

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

## Your 2022 Comprehensive Formulary

Administered by OptumRx<sup>®</sup>

Effective January 1, 2022



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

This comprehensive formulary was updated on August 5, 2021, and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

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### OptumRx Member Services

**Phone (toll-free):** 1-844-368-8765  
**TTY users:** 711  
**Hours of operation:** 24 hours a day, 7 days a week  
**Website:** [optumrx.com](http://optumrx.com)

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means OptumRx. When it refers to “plan” or “our plan,” it means SHBP/SEHBP Medicare Prescription Drug Plan.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2023.

## What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by State Health Benefits Program/School Employees' Health Benefits Program in consultation with OptumRx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an OptumRx network pharmacy, and other plan rules are followed.

## Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2022 formulary that is covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except when a new, less-expensive generic drug becomes available, or when new adverse information about the safety or effectiveness of a drug is released.

If we make a negative change to our formulary (i.e. add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, when applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2022. To get updated information about covered drugs, please contact OptumRx. You may also visit our website at [optumrx.com](http://optumrx.com) where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab). Our contact information is shown on the front and back cover pages.

## How do I use the formulary?

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

- **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then, look under the category name for your drug.

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Formulary design

## Formulary design

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

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs.
Tier 4	Drugs listed under Tier 4 include generic and brand-name high-cost/specialty drugs that cost \$830 or more for up to a 30-day maximum supply.

Please refer to your Evidence of Coverage for more information.

### What are generic drugs?

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

### Are there any restrictions on my coverage?

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

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

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

You can ask OptumRx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” on page 4 for additional information.

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

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

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

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

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, the drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount. If we waive a coverage restriction, it is only effective during the calendar year, and will need to be re-approved annually.

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

Generally, we will only approve your request for an exception if the drug is included on the plan’s formulary, or if additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact OptumRx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.**

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary, or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor (or other prescriber) to decide if you should switch to an appropriate drug that we cover or request a formulary exception. While you talk to your doctor (or other prescriber) to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you get a formulary exception.

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

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### **For more information**

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call OptumRx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

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

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## Formulary

The formulary below provides information about your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

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

Drug Name	Drug Tier	Requirements/ Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib oral capsule</i>	1	QL (60 EA per 30 days)
<i>diclofenac patch external patch</i>	1	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	3	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	3	
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution</i>	1	PA
<i>diclofenac sodium oral tablet delayed release</i>	3	
<i>diflunisal oral tablet</i>	1	
DUEXIS ORAL TABLET	4	QL (90 EA per 30 days); NDS
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
FLECTOR EXTERNAL PATCH	3	PA; QL (60 EA per 30 days)
<i>flurbiprofen oral tablet</i>	1	
<i>ibuprofen lysine intravenous solution</i>	4	NDS
<i>ibuprofen oral tablet , 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	1	QL (90 EA per 30 days)
<i>indomethacin er oral capsule extended release</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine nasal solution</i>	4	QL (5 EA per 30 days); NDS
<i>ketorolac tromethamine oral tablet</i>	1	QL (20 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>klofensaid ii external solution 1.5 %</i>	1	PA
LICART EXTERNAL PATCH 24 HOUR	3	PA; QL (30 EA per 30 days)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet</i>	1	
NALFON ORAL CAPSULE	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole oral tablet delayed release</i>	4	PA; QL (60 EA per 30 days); NDS
<i>oxaprozin oral tablet</i>	1	
PENNSAID EXTERNAL SOLUTION	4	PA; NDS
<i>piroxicam oral capsule</i>	1	
<i>profeno oral tablet 600 mg</i>	1	
<i>relafen ds oral tablet</i>	4	NDS
SPRIX NASAL SOLUTION	4	QL (5 EA per 30 days); NDS
<i>sulindac oral tablet</i>	1	
<i>tolmetin sodium oral tablet 200 mg</i>	1	
VOLTAREN EXTERNAL GEL	3	QL (1000 GM per 30 days)
ZIPSOR ORAL CAPSULE	4	NDS
<b>Opioid Analgesics, Long-acting</b>		
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 60 MG	4	ST; NDS

Drug Name	Drug Tier	Requirements/ Limits
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 30 MG	3	ST; NDS
BELBUCA BUCCAL FILM	3	QL (60 EA per 30 days); NDS
<i>buprenorphine transdermal patch weekly</i>	1	QL (4 EA per 28 days); NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; NDS
DOLOPHINE ORAL TABLET 10 MG, 5 MG	3	NDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 60-2.4 MG, 80-3.2 MG	4	NDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG, 50-2 MG	3	NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr</i>	1	NDS
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hr</i>	4	NDS
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	1	NDS
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	3	NDS
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	NDS
<i>levorphanol tartrate oral tablet</i>	4	NDS
<i>methadone hcl injection solution</i>	3	NDS
<i>methadone hcl intensol oral concentrate</i>	1	NDS
<i>methadone hcl oral concentrate</i>	1	NDS
<i>methadone hcl oral solution</i>	1	NDS
<i>methadone hcl oral tablet</i>	1	NDS
<i>methadose oral concentrate 10 mg/ml</i>	1	NDS
<i>methadose sugar-free oral concentrate</i>	1	NDS
<i>mitigo injection solution</i>	1	NDS
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 60 MG	4	ST; NDS
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG	3	ST; NDS
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1	NDS
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	NDS
<i>morphine sulfate er oral tablet extended release</i>	1	NDS



Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG	2	NDS
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG	4	NDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	3	ST; NDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	4	ST; NDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	3	ST; NDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	4	ST; NDS
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1	NDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	1	NDS
<i>tramadol hcl er oral capsule extended release 24 hour</i>	3	PA; NDS
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	2	NDS
<b>Opioid Analgesics, Short-acting</b>		

Drug Name	Drug Tier	Requirements/ Limits
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; NDS
<i>acetaminophen-codeine #3 oral tablet</i>	1	NDS
<i>acetaminophen-codeine oral solution</i>	1	NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	NDS
APADAZ ORAL TABLET	3	NDS
<i>apap-caff-dihydrocodeine oral capsule</i>	1	QL (300 EA per 30 days); NDS
<i>apap-caff-dihydrocodeine oral tablet</i>	1	NDS
<i>ascomp-codeine oral capsule</i>	1	PA; NDS
<i>butalbital-apap-caff-cod oral capsule</i>	1	PA; NDS
<i>butalbital-asa-caff-codeine oral capsule</i>	1	PA; NDS
<i>butorphanol tartrate injection solution</i>	1	NDS
<i>butorphanol tartrate nasal solution</i>	1	NDS
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	1	NDS
<i>codeine sulfate oral tablet 30 mg</i>	1	NDS
DEMEROL INJECTION SOLUTION 100 MG/2ML, 25 MG/0.5ML, 75 MG/1.5ML, 75 MG/ML	3	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID INJECTION SOLUTION 0.2 MG/ML	3	NDS
<i>duramorph injection solution</i>	1	NDS
DVORAH ORAL TABLET 325-30-16 MG	3	NDS
<i>endocet oral tablet</i>	1	NDS
<i>fentanyl citrate (pf) injection solution</i>	1	B/D; NDS
<i>fentanyl citrate (pf) injection solution cartridge</i>	1	B/D; NDS
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; NDS
<i>fentanyl citrate buccal tablet</i>	4	PA; NDS
<i>fentanyl citrate pf injection solution prefilled syringe</i>	1	NDS
FENTORA BUCCAL TABLET	4	PA; NDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	4	NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	NDS
<i>hydrocodone-acetaminophen oral tablet</i>	1	NDS
<i>hydrocodone-ibuprofen oral tablet</i>	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl injection solution</i>	1	NDS
<i>hydromorphone hcl oral liquid</i>	1	NDS
<i>hydromorphone hcl oral tablet</i>	1	NDS
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml</i>	1	NDS
<i>hydromorphone hcl rectal suppository</i>	1	NDS
IBUDONE ORAL TABLET 10-200 MG	3	NDS
<i>ibudone oral tablet 5-200 mg</i>	1	NDS
LAZANDA NASAL SOLUTION	4	PA; NDS
<i>lorcet hd oral tablet 10-325 mg</i>	1	NDS
<i>lorcet oral tablet 5-325 mg</i>	1	NDS
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	NDS
LORTAB ORAL ELIXIR	3	NDS
<i>meperidine hcl injection solution</i>	1	PA; NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl oral tablet</i>	1	NDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	NDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 2 mg/ml</i>	1	NDS
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	B/D; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate (pf) intravenous solution</i>	1	NDS
<i>morphine sulfate injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	NDS
<i>morphine sulfate intramuscular device 10 mg/0.7ml</i>	1	NDS
<i>morphine sulfate intravenous solution 1 mg/ml, 150 mg/30ml</i>	1	B/D; NDS
<i>morphine sulfate intravenous solution 25 mg/ml, 50 mg/ml</i>	1	NDS
<i>morphine sulfate oral solution</i>	1	NDS
<i>morphine sulfate oral tablet</i>	1	NDS
<i>morphine sulfate rectal suppository</i>	1	NDS
<i>nalbuphine hcl injection solution</i>	1	NDS
NALOCET ORAL TABLET	4	NDS
NUCYNTA ORAL TABLET 100 MG	4	NDS
NUCYNTA ORAL TABLET 50 MG, 75 MG	3	NDS
OXAYDO ORAL TABLET	4	NDS
<i>oxycodone hcl oral capsule</i>	1	NDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	NDS
<i>oxycodone hcl oral solution</i>	1	NDS
<i>oxycodone hcl oral tablet</i>	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	4	NDS
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	1	NDS
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	4	NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NDS
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	NDS
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	NDS
<i>oxymorphone hcl oral tablet</i>	1	NDS
<i>pentazocine-naloxone hcl oral tablet</i>	1	NDS
PRIMLEV ORAL TABLET 10-300 MG	4	NDS
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	3	NDS
PROLATE ORAL SOLUTION	4	NDS
<i>prolate oral tablet 10-300 mg</i>	4	NDS
<i>prolate oral tablet 5-300 mg, 7.5-300 mg</i>	3	NDS
QDOLO ORAL SOLUTION	4	NDS
SUBSYS SUBLINGUAL LIQUID	4	PA; NDS
<i>tramadol hcl oral tablet</i>	1	NDS
<i>tramadol-acetaminophen oral tablet</i>	1	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>vicodin es oral tablet 7.5-300 mg</i>	1	NDS
<i>vicodin hp oral tablet 10-300 mg</i>	1	NDS
<i>vicodin oral tablet 5-300 mg</i>	1	NDS
<i>xylon oral tablet 10-200 mg</i>	1	NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo external prefilled syringe</i>	1	PA; QL (30 ML per 30 days)
<i>lidocaine external ointment 5 %</i>	1	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA
<i>lidocaine hcl external solution</i>	1	PA; QL (250 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel</i>	1	PA; QL (30 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	PA; QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream</i>	1	PA; QL (30 GM per 30 days)
LIDOCAINE-TETRACAINE EXTERNAL CREAM	4	PA; QL (30 GM per 30 days); NDS
PLIAGLIS EXTERNAL CREAM	3	PA; QL (30 GM per 30 days)
<i>premium lidocaine external ointment</i>	1	PA; QL (150 GM per 30 days)
QUTENZA (2 PATCH) EXTERNAL KIT	4	PA; QL (4 EA per 90 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
QUTENZA EXTERNAL KIT	4	PA; QL (4 EA per 90 days); NDS
SYNERA EXTERNAL PATCH	4	NDS
ZTLIDO EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium oral tablet delayed release</i>	1	
<i>disulfiram oral tablet</i>	1	
<i>naltrexone hcl oral tablet</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	NDS
<b>Opioid Dependence</b>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	ST; QL (180 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	3	ST; QL (90 EA per 30 days)
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	ST; QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET	4	QL (224 EA per 14 days); NDS
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	NDS
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG	2	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	2	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG	3	ST; QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	ST; QL (360 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	ST; QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	ST; QL (180 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	ST; QL (60 EA per 30 days)
<b>Opioid Reversal Agents</b>		
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	4	NDS
<i>naloxone hcl injection solution</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl injection solution prefilled syringe</i>	1	
NARCAN NASAL LIQUID	2	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET	2	QL (504 EA per 365 days)
CHANTIX ORAL TABLET	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	2	QL (504 EA per 365 days)
NICOTROL INHALATION INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS NASAL SOLUTION	2	QL (360 ML per 365 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	3	QL (60 EA per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution</i>	1	
ARIKAYCE INHALATION SUSPENSION	4	PA; NDS
<i>gentamicin sulfate external cream</i>	1	
<i>gentamicin sulfate external ointment</i>	1	
<i>gentamicin sulfate injection solution</i>	1	
<i>neomycin sulfate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>paromomycin sulfate oral capsule</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted</i>	1	
ZEMDRI INTRAVENOUS SOLUTION	4	NDS
<b>Antibacterials, Other</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>aztreonam injection solution reconstituted 2 gm</i>	4	NDS
<i>clindacin etz external swab</i>	1	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>daptomycin intravenous solution reconstituted</i>	4	NDS
<i>fosfomycin tromethamine oral packet</i>	1	
FURADANTIN ORAL SUSPENSION 25 MG/5ML	4	NDS
IMPAVIDO ORAL CAPSULE	4	NDS
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>lincomycin hcl injection solution</i>	1	
<i>linezolid in sodium chloride intravenous solution</i>	4	NDS
<i>linezolid intravenous solution</i>	1	
<i>linezolid oral suspension reconstituted</i>	4	QL (1800 ML per 28 days); NDS
<i>linezolid oral tablet</i>	1	QL (56 EA per 28 days)
<i>methenamine hippurate oral tablet</i>	1	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal gel</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	4	NDS
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
PRIMSOL ORAL SOLUTION	3	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	4	QL (6 EA per 30 days); NDS
SIVEXTRO ORAL TABLET	4	QL (6 EA per 30 days); NDS
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>tinidazole oral tablet</i>	1	
<i>trimethoprim oral tablet</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	
<i>vancomycin hcl oral capsule 125 mg</i>	1	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	1	QL (240 EA per 30 days)
XENLETA INTRAVENOUS SOLUTION	4	NDS
XENLETA ORAL TABLET	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	4	NDS
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>cefaclor oral capsule</i>	3	
<i>cefaclor oral suspension reconstituted</i>	3	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	1	
<i>cefepime hcl injection solution reconstituted</i>	1	
<i>cefepime hcl intravenous solution</i>	1	
<i>cefepime hcl intravenous solution reconstituted</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefotaxime sodium injection solution reconstituted</i>	1	
<i>cefotetan disodium injection solution reconstituted</i>	1	
<i>cefoxitin sodium injection solution reconstituted</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefepodoxime proxetil oral suspension reconstituted</i>	1	
<i>cefepodoxime proxetil oral tablet</i>	1	
<i>cefprozil oral suspension reconstituted</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection solution reconstituted</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>tazicef injection solution reconstituted</i>	1	
<i>tazicef intravenous solution reconstituted</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<b>Beta-lactam, Penicillins</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable</i>	1	
<i>ampicillin oral capsule</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
<i>dicloxacillin sodium oral capsule</i>	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4	NDS
<i>nafcillin sodium injection solution reconstituted</i>	1	
<i>nafcillin sodium intravenous solution reconstituted</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>oxacillin sodium injection solution reconstituted</i>	1	
<i>oxacillin sodium intravenous solution reconstituted</i>	3	
<i>penicillin g sodium injection solution reconstituted</i>	4	NDS
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>piperacillin sod- tazobactam so intravenous solution reconstituted 2.25 (2- 0.25) gm, 3.375 (3- 0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<b>Carbapenems</b>		
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	3	
<i>ertapenem sodium injection solution reconstituted</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	1	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	3	
<i>meropenem intravenous solution reconstituted</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MEROPENEM- SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML	4	NDS
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<b>Macrolides</b>		
<i>azithromycin intravenous solution reconstituted</i>	1	
AZITHROMYCIN ORAL PACKET	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	1	
<i>clarithromycin oral suspension reconstituted</i>	1	
<i>clarithromycin oral tablet</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	4	NDS
DIFICID ORAL TABLET	4	NDS
<i>erythromycin base oral tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<b>Quinolones</b>		

Drug Name	Drug Tier	Requirements/ Limits
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
BAXDELA ORAL TABLET	4	NDS
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	1	
<i>moxifloxacin hcl oral tablet</i>	1	
<i>ofloxacin oral tablet</i>	1	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole- trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole- trimethoprim oral tablet</i>	1	
<i>sulfatrim pediatric oral suspension</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline hcl oral tablet</i>	1	
<i>doxy 100 intravenous solution reconstituted</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate intravenous solution reconstituted</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>minocycline hcl oral capsule</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 50 mg</i>	1	
<i>morgidox oral capsule</i>	1	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
NUZYRA ORAL TABLET	4	NDS
SEYSARA ORAL TABLET	4	NDS
<i>tetracycline hcl oral capsule</i>	1	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	NDS
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT INTRAVENOUS SOLUTION	4	PA; NDS
BRIVIACT ORAL SOLUTION	4	PA; NDS
BRIVIACT ORAL TABLET	4	PA; NDS
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	4	NDS
EPIDIOLEX ORAL SOLUTION	4	PA; NDS
<i>felbamate oral suspension</i>	4	NDS
<i>felbamate oral tablet</i>	1	
FINTEPLA ORAL SOLUTION	4	PA; NDS
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	NDS
FYCOMPA ORAL TABLET 2 MG	3	
LAMICTAL ODT ORAL KIT 42 X 50 MG & 14X100 MG	4	NDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	1	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg</i>	1	
<i>lamotrigine oral kit 42 x 50 mg &amp; 14x100 mg</i>	4	NDS
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine oral tablet dispersible</i>	1	
<i>lamotrigine starter kit- blue oral kit</i>	1	
<i>lamotrigine starter kit- green oral kit</i>	1	
<i>lamotrigine starter kit- orange oral kit</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days); NDS
<i>roweepra oral tablet</i>	1	
<i>roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter kit- blue oral kit</i>	1	
<i>subvenite starter kit- green oral kit</i>	1	
<i>subvenite starter kit- orange oral kit</i>	1	
<i>topiramate oral capsule sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	NDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI ORAL TABLET 200 MG	4	PA; NDS
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG	3	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	4	PA; NDS
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL CAPSULE	3	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clobazam oral suspension</i>	1	
<i>clobazam oral tablet</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	4	PA; NDS
DIACOMIT ORAL PACKET	4	PA; NDS
<i>diazepam rectal gel</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (150 EA per 30 days)
<i>phenobarbital oral elixir</i>	1	PA
<i>phenobarbital oral tablet</i>	1	PA
<i>phenobarbital sodium injection solution</i>	1	PA
<i>primidone oral tablet</i>	1	
SYMPAZAN ORAL FILM	4	NDS
<i>tiagabine hcl oral tablet</i>	1	
VALTOCO NASAL LIQUID	4	QL (10 EA per 30 days); NDS
VALTOCO NASAL LIQUID THERAPY PACK	4	QL (10 EA per 30 days); NDS
<i>vigabatrin oral packet</i>	4	PA; NDS
<i>vigabatrin oral tablet</i>	4	PA; NDS
<i>vigadrone oral packet</i>	4	PA; NDS
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET	4	NDS
BANZEL ORAL SUSPENSION	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	
<i>carbamazepine oral suspension</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet chewable</i>	1	
<i>dilantin oral capsule 30 mg</i>	3	
<i>epitol oral tablet</i>	1	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	4	NDS
PEGANONE ORAL TABLET 250 MG	3	
<i>phenytoin infatabs oral tablet chewable</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>rufinamide oral suspension</i>	4	NDS
<i>rufinamide oral tablet 200 mg</i>	1	
<i>rufinamide oral tablet 400 mg</i>	4	NDS
VIMPAT ORAL SOLUTION	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	NDS
VIMPAT ORAL TABLET 50 MG	3	
<i>zonisamide oral capsule</i>	1	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet</i>	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet</i>	1	
<i>donepezil hcl oral tablet dispersible</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	1	
<i>galantamine hydrobromide oral solution</i>	1	
<i>galantamine hydrobromide oral tablet</i>	1	
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days); NDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	1	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1	PA
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet dispersible</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine-amitriptyline oral tablet</i>	1	PA
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	4	PA; NDS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	4	PA; NDS
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR	4	ST; QL (30 EA per 30 days); NDS
MARPLAN ORAL TABLET	3	
<i>phenelzine sulfate oral tablet</i>	1	
<i>tranylcypromine sulfate oral tablet</i>	1	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral solution</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (120 EA per 30 days)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; QL (30 EA per 30 days)



Drug Name	Drug Tier	Requirements/ Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	1	QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate oral tablet</i>	1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (120 EA per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; QL (30 EA per 30 days)
<i>nefazodone hcl oral tablet</i>	3	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine mesylate oral capsule</i>	1	QL (30 EA per 30 days)
PAXIL ORAL SUSPENSION	3	
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET	3	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	
<i>venlafaxine hcl oral tablet</i>	1	
VIIBRYD ORAL TABLET	3	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT	3	QL (60 EA per 365 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxapine oral tablet</i>	1	
<i>clomipramine hcl oral capsule</i>	1	
<i>desipramine hcl oral tablet</i>	1	
<i>doxepin hcl oral capsule</i>	1	PA
<i>doxepin hcl oral concentrate</i>	1	PA
<i>imipramine hcl oral tablet</i>	1	
<i>nortriptyline hcl oral capsule</i>	1	
<i>nortriptyline hcl oral solution</i>	1	
<i>protriptyline hcl oral tablet</i>	1	
TOFRANIL ORAL TABLET 25 MG, 50 MG	4	NDS
<i>trimipramine maleate oral capsule</i>	1	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro rectal suppository</i>	1	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1	QL (120 EA per 30 days)
<i>meclizine hcl oral tablet</i>	1	
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	
<i>phenergan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal suppository</i>	1	
<i>promethegan rectal suppository</i>	1	
<i>scopolamine transdermal patch 72 hour</i>	1	
<i>trimethobenzamide hcl oral capsule</i>	1	B/D
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO INTRAVENOUS SOLUTION	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	
AKYNZEO ORAL CAPSULE	3	B/D; QL (2 EA per 30 days)
ANZEMET ORAL TABLET 100 MG, 50 MG	3	B/D; QL (5 EA per 30 days)
<i>aprepitant oral capsule 125 mg</i>	1	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	1	B/D; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D; QL (8 EA per 30 days)
CESAMET ORAL CAPSULE 1 MG	4	PA; QL (60 EA per 30 days); NDS
<i>dronabinol oral capsule</i>	1	PA; QL (60 EA per 30 days)
EMEND ORAL CAPSULE 125 MG	3	B/D; QL (2 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D; QL (6 EA per 30 days)



Drug Name	Drug Tier	Requirements/ Limits
<i>granisetron hcl oral tablet</i>	1	B/D; QL (30 EA per 30 days)
<i>ondansetron hcl oral solution</i>	1	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D
<i>ondansetron odt oral tablet dispersible</i>	1	B/D
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	4	NDS
SANCUSO TRANSDERMAL PATCH	4	QL (2 EA per 30 days); NDS
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	4	QL (1.2 ML per 30 days); NDS
SYNDROS ORAL SOLUTION	4	PA; QL (120 ML per 30 days); NDS
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	B/D; QL (4 EA per 30 days)
ZUPLENZ ORAL FILM 4 MG	3	B/D
ZUPLENZ ORAL FILM 8 MG	4	B/D; NDS
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	3	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	B/D; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b intravenous solution reconstituted</i>	1	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	4	NDS
<i>clotrimazole external cream</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
CRESEMBA ORAL CAPSULE	4	NDS
<i>econazole nitrate external cream</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
ERTACZO EXTERNAL CREAM	4	NDS
<i>fluconazole in dextrose intravenous solution 200 mg/100ml</i>	1	
<i>fluconazole in sodium chloride intravenous solution</i>	1	
<i>fluconazole oral suspension reconstituted</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule</i>	4	NDS
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole oral solution</i>	4	PA; NDS
JUBLIA EXTERNAL SOLUTION	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
<i>ketoconazole oral tablet</i>	1	
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	1	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	4	NDS
<i>miconazole 3 vaginal suppository</i>	1	
<i>naftifine hcl external gel</i>	1	
NOXAFIL INTRAVENOUS SOLUTION	4	PA; NDS
NOXAFIL ORAL SUSPENSION	4	PA; NDS
<i>nyamyc external powder</i>	1	
<i>nyata external powder 100000 unit/gm</i>	1	
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
<i>nystatin external powder</i>	1	
<i>nystatin mouth/throat suspension</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop external powder</i>	1	
<i>posaconazole oral tablet delayed release</i>	4	PA; NDS
<i>sulconazole nitrate external solution</i>	1	
<i>tavaborole external solution</i>	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl oral tablet</i>	1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	1	
TOLSURA ORAL CAPSULE	4	PA; NDS
<i>voriconazole intravenous solution reconstituted</i>	4	PA; NDS
<i>voriconazole oral suspension reconstituted</i>	4	NDS
<i>voriconazole oral tablet</i>	1	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	1	
COLCHICINE ORAL CAPSULE	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	1	
<i>febuxostat oral tablet</i>	1	
GLOPERBA ORAL SOLUTION	3	ST
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; NDS
<i>probenecid oral tablet</i>	1	
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate injection solution</i>	4	PA; NDS
<i>dihydroergotamine mesylate nasal solution</i>	4	PA; QL (8 ML per 30 days); NDS
<i>ergotamine-caffeine oral tablet</i>	1	
<i>migergot rectal suppository</i>	4	NDS
<b>Prophylactic</b>		

Drug Name	Drug Tier	Requirements/ Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days)
AIMOVIG	3	PA; QL (2 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL (4.5 ML per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (4.5 ML per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	4	PA; QL (18 EA per 30 days); NDS
<i>timolol maleate oral tablet</i>	1	
UBRELVY ORAL TABLET	4	PA; QL (16 EA per 30 days); NDS
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>almotriptan malate oral tablet</i>	1	QL (12 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1	QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	1	QL (12 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT ORAL TABLET DISPERSIBLE 5 MG	3	QL (18 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	1	QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1	QL (18 EA per 30 days)
<i>sumatriptan nasal solution</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	1	QL (9 EA per 30 days)
TOSYMRA NASAL SOLUTION	3	QL (12 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	QL (8 ML per 30 days); NDS
<i>zolmitriptan oral tablet</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (9 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL ORAL TABLET 125 MG	3	
<i>pyridostigmine bromide oral solution</i>	4	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet</i>	1	
<i>rifabutin oral capsule</i>	1	
<b>Antituberculars</b>		
<i>cycloserine oral capsule</i>	1	
<i>ethambutol hcl oral tablet</i>	1	
<i>isoniazid oral syrup</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>paser oral packet</i>	3	
PRIFTIN ORAL TABLET	3	
<i>pyrazinamide oral tablet</i>	1	
<i>rifampin intravenous solution reconstituted</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	4	NDS
TRECTOR ORAL TABLET	3	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BELRAPZO INTRAVENOUS SOLUTION	4	NDS
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
BENDEKA INTRAVENOUS SOLUTION	4	NDS
<i>busulfan intravenous solution</i>	4	NDS
<i>carmustine intravenous solution reconstituted</i>	4	NDS
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm</i>	4	NDS
<i>cyclophosphamide intravenous solution 1 gm/5ml</i>	4	NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML	4	NDS
<i>cyclophosphamide oral capsule</i>	1	B/D
<i>cyclophosphamide oral tablet 25 mg</i>	1	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
GLEOSTINE ORAL CAPSULE	3	
HEXALEN ORAL CAPSULE 50 MG	4	NDS
<i>ifosfamide intravenous solution reconstituted 3 gm</i>	1	
LEUKERAN ORAL TABLET	4	NDS
MATULANE ORAL CAPSULE	4	NDS
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	4	NDS
<i>oxaliplatin intravenous solution reconstituted</i>	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
PEPAXTO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
THIOTEPA INJECTION SOLUTION RECONSTITUTED 100 MG	4	NDS
<i>thiotepa injection solution reconstituted 15 mg</i>	4	NDS
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
VALCHLOR EXTERNAL GEL	4	PA; NDS
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet</i>	4	PA; NDS
<i>bicalutamide oral tablet</i>	1	
ERLEADA ORAL TABLET	4	PA; NDS
<i>flutamide oral capsule</i>	1	
<i>nilutamide oral tablet</i>	4	NDS
NUBEQA ORAL TABLET	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
XTANDI ORAL CAPSULE	4	PA; NDS
XTANDI ORAL TABLET	4	PA; NDS
YONSA ORAL TABLET	4	PA; NDS
ZYTIGA ORAL TABLET 500 MG	4	PA; NDS
<b>Antiangiogenic Agents</b>		
FOTIVDA ORAL CAPSULE	4	PA; NDS
POMALYST ORAL CAPSULE	4	PA; NDS
QINLOCK ORAL TABLET	4	PA; NDS
REVLIMID ORAL CAPSULE	4	PA; NDS
TABRECTA ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS
THALOMID ORAL CAPSULE	4	PA; NDS
<b>Antiestrogens/Modifiers</b>		
EMCYT ORAL CAPSULE	4	NDS
<i>fulvestrant intramuscular solution</i>	4	NDS
SOLTAMOX ORAL SOLUTION	4	NDS
<i>tamoxifen citrate oral tablet</i>	1	
<i>toremifene citrate oral tablet</i>	4	NDS
<b>Antimetabolites</b>		
<i>adrucil intravenous solution 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	1	B/D
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
ARRANON INTRAVENOUS SOLUTION	4	NDS
<i>cladribine intravenous solution</i>	4	B/D; NDS
<i>clofarabine intravenous solution</i>	4	NDS
<i>cytarabine (pf) injection solution</i>	1	B/D
<i>cytarabine injection solution</i>	1	B/D
DROXIA ORAL CAPSULE	3	
<i>floxuridine injection solution reconstituted</i>	1	B/D
<i>fluorouracil intravenous solution</i>	1	B/D
FOLOTYN INTRAVENOUS SOLUTION	4	PA; NDS
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>	4	NDS
<i>hydroxyurea oral capsule</i>	1	
INFUGEM INTRAVENOUS SOLUTION	4	NDS
<i>mercaptopurine oral tablet</i>	1	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
PURIXAN ORAL SUSPENSION	4	NDS
SIKLOS ORAL TABLET 100 MG	3	PA
SIKLOS ORAL TABLET 1000 MG	4	PA; NDS
TABLOID ORAL TABLET	3	

Drug Name	Drug Tier	Requirements/ Limits
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA; NDS
<b>Antineoplastics, Other</b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	4	NDS
<i>adriamycin intravenous solution</i>	1	B/D
<i>adriamycin intravenous solution reconstituted</i>	1	B/D
<i>arsenic trioxide intravenous solution 10 mg/10ml</i>	1	
<i>arsenic trioxide intravenous solution 12 mg/6ml</i>	4	NDS
ASPARLAS INTRAVENOUS SOLUTION	4	NDS
<i>azacitidine injection suspension reconstituted</i>	4	NDS
<i>bleomycin sulfate injection solution reconstituted</i>	1	B/D
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>dactinomycin intravenous solution reconstituted</i>	4	NDS
<i>decitabine intravenous solution reconstituted</i>	4	PA; NDS
DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	4	NDS
<i>docetaxel intravenous solution 20 mg/2ml</i>	4	NDS



Drug Name	Drug Tier	Requirements/ Limits
DOXIL INTRAVENOUS INJECTABLE	4	NDS
<i>doxorubicin hcl intravenous solution</i>	1	B/D
<i>doxorubicin hcl intravenous solution reconstituted</i>	1	B/D
<i>doxorubicin hcl liposomal intravenous injectable</i>	4	NDS
ELZONRIS INTRAVENOUS SOLUTION	4	PA; NDS
ERWINASE INJECTION SOLUTION RECONSTITUTED	4	NDS
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	4	NDS
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
FUSILEV INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	NDS
GAVRETO ORAL CAPSULE	4	PA; NDS
HALAVEN INTRAVENOUS SOLUTION	4	PA; NDS
IBRANCE ORAL TABLET	4	PA; NDS
IDHIFA ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
INREBIC ORAL CAPSULE	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
JEVTANA INTRAVENOUS SOLUTION	4	PA; NDS
KISQALI FEMARA ORAL TABLET THERAPY PACK	4	PA; NDS
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	B/D
<i>leucovorin calcium injection solution reconstituted 500 mg</i>	1	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	4	NDS
LONSURF ORAL TABLET	4	PA; NDS
LUMAKRAS ORAL TABLET	4	PA; NDS
MARQIBO INTRAVENOUS SUSPENSION	4	NDS
<i>mitomycin intravenous solution reconstituted</i>	4	NDS
<i>mutamycin intravenous solution reconstituted</i>	4	NDS
NINLARO ORAL CAPSULE	4	PA; NDS
ONCASPAR INJECTION SOLUTION	4	NDS
ONUREG ORAL TABLET	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PEMAZYRE ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
PHESGO SUBCUTANEOUS SOLUTION	4	PA; NDS
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
RETEVMO ORAL CAPSULE	4	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	4	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	4	PA; NDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML	4	NDS
TAZVERIK ORAL TABLET	4	PA; NDS
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA; NDS
TUKYSA ORAL TABLET	4	PA; NDS
<i>valrubicin intravesical solution</i>	4	NDS
VELCADE INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
<i>vinblastine sulfate intravenous solution</i>	1	B/D
<i>vincasar pfs intravenous solution 1 mg/ml</i>	1	B/D
<i>vincristine sulfate intravenous solution</i>	1	B/D
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; NDS	ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA per 30 days); NDS
ZALTRAP INTRAVENOUS SOLUTION	4	PA; NDS	ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (120 EA per 30 days); NDS
ZOLINZA ORAL CAPSULE	4	PA; NDS	ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (60 EA per 365 days); NDS
<b>Aromatase Inhibitors, 3rd Generation</b>			AYVAKIT ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
<i>anastrozole oral tablet</i>	1		BALVERSA ORAL TABLET	4	PA; NDS
<i>exemestane oral tablet</i>	1		BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>letrozole oral tablet</i>	1		BOSULIF ORAL TABLET	4	PA; NDS
<b>Enzyme Inhibitors</b>			BRAFTOVI ORAL CAPSULE	4	PA; NDS
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS	BRUKINSA ORAL CAPSULE	4	PA; NDS
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	CABOMETYX ORAL TABLET	4	PA; NDS
ONIVYDE INTRAVENOUS INJECTABLE	4	NDS	CALQUENCE ORAL CAPSULE	4	PA; NDS
<i>topotecan hcl intravenous solution reconstituted</i>	4	NDS	CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 EA per 30 days); NDS
<b>Molecular Target Inhibitors</b>			CAPRELSA ORAL TABLET 300 MG	4	PA; NDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	4	PA; NDS	COMETRIQ ORAL KIT	4	PA; NDS
AFINITOR ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); NDS	COPIKTRA ORAL CAPSULE	4	PA; NDS
ALECENSA ORAL CAPSULE	4	PA; NDS	COTELLIC ORAL TABLET	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
DAURISMO ORAL TABLET	4	PA; NDS
ERIVEDGE ORAL CAPSULE	4	PA; NDS
<i>erlotinib hcl oral tablet</i>	4	PA; NDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30 EA per 30 days); NDS
FARYDAK ORAL CAPSULE	4	PA; NDS
GILOTRIF ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
IBRANCE ORAL CAPSULE	4	PA; NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG	4	PA; QL (30 EA per 30 days); NDS
ICLUSIG ORAL TABLET 30 MG, 45 MG	4	PA; NDS
<i>imatinib mesylate oral tablet</i>	4	PA; NDS
IMBRUVICA ORAL CAPSULE	4	PA; NDS
IMBRUVICA ORAL TABLET	4	PA; NDS
INLYTA ORAL TABLET	4	PA; NDS
INQOVI ORAL TABLET	4	PA; NDS
IRESSA ORAL TABLET	4	PA; NDS
JAKAFI ORAL TABLET 10 MG	4	PA; QL (60 EA per 30 days); NDS
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	4	PA; NDS
KISQALI ORAL TABLET THERAPY PACK 200 MG	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
KOSELUGO ORAL CAPSULE	4	PA; NDS
<i>lapatinib ditosylate oral tablet</i>	4	PA; NDS
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	4	PA; NDS
LORBRENA ORAL TABLET	4	PA; NDS
LYNPARZA ORAL CAPSULE 50 MG	4	NDS
LYNPARZA ORAL TABLET	4	PA; NDS
MEKINIST ORAL TABLET	4	PA; NDS
MEKTOVI ORAL TABLET	4	PA; NDS
NERLYNX ORAL TABLET	4	PA; QL (180 EA per 30 days); NDS
NEXAVAR ORAL TABLET	4	PA; NDS
ODOMZO ORAL CAPSULE	4	PA; NDS
PIQRAY ORAL TABLET THERAPY PACK	4	PA; NDS
ROZLYTREK ORAL CAPSULE	4	PA; NDS
RUBRACA ORAL TABLET	4	PA; NDS
RYDAPT ORAL CAPSULE	4	PA; NDS
SPRYCEL ORAL TABLET	4	PA; NDS
STIVARGA ORAL TABLET	4	PA; NDS
<i>sunitinib malate oral capsule</i>	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
SUTENT ORAL CAPSULE	4	PA; NDS
TAFINLAR ORAL CAPSULE	4	PA; NDS
TAGRISSEO ORAL TABLET 40 MG	4	PA; QL (30 EA per 30 days); NDS
TAGRISSEO ORAL TABLET 80 MG	4	PA; NDS
TALZENNA ORAL CAPSULE	4	PA; NDS
TASIGNA ORAL CAPSULE	4	PA; NDS
<i>temsirolimus intravenous solution</i>	4	NDS
TEPMETKO ORAL TABLET	4	PA; NDS
TIBSOVO ORAL TABLET	4	PA; NDS
TURALIO ORAL CAPSULE	4	PA; NDS
UKONIQ ORAL TABLET	4	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	2	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	4	PA; NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	4	PA; NDS
VERZENIO ORAL TABLET	4	PA; NDS
VITRAKVI ORAL CAPSULE	4	PA; NDS
VITRAKVI ORAL SOLUTION	4	PA; NDS
VIZIMPRO ORAL TABLET	4	PA; NDS
VOTRIENT ORAL TABLET	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
XALKORI ORAL CAPSULE	4	PA; NDS
XOSPATA ORAL TABLET	4	PA; NDS
ZEJULA ORAL CAPSULE	4	PA; NDS
ZELBORAF ORAL TABLET	4	PA; NDS
ZYDELIG ORAL TABLET	4	PA; NDS
ZYKADIA ORAL CAPSULE 150 MG	4	PA; NDS
ZYKADIA ORAL TABLET	4	PA; NDS
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ARZERRA INTRAVENOUS CONCENTRATE	4	PA; NDS
AVASTIN INTRAVENOUS SOLUTION	4	PA; NDS
BAVENCIO INTRAVENOUS SOLUTION	4	PA; NDS
BESPOUSA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
CYRAMZA INTRAVENOUS SOLUTION	4	PA; NDS
DANYELZA INTRAVENOUS SOLUTION	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	PA; NDS
DARZALEX INTRAVENOUS SOLUTION	4	PA; NDS
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ERBITUX INTRAVENOUS SOLUTION	4	PA; NDS
GAZYVA INTRAVENOUS SOLUTION	4	PA; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	PA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
IMFINZI INTRAVENOUS SOLUTION	4	PA; NDS
JEMPERLI INTRAVENOUS SOLUTION	4	PA; NDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; NDS
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML	4	PA; NDS
LIBTAYO INTRAVENOUS SOLUTION	4	PA; NDS
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
MARGENZA INTRAVENOUS SOLUTION	4	PA; NDS
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
MVASI INTRAVENOUS SOLUTION	4	PA; NDS
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
OPDIVO INTRAVENOUS SOLUTION	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
PERJETA INTRAVENOUS SOLUTION	4	PA; NDS
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
PORTRAZZA INTRAVENOUS SOLUTION	4	PA; NDS
POTELIGEO INTRAVENOUS SOLUTION	4	PA; NDS
RIABNI INTRAVENOUS SOLUTION	4	PA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	4	PA; NDS
RITUXAN INTRAVENOUS SOLUTION	4	PA; NDS
RUXIENCE INTRAVENOUS SOLUTION	4	PA; NDS
RYBREVANT INTRAVENOUS SOLUTION	4	PA; NDS
SARCLISA INTRAVENOUS SOLUTION	4	PA; NDS
TECENTRIQ INTRAVENOUS SOLUTION	4	PA; NDS
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
TRUXIMA INTRAVENOUS SOLUTION	4	PA; NDS
UNITUXIN INTRAVENOUS SOLUTION	4	NDS
VECTIBIX INTRAVENOUS SOLUTION	4	NDS
YERVOY INTRAVENOUS SOLUTION	4	PA; NDS
ZEVALIN Y-90 INTRAVENOUS KIT	4	NDS
ZIRABEV INTRAVENOUS SOLUTION	4	PA; NDS
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<b>Retinoids</b>		
<i>bexarotene oral capsule</i>	4	PA; NDS
PANRETIN EXTERNAL GEL	4	NDS
TARGRETIN EXTERNAL GEL	4	PA; NDS
<i>tretinoin oral capsule</i>	4	NDS
<b>Treatment Adjuncts</b>		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	4	NDS
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>leucovorin calcium oral tablet</i>	1	
MESNEX ORAL TABLET	4	NDS
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	4	NDS
<i>emverm oral tablet chewable</i>	4	NDS
<i>ivermectin oral tablet</i>	1	
<i>praziquantel oral tablet</i>	1	
<b>Antiprotozoals</b>		
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil hcl oral tablet</i>	1	
BENZNIDAZOLE ORAL TABLET	2	
<i>chloroquine phosphate oral tablet</i>	1	
COARTEM ORAL TABLET	3	
<i>hydroxychloroquine sulfate oral tablet</i>	1	
<i>mefloquine hcl oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	4	NDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	1	
<i>primaquine phosphate oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>quinine sulfate oral capsule</i>	1	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet</i>	1	
<i>trihexyphenidyl hcl oral solution</i>	1	
<i>trihexyphenidyl hcl oral tablet</i>	1	
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
<i>entacapone oral tablet</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA; NDS
NOURIANZ ORAL TABLET	4	PA; NDS
ONGENTYS ORAL CAPSULE	3	ST
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
<i>tolcapone oral tablet</i>	4	NDS
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL (90 ML per 30 days); NDS
<i>bromocriptine mesylate oral capsule</i>	3	
<i>bromocriptine mesylate oral tablet</i>	3	
KYNMOBI SUBLINGUAL FILM	4	PA; QL (150 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
KYNMOBI TITRATION KIT SUBLINGUAL KIT	3	PA; QL (20 EA per 365 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	ST
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	
<i>pramipexole dihydrochloride oral tablet</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	
<i>ropinirole hcl oral tablet</i>	1	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa er oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1	
DUOPA ENTERAL SUSPENSION	4	PA; NDS
INBRIJA INHALATION CAPSULE	4	PA; NDS
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
XADAGO ORAL TABLET	3	ST; QL (30 EA per 30 days)
ZELAPAR ORAL TABLET DISPERSIBLE	4	NDS
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl oral tablet</i>	1	
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	1	
<i>molindone hcl oral tablet</i>	1	
<i>perphenazine oral tablet</i>	1	
<i>thioridazine hcl oral tablet</i>	1	PA
<i>thiothixene oral capsule</i>	1	
<i>trifluoperazine hcl oral tablet</i>	1	
<b>2nd Generation/Atypical</b>		



Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	NDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET	4	ST; QL (30 EA per 30 days); NDS
ABILIFY MYCITE ORAL TABLET	4	ST; QL (30 EA per 30 days); NDS
ABILIFY MYCITE STARTER KIT ORAL TABLET	4	ST; QL (60 EA per 365 days); NDS
<i>aripiprazole oral solution</i>	1	QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	4	QL (60 EA per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	4	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	4	NDS
<i>asenapine maleate sublingual tablet sublingual</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	4	ST; QL (30 EA per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	4	ST; QL (60 EA per 30 days); NDS
FANAPT ORAL TABLET 4 MG	3	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL (8 EA per 180 days)

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	4	NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days); NDS
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days); NDS
NUPLAZID ORAL CAPSULE	4	PA; NDS
NUPLAZID ORAL TABLET	4	PA; NDS
<i>olanzapine intramuscular solution reconstituted</i>	1	
<i>olanzapine oral tablet</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	4	NDS



Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET	4	QL (30 EA per 30 days); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	4	NDS
RISPERDAL ORAL TABLET 0.25 MG	3	QL (60 EA per 30 days)
<i>risperidone oral solution</i>	1	QL (240 ML per 30 days)
<i>risperidone oral tablet</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible</i>	1	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	4	PA; QL (30 EA per 30 days); NDS
VRAYLAR ORAL CAPSULE	4	ST; QL (30 EA per 30 days); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	4	NDS
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days); NDS
FAZACLO ORAL TABLET DISPERSIBLE 100 MG	4	QL (270 EA per 30 days); NDS
FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG	3	QL (90 EA per 30 days)
FAZACLO ORAL TABLET DISPERSIBLE 150 MG	4	QL (180 EA per 30 days); NDS
FAZACLO ORAL TABLET DISPERSIBLE 200 MG	4	QL (120 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
FAZACLO ORAL TABLET DISPERSIBLE 25 MG	3	QL (270 EA per 30 days)
VERSACLOZ ORAL SUSPENSION	4	QL (540 ML per 30 days); NDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen intrathecal solution</i>	1	B/D
<i>baclofen oral tablet</i>	1	
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
<i>dantrolene sodium oral capsule</i>	1	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	3	B/D
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML	3	B/D
LIORESAL INTRATHECAL SOLUTION 10 MG/5ML	4	B/D; NDS
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML	4	PA; NDS
MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML	3	PA
<i>tizanidine hcl oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	3	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	4	PA; NDS
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir intravenous solution</i>	4	NDS
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	B/D
<i>foscarnet sodium intravenous solution</i>	1	B/D
<i>ganciclovir sodium intravenous solution</i>	1	B/D
<i>ganciclovir sodium intravenous solution reconstituted</i>	1	B/D
PREVYMIS INTRAVENOUS SOLUTION	4	NDS
PREVYMIS ORAL TABLET	4	NDS
<i>valganciclovir hcl oral solution reconstituted</i>	4	NDS
<i>valganciclovir hcl oral tablet</i>	1	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	1	
BARACLUDGE ORAL SOLUTION	4	QL (600 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>entecavir oral tablet</i>	1	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	3	
<i>lamivudine oral tablet 100 mg</i>	1	
VEMLIDY ORAL TABLET	4	NDS
<b>Anti-hepatitis C (HCV) Agents</b>		
DAKLINZA ORAL TABLET 30 MG, 60 MG	4	QL (168 EA per 365 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (168 EA per 365 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (84 EA per 365 days); NDS
HARVONI ORAL PACKET 33.75-150 MG	4	PA; QL (168 EA per 365 days); NDS
HARVONI ORAL PACKET 45-200 MG	4	PA; QL (336 EA per 365 days); NDS
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (336 EA per 365 days); NDS
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (168 EA per 365 days); NDS
<i>ledipasvir-sofosbuvir oral tablet</i>	4	PA; QL (168 EA per 365 days); NDS
MAVYRET ORAL TABLET	4	PA; QL (336 EA per 365 days); NDS
MODERIBA (1200 MG PACK) ORAL TABLET THERAPY PACK 600 MG	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
MODERIBA (600 MG PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	4	NDS
MODERIBA (800 MG PACK) ORAL TABLET THERAPY PACK 400 MG	4	NDS
<i>moderiba oral tablet 200 mg</i>	1	
MODERIBA ORAL TABLET THERAPY PACK 400 & 600 MG	4	NDS
REBETOL ORAL SOLUTION 40 MG/ML	4	NDS
<i>ribasphere oral capsule 200 mg</i>	1	
<i>ribasphere oral tablet 200 mg</i>	1	
RIBASPHERE ORAL TABLET 400 MG	4	NDS
<i>ribasphere oral tablet 600 mg</i>	4	NDS
RIBASPHERE RIBAPAK (1000 PACK) ORAL TABLET THERAPY PACK 400 & 600 MG	4	NDS
<i>ribasphere ribapak (1200 pack) oral tablet therapy pack 600 mg</i>	4	NDS
RIBASPHERE RIBAPAK (600 PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	4	NDS
RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK 400 MG	4	NDS
<i>ribavirin oral tablet</i>	1	
<i>sofosbuvir-velpatasvir oral tablet</i>	4	PA; QL (84 EA per 365 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
SOVALDI ORAL PACKET 150 MG	4	PA; QL (168 EA per 365 days); NDS
SOVALDI ORAL PACKET 200 MG	4	PA; QL (336 EA per 365 days); NDS
SOVALDI ORAL TABLET	4	PA; QL (336 EA per 365 days); NDS
TECHNIVIE ORAL TABLET 12.5-75-50 MG	4	QL (168 EA per 365 days); NDS
VIEKIRA PAK ORAL TABLET THERAPY PACK	4	PA; QL (672 EA per 365 days); NDS
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	4	PA; QL (504 EA per 365 days); NDS
VOSEVI ORAL TABLET	4	PA; QL (84 EA per 365 days); NDS
ZEPATIER ORAL TABLET	4	PA; QL (112 EA per 365 days); NDS
<b>Antitherpetic Agents</b>		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	B/D
<i>famciclovir oral tablet</i>	1	
<i>valacyclovir hcl oral tablet</i>	1	QL (120 EA per 30 days)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY ORAL TABLET	4	QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	4	NDS
DOVATO ORAL TABLET	4	QL (30 EA per 30 days); NDS
GENVOYA ORAL TABLET	4	QL (30 EA per 30 days); NDS
ISENTRESS HD ORAL TABLET	4	NDS
ISENTRESS ORAL PACKET	4	NDS
ISENTRESS ORAL TABLET	4	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	
JULUCA ORAL TABLET	4	QL (30 EA per 30 days); NDS
STRIBILD ORAL TABLET	4	QL (30 EA per 30 days); NDS
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	NDS
TIVICAY PD ORAL TABLET SOLUBLE	3	
VOCABRIA ORAL TABLET	4	NDS
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA ORAL TABLET	4	QL (30 EA per 30 days); NDS
DELSTRIGO ORAL TABLET	4	QL (30 EA per 30 days); NDS
EDURANT ORAL TABLET	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz oral capsule</i>	1	
<i>efavirenz oral tablet</i>	1	
<i>efavirenz-emtricitabine-tenofovir oral tablet</i>	4	QL (30 EA per 30 days); NDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	4	QL (30 EA per 30 days); NDS
<i>etravirine oral tablet 100 mg</i>	1	
<i>etravirine oral tablet 200 mg</i>	4	NDS
INTELENCE ORAL TABLET 100 MG, 25 MG	3	
INTELENCE ORAL TABLET 200 MG	4	NDS
<i>nevirapine er oral tablet extended release 24 hour</i>	1	
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	
PIFELTRO ORAL TABLET	4	NDS
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate oral solution</i>	1	
<i>abacavir sulfate oral tablet</i>	1	
<i>abacavir sulfate-lamivudine oral tablet</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days); NDS
CIMDUO ORAL TABLET	4	QL (30 EA per 30 days); NDS
DESCOVY ORAL TABLET	4	QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	1	
<i>emtricitabine oral capsule</i>	1	
<i>emtricitabine-tenofovir df oral tablet</i>	4	QL (30 EA per 30 days); NDS
EMTRIVA ORAL SOLUTION	3	
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	4	QL (30 EA per 30 days); NDS
RETROVIR INTRAVENOUS SOLUTION	3	
<i>stavudine oral capsule</i>	1	
TEMIXYS ORAL TABLET	4	QL (30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate oral tablet</i>	1	
TRIUMEQ ORAL TABLET	4	QL (30 EA per 30 days); NDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3	
VIREAD ORAL POWDER	4	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	NDS
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3	
<i>zidovudine oral capsule</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine oral syrup</i>	1	
<i>zidovudine oral tablet</i>	1	
<b>Anti-HIV Agents, Other</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	NDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	4	NDS
SELZENTRY ORAL SOLUTION	4	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	4	NDS
SELZENTRY ORAL TABLET 25 MG	3	
TROGARZO INTRAVENOUS SOLUTION	4	NDS
TYBOST ORAL TABLET	2	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS ORAL CAPSULE	4	NDS
APTIVUS ORAL SOLUTION 100 MG/ML	4	NDS
<i>atazanavir sulfate oral capsule</i>	1	
CRIXIVAN ORAL CAPSULE	2	
EVOTAZ ORAL TABLET	4	QL (30 EA per 30 days); NDS
<i>fosamprenavir calcium oral tablet</i>	4	NDS
INVIRASE ORAL TABLET	4	NDS
KALETRA ORAL TABLET 100-25 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
KALETRA ORAL TABLET 200-50 MG	4	NDS
LEXIVA ORAL SUSPENSION	3	
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	NDS
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
PREZCOBIX ORAL TABLET	4	QL (30 EA per 30 days); NDS
PREZISTA ORAL SUSPENSION	4	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	NDS
REYATAZ ORAL PACKET	4	NDS
<i>ritonavir oral tablet</i>	1	
SYM TUZA ORAL TABLET	4	QL (30 EA per 30 days); NDS
VIRACEPT ORAL TABLET	4	NDS
<b>Anti-influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral syrup</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	1	QL (84 EA per 365 days)



Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate oral capsule 75 mg</i>	1	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 ML per 365 days)
RAPIVAB INTRAVENOUS SOLUTION	4	NDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	2	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	2	QL (4 EA per 365 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet dispersible 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam xr oral tablet extended release 24 hour 3 mg</i>	1	QL (90 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (360 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	1	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360 EA per 30 days)
<i>diazepam injection solution</i>	1	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution</i>	1	
<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)



Drug Name	Drug Tier	Requirements/ Limits
<i>midazolam hcl injection solution 5 mg/ml</i>	1	
<i>oxazepam oral capsule</i>	1	QL (120 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
DEPAKENE ORAL SOLUTION 250 MG/5ML	4	NDS
<i>lithium carbonate er oral tablet extended release</i>	1	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
LITHIUM ORAL SOLUTION 8 MEQ/5ML	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution</i>	1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	1	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	3	ST; QL (12 ML per 365 days)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (6 ML per 28 days)
<i>alogliptin benzoate oral tablet</i>	3	ST
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	3	ST
<i>alogliptin-pioglitazone oral tablet</i>	3	ST

Drug Name	Drug Tier	Requirements/ Limits
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL (4 EA per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN	3	QL (2.4 ML per 28 days)
BYETTA 5 MCG PEN	3	QL (4.8 ML per 28 days)
CYCLOSET ORAL TABLET	3	
FARXIGA ORAL TABLET	2	
<i>glimepiride oral tablet</i>	1	
<i>glipizide er oral tablet extended release 24 hour</i>	1	
<i>glipizide oral tablet</i>	1	
<i>glipizide xl oral tablet extended release 24 hour</i>	1	
<i>glipizide-metformin hcl oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBI ORAL TABLET	3	ST
INVOKAMET ORAL TABLET	2	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
INVOKANA ORAL TABLET	2	

Drug Name	Drug Tier	Requirements/ Limits
JANUMET ORAL TABLET	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
JANUVIA ORAL TABLET	2	
JARDIANCE ORAL TABLET	3	ST
JENTADUETO ORAL TABLET	3	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
KAZANO ORAL TABLET	3	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	1	PA
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	
<i>metformin hcl oral tablet</i>	1	
<i>migliitol oral tablet</i>	1	
<i>nateglinide oral tablet</i>	1	
NESINA ORAL TABLET	3	ST
ONGLYZA ORAL TABLET	3	ST
OSENI ORAL TABLET	3	ST
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	QL (1.5 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	
PRANDIN ORAL TABLET 2 MG	4	NDS
QTERN ORAL TABLET	2	
<i>repaglinide oral tablet</i>	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	QL (60 EA per 365 days)
SEGLUROMET ORAL TABLET	3	ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
STEGLATRO ORAL TABLET	3	ST
STEGLUJAN ORAL TABLET	3	ST
SYMLINPEN 120	4	PA; NDS
SYMLINPEN 60	4	PA; NDS
SYNJARDY ORAL TABLET	3	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>tolazamide oral tablet 250 mg, 500 mg</i>	1	
<i>tolbutamide oral tablet</i>	1	
TRADJENTA ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (2 ML per 28 days)
VICTOZA	2	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK NASAL POWDER	2	
BAQSIMI TWO PACK NASAL POWDER	2	
<i>diazoxide oral suspension</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	ST
<i>glucagon emergency kit injection kit</i>	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
<b>Insulins</b>		

Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
ADMELOG SUBCUTANEOUS SOLUTION	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT	3	PA
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT	4	PA; NDS
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST
FIASP SUBCUTANEOUS SOLUTION	3	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	2	

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	2	
HUMALOG SUBCUTANEOUS SOLUTION	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	2	
HUMULIN R VIAL INJECTION SOLUTION	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	

Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	2	
INSULIN ASPART SUBCUTANEOUS SOLUTION	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LANTUS U-100 SOLOSTAR	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	2	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

Drug Name	Drug Tier	Requirements/ Limits
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
LYUMJEV VIAL INJECTION SOLUTION	2	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN- INJECTOR	2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN- INJECTOR	2	
NOVOLIN R RELION INJECTION SOLUTION	2	
NOVOLIN R VIAL INJECTION SOLUTION	2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR	2	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
NOVOLOG U-100 FLEXPEN	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	
NOVOLOG U-100 PENFILL	2	
NOVOLOG RELION SUBCUTANEOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION	2	
SEMGLEE SUBCUTANEOUS SOLUTION	3	ST
SEMGLEE SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	ST
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
<i>argatroban intravenous solution</i>	4	NDS
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	3	QL (43 EA per 180 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium injection solution</i>	1	QL (105 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	QL (35 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (28 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	QL (10.5 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	QL (14 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	QL (21 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (28 ML per 90 days); NDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (17.5 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (14 ML per 90 days); NDS
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (21 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	4	QL (35 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML	4	QL (17.5 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 15000 UNIT/0.6ML	4	QL (21 ML per 90 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SUBCUTANEOUS SOLUTION 18000 UNT/0.72ML	4	QL (25.3 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 7500 UNIT/0.3ML	4	QL (10.5 ML per 90 days); NDS
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	4	QL (22.8 ML per 90 days); NDS
<i>heparin (porcine) in nacl injection solution 2-0.9 unit/ml-%</i>	1	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	1	
<i>jantoven oral tablet</i>	1	
PRADAXA ORAL CAPSULE	3	QL (60 EA per 30 days)
TISSEEL EXTERNAL KIT	4	NDS
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL (102 EA per 365 days)
<b>Blood Products and Modifiers, Other</b>		

Drug Name	Drug Tier	Requirements/ Limits
ADAKVEO INTRAVENOUS SOLUTION	4	PA; NDS
<i>anagrelide hcl oral capsule</i>	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA; NDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; NDS
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	4	PA; NDS
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS



Drug Name	Drug Tier	Requirements/ Limits
GRANIX SUBCUTANEOUS SOLUTION	4	ST; NDS
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	ST; NDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA; QL (38.4 ML per 365 days); NDS
MULPLETA ORAL TABLET	4	PA; NDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; NDS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
NEUPOGEN INJECTION SOLUTION	4	ST; NDS
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	ST; NDS
NIVESTYM INJECTION SOLUTION	4	ST; NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	ST; NDS
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
OXBRYTA ORAL TABLET	4	PA; QL (150 EA per 30 days); NDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA; NDS
PROMACTA ORAL PACKET	4	PA; NDS
PROMACTA ORAL TABLET	4	PA; NDS
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA; NDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	NDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
<b>Hemostasis Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>aminocaproic acid oral solution</i>	4	NDS
<i>tranexamic acid oral tablet</i>	1	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET DELAYED RELEASE	4	QL (30 EA per 30 days); NDS
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA; QL (30 EA per 30 days); NDS
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel bisulfate oral tablet</i>	1	
DOPTELET ORAL TABLET	4	PA; NDS
<i>eptifibatide intravenous solution</i>	4	NDS
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>prasugrel hcl oral tablet</i>	1	
TAVALISSE ORAL TABLET	4	PA; NDS
YOSPRALA ORAL TABLET DELAYED RELEASE	4	QL (30 EA per 30 days); NDS
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	
<i>droxidopa oral capsule</i>	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl oral tablet</i>	1	
<i>methyldopa oral tablet</i>	1	
<i>methyldopate hcl intravenous solution 250 mg/5ml</i>	1	
<i>midodrine hcl oral tablet</i>	1	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hcl oral capsule</i>	4	NDS
<i>prazosin hcl oral capsule</i>	1	
<i>terazosin hcl oral capsule</i>	1	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil oral tablet</i>	1	
EDARBI ORAL TABLET	3	
<i>eprosartan mesylate oral tablet 600 mg</i>	1	
<i>irbesartan oral tablet</i>	1	
<i>losartan potassium oral tablet</i>	1	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>telmisartan oral tablet</i>	1	
<i>valsartan oral tablet</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>enalapril maleate oral solution</i>	4	NDS
<i>enalapril maleate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
EPANED ORAL SOLUTION	4	NDS
<i>fosinopril sodium oral tablet</i>	1	
<i>lisinopril oral tablet</i>	1	
<i>moexipril hcl oral tablet</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>quinapril hcl oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>trandolapril oral tablet</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet</i>	1	
<i>digitek oral tablet</i>	1	
<i>digox oral tablet</i>	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide acetate oral tablet</i>	1	
LANOXIN ORAL TABLET 187.5 MCG	3	
<i>lidocaine hcl (cardiac) intravenous solution 20 mg/ml</i>	1	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml</i>	1	
<i>mexiletine hcl oral capsule</i>	1	
MULTAQ ORAL TABLET	2	

Drug Name	Drug Tier	Requirements/ Limits
NEXTERONE INTRAVENOUS SOLUTION 360-4.14 MG/200ML-%	4	NDS
<i>pacerone oral tablet</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	
<i>propafenone hcl oral tablet</i>	1	
<i>quinidine gluconate er oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sorine oral tablet</i>	1	
<i>sotalol hcl (af) oral tablet</i>	1	
<i>sotalol hcl oral tablet</i>	1	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule</i>	1	
<i>atenolol oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	1	
<i>bisoprolol fumarate oral tablet</i>	1	
BYSTOLIC ORAL TABLET	2	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	
HEMANGEOL ORAL SOLUTION	4	NDS
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	NDS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>labetalol hcl oral tablet</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet</i>	1	
<i>pindolol oral tablet</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>afeditab cr oral tablet extended release 24 hour</i>	1	
<i>amlodipine besylate oral tablet</i>	1	
CLEVIPREX INTRAVENOUS EMULSION 50 MG/100ML	4	NDS
<i>felodipine er oral tablet extended release 24 hour</i>	1	
<i>isradipine oral capsule</i>	3	
<i>nicardipine hcl oral capsule</i>	3	
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	1	
<i>nimodipine oral capsule</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NYMALIZE ORAL SOLUTION	4	NDS
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>dilt-xr oral capsule extended release 24 hour</i>	1	
<i>matzim la oral tablet extended release 24 hour</i>	1	
<i>taztia xt oral capsule extended release 24 hour</i>	1	
<i>tiadylt er oral capsule extended release 24 hour</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
<i>verapamil hcl oral tablet</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection solution reconstituted</i>	4	NDS
ADRENALIN INJECTION SOLUTION 1 MG/ML	3	
<i>aliskiren fumarate oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule</i>	1	
<i>amlodipine besylate-valsartan oral tablet</i>	1	
<i>amlodipine-atorvastatin oral tablet</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan-hctz oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BIDIL ORAL TABLET	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG	3	
CONSENSI ORAL TABLET	4	QL (30 EA per 30 days); NDS
CORLANOR ORAL SOLUTION	3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	3	PA; QL (60 EA per 30 days)
DEFITELIO INTRAVENOUS SOLUTION	4	NDS
DEMSEER ORAL CAPSULE	4	NDS
<i>dobutamine hcl intravenous solution</i>	1	B/D
<i>dobutamine in d5w intravenous solution</i>	1	B/D
<i>dopamine hcl intravenous solution</i>	1	B/D
<i>dopamine in d5w intravenous solution</i>	1	B/D
EDARBYCLOR ORAL TABLET	3	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL TABLET	2	QL (60 EA per 30 days)
EVKEEZA INTRAVENOUS SOLUTION	4	PA; NDS
<i>fosinopril sodium-hctz oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium-hctz oral tablet</i>	1	
METOPROLOL-HCTZER ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	4	NDS
<i>metirosine oral capsule</i>	4	NDS
<i>milrinone lactate in dextrose intravenous solution</i>	1	B/D
<i>milrinone lactate intravenous solution 10 mg/10ml, 50 mg/50ml</i>	1	B/D
<i>milrinone lactate intravenous solution 20 mg/20ml</i>	4	B/D; NDS
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>pentoxifylline er oral tablet extended release</i>	3	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ranolazine er oral tablet extended release 12 hour</i>	1	
<i>spironolactone-hctz oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-amlodipine oral tablet</i>	1	
<i>telmisartan-hctz oral tablet</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
<i>vecamyl oral tablet</i>	4	NDS
VYNDAMAX ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
<b>Diuretics, Loop</b>		
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
<i>ethacrynate sodium intravenous solution reconstituted</i>	4	NDS
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide oral tablet</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl oral tablet</i>	1	
<i>eplerenone oral tablet</i>	1	
<i>spironolactone oral tablet</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorthalidone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIURIL ORAL SUSPENSION	3	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet</i>	1	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 50 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	1	
<i>gemfibrozil oral tablet</i>	1	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>atorvastatin calcium oral tablet</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	3	ST
FLOLIPID ORAL SUSPENSION	3	ST
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	
<i>fluvastatin sodium oral capsule</i>	1	
LIVALO ORAL TABLET	2	ST

Drug Name	Drug Tier	Requirements/ Limits
<i>lovastatin oral tablet</i>	1	
<i>pravastatin sodium oral tablet</i>	1	
<i>rosuvastatin calcium oral tablet</i>	1	
SIMVASTATIN ORAL SUSPENSION 20 MG/5ML	3	ST
<i>simvastatin oral tablet</i>	1	
ZYPITAMAG ORAL TABLET	3	ST
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>colesevelam hcl oral tablet</i>	1	
<i>colestipol hcl oral granules</i>	1	
<i>colestipol hcl oral packet</i>	1	
<i>colestipol hcl oral tablet</i>	1	
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	2	PA
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	4	PA; QL (30 EA per 30 days); NDS
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	4	PA; QL (60 EA per 30 days); NDS
NEXLETOL ORAL TABLET	3	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3-acid ethyl esters oral capsule</i>	1	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	1	
<i>prevalite oral powder</i>	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (3 ML per 28 days)
ROSZET ORAL TABLET	3	ST
<i>triklo oral capsule 1 gm</i>	1	PA
VASCEPA ORAL CAPSULE	2	PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl injection solution</i>	1	
<i>hydralazine hcl oral tablet</i>	1	
<i>minoxidil oral tablet</i>	3	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	3	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	NDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>minitran transdermal patch 24 hour</i>	1	
<i>nitro-bid transdermal ointment</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	NDS
<i>nitroglycerin sublingual tablet sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	1	
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15 mg oral</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 20 mg oral</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30 mg oral</i>	1	QL (60 EA per 30 days)
<i>methamphetamine hcl oral tablet</i>	1	PA; QL (150 EA per 30 days)
<i>zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 7.5 mg</i>	3	QL (90 EA per 30 days)
<i>zenzedi oral tablet 30 mg</i>	3	QL (60 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hcl oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	
<i>metadate er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>relexxii oral tablet extended release</i>	1	QL (30 EA per 30 days)
<b>Central Nervous System, Other</b>		
<i>allzital oral tablet</i>	4	PA; NDS
AUSTEDO ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS
<i>butalbital-acetaminophen oral capsule</i>	3	PA
<i>butalbital-acetaminophen oral tablet</i>	1	PA
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA
<i>clonidine hcl (analgesia) epidural solution</i>	1	B/D
EXSERVAN ORAL FILM	4	PA; NDS
FIRDAPSE ORAL TABLET	4	PA; QL (240 EA per 30 days); NDS
GRALISE ORAL	3	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG	3	ST; QL (180 EA per 30 days)
GRALISE ORAL TABLET 600 MG	3	ST; QL (90 EA per 30 days)
GRALISE STARTER ORAL 300 & 600 MG	3	ST; QL (156 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG	4	PA; QL (60 EA per 30 days); NDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; QL (30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; QL (56 EA per 365 days); NDS
<i>marten-tab oral tablet 50-325 mg</i>	1	PA
NUEDEXTA ORAL CAPSULE	4	PA; NDS
PRIALT INTRATHECAL SOLUTION	4	B/D; NDS
RADICAVA INTRAVENOUS SOLUTION	4	PA; NDS
<i>riluzole oral tablet</i>	1	PA
RUZURGI ORAL TABLET	4	PA; QL (300 EA per 30 days); NDS
<i>tencon oral tablet</i>	1	PA
<i>tetrabenazine oral tablet</i>	4	PA; NDS
TIGLUTIK ORAL SUSPENSION	4	PA; NDS
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML	4	PA; NDS
VANATOL S ORAL SOLUTION 50-325-40 MG/15ML	4	PA; NDS
<i>vtol lq oral solution</i>	4	PA; NDS
<b>Fibromyalgia Agents</b>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	1	QL (900 ML per 30 days)
SAVELLA ORAL TABLET	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	2	QL (110 EA per 365 days)

Drug Name	Drug Tier	Requirements/ Limits
<b>Multiple Sclerosis Agents</b>		
AUBAGIO ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 EA per 28 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 EA per 28 days); NDS
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	4	PA; QL (4 EA per 28 days); NDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	4	PA; QL (120 EA per 30 days); NDS
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days); NDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	4	PA; QL (60 EA per 30 days); NDS
<i>dimethyl fumarate oral capsule delayed release</i>	4	PA; QL (60 EA per 30 days); NDS
<i>dimethyl fumarate starter pack oral</i>	4	PA; QL (120 EA per 365 days); NDS
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days); NDS
GILENYA ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days); NDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days); NDS
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days); NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (0.4 ML per 28 days); NDS
MAVENCLAD ORAL TABLET THERAPY PACK	4	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 EA per 30 days); NDS
MAYZENT ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days); NDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	4	PA; QL (24 EA per 365 days); NDS
<i>mitoxantrone hcl intravenous concentrate</i>	1	PA
OCREVUS INTRAVENOUS SOLUTION	4	PA; QL (40 ML per 365 days); NDS
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 28 days); NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2 ML per 365 days); NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (4 ML per 365 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (1 ML per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 28 days); NDS
PONVORY ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	4	PA; QL (28 EA per 365 days); NDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (6 ML per 28 days); NDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8.4 ML per 365 days); NDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 ML per 28 days); NDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (8.4 ML per 365 days); NDS
TECFIDERA STARTER PACK	4	PA; QL (120 EA per 365 days); NDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; QL (60 EA per 30 days); NDS
TYSABRI INTRAVENOUS CONCENTRATE	4	PA; NDS
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	4	PA; QL (212 EA per 365 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
VUMERITY ORAL CAPSULE DELAYED RELEASE	4	PA; QL (120 EA per 30 days); NDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA; QL (14 EA per 365 days); NDS
ZEPOSIA ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	4	PA; QL (74 EA per 365 days); NDS
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
ARESTIN DENTAL	4	NDS
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
<i>lidocaine hcl mouth/throat solution</i>	1	PA; QL (250 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	1	
<i>oralone mouth/throat paste</i>	1	
<i>paroex mouth/throat solution</i>	1	
<i>periogard mouth/throat solution</i>	1	
<i>pilocarpine hcl oral tablet</i>	1	
<i>triamcinolone acetonide mouth/throat paste</i>	1	
<b>Dermatological Agents</b>		



Drug Name	Drug Tier	Requirements/ Limits
<b>Acne and Rosacea Agents</b>		
ABSORICA LD ORAL CAPSULE	4	PA; NDS
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA; NDS
<i>acutane oral capsule</i>	1	PA
<i>acitretin oral capsule</i>	1	
<i>adapalene external pad</i>	4	NDS
<i>adapalene external solution</i>	4	NDS
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD	4	NDS
<i>amnesteem oral capsule</i>	1	PA
AVITA EXTERNAL CREAM	3	PA
AVITA EXTERNAL GEL	3	PA
<i>azelaic acid external gel</i>	1	
<i>claravis oral capsule</i>	1	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	
FINACEA EXTERNAL FOAM	2	
<i>isotretinoin oral capsule</i>	1	PA
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel 0.75 %</i>	1	
MIRVASO EXTERNAL GEL	3	PA
<i>myorisan oral capsule</i>	1	PA
NORITATE EXTERNAL CREAM	4	NDS
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	4	PA; NDS
<i>rosadan external cream</i>	1	
<i>rosadan external gel</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>tazarotene external cream</i>	1	
<i>tretinoin external cream</i>	1	PA
<i>tretinoin external gel</i>	1	PA
<i>tretinoin microsphere external gel</i>	1	PA
<i>tretinoin microsphere pump external gel</i>	1	PA
<i>zenatane oral capsule</i>	1	PA
<b>Dermatitis and Pruitus Agents</b>		
<i>ala-cort external cream 2.5 %</i>	1	
<i>alclometasone dipropionate external cream</i>	1	
<i>alclometasone dipropionate external ointment</i>	1	
<i>ammonium lactate external cream</i>	1	
<i>ammonium lactate external lotion</i>	1	
<i>apexicon e external cream</i>	4	NDS
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate external cream</i>	1		<i>fluocinonide external cream 0.1 %</i>	1	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion</i>	1		<i>fluocinonide external gel</i>	1	
<i>betamethasone valerate external ointment</i>	1		<i>fluocinonide external ointment</i>	1	
<i>clobetasol propionate e external cream</i>	1		<i>fluocinonide external solution</i>	1	
<i>clobetasol propionate external gel</i>	1		<i>fluticasone propionate external cream</i>	1	
<i>clobetasol propionate external ointment</i>	1		<i>fluticasone propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1		<i>halobetasol propionate external cream</i>	1	
<i>clobetasol propionate external solution</i>	1		HALOBETASOL PROPIONATE EXTERNAL FOAM	4	NDS
CORDRAN EXTERNAL TAPE	3		<i>halobetasol propionate external ointment</i>	1	
<i>cormax scalp application external solution 0.05 %</i>	1		<i>hydrocortisone external cream 2.5 %</i>	1	
<i>desonide external cream</i>	1		<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>desonide external ointment</i>	1		<i>hydrocortisone external ointment 1 %</i>	1	QL (100 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	1		<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1		<i>hydrocortisone in absorbase external ointment 1 %</i>	1	QL (100 GM per 30 days)
EUCRISA EXTERNAL OINTMENT	3	PA	<i>hydrocortisone valerate external cream</i>	1	QL (60 GM per 30 days)
<i>fluocinolone acetonide body external oil</i>	1		LEXETTE EXTERNAL FOAM	4	NDS
<i>fluocinolone acetonide external cream</i>	1		<i>mometasone furoate external cream</i>	1	
<i>fluocinolone acetonide external ointment</i>	1		<i>mometasone furoate external ointment</i>	1	
<i>fluocinolone acetonide external solution</i>	1		<i>mometasone furoate external solution</i>	1	
<i>fluocinolone acetonide scalp external oil</i>	1		PANDEL EXTERNAL CREAM	4	NDS
<i>fluocinonide external cream 0.05 %</i>	1				

Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide external lotion</i>	1	
SERNIVO EXTERNAL EMULSION	4	NDS
<i>tacrolimus external ointment</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm external cream 0.1 %</i>	1	
ULTRAVATE EXTERNAL LOTION	4	NDS
VERDESO EXTERNAL FOAM	4	NDS
<b>Dermatological Agents</b>		
UVADEX INJECTION SOLUTION	3	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene external cream</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	1	QL (60 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	1	QL (400 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	4	QL (400 GM per 30 days); NDS
CARAC EXTERNAL CREAM	4	NDS
<i>clotrimazole-betamethasone external cream</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium external gel 3 %</i>	3	ST; QL (300 GM per 30 days)
DUOBRII EXTERNAL LOTION	4	PA; NDS
ENSTILAR EXTERNAL FOAM	4	QL (420 GM per 28 days); NDS
FLUOROPLEX EXTERNAL CREAM	4	NDS
<i>fluorouracil external cream</i>	1	
<i>fluorouracil external solution</i>	1	
<i>imiquimod external cream 3.75 %</i>	4	NDS
<i>imiquimod external cream 5 %</i>	1	
IMIQUIMOD PUMP EXTERNAL CREAM	4	NDS
KLISYRI EXTERNAL OINTMENT	4	ST; NDS
<i>methoxsalen rapid oral capsule</i>	4	NDS
<i>nystatin-triamcinolone external cream</i>	1	
<i>nystatin-triamcinolone external ointment</i>	1	
OTEZLA ORAL TABLET	4	PA; NDS
PICATO EXTERNAL GEL 0.015 %, 0.05 %	4	ST; NDS
<i>podofilox external solution</i>	1	
REGRANEX EXTERNAL GEL	4	PA; NDS
SANTYL EXTERNAL OINTMENT	3	
<i>silver sulfadiazine external cream</i>	1	
SORILUX EXTERNAL FOAM	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
SSD EXTERNAL CREAM	1	
<i>urea external lotion</i>	1	
VEREGEN EXTERNAL OINTMENT	4	NDS
WINLEVI EXTERNAL CREAM	3	PA
WYNZORA EXTERNAL CREAM	4	QL (420 GM per 28 days); NDS
XERESE EXTERNAL CREAM	4	NDS
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	4	NDS
<b>Pediculicides/Scabicides</b>		
EURAX EXTERNAL CREAM 10 %	3	
<i>malathion external lotion</i>	1	
<i>permethrin external cream</i>	1	
<b>Topical Anti-infectives</b>		
<i>acyclovir external ointment</i>	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	3	
<i>ciclodan external cream 0.77 %</i>	1	
<i>ciclodan external solution</i>	1	PA
<i>ciclopirox external gel</i>	1	
<i>ciclopirox external shampoo</i>	1	
<i>ciclopirox external solution</i>	1	PA
<i>ciclopirox olamine external cream</i>	1	
<i>ciclopirox olamine external suspension</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
CLINDAGEL EXTERNAL GEL	4	NDS
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>dapsone external gel 7.5 %</i>	1	
DENAVIR EXTERNAL CREAM	4	NDS
<i>ery external pad</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external pad 2 %</i>	1	
<i>erythromycin external solution</i>	1	
<i>mupirocin calcium external cream</i>	1	
<i>mupirocin external ointment</i>	1	
<b>Electrolytes/Minerals/ Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN II INTRAVENOUS SOLUTION	3	B/D
AMINOSYN INTRAVENOUS SOLUTION 8.5 %	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D
CARBAGLU ORAL TABLET	4	NDS
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	3	B/D

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX E/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX N14G30E INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX N9G15E INTRAVENOUS SOLUTION 2.75 %	3	B/D
CLINIMIX N9G20E INTRAVENOUS SOLUTION 2.75 %	3	B/D

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX/DEXTROS E (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROS E (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	B/D
CLINIMIX/DEXTROS E (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROS E (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROS E (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROS E (5/25) INTRAVENOUS SOLUTION 5 %	3	B/D
CLINIMIX/DEXTROS E (6/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROS E (8/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROS E (8/14) INTRAVENOUS SOLUTION	3	B/D
<i>clinisol sf intravenous solution</i>	1	B/D
<i>dextrose intravenous solution 5 %</i>	1	
<i>dextrose-nacl intravenous solution 5- 0.45 %, 5-0.9 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	3	B/D
FREAMINE III INTRAVENOUS SOLUTION	3	B/D
HEPATAMINE INTRAVENOUS SOLUTION 8 %	3	B/D
KABIVEN INTRAVENOUS EMULSION	3	B/D
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	
<i>klor-con m10 oral tablet extended release</i>	1	
<i>klor-con m15 oral tablet extended release</i>	1	
<i>klor-con m20 oral tablet extended release</i>	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
<i>klor-con sprinkle oral capsule extended release 10 meq, 8 meq</i>	1	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	1	
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	3	B/D
PERIKABIVEN INTRAVENOUS EMULSION	4	B/D; NDS
<i>plenamine intravenous solution</i>	1	B/D
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride er oral tablet extended release</i>	1	
<i>potassium citrate er oral tablet extended release</i>	1	
<i>premasol intravenous solution</i>	3	B/D
PROCALAMINE INTRAVENOUS SOLUTION	3	B/D
PROSOL INTRAVENOUS SOLUTION	3	B/D
<i>sodium bicarbonate intravenous solution 4.2 %, 8.4 %</i>	1	
<i>sodium bicarbonate- dextrose intravenous solution</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	
SYNTHAMIN 17 INTRAVENOUS SOLUTION 10 %	3	B/D
TRAVASOL INTRAVENOUS SOLUTION	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION	3	B/D
<b>Electrolyte/Mineral/M etal Modifiers</b>		
CHEMET ORAL CAPSULE	4	NDS
<i>clovique oral capsule</i>	4	PA; NDS
<i>deferasirox granules oral packet</i>	4	PA; NDS
<i>deferasirox oral tablet</i>	4	PA; NDS
<i>deferasirox oral tablet soluble</i>	4	PA; NDS
<i>deferiprone oral tablet</i>	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX ORAL SOLUTION	4	PA; NDS
FERRIPROX ORAL TABLET	4	PA; NDS
FERRIPROX TWICE-A-DAY ORAL TABLET	4	PA; NDS
JYNARQUE ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS
JYNARQUE ORAL TABLET THERAPY PACK	4	PA; QL (56 EA per 28 days); NDS
<i>kionex oral powder</i>	1	
<i>penicillamine oral capsule</i>	4	PA; NDS
<i>penicillamine oral tablet</i>	4	NDS
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 EA per 30 days); NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
TOLVAPTAN ORAL TABLET 15 MG	4	PA; QL (30 EA per 30 days); NDS
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 EA per 30 days); NDS
<i>trientine hcl oral capsule</i>	4	PA; NDS
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET	4	PA; NDS
<i>calcium acetate (phos binder) oral capsule</i>	1	
FOSRENOL ORAL PACKET	4	NDS
<i>lanthanum carbonate oral tablet chewable</i>	4	NDS
<i>sevelamer carbonate oral packet</i>	4	NDS
<i>sevelamer carbonate oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VELPHORO ORAL TABLET CHEWABLE	4	NDS
<b>Potassium Binders</b>		
<i>kionex oral suspension 15 gm/60ml</i>	1	
LOKELMA ORAL PACKET	3	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	1	
<i>sps oral suspension</i>	1	
VELTASSA ORAL PACKET	4	NDS
<b>Vitamins</b>		
<i>prenatal oral tablet 27-1 mg</i>	3	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
AMITIZA ORAL CAPSULE	2	QL (60 EA per 30 days)
<i>constulose oral solution</i>	1	
<i>enulose oral solution</i>	1	
<i>generlac oral solution</i>	1	
<i>lactulose encephalopathy oral solution</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LINZESS ORAL CAPSULE	2	QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	2	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET	2	QL (30 EA per 30 days)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>polyethylene glycol 3350 oral powder</i>	1	
RELISTOR ORAL TABLET	4	ST; QL (90 EA per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	ST; QL (18 ML per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	ST; QL (12 ML per 30 days); NDS
TRULANCE ORAL TABLET	3	QL (30 EA per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl oral tablet</i>	4	PA; NDS
<i>diphenoxylate-atropine oral tablet</i>	3	
<i>loperamide hcl oral capsule</i>	1	
VIBERZI ORAL TABLET	4	PA; QL (60 EA per 30 days); NDS
XERMELO ORAL TABLET	4	PA; QL (90 EA per 30 days); NDS
<b>Antispasmodics, Gastrointestinal</b>		
<i>belladonna alkaloids-opium rectal suppository</i>	1	NDS
CUVPOSA ORAL SOLUTION	3	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
<i>glycopyrrolate injection solution</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate oral tablet</i>	1	
<b>Gastrointestinal Agents, Other</b>		
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	4	NDS
<i>chenodal oral tablet</i>	4	PA; NDS
CLENPIQ ORAL SOLUTION	2	
GATTEX SUBCUTANEOUS KIT	4	PA; NDS
<i>gavilyte-c oral solution reconstituted</i>	1	
<i>gavilyte-g oral solution reconstituted</i>	1	
<i>gavilyte-h oral kit 5-210 mg-gm</i>	1	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	1	
GIMOTI NASAL SOLUTION	4	ST; NDS
<i>helidac therapy oral</i>	4	NDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
OCALIVA ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted</i>	1	
PYLERA ORAL CAPSULE	4	NDS
RECTIV RECTAL OINTMENT	3	
<i>reltone oral capsule</i>	4	NDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
<i>trilyte oral solution reconstituted 420 gm</i>	1	
<i>ursodiol oral tablet</i>	1	
XIFAXAN ORAL TABLET	4	PA; NDS
ZELNORM ORAL TABLET	3	PA; QL (60 EA per 30 days)
ZINPLAVA INTRAVENOUS SOLUTION	4	NDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral solution</i>	1	
<b>Protectants</b>		
<i>misoprostol oral tablet</i>	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
<b>Proton Pump Inhibitors</b>		

Drug Name	Drug Tier	Requirements/ Limits
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	3	QL (60 EA per 30 days)
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>omeppi oral capsule 20-1100 mg, 40-1100 mg</i>	4	QL (30 EA per 30 days); NDS
<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	3	QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	4	QL (60 EA per 30 days); NDS
<i>pantoprazole sodium oral packet</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium oral capsule sprinkle</i>	3	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	4	NDS

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; NDS	ENDARI ORAL PACKET	4	PA; NDS
AMONDYS 45 INTRAVENOUS SOLUTION	4	PA; NDS	EVRYSDI ORAL SOLUTION RECONSTITUTED	4	PA; QL (240 ML per 30 days); NDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA; NDS	EXONDYS 51 INTRAVENOUS SOLUTION	4	PA; NDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA	FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
CERDELGA ORAL CAPSULE	4	PA; NDS	GALAFOLD ORAL CAPSULE	4	PA; QL (14 EA per 28 days); NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	GLASSIA INTRAVENOUS SOLUTION	4	PA; NDS
CHOLBAM ORAL CAPSULE	4	PA; NDS	KANUMA INTRAVENOUS SOLUTION	4	PA; NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2		KEYEYIS ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS
<i>cromolyn sodium oral concentrate</i>	1		LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; NDS	MEPSEVII INTRAVENOUS SOLUTION	4	PA; NDS
CYSTADANE ORAL POWDER	4	NDS	<i>miglustat oral capsule</i>	4	PA; NDS
CYSTAGON ORAL CAPSULE	3		NAGLAZYME INTRAVENOUS SOLUTION	4	PA; NDS
ELAPRASE INTRAVENOUS SOLUTION	4	PA; NDS	<i>nitisinone oral capsule</i>	4	NDS
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS	NITYR ORAL TABLET	4	NDS
			ONPATTRO INTRAVENOUS SOLUTION	4	PA; NDS
			ORFADIN ORAL CAPSULE 20 MG	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
ORFADIN ORAL SUSPENSION	4	NDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (28 ML per 28 days); NDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	4	PA; QL (8 ML per 28 days); NDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (56 ML per 28 days); NDS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	3	ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT, 37000-97300 UNIT	4	ST; NDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT	4	ST; NDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	3	ST
PROCYSBI ORAL CAPSULE DELAYED RELEASE	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PROCYSBI ORAL PACKET	4	PA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
RAVICTI ORAL LIQUID	4	PA; NDS
REVCOSI INTRAMUSCULAR SOLUTION	4	PA; NDS
<i>sapropterin dihydrochloride oral packet</i>	4	PA; NDS
<i>sapropterin dihydrochloride oral tablet</i>	4	PA; NDS
<i>sodium phenylbutyrate oral powder</i>	4	NDS
<i>sodium phenylbutyrate oral tablet</i>	4	NDS
SPINRAZA INTRATHECAL SOLUTION	4	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; NDS
SUCRAID ORAL SOLUTION	4	NDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
VILTEPSO INTRAVENOUS SOLUTION	4	PA; NDS
VIMIZIM INTRAVENOUS SOLUTION	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
VIOKACE ORAL TABLET 10440-39150 UNIT	3	ST
VIOKACE ORAL TABLET 20880-78300 UNIT	4	ST; NDS
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
VYNDAQEL ORAL CAPSULE	4	PA; QL (120 EA per 30 days); NDS
VYONDYS 53 INTRAVENOUS SOLUTION	4	PA; NDS
XIAFLEX INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
XURIDEN ORAL PACKET	4	PA; QL (120 EA per 30 days); NDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	
<i>flavoxate hcl oral tablet</i>	1	
GELNIQUE PUMP TRANSDERMAL GEL 10 %	3	
GEMTESA ORAL TABLET	3	ST

Drug Name	Drug Tier	Requirements/ Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>solifenacin succinate oral tablet</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	
<i>tolterodine tartrate oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>tropium chloride er oral capsule extended release 24 hour</i>	1	
<i>tropium chloride oral tablet</i>	1	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	
<i>doxazosin mesylate oral tablet</i>	1	
<i>dutasteride oral capsule</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	1	
<b>Genitourinary Agents, Other</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>acetic acid irrigation solution</i>	1	
<i>bethanechol chloride oral tablet</i>	1	
ELMIRON ORAL CAPSULE	3	
LITHOSTAT ORAL TABLET	4	NDS
THIOLA EC ORAL TABLET DELAYED RELEASE	4	NDS
<i>tiopronin oral tablet</i>	4	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ACTHAR INJECTION GEL	4	PA; NDS
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 1 MG, 2 MG, 5 MG	4	NDS
<i>cortisone acetate oral tablet 25 mg</i>	1	
<i>deltasone oral tablet 20 mg</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
EMFLAZA ORAL SUSPENSION	4	PA; NDS
EMFLAZA ORAL TABLET	4	PA; NDS
<i>fludrocortisone acetate oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
INTRAROSA VAGINAL INSERT	3	PA; QL (28 EA per 28 days)
<i>methylprednisolone acetate injection suspension 50 mg/ml</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
RAYOS ORAL TABLET DELAYED RELEASE	4	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	3	PA
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	4	NDS
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	1	
<i>desmopressin ace spray refrig nasal solution</i>	1	
<i>desmopressin acetate injection solution</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate oral tablet</i>	1	
<i>desmopressin acetate spray nasal solution</i>	1	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	4	PA; QL (60 EA per 30 days); NDS
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (30 EA per 30 days); NDS
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	4	PA; QL (1 EA per 168 days); NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	4	PA; NDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
<i>novarel intramuscular solution reconstituted 10000 unit</i>	3	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>pregnyl intramuscular solution reconstituted</i>	3	PA
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	4	PA; NDS
SAIZEN INJECTION SOLUTION RECONSTITUTED	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
STIMATE NASAL SOLUTION	4	NDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>carboprost tromethamine intramuscular solution</i>	4	NDS
KORLYM ORAL TABLET	4	PA; QL (120 EA per 30 days); NDS
PROSTIN E2 VAGINAL SUPPOSITORY	4	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL TABLET 50 MG	4	PA; NDS
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (240 EA per 30 days)
<b>Androgens</b>		

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
ANDROXY ORAL TABLET 10 MG	3	PA
AVEED INTRAMUSCULAR SOLUTION	3	PA
<i>danazol oral capsule</i>	1	
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA
JATENZO ORAL CAPSULE 237 MG	4	PA; NDS
<i>methitest oral tablet</i>	3	PA
<i>methyltestosterone oral capsule</i>	4	PA; NDS
NATESTO NASAL GEL	3	PA
STRIANT BUCCAL 30 MG	3	PA
<i>testosterone cypionate intramuscular solution</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA
<i>testosterone transdermal solution</i>	1	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
<b>Estrogens</b>		
<i>afirmelle oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>altavera oral tablet</i>	1	
<i>alyacen 1/35 oral tablet</i>	1	
<i>alyacen 7/7/7 oral tablet</i>	1	
<i>amabelz oral tablet</i>	1	
<i>amethia lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	QL (91 EA per 91 days)
<i>amethia oral tablet</i>	1	QL (91 EA per 91 days)
<i>amethyst oral tablet</i>	1	
ANNOVERA VAGINAL RING	3	QL (1 EA per 360 days)
<i>ashlyna oral tablet</i>	1	QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	1	
<i>aubra oral tablet</i>	1	
<i>aurovela 1.5/30 oral tablet</i>	1	
<i>aurovela 1/20 oral tablet</i>	1	
<i>aurovela 24 fe oral tablet</i>	1	
<i>aurovela fe 1.5/30 oral tablet</i>	1	
<i>aurovela fe 1/20 oral tablet</i>	1	
<i>aviane oral tablet</i>	1	
<i>ayuna oral tablet</i>	1	
<i>azurette oral tablet</i>	1	
<i>balziva oral tablet</i>	1	
<i>bekyree oral tablet 0.15- 0.02/0.01 mg (21/5)</i>	1	
<i>blisovi 24 fe oral tablet</i>	1	
<i>blisovi fe 1.5/30 oral tablet</i>	1	
<i>blisovi fe 1/20 oral tablet</i>	1	
<i>briellyn oral tablet</i>	1	
<i>camrese lo oral tablet</i>	1	QL (91 EA per 91 days)
<i>camrese oral tablet</i>	1	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>chateal eq oral tablet</i>	1	
<i>chateal oral tablet</i>	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	
<i>cryselle-28 oral tablet</i>	1	
<i>cyclafem 1/35 oral tablet</i>	1	
<i>cyclafem 7/7/7 oral tablet</i>	1	
<i>cyred oral tablet</i>	1	
<i>dasetta 1/35 oral tablet</i>	1	
<i>dasetta 7/7/7 oral tablet</i>	1	
<i>daysee oral tablet</i>	1	QL (91 EA per 91 days)
<i>delyla oral tablet</i>	1	
<i>depo-estradiol intramuscular oil</i>	3	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	3	
<i>dolishale oral tablet</i>	1	
<i>dotti transdermal patch twice weekly</i>	1	
<i>elinest oral tablet</i>	1	
<i>enpresse-28 oral tablet</i>	1	
<i>estarylla oral tablet</i>	1	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ESTRING VAGINAL RING	3	QL (1 EA per 90 days)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>falmina oral tablet</i>	1	
<i>fayosim oral tablet</i>	1	QL (91 EA per 91 days)
FEMRING VAGINAL RING	3	QL (1 EA per 90 days)
<i>femynor oral tablet</i>	1	
<i>fyavolv oral tablet</i>	1	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	1	
<i>gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>gildess fe 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>hailey 1.5/30 oral tablet</i>	1	
<i>hailey 24 fe oral tablet</i>	1	
<i>iclevia oral tablet</i>	1	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	PA
IMVEXXY STARTER PACK VAGINAL INSERT	2	PA
<i>introvale oral tablet</i>	1	QL (91 EA per 91 days)
<i>jévantique lo oral tablet 0.5-2.5 mg-mcg</i>	1	
<i>jinteli oral tablet</i>	1	
<i>jolessa oral tablet</i>	1	QL (91 EA per 91 days)
<i>junel 1.5/30 oral tablet</i>	1	
<i>junel 1/20 oral tablet</i>	1	
<i>junel fe 1.5/30 oral tablet</i>	1	
<i>junel fe 1/20 oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>junel fe 24 oral tablet</i>	1	
<i>kalliga oral tablet</i>	1	
<i>kariva oral tablet</i>	1	
<i>kelnor 1/35 oral tablet</i>	1	
<i>kelnor 1/50 oral tablet</i>	1	
<i>kimidess oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>kurvelo oral tablet</i>	1	
<i>larin 1.5/30 oral tablet</i>	1	
<i>larin 1/20 oral tablet</i>	1	
<i>larin 24 fe oral tablet</i>	1	
<i>larin fe 1.5/30 oral tablet</i>	1	
<i>larin fe 1/20 oral tablet</i>	1	
<i>larissia oral tablet</i>	1	
<i>lessina oral tablet</i>	1	
<i>levonest oral tablet</i>	1	
<i>levonorgest-eth est &amp; eth est oral tablet</i>	1	QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet</i>	1	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	
<i>levonorg-eth estrad triphasic oral tablet</i>	1	
<i>levora 0.15/30 (28) oral tablet</i>	1	
<i>lillow oral tablet</i>	1	
<i>lomedica 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>low-ogestrel oral tablet</i>	1	
<i>lo-zumandimine oral tablet</i>	1	
<i>lutura oral tablet</i>	1	
<i>lyllana transdermal patch twice weekly</i>	1	
<i>marlissa oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>menest oral tablet</i>	3	
<i>microgestin 1.5/30 oral tablet</i>	1	
<i>microgestin 1/20 oral tablet</i>	1	
<i>microgestin 24 fe oral tablet</i>	1	
<i>microgestin fe 1.5/30 oral tablet</i>	1	
<i>microgestin fe 1/20 oral tablet</i>	1	
<i>mili oral tablet</i>	1	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	
<i>mimvey oral tablet</i>	1	
<i>mono-lynyah oral tablet</i>	1	
<i>mononessa oral tablet 0.25-35 mg-mcg</i>	1	
<i>myzilra oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet</i>	1	
<i>necon 1/35 (28) oral tablet</i>	1	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	
<i>norethin ace-eth estrad-fe oral tablet</i>	1	
<i>norethindrone acet-ethinyl est oral tablet</i>	1	
<i>norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)</i>	1	
<i>norethindrone-eth estradiol oral tablet</i>	1	
<i>norgestimate-eth estradiol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet</i>	1	
<i>nortrel 1/35 (21) oral tablet</i>	1	
<i>nortrel 1/35 (28) oral tablet</i>	1	
<i>nortrel 7/7/7 oral tablet</i>	1	
<i>nylia 7/7/7 oral tablet</i>	1	
<i>orsythia oral tablet</i>	1	
<i>philith oral tablet</i>	1	
<i>pimtrea oral tablet</i>	1	
<i>pirmella 1/35 oral tablet</i>	1	
<i>pirmella 7/7/7 oral tablet</i>	1	
<i>portia-28 oral tablet</i>	1	
PREMARIN ORAL TABLET	3	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
<i>previfem oral tablet</i>	1	
<i>quasense oral tablet 0.15-0.03 mg</i>	1	QL (91 EA per 91 days)
<i>rivelsa oral tablet</i>	1	QL (91 EA per 91 days)
<i>setlakin oral tablet</i>	1	QL (91 EA per 91 days)
<i>simliya oral tablet</i>	1	
<i>simpesse oral tablet</i>	1	QL (91 EA per 91 days)
<i>sprintec 28 oral tablet</i>	1	
<i>sronyx oral tablet</i>	1	
<i>tarina 24 fe oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>tarina fe 1/20 eq oral tablet</i>	1	
<i>tarina fe 1/20 oral tablet</i>	1	
<i>tri femynor oral tablet</i>	1	
<i>tri-estarylla oral tablet</i>	1	
<i>tri-linyah oral tablet</i>	1	
<i>tri-lo-mili oral tablet</i>	1	
<i>tri-mili oral tablet</i>	1	
<i>trinessa (28) oral tablet</i>	1	
<i>trinessa lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-previfem oral tablet</i>	1	
<i>tri-sprintec oral tablet</i>	1	
<i>trivora (28) oral tablet</i>	1	
<i>tri-vylibra oral tablet</i>	1	
<i>vestura oral tablet</i>	1	
<i>vienva oral tablet</i>	1	
<i>viorele oral tablet</i>	1	
<i>vyfemla oral tablet</i>	1	
<i>vylibra oral tablet</i>	1	
<i>wera oral tablet</i>	1	
<i>yuvafem vaginal tablet</i>	1	
<i>zenchent oral tablet 0.4-35 mg-mcg</i>	1	
<i>zovia 1/35 (28) oral tablet</i>	1	
<i>zovia 1/35e (28) oral tablet</i>	1	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	1	
<b>Progestins</b>		
<i>camila oral tablet</i>	1	
CRINONE VAGINAL GEL	3	PA
<i>deblitane oral tablet</i>	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	QL (10 ML per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	QL (0.65 ML per 90 days)
ENDOMETRIN VAGINAL INSERT	3	PA
<i>errin oral tablet</i>	1	
<i>heather oral tablet</i>	1	
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA; NDS
<i>hydroxyprogesterone caproate intramuscular solution</i>	4	PA; NDS
<i>incassia oral tablet</i>	1	
<i>jencycla oral tablet</i>	1	
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>lyleq oral tablet</i>	1	
<i>lyza oral tablet</i>	1	
MAKENA INTRAMUSCULAR OIL	4	PA; NDS
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	1	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	PA
<i>megestrol acetate oral tablet</i>	1	PA
<i>nora-be oral tablet</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone oral tablet</i>	1	
<i>norlyda oral tablet</i>	1	
<i>norlyroc oral tablet</i>	1	
<i>progesterone oral capsule</i>	1	
<i>sharobel oral tablet</i>	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	4	NDS
<i>tulana oral tablet</i>	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>clomiphene citrate oral tablet</i>	1	PA
OSPHERA ORAL TABLET	2	PA; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
EUTHYROX ORAL TABLET	3	
LEVO-T ORAL TABLET	3	
<i>levothyroxine sodium intravenous solution</i>	4	NDS
<i>levothyroxine sodium intravenous solution reconstituted</i>	4	NDS
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL ORAL TABLET	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium oral tablet</i>	1	
SYNTHROID ORAL TABLET	3	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3	
UNITHROID ORAL TABLET	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
ISTURISA ORAL TABLET	4	PA; NDS
LYSODREN ORAL TABLET	4	NDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML)	3	PA
<i>cabergoline oral tablet</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	3	PA; QL (1 EA per 84 days)

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD SUBCUTANEOUS KIT 30 MG	3	PA; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	3	PA; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA; QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (4 EA per 365 days); NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit</i>	4	PA; NDS
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	4	PA; QL (1 EA per 84 days); NDS
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	4	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT (1- MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT (3- MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 84 days); NDS
LUPRON DEPOT (4- MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	4	PA; QL (1 EA per 112 days); NDS
LUPRON DEPOT (6- MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	4	PA; QL (1 EA per 168 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 28 days); NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 84 days); NDS
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	4	PA; NDS
MYFEMBREE ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	4	PA; NDS
ORGOVYX ORAL TABLET	4	PA; NDS
ORIAHNN ORAL CAPSULE THERAPY PACK	4	PA; QL (56 EA per 28 days); NDS
ORILISSA ORAL TABLET 150 MG	4	PA; QL (30 EA per 30 days); NDS
ORILISSA ORAL TABLET 200 MG	4	PA; QL (60 EA per 30 days); NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	4	PA; NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; QL (1 EA per 28 days); NDS
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; QL (60 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	4	PA; NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
SUPPRELIN LA SUBCUTANEOUS KIT	4	PA; QL (1 EA per 365 days); NDS
SYNAREL NASAL SOLUTION	4	NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	3	PA; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	PA; QL (1 EA per 168 days); NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	4	PA; QL (1 EA per 28 days); NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; QL (1 EA per 168 days); NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	PA; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	3	PA; QL (1 EA per 28 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	1	
<b>Immunological Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>Angioedema Agents</b>		
BERINERT INTRAVENOUS KIT	4	PA; NDS
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>icatibant acetate subcutaneous solution</i>	4	PA; NDS
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; NDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>sajazir subcutaneous solution</i>	4	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; NDS
<b>Immunoglobulins</b>		
ASCENIV INTRAVENOUS SOLUTION	4	PA; NDS
ATGAM INTRAVENOUS INJECTABLE	4	NDS
BIVIGAM INTRAVENOUS SOLUTION	4	PA; NDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	4	PA; NDS
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; NDS
CYTOGAM INTRAVENOUS INJECTABLE	4	PA; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA; NDS
GAMASTAN INTRAMUSCULAR INJECTABLE	2	PA
GAMMAGARD INJECTION SOLUTION	4	PA; NDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
GAMMAKED INJECTION SOLUTION	4	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; NDS
GAMUNEX-C INJECTION SOLUTION	4	PA; NDS
HEPAGAM B INJECTION SOLUTION	4	B/D; NDS
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; NDS
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION	4	B/D; NDS
HYPERRAB INJECTION SOLUTION	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	2	B/D
HYQVIA SUBCUTANEOUS KIT	4	PA; NDS
IMOGAM RABIES-HT INJECTION SOLUTION	3	B/D
KEDRAB INJECTION SOLUTION	3	B/D
NABI-HB INTRAMUSCULAR SOLUTION	4	B/D; NDS
OCTAGAM INTRAVENOUS SOLUTION	4	PA; NDS
PANZYGA INTRAVENOUS SOLUTION	4	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; NDS
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; NDS
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS
VARIZIG INTRAMUSCULAR SOLUTION	2	PA
WINRHO SDF INJECTION SOLUTION	4	NDS
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; NDS
<b>Immunological Agents, Other</b>		

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION	4	PA; NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (3.6 ML per 28 days); NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 MG/2ML	4	PA; QL (8 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 ML per 28 days); NDS
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; NDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
GAMIFANT INTRAVENOUS SOLUTION	4	PA; NDS
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	4	PA; QL (2 EA per 28 days); NDS
ILARIS SUBCUTANEOUS SOLUTION	4	PA; QL (2 ML per 28 days); NDS
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS

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

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
SOLIRIS INTRAVENOUS SOLUTION	4	PA; NDS
STELARA INTRAVENOUS SOLUTION	4	PA; NDS
STELARA SUBCUTANEOUS SOLUTION	4	PA; NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS



Drug Name	Drug Tier	Requirements/ Limits
ULTOMIRIS INTRAVENOUS SOLUTION	4	PA; NDS
XELJANZ ORAL SOLUTION	4	PA; NDS
XELJANZ ORAL TABLET	4	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
<b>Immunostimulants</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; NDS
INTRON A INJECTION SOLUTION	4	PA; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED	4	PA; NDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	4	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	4	PA; NDS
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	4	PA; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; NDS
<b>Immunosuppressants</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	4	B/D; NDS
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>azasan oral tablet</i>	3	B/D
<i>azathioprine oral tablet</i>	1	B/D
<i>azathioprine sodium injection solution reconstituted</i>	1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	4	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS KIT	4	PA; NDS
CIMZIA SUBCUTANEOUS KIT	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified oral capsule</i>	1	B/D
<i>cyclosporine modified oral solution</i>	1	B/D
<i>cyclosporine oral capsule</i>	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION	4	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	3	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	B/D; NDS
<i>everolimus oral tablet 0.25 mg</i>	1	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	4	B/D; NDS
<i>gengraf oral capsule</i>	1	B/D
<i>gengraf oral solution</i>	1	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; NDS
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>leflunomide oral tablet</i>	1	
LUPKYNIS ORAL CAPSULE	4	PA; QL (180 EA per 30 days); NDS
<i>methotrexate (anti-rheumatic) oral tablet 2.5 mg</i>	1	
<i>methotrexate oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 17.5 MG/0.7ML	3	PA; QL (2.8 ML per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.8ML	3	PA; QL (3.2 ML per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22.5 MG/0.9ML	3	PA; QL (3.6 ML per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/ML	3	PA; QL (4 ML per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7.5 MG/0.3ML	3	PA; QL (1.2 ML per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
SANDIMMUNE ORAL SOLUTION	3	B/D
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; NDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>sirolimus oral solution</i>	4	B/D; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D
<i>sirolimus oral tablet 2 mg</i>	4	B/D; NDS
<i>tacrolimus oral capsule</i>	1	B/D
XATMEP ORAL SOLUTION	3	
ZORTRESS ORAL TABLET 1 MG	4	B/D; NDS
<b>Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION	2	
BCG VACCINE INJECTION INJECTABLE	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5- 18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	2	
DAPTACEL INTRAMUSCULAR SUSPENSION	2	
DIPHThERIA- TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B INJECTION SUSPENSION	2	B/D

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	3	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	2	B/D
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION	2	
MENACTRA INTRAMUSCULAR INJECTABLE	2	

Drug Name	Drug Tier	Requirements/ Limits
MENHIBRIX INTRAMUSCULAR SOLUTION RECONSTITUTED 5- 5-2.5 MCG	2	
MENQUADFI INTRAMUSCULAR INJECTABLE	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	B/D
RECOMBIVAX HB INJECTION SUSPENSION	2	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	

Drug Name	Drug Tier	Requirements/ Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TETANUS- DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VAXELIS INTRAMUSCULAR SUSPENSION	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

Drug Name	Drug Tier	Requirements/ Limits
YF-VAX SUBCUTANEOUS INJECTABLE	2	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule</i>	1	
DIPENTUM ORAL CAPSULE	4	NDS
<i>mesalamine er oral capsule extended release 24 hour</i>	1	
<i>mesalamine oral tablet delayed release</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine-cleanser rectal kit</i>	1	
SFROWASA RECTAL ENEMA	4	NDS
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet delayed release</i>	1	
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	4	NDS
<i>budesonide oral capsule delayed release particles</i>	1	
<i>colocort rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone rectal enema</i>	1	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	NDS
<i>procto-med hc external cream</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>alendronate sodium oral tablet 70 mg</i>	1	QL (4 EA per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT	3	QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution</i>	4	NDS
<i>calcitonin (salmon) nasal solution</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	
<i>cinacalcet hcl oral tablet 90 mg</i>	4	NDS
<i>doxercalciferol oral capsule</i>	1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2.34 ML per 28 days); NDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
FOSAMAX PLUS D ORAL TABLET	3	QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet</i>	1	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; QL (2 EA per 28 days); NDS
<i>paricalcitol oral capsule</i>	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2 ML per 365 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	4	NDS
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 EA per 28 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	4	NDS
<i>zoledronic acid intravenous solution reconstituted 4 mg</i>	4	NDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol prep pads pad 70 %</i>	2	
CLINOLIPID INTRAVENOUS EMULSION	4	B/D; NDS
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
<i>cvs gauze sterile pad 2"x2"</i>	2	
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>	1	B/D
<i>deferoxamine mesylate injection solution reconstituted 500 mg</i>	4	B/D; NDS
DOJOLVI ORAL LIQUID	4	PA; NDS
ELLA ORAL TABLET	2	
<i>fomepizole intravenous solution</i>	4	NDS
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; NDS
<i>insulin pen needles 29g x 12mm</i>	2	QL (200 EA per 30 days)
INSULIN PEN NEEDLES 30G X 6 MM	2	QL (200 EA per 30 days)
<i>insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
INTRALIPID INTRAVENOUS EMULSION	3	B/D
<i>methergine oral tablet</i>	4	QL (56 EA per 365 days); NDS
<i>methylergonovine maleate oral tablet</i>	4	QL (56 EA per 365 days); NDS
METOPIRONE ORAL CAPSULE	4	NDS
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; NDS
NUTRILIPID INTRAVENOUS EMULSION	3	B/D
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL (30 EA per 30 days)
OMEGAVEN INTRAVENOUS EMULSION	3	B/D
OMNIPOD	2	QL (30 EA per 30 days)
OMNIPOD 5 PACK	2	QL (30 EA per 30 days)
OMNIPOD DASH 5 PACK PODS	2	QL (30 EA per 30 days)
OMNIPOD DASH SYSTEM KIT	2	QL (1 EA per 365 days)
OMNIPOD STARTER KIT	2	QL (1 EA per 365 days)
ORLADEYO ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
OXLUMO SUBCUTANEOUS SOLUTION	4	PA; NDS
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA ORAL 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA
PALFORZIA ORAL PACKET 300 MG	4	PA; NDS
SMOFLIPID INTRAVENOUS EMULSION	3	B/D
<i>sod benz-sod phenylacet intravenous solution</i>	4	NDS
SODIUM CHLORIDE IRRIGATION SOLUTION	1	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VISTOGARD ORAL PACKET	4	NDS
XENICAL ORAL CAPSULE	3	PA
ZOKINVY ORAL CAPSULE	4	PA; QL (120 EA per 30 days); NDS
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	1	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
BEOVU INTRAVITREAL SOLUTION	4	PA; NDS
CEQUA OPHTHALMIC SOLUTION	3	PA
COMBIGAN OPHTHALMIC SOLUTION	2	
CYSTADROPS OPHTHALMIC SOLUTION	4	PA; QL (20 ML per 28 days); NDS
CYSTARAN OPHTHALMIC SOLUTION	4	PA; QL (60 ML per 28 days); NDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1	
EYLEA INTRAVITREAL SOLUTION	4	PA; NDS
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; NDS
LUCENTIS INTRAVITREAL SOLUTION	4	PA; NDS
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; NDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1	
<i>neo-polycin hc ophthalmic ointment</i>	1	
<i>neo-polycin ophthalmic ointment</i>	1	
OXERVATE OPHTHALMIC SOLUTION	4	PA; QL (56 ML per 28 days); NDS
<i>polycin ophthalmic ointment</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
RESTASIS OPHTHALMIC EMULSION	2	
ROCKLATAN OPHTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
XIIDRA OPHTHALMIC SOLUTION	3	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	3	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic solution</i>	1	
<i>bepotastine besilate ophthalmic solution</i>	1	
<i>cromolyn sodium ophthalmic solution</i>	1	
<i>epinastine hcl ophthalmic solution</i>	1	
<i>olopatadine hcl ophthalmic solution</i>	1	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin ophthalmic ointment</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION	3	
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	
<i>erythromycin ophthalmic ointment</i>	1	
<i>gatifloxacin ophthalmic solution</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>levofloxacin ophthalmic solution</i>	1	
<i>moxifloxacin hcl ophthalmic solution</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NATACYN OPHTHALMIC SUSPENSION	3	
<i>ofloxacin ophthalmic solution</i>	1	
<i>sulfacetamide sodium ophthalmic ointment</i>	1	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>tobramycin ophthalmic solution</i>	1	
<i>trifluridine ophthalmic solution</i>	1	
ZIRGAN OPHTHALMIC GEL	3	
<b>Ophthalmic Anti- inflammatories</b>		
ACUVAIL OPHTHALMIC SOLUTION	3	ST
BROMSITE OPHTHALMIC SOLUTION	3	ST
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
<i>diclofenac sodium ophthalmic solution</i>	1	
FLAREX OPHTHALMIC SUSPENSION	2	
<i>fluorometholone ophthalmic suspension</i>	1	
<i>flurbiprofen sodium ophthalmic solution</i>	1	
FML FORTE OPHTHALMIC SUSPENSION	2	
FML OPHTHALMIC OINTMENT	2	
ILEVRO OPHTHALMIC SUSPENSION	3	QL (6 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>ketorolac tromethamine ophthalmic solution</i>	1	
LOTEMAX OPHTHALMIC OINTMENT	3	QL (14 GM per 365 days)
LOTEMAX SM OPHTHALMIC GEL	3	QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic gel</i>	1	QL (20 GM per 365 days)
NEVANAC OPHTHALMIC SUSPENSION	3	QL (6 ML per 30 days)
PRED MILD OPHTHALMIC SUSPENSION	2	
<i>prednisolone acetate ophthalmic suspension</i>	1	
PROLENSA OPHTHALMIC SOLUTION	3	QL (12 ML per 365 days)
RETISERT INTRAVITREAL IMPLANT	4	NDS
YUTIQ INTRAVITREAL IMPLANT	4	NDS
<b>Ophthalmic Beta- Adrenergic Blocking Agents</b>		
<i>betaxolol hcl ophthalmic solution</i>	1	
<i>carteolol hcl ophthalmic solution</i>	1	
<i>levobunolol hcl ophthalmic solution</i>	1	
<i>metipranolol ophthalmic solution 0.3 %</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
<i>apraclonidine hcl ophthalmic solution</i>	1	
BRIMONIDINE TARTRATE OPTHALMIC SOLUTION 0.15 %	1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brinzolamide ophthalmic suspension</i>	1	
<i>dorzolamide hcl ophthalmic solution</i>	1	
<i>methazolamide oral tablet</i>	1	
<i>pilocarpine hcl ophthalmic solution</i>	1	
RHOPRESSA OPTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>bimatoprost ophthalmic solution</i>	1	QL (5 ML per 30 days)
DURYSTA INTRAOCULAR IMPLANT	4	NDS
<i>latanoprost ophthalmic solution</i>	1	
LUMIGAN OPTHALMIC SOLUTION	2	QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution</i>	1	QL (2.5 ML per 25 days)
VYZULTA OPTHALMIC SOLUTION	3	QL (5 ML per 25 days)

Drug Name	Drug Tier	Requirements/ Limits
XELPROS OPTHALMIC EMULSION	3	ST; QL (2.5 ML per 25 days)
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid otic solution</i>	1	
CIPRO HC OTIC SUSPENSION	3	
CIPROFLOXACIN HCL OTIC SOLUTION	1	
<i>ciprofloxacin-dexamethasone otic suspension</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide otic oil</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin otic solution</i>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	QL (60 ML per 30 days)
<i>azelastine-fluticasone nasal suspension</i>	3	QL (23 GM per 30 days)
<i>carbinoxamine maleate oral tablet 6 mg</i>	4	NDS
<i>cyproheptadine hcl oral syrup</i>	1	
<i>cyproheptadine hcl oral tablet</i>	1	
<i>diphenhydramine hcl injection solution</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	



Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine dihydrochloride oral tablet</i>	1	
<i>olopatadine hcl nasal solution</i>	1	QL (30.5 GM per 30 days)
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (1 EA per 30 days)
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT	3	ST; QL (1 EA per 30 days)
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT	3	ST; QL (1 EA per 30 days)
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT	3	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	3	QL (13 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL (23.6 GM per 28 days)
<i>budesonide inhalation suspension</i>	1	B/D; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (21.2 GM per 30 days)
<i>flunisolide nasal solution</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension</i>	1	
<i>mometasone furoate nasal suspension</i>	1	QL (34 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (2 EA per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	3	ST; QL (21.2 GM per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet</i>	1	
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	1	
<i>zafirlukast oral tablet</i>	1	
<i>zileuton er oral tablet extended release 12 hour</i>	4	ST; NDS
ZYFLO ORAL TABLET	4	ST; NDS
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	QL (25.8 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (2 EA per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	4	QL (60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	4	QL (60 ML per 30 days); NDS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	ST; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	ST; QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	ST
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION	4	B/D; QL (90 ML per 30 days); NDS
<b>Bronchodilators, Sympathomimetic</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	3	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)</i>	1	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)</i>	1	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	B/D; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	B/D; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup</i>	3	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	3	ST; QL (30 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution</i>	4	PA; QL (120 ML per 30 days); NDS
AUVI-Q INJECTION SOLUTION AUTO- INJECTOR 0.1 MG/0.1ML	4	ST; QL (2 EA per 30 days); NDS
AUVI-Q INJECTION SOLUTION AUTO- INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	4	ST; NDS

Drug Name	Drug Tier	Requirements/ Limits
BROVANA INHALATION NEBULIZATION SOLUTION	4	PA; QL (120 ML per 30 days); NDS
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	Applies to products manufactured by Impax or Lineage Therapeutics
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml</i>	2	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	2	Applies to product manufactured by Mylan Specialty L.P. Only
EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO- INJECTOR	2	
<i>formoterol fumarate inhalation nebulization solution</i>	4	B/D; QL (120 ML per 30 days); NDS
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	B/D; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	B/D; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	1	B/D; QL (270 ML per 30 days)
<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	1	QL (30 GM per 30 days)
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
PERFOROMIST INHALATION NEBULIZATION SOLUTION	4	B/D; QL (120 ML per 30 days); NDS
PROAIR HFA INHALATION AEROSOL SOLUTION	3	QL (17 GM per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	QL (13.4 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
<i>terbutaline sulfate injection solution</i>	4	NDS
<i>terbutaline sulfate oral tablet</i>	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	ST; QL (48 GM per 30 days)
XOPENEX HFA INHALATION AEROSOL	3	QL (30 GM per 30 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED	4	PA; NDS
KALYDECO ORAL PACKET	4	PA; NDS
KALYDECO ORAL TABLET	4	PA; NDS
KITABIS PAK INHALATION NEBULIZATION SOLUTION	4	B/D; NDS
ORKAMBI ORAL PACKET	4	PA; QL (56 EA per 28 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 28 days); NDS
PULMOZYME INHALATION SOLUTION	4	PA; NDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	4	PA; QL (56 EA per 28 days); NDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	4	PA; QL (60 EA per 30 days); NDS
TOBI PODHALER INHALATION CAPSULE	4	QL (224 EA per 56 days); NDS
<i>tobramycin inhalation nebulization solution</i>	4	B/D; NDS
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 EA per 28 days); NDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	1	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP ORAL TABLET	3	PA
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour</i>	1	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET	4	PA; QL (90 EA per 30 days); NDS
<i>alyq oral tablet</i>	4	PA; QL (60 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>ambrisentan oral tablet</i>	4	PA; QL (30 EA per 30 days); NDS
<i>bosentan oral tablet</i>	4	PA; QL (60 EA per 30 days); NDS
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg</i>	1	PA
<i>epoprostenol sodium intravenous solution reconstituted 1.5 mg</i>	4	PA; NDS
OPSUMIT ORAL TABLET	4	PA; QL (30 EA per 30 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; NDS
<i>sildenafil citrate intravenous solution</i>	4	PA; NDS
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; NDS
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	4	PA; QL (60 EA per 30 days); NDS
TRACLEER 32 MG	4	PA; QL (112 EA per 28 days); NDS
<i>treprostinil injection solution</i>	4	PA; NDS
TYVASO INHALATION SOLUTION	4	PA; QL (87 ML per 30 days); NDS
TYVASO REFILL INHALATION SOLUTION	4	PA; QL (87 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
TYVASO STARTER INHALATION SOLUTION	4	PA; QL (87 ML per 30 days); NDS
UPTRAVI ORAL TABLET	4	PA; QL (60 EA per 30 days); NDS
UPTRAVI ORAL TABLET THERAPY PACK	4	PA; QL (400 EA per 365 days); NDS
VENTAVIS INHALATION SOLUTION	4	PA; QL (270 ML per 30 days); NDS
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET ORAL CAPSULE	4	PA; NDS
ESBRIET ORAL TABLET	4	PA; NDS
OFEV ORAL CAPSULE	4	PA; NDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution</i>	1	B/D
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	3	QL (24 GM per 30 days)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)



Drug Name	Drug Tier	Requirements/ Limits
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	2	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
BRONCHITOL INHALATION CAPSULE	4	PA; QL (560 EA per 28 days); NDS
<i>budesonide-formoterol fumarate inhalation aerosol</i>	2	PA; QL (10.2 GM per 30 days)
CINQAIR INTRAVENOUS SOLUTION	4	PA; NDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (8 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3	QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	3	QL (13 GM per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; NDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; NDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250- 50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1	B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (3 ML per 28 days); NDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 EA per 28 days); NDS
<i>ribavirin inhalation solution reconstituted</i>	4	NDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	ST; QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	2	QL (12 GM per 30 days)



Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	2	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG	3	ST
<i>wixela inhub inhalation aerosol powder breath activated</i>	1	QL (60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral tablet</i>	1	PA
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA
<i>carisoprodol-aspirin- codeine oral tablet</i>	1	PA; NDS
<i>chlorzoxazone oral tablet 250 mg</i>	4	PA; NDS
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	PA
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	1	PA
<i>cyclobenzaprine hcl oral tablet</i>	1	PA
<i>methocarbamol injection solution</i>	1	PA
<i>methocarbamol oral tablet</i>	1	PA
<i>norgesic forte oral tablet</i>	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1	PA
<i>orphenadrine-aspirin- caffeine oral tablet 50- 770-60 mg</i>	4	PA; NDS
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	4	PA; NDS
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
BELSOMRA ORAL TABLET	2	QL (30 EA per 30 days)
DAYVIGO ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet</i>	1	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	1	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION	4	PA; QL (158 ML per 30 days); NDS
HETLIOZ ORAL CAPSULE	4	PA; QL (30 EA per 30 days); NDS
<i>ramelteon oral tablet</i>	1	QL (30 EA per 30 days)
SECONAL ORAL CAPSULE 100 MG	4	PA; NDS
<i>temazepam oral capsule</i>	1	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet</i>	1	PA; QL (30 EA per 30 days)
SUNOSI ORAL TABLET	3	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET	4	PA; QL (60 EA per 30 days); NDS
XYREM ORAL SOLUTION	4	PA; QL (540 ML per 30 days); NDS
XYWAV ORAL SOLUTION	4	PA; QL (540 ML per 30 days); NDS

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សំដៅឲ្យការសម្របសម្រួលឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានសេវាបំប្រែភាសាសំរាប់អ្នក។

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

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i. T'áá shóqdi ninaaltsoos nit'ízi bee néehozinígíí bine'déq' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

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

This formulary was updated on August 5, 2021, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

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**OptumRx Member Services**

**Phone (toll-free):** 1-844-368-8765  
**TTY users:** 711  
**Hours of operation:** 24 hours a day, 7 days a week  
**Website:** [optumrx.com](http://optumrx.com)

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