | 2 | QL(44 GM per 30 days) |
| SULFAMYLON CREA | 3 | |
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| ***Electrolyte/Mineral Replacement*** | | |
| AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML | 3 | PA BvD |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML | 3 | PA BvD |
| CALCIUM 500/VITAMIN D3 | 4 | EC |
| CALCIUM 600 WITH VITAMIN D CHEW | 4 | EC |
| CALCIUM CARBONATE SUSP | 4 | EC |
| CALCIUM CARBONATE TABS 1250MG | 4 | EC |
| CALCIUM CITRATE TABS 200MG | 4 | EC |
| CALCIUM HIGH POTENCY TABS 1500MG | 4 | EC |
| *carglumic acid* | 2 | PA; NEDS |
| CHELATED MAGNESIUM | 4 | EC |
| CLINIMIX 6/5 | 3 | PA BvD |
| CLINIMIX 8/10 | 3 | PA BvD |
| CLINIMIX E 8/10 | 3 | PA BvD |
| *dextrose 10%* | 2 | |
| *dextrose 10%/sodium chloride 0.2%* | 2 | |
| *dextrose 10%/sodium chloride 0.45%* | 2 | |
| *dextrose 2.5%/sodium chloride 0.45%* | 2 | |
| *dextrose 5%* | 2 | |
| *dextrose 5%/sodium chloride 0.2%* | 2 | |
| *dextrose 5%/sodium chloride 0.3%* | 2 | |
| *dextrose 5%/sodium chloride 0.33%* | 2 | |
| *dextrose 5%/sodium chloride 0.45%* | 2 | |
| *dextrose 5%/sodium chloride 0.9%* | 2 | |
| *dextrose 50%* | 2 | |
| *dextrose 70%* | 2 | |
| *dextrose/sodium chloride* | 2 | |
| *effer-k tbef 25meq* | 2 | |
| FERROUS GLUCONATE TABS 240MG, 324MG | 4 | EC |
| FERROUS SULFATE TBEC | 4 | EC |
| FERROUS SULFATE SOLN 220MG/5ML, 300MG/5ML | 4 | EC |
| FERROUS SULFATE TABS 325MG | 4 | EC |
| *glucose (dextrose) 50%* | 2 | |
| *glucose (dextrose) 70%* | 2 | |
| IRON POLYSACCHARIDE COMPLEX | 4 | EC |
| IRON TBCR 45MG | 4 | EC |
| *k-prime* | 2 | |
| *kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%* | 2 | |
| *kcl 0.15%/d5w/nacl 0.2%* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%* | 2 | |
| *kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%* | 2 | |
| *kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%* | 2 | |
| *kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%* | 2 | |
| *klor-con* | 2 | |
| *klor-con 10* | 2 | |
| *klor-con 8* | 2 | |
| *klor-con m10* | 2 | |
| *klor-con m15* | 2 | |
| *klor-con m20* | 2 | |
| *klor-con/ef* | 2 | |
| KP FERROUS GLUCONATE | 4 | EC |
| *lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l* | 2 | |
| MAG-OXIDE | 4 | EC |
| MAGNESIUM GLYCINATE CAPS 100MG | 4 | EC |
| MAGNESIUM OXIDE CAPS 500MG | 4 | EC |
| MAGNESIUM OXIDE TABS 250MG, 400MG, 420MG | 4 | EC |
| *magnesium sulfate inj 50%* | 2 | |
| MAGNESIUM TABS 250MG, 500MG | 4 | EC |
| PLENAMINE | 3 | PA BvD |
| *potassium chloride er* | 2 | |
| *potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 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%* | 2 | |
| *potassium chloride pack, oral soln* | 2 | |
| *potassium chloride inj 10meq/50ml, 20meq/50ml, 2meq/ml* | 2 | |
| *potassium citrate er* | 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 | PA BvD |
| PROSOL | 3 | PA BvD |
| *sodium chloride 0.45% inj* | 2 | |
| *sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%* | 2 | |
| SODIUM CHLORIDE TABS 1GM | 4 | EC |
| SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG | 4 | EC |
| SODIUM FLUORIDE SOLN 0.5MG/ML | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| 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 | PA BvD |
| 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 | PA BvD |
| ***Electrolyte/Mineral/Metal Modifiers*** | | |
| CHEMET | 3 | NEDS |
| *deferasirox pack* | 2 | NEDS; SP-Optum Specialty |
| *deferasirox tabs* | 2 | SP-Optum Specialty |
| *deferasirox tbso 250mg, 500mg* | 2 | NEDS; SP-Optum Specialty |
| *deferasirox tbso 125mg* | 2 | SP-Optum Specialty |
| *penicillamine tabs* | 2 | NEDS |
| *trientine hydrochloride* | 2 | NEDS |
| ***Electrolytes/Minerals/Metals/Vitamins*** | | |
| VITAMIN B1 TABS 100MG | 4 | EC |
| ***Phosphate Binders*** | | |
| *calcium acetate caps* | 2 | |
| *calcium acetate tabs 667mg* | 2 | EC |
| *sevelamer carbonate* | 2 | |
| VELPHORO | 3 | NEDS |
| ***Potassium Binders*** | | |
| LOKELMA | 3 | QL(90 EA per 30 days) |
| *sodium polystyrene sulfonate powd* | 2 | |
| *sps* | 2 | |
| ***Vitamins*** | | |
| B COMPLEX/C TABS 300MG; 150MG; 10MG; 50MG; 5MG; 10.2MG; 15MG | 4 | EC |
| B COMPLEX CAPS 5MG; 1MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG | 4 | EC |
| B COMPLEX TABS 6MCG; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.2MG | 4 | EC |
| B-COMPLEX/B-12 LIQD 1200MCG/ML; 30MG/ML; 20MG/ML; 2MG/ML; 1.7MG/ML | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| B-COMPLEX CAPS 5MG; 1MCG; 400MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG | 4 | EC |
| B-COMPLEX TABS 6MCG; 400MCG; 20MG; 2MG; 1.7MG; 1.5MG | 4 | EC |
| C COMPLEX TBCR 500MG; 25MG; 25MG; 40MG; 5MG | 4 | EC |
| CALCIUM ASCORBATE TABS | 4 | EC |
| COD LIVER OIL CAPS 4000UNIT; 200UNIT | 4 | EC |
| CYANOCOBALAMIN INJ 1000MCG/ML | 4 | EC |
| D 5000 CAPS | 4 | EC |
| D-5000 | 4 | EC |
| DIALYVITE VITAMIN D3 MAX | 4 | EC |
| ENDUR-ACIN TBCR 750MG | 4 | EC |
| ENDUR-AMIDE TBCR 750MG | 4 | EC |
| ERGOCALCIFEROL SOLN 8000UNIT/ML | 4 | EC |
| FOLIC ACID INJ | 4 | EC |
| FOLIC ACID CAPS 800MCG | 4 | EC |
| FOLIC ACID TABS 1MG, 400MCG, 800MCG | 4 | EC |
| GNP VITAMIN E WATER DISPERSIBLE | 4 | EC |
| HEALTHY KIDS COD LIVER OIL/VITAMIN D | 4 | EC |
| KP FOLIC ACID TABS 1MG | 4 | EC |
| LIQUID VITAMIN C | 4 | EC |
| MULTI VITAMIN TABS 60MG; 0; 45MG; 0; 10MG; 0; 400UNIT; 6MCG; 400MCG; 20MG; 2MG; 3000UNIT; 1.7MG; 1.5MG; 30UNIT | 4 | EC |
| MULTI-VIT/IRON/FLUORIDE SOLN 35MG/ML; 400UNIT/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML | 4 | EC |
| MULTI-VITAMIN/FLUORIDE DROPS SOLN 35MG/ML; 400UNIT/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.5MG/ML; 0.5MG/ML; 5UNIT/ML | 4 | EC |
| MULTI-VITAMIN/MINERALS TABS 60MG; 160MG; 6MCG; 18MG; 0.4MG; 150MCG; 100MG; 20MG; 125MG; 2MG; 1.7MG; 1.2MG; 5000UNIT; 400UNIT; 15MG | 4 | EC |
| MULTIVITAMIN CHILDRENS CHEW 60MG; 0; 10MCG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 750MCG; 1.2MG; 0; 1.05MG; 6.75MG; 0 | 4 | EC |
| MULTIVITAMIN GUMMIES ADULT CHEW 30MG; 150MCG; 2.5MG; 400UNIT; 20MCG; 3MCG; 200MCG; 30MCG; 140MG; 1MG; 5MG; 1MG; 1250UNIT; 7.5UNIT; 2.5MG | 4 | EC |
| MULTIVITAMIN WITH FLUORIDE SOLN | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| NIACIN TIMED RELEASE | 4 | EC |
| NIACIN TR CPCR 250MG | 4 | EC |
| NIACIN TR TBCR 250MG | 4 | EC |
| NIACINAMIDE PROLONGED RELEASE | 4 | EC |
| NIACINAMIDE TABS 500MG | 4 | EC |
| NIACIN TABS 100MG, 250MG, 500MG, 50MG | 4 | EC |
| PHYTONADIONE TABS | 4 | EC |
| *prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg* | 2 | |
| RENAL CAPS | 4 | EC |
| VITAMIN A PALMITATE TABS 10000UNIT | 4 | EC |
| VITAMIN A CAPS 10000UNIT, 8000UNIT | 4 | EC |
| VITAMIN B COMPLEX TABS 2MCG; 15MG; 5MG; 2MG; 2MG; 2MG | 4 | EC |
| VITAMIN B-12 TBDP | 4 | EC |
| VITAMIN B-12 LOZG 500MCG | 4 | EC |
| VITAMIN B-12 SUBL 1000MCG, 2500MCG, 500MCG | 4 | EC |
| VITAMIN B-12 TABS 1000MCG, 100MCG, 250MCG, 500MCG | 4 | EC |
| VITAMIN B-1 TABS 100MG, 50MG | 4 | EC |
| VITAMIN B-2 | 4 | EC |
| VITAMIN B-6 TABS 100MG, 25MG, 50MG | 4 | EC |
| VITAMIN B-COMPLEX 100 INJ 2MG/ML; 100MG/ML; 2MG/ML; 2MG/ML; 100MG/ML | 4 | EC |
| VITAMIN B1 TABS 250MG | 4 | EC |
| VITAMIN B6 TABS 250MG | 4 | EC |
| VITAMIN C GUMMIES | 4 | EC |
| VITAMIN C TR TBCR 500MG | 4 | EC |
| VITAMIN C-500 TIMED RELEASE | 4 | EC |
| VITAMIN C CHEW 250MG, 500MG | 4 | EC |
| VITAMIN C LIQD 500MG/5ML | 4 | EC |
| VITAMIN C TABS 1000MG, 250MG, 500MG | 4 | EC |
| VITAMIN D (ERGOCALCIFEROL) | 4 | EC |
| VITAMIN D INFANT LIQD 400UNIT/ML | 4 | EC |
| VITAMIN D-3 TABS 2000UNIT | 4 | EC |
| VITAMIN D3 400 | 4 | EC |
| VITAMIN D3 CAPS 1000UNIT, 250MCG; 0; 0, 50MCG | 4 | EC |
| VITAMIN D3 CHEW 1000UNIT, 2000UNIT, 400UNIT | 4 | EC |
| VITAMIN D3 TABS 25MCG, 400UNIT | 4 | EC |
| VITAMIN D CAPS 50000UNIT | 4 | EC |
| VITAMIN E CAPS 400UNIT, 90MG | 4 | EC |
| VITAMIN E SOLN 15MG/0.67ML | 4 | EC |
| VITAMIN K1 INJ 10MG/ML, 1MG/0.5ML | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| VITAMINS A & D | 4 | EC |
| **Gastrointestinal Agents** | | |
| ***Anti-Constipation Agents*** | | |
| BISACODYL EC | 4 | EC |
| BISACODYL SUPP | 4 | EC |
| CHOCOLATED LAXATIVE REGULAR STRENGTH | 4 | EC |
| *constulose* | 2 | |
| DOCUSATE CALCIUM | 4 | EC |
| DOCUSATE MINI | 4 | EC |
| DOCUSATE SODIUM CAPS 100MG, 250MG | 4 | EC |
| DOCUSATE SODIUM LIQD 50MG/5ML | 4 | EC |
| ENEMA READY-TO-USE ENEM 7GM/118ML; 19GM/118ML | 4 | EC |
| *enulose* | 2 | |
| EPSOM SALT GRAN 0 | 4 | EC |
| EVAC | 4 | EC |
| FIBER TABS TABS 625MG | 4 | EC |
| FIBER POWD 28.3% | 4 | EC |
| *generlac* | 2 | |
| GLYCERIN ADULT | 4 | EC |
| GLYCERIN ADULT SUPP 2GM | 4 | EC |
| GLYCERIN INFANTS & CHILDREN SUPP 1GM | 4 | EC |
| GNP BEST FIBER | 4 | EC |
| GNP FIBER POWDER | 4 | EC |
| GNP GLYCERIN ADULT SUPP 2.1GM | 4 | EC |
| GNP GLYCERIN CHILD | 4 | EC |
| GOODSENSE MAGNESIUM CITRATE | 4 | EC |
| HM ENEMA MINERAL OIL ENEM 100% | 4 | EC |
| *lactulose soln* | 2 | |
| LAXATIVE REGULAR STRENGTH | 4 | EC |
| LINZESS | 3 | |
| *lubiprostone* | 2 | |
| MILK OF MAGNESIA SUSP 7.75% | 4 | EC |
| MINERAL OIL OIL 100% | 4 | EC |
| MOVANTIK | 3 | |
| OSMOPREP | 3 | |
| POLYETHYLENE GLYCOL | 4 | EC |
| POLYETHYLENE GLYCOL 3350 PACK 17GM, 4GM | 4 | EC |
| PSYLLIUM FIBER | 4 | EC |
| REGULOID POWD 43%, 51.7% | 4 | EC |
| SENNA-S TABS | 4 | EC |
| SENNA CAPS | 4 | EC |
| SENNA SYRP 8.8MG/5ML | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| SENNA TABS 8.6MG | 4 | EC |
| SOLUBLE FIBER | 4 | EC |
| STOOL SOFTENER TABS | 4 | EC |
| ***Anti-Diarrheal Agents*** | | |
| *alosetron hydrochloride tabs 0.5mg* | 2 | PA |
| *alosetron hydrochloride tabs 1mg* | 2 | PA; NEDS |
| GNP ANTI-DIARRHEAL | 4 | EC |
| *loperamide hydrochloride caps 2mg* | 2 | |
| SM ANTI-DIARRHEAL | 4 | EC |
| XERMELO | 3 | PA; NEDS; SP-Optum Specialty |
| ***Antispasmodics, Gastrointestinal*** | | |
| *dicyclomine hcl soln* | 2 | |
| *dicyclomine hydrochloride caps* | 2 | |
| *dicyclomine hydrochloride tabs 20mg* | 2 | |
| *glycopyrrolate soln* | 2 | |
| *glycopyrrolate tabs 1mg, 2mg* | 2 | |
| ***Gastrointestinal Agents, Other*** | | |
| ALIGN CHEW | 4 | EC |
| ALUMINUM HYDROXIDE SUSP 320MG/5ML | 4 | EC |
| ANTACID CALCIUM RICH | 4 | EC |
| ANTACID EXTRA STRENGTH CHEW 160MG; 105MG, 750MG | 4 | EC |
| ANTACID MAXIMUM STRENGTH SUSP 800MG/10ML; 800MG/10ML; 80MG/10ML | 4 | EC |
| ANTACID ULTRA STRENGTH CHEW 1000MG | 4 | EC |
| ANTACID/ANTIGAS LIQUID SUSP 400MG/10ML; 400MG/10ML; 40MG/10ML | 4 | EC |
| BISMUTH | 4 | EC |
| CALCIUM ANTACID | 4 | EC |
| CLENPIQ | 3 | |
| CULTURELLE CAPS 10B CELL | 4 | EC |
| DAIRY RELIEF TABS 3000UNIT | 4 | EC |
| FLORASTOR CAPS 250MG | 4 | EC |
| *gavilyte-c* | 2 | |
| *gavilyte-g* | 2 | |
| *gavilyte-n/flavor pack* | 2 | |
| GNP ANTACID & ANTI-GAS MAXIMUM STRENGTH | 4 | EC |
| GNP FAST ACTING DAIRY RELIEF | 4 | EC |
| GNP PINK BISMUTH TABS | 4 | EC |
| GOODSENSE ANTACID/EXTRA STRENGTH | 4 | EC |
| LACTASE FAST ACTING | 4 | EC |
| LOPERAMIDE HYDROCHLORIDE/SIMETHICONE | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| LOPERAMIDE HYDROCHLORIDE SOLN 1MG/7.5ML | 4 | EC |
| LOPERAMIDE HYDROCHLORIDE TABS 2MG | 4 | EC |
| MAGNESIUM OXIDE TABS 400MG, 420MG | 4 | EC |
| MAGNESIUM TABS 250MG | 4 | EC |
| *metoclopramide hcl inj, oral soln* | 2 | |
| *metoclopramide hydrochloride tabs* | 2 | |
| MINTOX PLUS | 4 | EC |
| *nitroglycerin oint 0.4%* | 2 | QL(30 GM per 30 days) |
| *opium* | 2 | |
| *opium tincture tinc 1%* | 2 | |
| *peg-3350/electrolytes* | 2 | |
| *peg-3350/electrolytes/ascorbate* | 2 | |
| *peg-3350/nacl/na bicarbonate/kcl* | 2 | |
| *peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic* | 2 | |
| RECTIV | 3 | QL(30 GM per 30 days) |
| SIMETHICONE DROPS INFANTS | 4 | EC |
| SIMETHICONE ULTRA STRENGTH | 4 | EC |
| SIMETHICONE CHEW | 4 | EC |
| SIMETHICONE CAPS 125MG | 4 | EC |
| SODIUM BICARBONATE TABS | 4 | EC |
| *sodium sulfate/potassium sulfate/magnesium sulfate* | 2 | |
| STOMACH RELIEF EXTRA STRENGTH | 4 | EC |
| STOMACH RELIEF SUSP 525MG/30ML | 4 | EC |
| *ursodiol caps 300mg* | 2 | |
| *ursodiol tabs* | 2 | |
| VOWST | 3 | PA; NEDS |
| XIFAXAN TABS 550MG | 3 | PA; NEDS |
| ***Histamine2 (H2) Receptor Antagonists*** | | |
| *cimetidine tabs* | 2 | |
| FAMOTIDINE MAXIMUM STRENGTH | 4 | EC |
| FAMOTIDINE ORIGINAL STRENGTH | 4 | EC |
| *famotidine tabs 20mg, 40mg* | 2 | |
| ***Protectants*** | | |
| *misoprostol* | 2 | |
| *sucralfate susp, tabs* | 2 | |
| ***Proton Pump Inhibitors*** | | |
| DEXLANSOPRAZOLE | 2 | |
| *esomeprazole magnesium cpdr* | 2 | |
| *esomeprazole magnesium pack 10mg, 20mg, 40mg* | 2 | |
| *lansoprazole cpdr* | 2 | |
| *omeprazole dr cpdr 10mg* | 2 | |
| *omeprazole cpdr 20mg, 40mg* | 2 | |
| *pantoprazole sodium tbec* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *rabeprazole sodium* | 2 | |
| **Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment** | | |
| ***Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment*** | | |
| *betaine anhydrous* | 2 | NEDS |
| CHOLBAM | 3 | PA; NEDS |
| CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT | 3 | |
| *cromolyn sodium conc 100mg/5ml* | 2 | |
| CYSTAGON | 3 | |
| *dichlorphenamide* | 2 | PA; NEDS |
| ENDARI | 3 | NEDS |
| *l-glutamine* | 2 | NEDS |
| *miglustat* | 2 | PA; NEDS; SP-Optum Specialty |
| *nitisinone caps 20mg* | 2 | PA; NEDS |
| *nitisinone caps 10mg, 2mg, 5mg* | 2 | PA; NEDS; SP-Optum Specialty |
| PROLASTIN-C | 3 | PA; NEDS |
| PYRUKYND | 3 | PA; NEDS; SP-Optum Specialty |
| PYRUKYND TAPER PACK | 3 | PA; NEDS; SP-Optum Specialty |
| REVCOVI | 3 | NEDS |
| *sapropterin dihydrochloride* | 2 | PA; NEDS; SP-Optum Specialty |
| *sodium phenylbutyrate powd, tabs* | 2 | NEDS |
| SUCRAID | 3 | NEDS |
| WELIREG | 3 | PA NSO; NEDS |
| *yargesa* | 2 | PA; NEDS |
| 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 | |
| **Genitourinary Agents** | | |
| ***Antispasmodics, Urinary*** | | |
| *darifenacin hydrobromide er* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| GEMTESA | 3 | |
| *mirabegron er* | 2 | |
| MYRBETRIQ | 3 | |
| *oxybutynin chloride er* | 2 | |
| *oxybutynin chloride soln, tabs* | 2 | |
| *solifenacin succinate* | 2 | |
| *tolterodine tartrate* | 2 | |
| *tolterodine tartrate er* | 2 | |
| *trospium chloride* | 2 | |
| ***Benign Prostatic Hypertrophy Agents*** | | |
| *alfuzosin hcl er* | 2 | |
| *doxazosin mesylate* | 2 | |
| *dutasteride/tamsulosin hydrochloride* | 2 | |
| *dutasteride caps* | 2 | |
| *finasteride tabs* | 2 | |
| *tadalafil tabs 2.5mg, 5mg* | 2 | QL(30 EA per 30 days); PA |
| *tamsulosin hydrochloride* | 2 | |
| *terazosin hcl caps 10mg, 1mg, 5mg* | 2 | |
| *terazosin hydrochloride caps 2mg* | 2 | |
| ***Genitourinary Agents, Other*** | | |
| *acetic acid 0.25%* | 2 | |
| *bethanechol chloride tabs* | 2 | |
| ELMIRON | 3 | |
| *tiopronin dr* | 2 | NEDS |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)*** | | |
| DEPO-MEDROL | 3 | |
| *dexamethasone intensol* | 2 | |
| *dexamethasone sodium phosphate +rfid* | 2 | |
| *dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml* | 2 | |
| *dexamethasone elix, soln* | 2 | |
| *dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg* | 2 | |
| *fludrocortisone acetate tabs* | 2 | |
| *hydrocortisone sodium succinate inj 100mg* | 2 | |
| HYDROCORTISONE OINT 1% | 4 | EC |
| *hydrocortisone tabs 10mg, 20mg, 5mg* | 2 | |
| *kenalog-10* | 2 | |
| *methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml* | 2 | |
| *methylprednisolone dose pack tbpk* | 2 | |
| *methylprednisolone tabs* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml* | 2 | |
| *prednisolone soln, tabs* | 2 | |
| *prednisone soln, tbpk* | 2 | |
| *prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg* | 2 | |
| SOLU-CORTEF INJ 100MG | 3 | |
| *triamcinolone acetonide inj 10mg/ml, 40mg/ml* | 2 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)*** | | |
| *desmopressin acetate tabs* | 2 | |
| *desmopressin acetate soln 0.01%* | 2 | |
| GENOTROPIN | 3 | PA; NEDS; SP-Optum Specialty |
| GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | 3 | PA; NEDS; SP-Optum Specialty |
| GENOTROPIN MINIQUICK INJ 0.2MG | 3 | PA; SP-Optum Specialty |
| INCRELEX | 3 | PA; NEDS; SP-Optum Specialty |
| ZOMACTON INJ 5MG | 4 | EC |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)** | | |
| ***Androgens*** | | |
| *danazol caps* | 2 | |
| *testosterone cypionate inj 100mg/ml, 200mg/ml* | 2 | |
| *testosterone enanthate inj* | 2 | |
| *testosterone pump* | 2 | |
| *testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm* | 2 | |
| ***Estrogens*** | | |
| *abigale* | 2 | |
| *abigale lo* | 2 | |
| *amabelz* | 2 | |
| *amethia* | 2 | |
| *apri* | 2 | |
| *ashlyna* | 2 | |
| *aviane* | 2 | |
| *azurette* | 2 | |
| *balziva* | 2 | |
| *briellyn* | 2 | |
| *desogestrel/ethinyl estradiol tabs 0; 0* | 2 | |
| *dotti* | 2 | |
| *drospirenone/ethinyl estradiol tabs 3mg; 0.03mg* | 2 | |
| *eluryng* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *enilloring* | 2 | |
| *estradiol valerate inj* | 2 | |
| *estradiol/norethindrone acetate* | 2 | |
| *estradiol crea, pttw, ptwk, oral tabs, vaginal tabs* | 2 | |
| ESTRING | 3 | |
| *etonogestrel/ethinyl estradiol* | 2 | |
| *falmina* | 2 | |
| FEIRZA 1.5/30 | 2 | |
| FEIRZA 1/20 | 2 | |
| *finzala* | 2 | |
| *fyavolv* | 2 | |
| *galbriela* | 2 | |
| *haloette* | 2 | |
| *iclevia* | 2 | |
| IMVEXXY MAINTENANCE PACK | 3 | |
| IMVEXXY STARTER PACK | 3 | |
| *introvale* | 2 | |
| *jaimiess* | 2 | |
| *jinteli* | 2 | |
| *joyeaux* | 2 | |
| *junel 1.5/30* | 2 | |
| *junel 1/20* | 2 | |
| *junel fe 1.5/30* | 2 | |
| *junel fe 1/20* | 2 | |
| *junel fe 24* | 2 | |
| *kariva* | 2 | |
| *kelnor 1/35* | 2 | |
| *larin 1.5/30* | 2 | |
| *larin 1/20* | 2 | |
| *larin fe 1.5/30* | 2 | |
| *larin fe 1/20* | 2 | |
| *lessina* | 2 | |
| *levonest* | 2 | |
| *levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg* | 2 | |
| *levonorgestrel/ethinyl estradiol* | 2 | |
| *levora 0.15/30-28* | 2 | |
| *lojaimiess* | 2 | |
| *marlissa* | 2 | |
| *mibelas 24 fe* | 2 | |
| *microgestin 1.5/30* | 2 | |
| *microgestin 1/20* | 2 | |
| *microgestin fe 1.5/30* | 2 | |
| *microgestin fe 1/20* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *minzoya* | 2 | |
| *necon 0.5/35-28* | 2 | |
| *nikki* | 2 | |
| *norelgestromin/ethinyl estradiol* | 2 | |
| *norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg* | 2 | |
| *norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg* | 2 | |
| *nortrel 0.5/35 (28)* | 2 | |
| *nortrel 1/35* | 2 | |
| *nortrel 7/7/7* | 2 | |
| *portia-28* | 2 | |
| PREMARIN CREA | 3 | |
| PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG | 3 | |
| PREMPHASE | 3 | |
| *rosyrah* | 2 | |
| *tarina fe 1/20 eq* | 2 | |
| *taysofy* | 2 | |
| *tri-sprintec* | 2 | |
| *trivora-28* | 2 | |
| *turqoz* | 2 | |
| *valtya 1/50* | 2 | |
| *velivet* | 2 | |
| *vyfemla* | 2 | |
| XARAH FE | 2 | |
| *xelria fe* | 2 | |
| *xulane* | 2 | |
| *yuvafem* | 2 | |
| *zafemy* | 2 | |
| *zovia 1/35* | 2 | |
| ***Progestins*** | | |
| *camila* | 2 | |
| *deblitane* | 2 | |
| DEPO-SUBQ PROVERA 104 | 3 | |
| *errin* | 2 | |
| *gallifrey* | 2 | |
| *heather* | 2 | |
| LEVONORGESTREL TABS 1.5MG | 4 | EC |
| LILETTA | 3 | |
| *medroxyprogesterone acetate inj, tabs* | 2 | |
| *megestrol acetate tabs* | 2 | |
| *megestrol acetate susp* | 2 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *meleya* | 2 | |
| NEXPLANON | 3 | |
| *norethindrone acetate tabs* | 2 | |
| *progesterone caps* | 2 | |
| *sharobel* | 2 | |
| ***Selective Estrogen Receptor Modifying Agents*** | | |
| OSPHENA | 3 | |
| *raloxifene hydrochloride* | 2 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)*** | | |
| ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG | 3 | |
| ARMOUR THYROID | 3 | |
| *euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg* | 2 | |
| *levo-t* | 2 | |
| *levothyroxine sodium tabs* | 2 | |
| *levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg* | 2 | |
| *liothyronine sodium tabs* | 2 | |
| NIVA THYROID | 3 | |
| *np thyroid 120* | 2 | |
| *np thyroid 15* | 2 | |
| *np thyroid 30* | 2 | |
| *np thyroid 60* | 2 | |
| *np thyroid 90* | 2 | |
| SYNTHROID TABS | 3 | |
| THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG | 3 | |
| *unithroid* | 2 | |
| **Hormonal Agents, Suppressant (Adrenal or Pituitary)** | | |
| ***Hormonal Agents, Suppressant (Adrenal or Pituitary)*** | | |
| *cabergoline* | 2 | |
| ELIGARD | 3 | |
| FIRMAGON INJ 80MG | 3 | |
| FIRMAGON INJ 120MG/VIAL | 3 | NEDS |
| KORLYM | 3 | QL(120 EA per 30 days); PA; NEDS |
| *lanreotide acetate* | 2 | NEDS |
| *leuprolide acetate inj 1mg/0.2ml* | 2 | SP-Optum Specialty |
| LUPRON DEPOT (1-MONTH) | 3 | NEDS |
| LUPRON DEPOT (3-MONTH) | 3 | NEDS |
| LUPRON DEPOT (4-MONTH) | 3 | NEDS |
| LUPRON DEPOT (6-MONTH) | 3 | NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *mifepristone tabs 300mg* | 2 | QL(120 EA per 30 days); PA; NEDS |
| *octreotide acetate inj 100mcg/ml, 50mcg/ml* | 2 | |
| *octreotide acetate inj 1000mcg/ml* | 2 | NEDS; SP-Optum Specialty |
| *octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml* | 2 | SP-Optum Specialty |
| ORGOVYX | 3 | PA NSO; NEDS |
| SIGNIFOR | 3 | QL(60 ML per 30 days); PA; NEDS |
| SOMATULINE DEPOT | 3 | NEDS |
| SOMAVERT | 3 | PA; NEDS; SP-Optum Specialty |
| SYNAREL | 3 | NEDS |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| ***Antithyroid Agents*** | | |
| *methimazole tabs 10mg, 5mg* | 2 | |
| *propylthiouracil tabs* | 2 | |
| **Immunological Agents** | | |
| ***Angioedema Agents*** | | |
| BERINERT | 3 | PA; NEDS |
| HAEGARDA | 3 | PA; NEDS; SP-Optum Specialty |
| *icatibant acetate* | 2 | QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| ***Immunoglobulins*** | | |
| BIVIGAM INJ 10%, 5GM/50ML | 3 | PA BvD; NEDS |
| CUVITRU | 3 | PA BvD; NEDS |
| FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML | 3 | PA BvD; NEDS |
| GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML | 3 | PA BvD; NEDS |
| GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML | 3 | PA BvD; NEDS |
| HIZENTRA | 3 | PA BvD; NEDS |
| OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML | 3 | PA BvD; NEDS |
| PRIVIGEN | 3 | PA BvD; NEDS |
| ***Immunological Agents, Other*** | | |
| ARCALYST | 3 | PA; NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| BENLYSTA | 3 | PA; NEDS; SP-Optum Specialty |
| COSENTYX SENSOREADY PEN | 3 | PA; NEDS; SP-Optum Specialty |
| COSENTYX UNOREADY | 3 | PA; NEDS |
| COSENTYX INJ 125MG/5ML | 3 | PA; NEDS |
| COSENTYX INJ 150MG/ML, 75MG/0.5ML | 3 | PA; NEDS; SP-Optum Specialty |
| DUPIXENT | 3 | PA; NEDS; SP-Optum Specialty |
| ORENCIA CLICKJECT | 3 | QL(4 ML per 28 days); PA; NEDS |
| ORENCIA INJ 50MG/0.4ML | 3 | QL(1.6 ML per 28 days); PA; NEDS |
| ORENCIA INJ 87.5MG/0.7ML | 3 | QL(2.8 ML per 28 days); PA; NEDS |
| ORENCIA INJ 125MG/ML | 3 | QL(4 ML per 28 days); PA; NEDS |
| OTEZLA TBPK 0 | 3 | QL(110 EA per 365 days); PA; NEDS |
| RINVOQ | 3 | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| RINVOQ LQ | 3 | QL(360 ML per 30 days); PA; NEDS |
| SKYRIZI PEN | 3 | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 600MG/10ML | 3 | PA; NEDS |
| SKYRIZI INJ 150MG/ML | 3 | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 180MG/1.2ML | 3 | QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 360MG/2.4ML | 3 | QL(2.4 ML per 28 days); PA; NEDS |
| STEQEYMA INJ 45MG/0.5ML | 3 | QL(1 ML per 28 days); PA |
| STEQEYMA INJ 90MG/ML | 3 | QL(1 ML per 28 days); PA; NEDS |
| TAVNEOS | 3 | PA; NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| XELJANZ XR | 3 | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| XELJANZ SOLN | 3 | QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| XELJANZ TABS | 3 | QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML | 3 | PA; NEDS |
| XOLAIR INJ 150MG/ML | 3 | PA; NEDS; SP-Optum Specialty |
| YESINTEK INJ 45MG/0.5ML | 3 | QL(1 ML per 28 days); PA |
| YESINTEK INJ 90MG/ML | 3 | QL(1 ML per 28 days); PA; NEDS |
| ***Immunostimulants*** | | |
| ACTIMMUNE | 3 | NEDS; SP-Optum Specialty |
| BESREMI | 3 | PA NSO; NEDS |
| PEGASYS INJ 180MCG/ML | 3 | QL(4 ML per 28 days); NEDS; SP-Optum Specialty |
| ***Immunosuppressants*** | | |
| *azathioprine tabs* | 2 | PA BvD |
| *cyclosporine modified* | 2 | PA BvD |
| *cyclosporine caps 100mg, 25mg* | 2 | PA BvD |
| ENBREL MINI | 3 | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| ENBREL SURECLICK | 3 | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| ENBREL INJ 50MG/ML | 3 | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| ENBREL INJ 25MG/0.5ML | 3 | QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| ENVARSUS XR TB24 0.75MG, 1MG | 3 | PA BvD |
| ENVARSUS XR TB24 4MG | 3 | PA BvD; NEDS |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg* | 2 | QL(60 EA per 30 days); PA BvD; NEDS |
| GENGRAF SOLN | 2 | PA BvD |
| GENGRAF CAPS 100MG, 25MG | 2 | PA BvD |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN-CD/UC/HS STARTER | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN-PS/UV STARTER | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN INJ 80MG/0.8ML | 3 | QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML | 3 | QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | 3 | QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| JYLAMVO | 3 | NEDS |
| *leflunomide* | 2 | |
| *methotrexate sodium tabs* | 2 | |
| *methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml* | 2 | |
| *methotrexate inj 50mg/2ml* | 2 | |
| *mycophenolate mofetil caps, tabs* | 2 | PA BvD |
| *mycophenolate mofetil susr* | 2 | PA BvD; NEDS |
| *mycophenolic acid dr* | 2 | PA BvD |
| NULOJIX | 3 | NEDS |
| PEGASYS INJ 180MCG/0.5ML | 3 | QL(4 ML per 28 days); NEDS; SP-Optum Specialty |
| PROGRAF PACK | 3 | PA BvD |
| REZUROCK | 3 | PA; NEDS |
| *sirolimus tabs* | 2 | PA BvD |
| *sirolimus soln* | 2 | PA BvD; NEDS |
| *tacrolimus caps 0.5mg, 1mg, 5mg* | 2 | PA BvD |
| TREXALL | 3 | |
| XATMEP | 3 | |
| ***Vaccines*** | | |
| ABRYSVO | 1 | |
| ACTHIB INJ 0 | 1 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ADACEL | 1 | |
| AREXVY | 1 | |
| BCG VACCINE INJ 50MG | 1 | |
| BEXSERO | 1 | |
| BOOSTRIX | 1 | |
| DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML | 1 | |
| DENGVAXIA | 1 | |
| *diphtheria/tetanus toxoids adsorbed pediatric* | 1 | |
| ENGERIX-B | 1 | PA BvD |
| GARDASIL 9 | 1 | |
| HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML | 1 | |
| HEPLISAV-B | 1 | PA BvD |
| HIBERIX | 1 | |
| IMOVAX RABIES (H.D.C.V.) | 1 | |
| INFANRIX | 1 | |
| IPOL INACTIVATED IPV | 1 | |
| IXCHIQ | 1 | |
| IXIARO | 1 | |
| JYNNEOS | 1 | |
| KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 1 | |
| M-M-R II | 1 | |
| MENACTRA | 1 | |
| MENQUADFI | 1 | |
| MENVEO | 1 | |
| MRESVIA | 1 | |
| PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 1 | |
| PEDVAX HIB INJ 7.5MCG/0.5ML | 1 | |
| PENBRAYA | 1 | |
| PENMENVY | 1 | |
| PENTACEL | 1 | |
| PREHEVBRIO | 1 | PA BvD |
| PRIORIX | 1 | |
| PROQUAD | 1 | |
| QUADRACEL | 1 | |
| RABAVERT | 1 | |
| RECOMBIVAX HB | 1 | PA BvD |
| ROTARIX | 1 | |
| ROTATEQ SOLN | 1 | |
| SHINGRIX | 1 | |
| STAMARIL | 1 | |
| *tdvax* | 1 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| TENIVAC | 1 | |
| TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT | 1 | |
| TICOVAC | 1 | |
| TRUMENBA | 1 | |
| TWINRIX | 1 | |
| TYPHIM VI | 1 | |
| VAQTA | 1 | |
| VARIVAX | 1 | |
| VAXCHORA | 1 | |
| VIMKUNYA | 1 | |
| VIVOTIF | 1 | |
| YF-VAX | 1 | |
| **Inflammatory Bowel Disease Agents** | | |
| ***Aminosalicylates*** | | |
| *balsalazide disodium* | 2 | |
| *mesalamine dr* | 2 | |
| *mesalamine er* | 2 | |
| *mesalamine enem, kit, supp* | 2 | |
| *sulfasalazine tabs, tbec* | 2 | |
| ***Glucocorticoids*** | | |
| *budesonide er* | 2 | NEDS |
| *budesonide cpep 3mg* | 2 | |
| *budesonide foam 2mg* | 2 | |
| CORTIFOAM FOAM | 3 | |
| *hydrocortisone crea 1%, 2.5%* | 2 | |
| *hydrocortisone enem 100mg/60ml* | 2 | |
| *procto-med hc* | 2 | |
| *proctosol hc* | 2 | |
| *proctozone-hc* | 2 | |
| **Metabolic Bone Disease Agents** | | |
| ***Metabolic Bone Disease Agents*** | | |
| *alendronate sodium soln* | 2 | |
| *alendronate sodium tabs 10mg, 35mg, 70mg* | 2 | |
| BONSITY | 2 | PA; NEDS |
| *calcitonin salmon inj* | 2 | |
| *calcitonin-salmon soln* | 2 | |
| *calcitriol caps 0.25mcg, 0.5mcg* | 2 | |
| *calcitriol soln 1mcg/ml* | 2 | |
| *cinacalcet hydrochloride* | 2 | |
| *paricalcitol caps* | 2 | |
| PROLIA | 3 | PA |
| RAYALDEE | 3 | NEDS |
| *risedronate sodium* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *risedronate sodium dr* | 2 | |
| *teriparatide* | 2 | PA; NEDS |
| XGEVA | 3 | PA; NEDS |
| *zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml* | 2 | |
| **Miscellaneous Therapeutic Agents** | | |
| ***Miscellaneous Therapeutic Agents*** | | |
| *alcohol prep pads* | 2 | |
| *b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"* | 2 | |
| *bd insulin syringe safetyglide/1ml/29g x 1/2"* | 2 | |
| *bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm* | 2 | |
| *bd insulin syringe ultra-fine/1ml/31g x 8mm* | 2 | |
| *bd insulin syringe/u-100/1ml/27g x 1/2"* | 2 | |
| *bd insulin syringe/u-500/0.5ml/31g x 6mm* | 2 | |
| *bd pen needle/original/ultra-fine/29g x 12.7mm* | 2 | |
| CAPSAICIN PTCH 0.025% | 4 | EC |
| CHEWABLE ACETAMINOPHEN CHILDRENS | 4 | EC |
| CHILDRENS APAP | 4 | EC |
| *curity gauze pads 2"x2" 12 ply* | 2 | |
| *droplet pen needles 29gx10mm* | 2 | |
| *gauze pads 2"x2"* | 2 | |
| *gnp insulin syringe/0.3ml/30g x 5/16"* | 2 | |
| *gnp insulin syringe/0.5ml/30g x 5/16"* | 2 | |
| INTRALIPID INJ 20GM/100ML, 30GM/100ML | 3 | PA BvD |
| ISOPROPYL ALCOHOL SOLN 70%, 99% | 4 | EC |
| KETO-DIASTIX | 4 | EC |
| LANSINOH LANOLIN NIPPLE | 4 | EC |
| *levocarnitine tabs* | 2 | |
| MELATONIN GUMMIES CHEW 2.5MG | 4 | EC |
| MELATONIN QUICK DISSOLVE TBDP 5MG | 4 | EC |
| MELATONIN TR/VITAMIN B-6 | 4 | EC |
| MELATONIN CHEW 5MG | 4 | EC |
| MELATONIN LIQD 1MG/ML | 4 | EC |
| MELATONIN SUBL 5MG | 4 | EC |
| MELATONIN TABS 1MG, 3MG, 5MG, 5MG; 10MG | 4 | EC |
| NUTRILIPID | 3 | PA BvD |
| OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) | 3 | |
| OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) | 3 | |
| OMNIPOD 5 G7 INTRO KIT (GEN 5) | 3 | |
| OMNIPOD 5 G7 PODS (GEN 5) | 3 | |
| OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 | 3 | |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 3 | |
| OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) | 3 | |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| OMNIPOD DASH INTRO KIT (GEN 4) | 3 | |
| OMNIPOD DASH PDM KIT (GEN 4) | 3 | |
| OMNIPOD DASH PODS (GEN 4) | 3 | |
| OMNIPOD GO 10 UNITS/DAY | 3 | |
| OMNIPOD GO 15 UNITS/DAY | 3 | |
| OMNIPOD GO 20 UNITS/DAY | 3 | |
| OMNIPOD GO 25 UNITS/DAY | 3 | |
| OMNIPOD GO 30 UNITS/DAY | 3 | |
| OMNIPOD GO 35 UNITS/DAY | 3 | |
| OMNIPOD GO 40 UNITS/DAY | 3 | |
| *sodium chloride 0.9%* | 2 | |
| *sterile water for irrigation* | 2 | |
| *techlite insulin syringe u-100/0.5ml/30g x 1/2"* | 2 | |
| *trueplus insulin syringe /u-100/1ml/29g x 1/2"* | 2 | |
| *trueplus pen needles 29gx12mm* | 2 | |
| WHITE PETROLEUM JELLY | 4 | EC |
| **Ophthalmic Agents** | | |
| ***Ophthalmic Agents, Other*** | | |
| ARTIFICIAL TEARS SOLN 0.2%; 0.2%; 1% | 4 | EC |
| *atropine sulfate soln 1%* | 2 | |
| *bacitracin/polymyxin b* | 2 | |
| *brimonidine tartrate/timolol maleate* | 2 | |
| *cyclopentolate hcl soln 2%* | 2 | |
| *cyclopentolate hydrochloride* | 2 | |
| *cyclosporine emul 0.05%* | 2 | |
| CYSTARAN | 3 | NEDS |
| *dorzolamide hcl/timolol maleate* | 2 | |
| *dorzolamide hydrochloride/timolol maleate pf* | 2 | |
| LUBRICANT EYE DROPS SOLN 0.6% | 4 | EC |
| LUBRICATING EYE DROPS SOLN 0.4%; 0.3% | 4 | EC |
| *neo-polycin* | 2 | |
| *neo-polycin hc* | 2 | |
| *neomycin/bacitracin/polymyxin* | 2 | |
| *neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 3.5mg/gm; 10000unit/gm* | 2 | |
| *neomycin/polymyxin/bacitracin/hydrocortisone* | 2 | |
| *neomycin/polymyxin/dexamethasone* | 2 | |
| *neomycin/polymyxin/gramicidin* | 2 | |
| *neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml* | 2 | |
| *polycin* | 2 | |
| *polymyxin b sulfate/trimethoprim sulfate* | 2 | |
| QC ARTIFICIAL TEARS SOLN 5MG/ML; 6MG/ML | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| RESTASIS | 3 | |
| RESTASIS MULTIDOSE | 3 | |
| ROCKLATAN | 3 | |
| SIMBRINZA | 3 | |
| *sulfacetamide sodium/prednisolone sodium phosphate* | 2 | |
| TOBRADEX ST | 3 | |
| *tobramycin/dexamethasone* | 2 | |
| XIIDRA | 3 | |
| ***Ophthalmic Anti-allergy Agents*** | | |
| ALOCRIL | 3 | |
| *azelastine hcl ophthalmic soln 0.05%* | 2 | |
| *bepotastine besilate* | 2 | |
| *cromolyn sodium soln 4%* | 2 | |
| *epinastine hcl* | 2 | |
| *olopatadine hydrochloride* | 2 | |
| ***Ophthalmic Anti-Infectives*** | | |
| *bacitracin ophthalmic oint 500unit/gm* | 2 | |
| BESIVANCE | 3 | |
| *ciprofloxacin hydrochloride soln 0.3%* | 2 | |
| *erythromycin oint 5mg/gm* | 2 | |
| *gatifloxacin* | 2 | |
| *gentak oint* | 2 | |
| *gentamicin sulfate ophthalmic soln 0.3%* | 2 | |
| *levofloxacin ophthalmic soln 0.5%, 1.5%* | 2 | |
| *moxifloxacin hydrochloride soln 0.5%* | 2 | |
| NATACYN | 3 | |
| *ofloxacin ophthalmic soln 0.3%* | 2 | |
| *sulfacetamide sodium oint 10%* | 2 | |
| *sulfacetamide sodium soln 10%* | 2 | |
| *tobramycin* | 2 | |
| *trifluridine* | 2 | |
| XDEMVY | 3 | PA; NEDS |
| ZIRGAN | 3 | |
| ***Ophthalmic Anti-inflammatories*** | | |
| *bromfenac* | 2 | |
| *bromfenac sodium* | 2 | |
| BROMSITE | 3 | |
| *dexamethasone sodium phosphate ophthalmic soln 0.1%* | 2 | |
| *diclofenac sodium ophthalmic soln 0.1%* | 2 | |
| *difluprednate* | 2 | |
| FLAREX | 3 | |
| *fluorometholone* | 2 | |
| *flurbiprofen sodium* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ILEVRO | 3 | |
| *ketorolac tromethamine* | 2 | |
| LOTEMAX OINT | 3 | |
| *loteprednol etabonate* | 2 | |
| *prednisolone acetate* | 2 | |
| *prednisolone sodium phosphate ophthalmic soln 1%* | 2 | |
| PROLENSA | 3 | |
| ***Ophthalmic Beta-Adrenergic Blocking Agents*** | | |
| *betaxolol hcl* | 2 | |
| BETIMOL | 3 | |
| *carteolol hcl* | 2 | |
| *levobunolol hcl soln 0.5%* | 2 | |
| *timolol hemihydrate* | 2 | |
| *timolol maleate ophthalmic gel forming* | 2 | |
| *timolol maleate soln 0.25%, 0.5%* | 2 | |
| ***Ophthalmic Intraocular Pressure Lowering Agents, Other*** | | |
| *acetazolamide* | 2 | |
| *acetazolamide er* | 2 | |
| ALPHAGAN P SOLN 0.1% | 3 | |
| *apraclonidine* | 2 | |
| *brimonidine tartrate* | 2 | |
| *brinzolamide* | 2 | |
| *dorzolamide hydrochloride* | 2 | |
| *methazolamide tabs* | 2 | |
| PHOSPHOLINE IODIDE SOLR 0.125% | 3 | |
| *pilocarpine hcl soln 1%, 2%, 4%* | 2 | |
| *pilocarpine hydrochloride soln 1%, 2%, 4%* | 2 | |
| RHOPRESSA | 3 | |
| ***Ophthalmic Prostaglandin and Prostamide Analogs*** | | |
| *bimatoprost* | 2 | |
| *latanoprost soln* | 2 | |
| LUMIGAN | 3 | |
| *tafluprost* | 2 | |
| *travoprost* | 2 | |
| VYZULTA | 3 | |
| **Otic Agents** | | |
| ***Otic Agents*** | | |
| *acetic acid* | 2 | |
| *ciprofloxacin/dexamethasone* | 2 | |
| *ciprofloxacin soln 0.2%* | 2 | |
| CORTISPORIN-TC | 3 | |
| *flac* | 2 | |
| *fluocinolone acetonide oil 0.01%* | 2 | |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *hydrocortisone/acetic acid* | 2 | |
| *neomycin/polymyxin/hc* | 2 | |
| *neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml* | 2 | |
| *ofloxacin otic soln 0.3%* | 2 | |
| **Respiratory Tract/Pulmonary Agents** | | |
| ***Anti-inflammatories, Inhaled Corticosteroids*** | | |
| BUDESONIDE NASAL SPRAY | 4 | QL(16.86 ML per 30 days); EC |
| *budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml* | 2 | PA BvD |
| FLOVENT DISKUS AEPB 100MCG/BLIST | 3 | QL(180 EA per 90 days); ST |
| FLOVENT DISKUS AEPB 250MCG/BLIST | 3 | QL(720 EA per 90 days); ST |
| FLOVENT DISKUS AEPB 50MCG/BLIST | 3 | ST |
| *flunisolide soln 0.025%* | 2 | QL(150 ML per 90 days) |
| *fluticasone propionate diskus aepb 100mcg/act* | 2 | QL(180 EA per 90 days); ST |
| *fluticasone propionate diskus aepb 250mcg/act* | 2 | QL(720 EA per 90 days); ST |
| *fluticasone propionate diskus aepb 50mcg/act* | 2 | ST |
| *fluticasone propionate hfa aero 44mcg/act* | 2 | QL(63.6 GM per 90 days); ST |
| *fluticasone propionate hfa aero 110mcg/act, 220mcg/act* | 2 | QL(72 GM per 90 days); ST |
| *fluticasone propionate susp 50mcg/act* | 2 | QL(48 GM per 90 days) |
| GNP BUDESONIDE NASAL SPRAY | 4 | QL(16.86 ML per 30 days); EC |
| *mometasone furoate susp 50mcg/act* | 2 | QL(102 GM per 90 days) |
| QVAR REDIHALER | 3 | QL(63.6 GM per 90 days) |
| TRIAMCINOLONE ACETONIDE AERO 55MCG/ACT | 4 | QL(16.9 ML per 30 days); EC |
| ***Antihistamines*** | | |
| ACETAMINOPHEN PM EXTRA STRENGTH | 4 | EC |
| *azelastine hcl nasal soln 0.15%* | 2 | QL(120 ML per 90 days) |
| *azelastine hydrochloride soln 0.1%* | 2 | QL(120 ML per 90 days) |
| CETIRIZINE HCL TABS 5MG | 4 | EC |
| CETIRIZINE HYDROCHLORIDE CHILDRENS ALLERGY SOLN 5MG/5ML | 4 | EC |
| CETIRIZINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE | 4 | EC |
| CETIRIZINE HYDROCHLORIDE TABS 10MG | 4 | EC |
| CHLORPHENIRAMINE MALEATE TABS, TBCR | 4 | EC |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *cyproheptadine hcl syrp* | 2 | |
| *cyproheptadine hydrochloride tabs* | 2 | |
| *desloratadine* | 2 | |
| DIPHENHYDRAMINE HCL CAPS 50MG | 4 | EC |
| DIPHENHYDRAMINE HYDROCHLORIDE TABS | 4 | EC |
| DIPHENHYDRAMINE HYDROCHLORIDE CAPS 25MG | 4 | EC |
| *diphenhydramine hydrochloride inj* | 2 | |
| DIPHENHYDRAMINE HYDROCHLORIDE LIQD 12.5MG/5ML | 4 | EC |
| ED CHLORPED JR | 4 | EC |
| FEXOFENADINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE ER | 4 | EC |
| GNP ALLERGY RELIEF CHEW | 4 | EC |
| *hydroxyzine hcl inj 25mg/ml* | 2 | |
| *hydroxyzine hcl tabs 50mg* | 2 | |
| *hydroxyzine hydrochloride syrp* | 2 | |
| *hydroxyzine hydrochloride tabs 10mg, 25mg* | 2 | |
| *hydroxyzine pamoate caps* | 2 | |
| *levocetirizine dihydrochloride tabs* | 2 | |
| LORATADINE CHILDRENS SOLN | 4 | EC |
| LORATADINE-D 24HR | 4 | EC |
| LORATADINE TABS | 4 | EC |
| NIGHTTIME SLEEP AID TABS 25MG | 4 | EC |
| SLEEP AID LIQD, TABS | 4 | EC |
| SLEEP-AID CAPS 50MG | 4 | EC |
| SM LORATADINE D 12HR | 4 | EC |
| ***Antileukotrienes*** | | |
| *montelukast sodium chew, pack, tabs* | 2 | |
| *zafirlukast* | 2 | |
| ***Bronchodilators, Anticholinergic*** | | |
| ATROVENT HFA | 3 | QL(77.4 GM per 90 days) |
| INCRUSE ELLIPTA | 3 | QL(30 EA per 30 days) |
| *ipratropium bromide inhalation soln* | 2 | PA BvD |
| *ipratropium bromide nasal soln 0.03%* | 2 | QL(180 ML per 90 days) |
| *ipratropium bromide nasal soln 0.06%* | 2 | QL(90 ML per 90 days) |
| LONHALA MAGNAIR REFILL KIT | 3 | NEDS |
| LONHALA MAGNAIR STARTER KIT | 3 | NEDS |
| SPIRIVA RESPIMAT | 3 | QL(12 GM per 90 days) |
| ***Bronchodilators, Sympathomimetic*** | | |
| *albuterol sulfate hfa aers 108mcg/act* | 2 | QL(108 GM per 90 days) |
| *albuterol sulfate hfa aers 108mcg/act* | 2 | QL(40.2 GM per 90 days) |
| *albuterol sulfate hfa aers 108mcg/act* | 2 | QL(51 GM per 90 days) |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *albuterol sulfate syrp, tabs* | 2 | |
| *albuterol sulfate nebu* | 2 | PA BvD |
| *arformoterol tartrate* | 2 | PA BvD |
| *epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml* | 2 | QL(2 EA per 1 days) |
| *formoterol fumarate nebu* | 2 | PA BvD |
| *levalbuterol hcl nebu* | 2 | PA BvD |
| *levalbuterol hydrochloride nebu 0.63mg/3ml* | 2 | PA BvD |
| *levalbuterol nebu* | 2 | PA BvD |
| PROAIR RESPICLICK | 3 | QL(6 EA per 90 days) |
| SEREVENT DISKUS | 3 | QL(180 EA per 90 days) |
| STRIVERDI RESPIMAT | 3 | QL(12 GM per 90 days) |
| ***Cystic Fibrosis Agents*** | | |
| CAYSTON | 3 | PA; NEDS |
| KALYDECO TABS | 3 | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| KALYDECO PACK 13.4MG, 5.8MG | 3 | QL(56 EA per 28 days); PA; NEDS |
| KALYDECO PACK 25MG, 50MG, 75MG | 3 | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| ORKAMBI TABS | 3 | QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| ORKAMBI PACK 94MG; 75MG | 3 | QL(56 EA per 28 days); PA; NEDS |
| ORKAMBI PACK 125MG; 100MG, 188MG; 150MG | 3 | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| PULMOZYME | 3 | PA BvD; NEDS; SP-Optum Specialty |
| TOBI PODHALER | 3 | NEDS; SP-Optum Specialty |
| ***Mast Cell Stabilizers*** | | |
| *cromolyn sodium nebu 20mg/2ml* | 2 | PA BvD |
| ***Phosphodiesterase Inhibitors, Airways Disease*** | | |
| *elixophyllin* | 2 | |
| *roflumilast* | 2 | |
| *theophylline er tb12, tb24* | 2 | |
| *theophylline elix* | 2 | |
| ***Pulmonary Antihypertensives*** | | |
| ADEMPAS | 3 | PA; NEDS |
| *alyq* | 2 | PA; SP-Optum Specialty |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *ambrisentan* | 2 | PA; NEDS; SP-Optum Specialty |
| *bosentan tabs* | 2 | PA; NEDS; SP-Optum Specialty |
| OPSUMIT | 3 | PA; NEDS |
| ORENITRAM TITRATION KIT MONTH 1 | 3 | PA; NEDS |
| ORENITRAM TITRATION KIT MONTH 2 | 3 | PA; NEDS |
| ORENITRAM TITRATION KIT MONTH 3 | 3 | PA; NEDS |
| ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG | 3 | PA |
| ORENITRAM TBCR 5MG | 3 | PA; NEDS |
| *sildenafil citrate tabs* | 2 | PA; SP-Optum Specialty |
| *tadalafil tabs 20mg* | 2 | PA; SP-Optum Specialty |
| TRACLEER TBSO | 3 | PA; NEDS; SP-Optum Specialty |
| VENTAVIS | 3 | PA; NEDS |
| ***Pulmonary Fibrosis Agents*** | | |
| OFEV | 3 | QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| *pirfenidone caps* | 2 | QL(270 EA per 30 days); PA; NEDS |
| *pirfenidone tabs 534mg* | 2 | QL(135 EA per 30 days); PA; NEDS |
| *pirfenidone tabs 267mg* | 2 | QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| *pirfenidone tabs 801mg* | 2 | QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| ***Respiratory Tract Agents, Other*** | | |
| *acetylcysteine soln* | 2 | PA BvD |
| ANORO ELLIPTA | 3 | QL(180 EA per 90 days) |
| BEVESPI AEROSPHERE | 3 | QL(10.7 GM per 30 days) |
| BREO ELLIPTA | 3 | QL(180 EA per 90 days) |
| BREYNA | 2 | QL(30.9 GM per 90 days) |
| BREZTRI AEROSPHERE | 3 | QL(32.1 GM per 90 days) |
| BRONCHITOL | 3 | NEDS |
| COMBIVENT RESPIMAT | 3 | QL(24 GM per 90 days) |
| FASENRA PEN | 3 | PA; NEDS; SP-Optum Specialty |
| FASENRA INJ 10MG/0.5ML | 3 | PA |
| FASENRA INJ 30MG/ML | 3 | PA; NEDS |
| *fluticasone propionate/salmeterol diskus* | 2 | QL(180 EA per 90 days) |

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act* | 2 | QL(180 EA per 90 days) |
| *fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act* | 2 | QL(3 EA per 90 days) |
| *ipratropium bromide/albuterol sulfate* | 2 | PA BvD |
| KP PSEUDOEPHEDRINE HCL TABS 60MG | 4 | EC |
| PSEUDOEPHEDRINE HYDROCHLORIDE ER | 4 | EC |
| PSEUDOEPHEDRINE HYDROCHLORIDE TABS 30MG | 4 | EC |
| SODIUM CHLORIDE NEBU 7% | 4 | EC |
| STIOLTO RESPIMAT | 3 | QL(12 GM per 90 days) |
| TRELEGY ELLIPTA | 3 | QL(180 EA per 90 days) |
| *wixela inhub* | 2 | QL(180 EA per 90 days) |
| **Skeletal Muscle Relaxants** | | |
| ***Skeletal Muscle Relaxants*** | | |
| *cyclobenzaprine hydrochloride tabs* | 2 | |
| **Sleep Disorder Agents** | | |
| ***Sleep Promoting Agents*** | | |
| BELSOMRA | 3 | |
| *eszopiclone* | 2 | |
| *flurazepam hcl* | 2 | |
| *flurazepam hydrochloride* | 2 | |
| *ramelteon* | 2 | QL(30 EA per 30 days) |
| *tasimelteon* | 2 | PA; NEDS |
| *temazepam caps 15mg, 30mg, 7.5mg* | 2 | |
| *triazolam* | 2 | |
| *zaleplon* | 2 | |
| *zolpidem tartrate tabs* | 2 | |
| ***Wakefulness Promoting Agents*** | | |
| *armodafinil* | 2 | PA |
| *modafinil tabs* | 2 | PA |
| *sodium oxybate* | 2 | PA; NEDS |

# D. Index of Covered Drugs




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For more recent information or other questions, contact us at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., or visit TuftsHealthOneCare.org.

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