

State Health Plan PPO Medicare Prescription Drug Plan (PDP) Your 2024 Comprehensive Formulary

Administered by Optum Rx®

Effective January 1, 2024



Please read: this document contains information about the drugs we cover in this plan. This comprehensive formulary was updated on September 5, 2023, and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-866-635-5941
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: [Optumrx.com](https://www.optumrx.com)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 Optum Rx. When it refers to "plan" or "our plan," it means State Health Plan PPO 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, 2025.

What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by State Health Plan PPO in consultation with Optum Rx 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 Optum Rx network pharmacy, and other plan rules are followed.

Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2024 formulary that is covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less-expensive 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, 2024. To get updated information about covered drugs, please contact Optum Rx. You may also visit our website at 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 111. 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

The formulary structure features generic drugs, preferred brand-name drugs, and non-preferred brand-name 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 and may include some specialty or high-cost drugs*.

* High-cost (or some Specialty) drugs are those that cost \$950 or more for up to a 30-day maximum supply. These types of drugs are labeled in the formulary as “NDS” under the Requirements/Limits column and will not be dispensed in more than a 30-day 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:

Prior Authorization (PA)	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
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Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug we will cover.
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Step Therapy (ST)	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 Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask Optum Rx 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 Optum Rx 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 2 options:

- You can ask Optum Rx 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 Optum Rx to make an exception and cover your drug. See below for information about how to request an exception.

State Health Plan PPO offers supplemental coverage (also called WRAP coverage) on **some** prescription drugs not normally covered under Medicare Part D. Please contact Optum Rx for any questions regarding your supplemental coverage.

How do I request an exception to the formulary?

You can ask Optum Rx 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.

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 Optum Rx 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.

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 Optum Rx. 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.

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 111.

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/D	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.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	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 Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
ST	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
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
CAMBIA	3	
CATAFLAM	3	NDS
CELEBREX	3	QL(60 EA per 30 days)
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium packet</i>	1	
<i>diclofenac potassium capsule</i>	1	NDS
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	1	NDS
<i>diclofenac sodium dr</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	1	PA; NDS
DICLONA	3	NDS
<i>diflunisal tablet 500mg</i>	1	
DUEXIS	3	QL(90 EA per 30 days); PA; NDS
ELYXYB	3	QL(19.2 ML per 30 days); PA
<i>etodolac capsule, tablet</i>	1	
FLECTOR	3	QL(60 EA per 30 days); PA
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	1	NDS
<i>ibuprofen/famotidine</i>	1	QL(90 EA per 30 days); PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUPPOSITORY, SUSPENSION	3	
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75MG/SPRAY	3	QL(5 EA per 30 days); NDS
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
<i>klofensaid ii</i>	1	PA
LICART	3	QL(30 EA per 30 days); PA
LODINE TABLET 400MG	3	
LOFENA	3	NDS
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	NDS
NAPROSYN SUSPENSION	3	NDS
<i>naproxen sodium cr</i>	1	
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	1	QL(60 EA per 30 days); PA; NDS
<i>naproxen tablet delayed release</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN	3	NDS
<i>oxaprozin</i>	1	
PENNSAID SOLUTION	3	PA; NDS
<i>piroxicam capsule</i>	1	
<i>profeno</i>	1	
RELAFEN	3	NDS
RELAFEN DS	3	NDS
SPRIX	3	QL(5 EA per 30 days); NDS
<i>sulindac tablet</i>	1	
VIMOVO	3	QL(60 EA per 30 days); PA; NDS
VIVLODEX	3	NDS
VOLTAREN GEL	3	QL(1000 GM per 30 days)
ZIPSOR	3	NDS
<i>Opioid Analgesics, Long-acting</i>		
BELBUCA	3	QL(60 EA per 30 days); NDS
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
<i>buprenorphine buccal</i>	1	QL(60 EA per 30 days); NDS
BUTRANS	3	QL(4 EA per 28 days); NDS
CONZIP	3	PA; NDS
DOLOPHINE TABLET	3	NDS
DURAGESIC	3	NDS
<i>fentanyl</i>	1	NDS
<i>hydrocodone bitartrate er capsule extended release 12 hour</i>	1	NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent</i>	3	ST; NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS
HYSINGLA ER	3	ST; NDS
INFUMORPH 200	3	B/D; NDS
INFUMORPH 500	3	B/D; NDS
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate tablet</i>	1	NDS
<i>methadone hcl injection, oral solution, tablet</i>	1	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride concentrate</i>	1	NDS
<i>methadose sugar-free</i>	1	NDS
<i>methadose concentrate 10mg/ml</i>	1	NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er capsule extended release 24 hour, tablet extended release</i>	1	NDS
MS CONTIN TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	3	NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 15MG, 30MG, 40MG, 60MG, 80MG	3	ST; NDS
OXYCODONE HYDROCHLORIDE ER	3	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST; NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochlorideer</i>	1	NDS
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA; NDS
<i>tramadol hcl er capsule extended release 24 hour 150mg</i>	3	PA; NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR	3	ST; NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/caffeine/dihydrocodeine tablet</i>	1	NDS
<i>acetaminophen/caffeine/dihydrocodeine capsule</i>	1	QL(300 EA per 30 days); NDS
<i>acetaminophen/codeine</i>	1	NDS
ACTIQ	3	PA; NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
BENZHYDROCODONE/ACETAMINOPHEN	3	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tablet</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA; NDS
DILAUDID LIQUID	3	NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS
<i>duramorph</i>	1	NDS
DVORAH	3	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal</i>	1	PA; NDS
FENTANYL CITRATE TABLET	3	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA; NDS
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	3	NDS
FIORINAL/CODEINE #3	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, suppository, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride dosette</i>	1	NDS
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
IBUDONE TABLET 10MG; 200MG	3	NDS
<i>ibudone tablet 5mg; 200mg</i>	1	NDS
LAZANDA SOLUTION 100MCG/ACT, 400MCG/ACT	3	PA; NDS
<i>lorcet</i>	1	NDS
<i>lorcet hd</i>	1	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	1	NDS
LORTAB ELIXIR 300MG/15ML; 10MG/15ML	3	NDS
<i>lortab tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>meperidine hcl tablet 50mg</i>	1	NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate oral solution, suppository, tablet</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D; NDS
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	NDS
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	NDS
NALOCET	3	NDS
NORCO	3	NDS
NUCYNTA	3	NDS
OPANA TABLET	3	NDS
OXAYDO	3	NDS
OXYCODONE AND ACETAMINOPHEN	3	NDS
<i>oxycodone hcl capsule</i>	1	NDS
<i>oxycodone hydrochloride</i>	1	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	3	NDS
<i>oxycodone hydrochloride/acetaminophen solution 325mg/5ml; 5mg/5ml</i>	1	NDS
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 2.5MG, 300MG; 5MG	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
PERCOCET TABLET 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	NDS
PRIMLEV	3	NDS
PROLATE	3	NDS
QDOLO	3	NDS
<i>reprexain tablet 10mg; 200mg</i>	1	NDS
ROXICODONE TABLET	3	NDS
SEGLENTIS	3	QL(120 EA per 30 days); ST; NDS
SUBSYS	3	PA; NDS
<i>tramadol hcl tablet</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
TRAMADOL HYDROCHLORIDE SOLUTION	3	NDS
<i>tramadol hydrochloride tablet 100mg</i>	1	NDS
TREZIX CAPSULE 320.5MG; 30MG; 16MG	3	QL(300 EA per 30 days); NDS
TYLENOL/CODEINE #3	3	NDS
TYLENOL/CODEINE #4	3	NDS
ULTRACET	3	NDS
ULTRAM	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>vicodin es tablet 300mg; 7.5mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	1	NDS
<i>vicodin tablet 300mg; 5mg</i>	1	NDS
<i>xylon</i>	1	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
LIDOCAINE AND TETRACAINE CREAM	3	QL(30 GM per 30 days); PA
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl external solution 4%</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine-prilocaine-cream base cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	1	QL(30 GM per 30 days); PA
LIDOCAINE/TETRACAINE CREAM 7%; 7%	3	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	1	PA
LIDOCAN	3	PA
LIDODERM	3	PA
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
QUTENZA	3	QL(4 EA per 90 days); PA; NDS
SYNERA	3	
ZTLIDO	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	3	NDS
<i>Opioid Dependence</i>		
BRIXADI	3	NDS
BUPRENEX INJECTION 0.3MG/ML	3	NDS
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
LUCEMYRA	3	QL(224 EA per 14 days); NDS
SUBLOCADE	3	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL(90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL(180 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL(30 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL(360 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL(60 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL(90 EA per 30 days); ST
Opioid Reversal Agents		
KLOXXADO	3	ST
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	1	
ZIMHI	3	ST
Smoking Cessation Agents		
<i>buproban</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	2	QL(504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABLET THERAPY PAK	2	QL(504 EA per 365 days)
CHANTIX TABLET 0.5MG, 1MG	2	QL(504 EA per 365 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	2	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
ZYBAN	3	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	3	PA; NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate external ointment 0.1%</i>	1	
HUMATIN	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate injection 1gm</i>	1	
<i>tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
ZEMDRI	3	NDS
Antibacterials, Other		

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Drug Name	Drug Tier	Requirements/Limits
AEMCOLO	3	PA
<i>aztreonam</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 150mg, 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	1	NDS
COLY-MYCIN M	3	NDS
CUBICIN	3	NDS
CUBICIN RF	3	NDS
DALVANCE	3	NDS
<i>daptomycin</i>	1	NDS
DAPTOMYCIN/SODIUM CHLORIDE	3	
FURADANTIN	3	NDS
IMPAVIDO	3	NDS
KIMYRSA	3	NDS
<i>lincomycin hcl injection</i>	1	
<i>linezolid suspension reconstituted</i>	1	QL(1800 ML per 28 days); NDS
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid injection 600mg/300ml; 0.9%</i>	1	NDS
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
NITROFURANTOIN SUSPENSION 50MG/5ML	3	NDS
<i>nitrofurantoin suspension 25mg/5ml</i>	1	NDS
ORBACTIV	3	NDS
PRIMSOL	3	
SIVEXTRO	3	QL(6 EA per 30 days); NDS
SYNERCID INJECTION 350MG; 150MG	3	NDS
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
TYGACIL	3	

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Drug Name	Drug Tier	Requirements/Limits
VANCOCIN CAPSULE 125MG	3	QL(120 EA per 30 days); NDS
VANCOCIN CAPSULE 250MG	3	QL(240 EA per 30 days); NDS
<i>vancomycin hcl injection 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	1	
VIBATIV INJECTION 750MG	3	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XACDURO	3	NDS
XENLETA	3	NDS
ZYVOX SUSPENSION RECONSTITUTED	3	QL(1800 ML per 28 days); NDS
ZYVOX TABLET	3	QL(56 EA per 28 days); NDS
ZYVOX INJECTION 200MG/100ML	3	NDS
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	3	NDS
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	
<i>cefixime capsule</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
FETROJA	3	NDS
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
ZERBAXA	3	NDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML, 250MG/5ML; 62.5MG/5ML	3	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	3	NDS
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	1	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 1gm, 2gm</i>	1	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 10gm</i>	3	
<i>penicillin g sodium</i>	1	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%	3	
<i>meropenem/sodium chloride injection 500mg; 0.9%</i>	3	
MERREM INJECTION 1GM	3	
RECARBRIO	3	NDS
VABOMERE	3	
Macrolides		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
DIFICID	3	NDS
ERYPED 400	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	1	NDS
Quinolones		
BAXDELA	3	NDS
CIPRO SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	3	NDS
DORYX TABLET DELAYED RELEASE 200MG	3	NDS
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
LYMEPAK	3	NDS
MINOCIN INJECTION	3	NDS
MINOCIN CAPSULE 50MG	3	NDS
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxyne nl capsule 100mg, 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>morgidox 1x100mg capsule</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg capsule</i>	1	
NUZYRA	3	NDS
<i>okebo capsule 100mg</i>	1	
SEYSARA	3	NDS
<i>tetracycline hydrochloride capsule</i>	1	
XERAVA	3	NDS
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	3	PA; NDS
ELEPSIA XR	3	NDS
EPIDIOLEX	3	PA; NDS
EPRONTIA	3	
<i>felbamate tablet</i>	1	
<i>felbamate suspension</i>	1	NDS
FELBATOL	3	NDS
FINTEPLA	3	PA; NDS
FYCOMPA SUSPENSION	3	
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	NDS
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG	3	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750MG	3	NDS
KEPPRA INJECTION, ORAL SOLUTION	3	NDS
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	3	NDS
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	3	NDS
LAMICTAL ODT TABLET DISINTEGRATING	3	
LAMICTAL ODT KIT	3	NDS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	NDS
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	3	NDS
LAMICTAL TABLET	3	NDS
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
NAYZILAM	3	QL(10 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	3	NDS
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	3	NDS
<i>topiramate er capsule extended release 24 hour 100mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	1	NDS
<i>topiramate er capsule er 24 hour sprinkle</i>	1	
<i>topiramate capsule sprinkle, tablet</i>	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	3	PA; NDS
XCOPRI TABLET 100MG, 150MG, 50MG	3	PA
XCOPRI TABLET 200MG	3	PA; NDS
<i>Calcium Channel Modifying Agents</i>		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clobazam</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)

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<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	3	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium capsule delayed release sprinkle</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL(180 EA per 30 days)
GABITRIL TABLET 12MG, 16MG, 2MG	3	
GABITRIL TABLET 4MG	3	NDS
KLONOPIN TABLET 2MG	3	QL(300 EA per 30 days)
KLONOPIN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days)
MYSOLINE TABLET	3	NDS
NEURONTIN SOLUTION	3	QL(2160 ML per 30 days)
NEURONTIN CAPSULE 400MG	3	QL(270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL(360 EA per 30 days)
NEURONTIN TABLET 800MG	3	QL(150 EA per 30 days); NDS
NEURONTIN TABLET 600MG	3	QL(180 EA per 30 days); NDS
ONFI SUSPENSION	3	NDS
ONFI TABLET 10MG, 20MG	3	NDS
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>primidone tablet</i>	1	
SABRIL	3	PA; NDS
SYMPAZAN FILM 5MG	3	
SYMPAZAN FILM 10MG, 20MG	3	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	1	PA; NDS
<i>vigadrone</i>	1	PA; NDS
<i>Sodium Channel Agents</i>		
APTIOM	3	NDS
BANZEL	3	NDS

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<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	1	
<i>lacosamide injection, tablet</i>	1	
<i>lacosamide oral solution</i>	3	
<i>oxcarbazepine</i>	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	1	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	1	NDS
TRILEPTAL SUSPENSION	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	3	NDS
VIMPAT INJECTION, ORAL SOLUTION	3	NDS
VIMPAT TABLET 100MG, 150MG, 200MG	3	NDS
ZONEGRAN CAPSULE 100MG, 25MG	3	NDS
ZONISADE	3	ST
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL(56 EA per 365 days); ST
<i>Cholinesterase Inhibitors</i>		
ADLARITY	3	ST
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	1	

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NAMENDA XR	3	QL(30 EA per 30 days)
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	3	QL(30 EA per 30 days); ST; NDS
AUVELITY	3	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL(90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	
SPRAVATO 56MG DOSE	3	PA; NDS
SPRAVATO 84MG DOSE	3	PA; NDS
SYMBYAX CAPSULE 50MG; 12MG, 50MG; 6MG	3	QL(30 EA per 30 days)
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL(90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL(60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL(90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL(30 EA per 30 days); NDS
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL(90 EA per 30 days); NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	
PARNATE	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
BRISDELLE	3	QL(30 EA per 30 days)
CITALOPRAM HYDROBROMIDE CAPSULE	3	ST
<i>citalopram hydrobromide solution, tablet</i>	1	
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL(60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL(90 EA per 30 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL(30 EA per 30 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution</i>	1	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days); ST
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL(30 EA per 30 days); ST
<i>nefazodone hydrochloride</i>	3	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	3	NDS
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPSULE	3	ST
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	1	
<i>venlafaxine hydrochloride er tablet extended release 24 hour</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
VIIBRYD TABLET	3	QL(30 EA per 30 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	NDS
<i>clomipramine hcl capsule</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE	3	NDS
<i>protriptyline hcl</i>	1	
TOFRANIL TABLET	3	NDS
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	1	
DICLEGIS	3	QL(120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>meclizine hydrochloride tablet 25mg</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
TIGAN CAPSULE 300MG	3	B/D
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ALOXI INJECTION 0.25MG/5ML	3	NDS
ANZEMET TABLET 50MG	3	QL(5 EA per 30 days); B/D
ANZEMET TABLET 100MG	3	QL(5 EA per 30 days); B/D; NDS
APONVIE	3	
<i>aprepitant capsule 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	1	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND TRIPACK	3	QL(6 EA per 30 days); B/D
EMEND SUSPENSION RECONSTITUTED	3	QL(6 EA per 30 days); B/D
EMEND CAPSULE 40MG	3	QL(1 EA per 30 days); B/D
EMEND CAPSULE 125MG	3	QL(2 EA per 30 days); B/D
EMEND CAPSULE 80MG	3	QL(8 EA per 30 days); B/D
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D
MARINOL CAPSULE 2.5MG	3	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPSULE 10MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
<i>ondansetron hcl solution</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO	3	QL(2 EA per 30 days); NDS
SUSTOL	3	QL(1.2 ML per 30 days); NDS
SYNDROS	3	QL(120 ML per 30 days); PA; NDS
VARUBI TABLET THERAPY PACK	3	QL(4 EA per 30 days); B/D
ZOFRAN TABLET 4MG, 8MG	3	B/D; NDS
ZUPLENZ FILM 4MG	3	B/D
ZUPLENZ FILM 8MG	3	B/D; NDS
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	3	B/D; NDS
<i>amphotericin b liposome</i>	1	B/D; NDS
<i>amphotericin b injection</i>	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
<i>caspofungin acetate injection 50mg</i>	1	NDS
<i>clotrimazole cream, troche</i>	1	
CRESEMBA INJECTION	3	NDS
CRESEMBA CAPSULE	3	PA; NDS
DIFLUCAN TABLET 200MG	3	NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	3	NDS
ERTACZO	3	NDS
EXTINA	3	NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	1	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	1	PA; NDS
JUBLIA	3	NDS
KERYDIN	3	PA
<i>ketconazole shampoo, tablet</i>	1	
<i>ketconazole cream</i>	1	QL(90 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>micafungin injection 100mg</i>	1	
<i>micafungin injection 50mg</i>	1	NDS
MYCAMINE	3	NDS
<i>naftifine hydrochloride gel 1%</i>	1	
NOXAFIL	3	PA; NDS
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nyata powder</i>	1	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	
<i>nystatin powder</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
ORAVIG	3	NDS
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
OXISTAT CREAM	3	QL(90 GM per 30 days)
<i>posaconazole</i>	1	PA; NDS
<i>posaconazole dr</i>	1	PA; NDS
REZZAYO	3	NDS
SPORANOX PULSEPAK	3	PA; NDS
SPORANOX CAPSULE, SOLUTION	3	PA; NDS
<i>sulconazole nitrate solution</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)
<i>terconazole cream</i>	1	
TOLSURA	3	PA; NDS
VFEND IV	3	PA; NDS
VFEND SUSPENSION RECONSTITUTED	3	NDS
VIVJOA	3	PA
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	1	NDS
<i>voriconazole injection</i>	1	PA; NDS
<i>zazole cream 0.8%</i>	1	
<i>zazole suppository</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
COLCHICINE CAPSULE	2	
<i>colchicine tablet 0.6mg</i>	2	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	3	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
Antimigraine Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>Ergot Alkaloids</i>		
CAFERGOT TABLET	3	QL(24 EA per 28 days)
D.H.E. 45	3	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate injection</i>	1	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate nasal solution</i>	1	QL(8 ML per 30 days); PA
ERGOMAR	3	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
MIGERGOT	3	QL(20 EA per 28 days); NDS
MIGRANAL	3	QL(8 ML per 30 days); PA; NDS
TRUDHESA	3	QL(12 ML per 28 days); PA
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
AJOVY	3	QL(4.5 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA
NURTEC	3	QL(18 EA per 30 days); PA; NDS
QULIPTA	3	QL(30 EA per 30 days); PA; NDS
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	3	QL(16 EA per 30 days); PA; NDS
VYEPTI	3	QL(3 ML per 84 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL(12 EA per 30 days)
AMERGE	3	QL(9 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
FROVA	3	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
IMITREX STATDOSE REFILL	3	QL(5 ML per 30 days); NDS
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL(5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	3	QL(5 ML per 30 days); NDS
IMITREX NASAL SOLUTION	3	QL(12 EA per 30 days)
IMITREX INJECTION	3	QL(5 ML per 30 days); NDS
IMITREX TABLET	3	QL(9 EA per 30 days)
MAXALT-MLT	3	QL(18 EA per 30 days)
MAXALT TABLET 10MG	3	QL(18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
ONZETRA XSAIL	3	QL(16 EA per 30 days)
RELPAX	3	QL(12 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	1	QL(9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	3	QL(9 EA per 30 days); NDS
ZEMBRACE SYMTOUCH	3	QL(8 ML per 30 days); NDS
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG ZMT TABLET DISINTEGRATING 2.5MG	3	QL(12 EA per 30 days); NDS
ZOMIG ZMT TABLET DISINTEGRATING 5MG	3	QL(9 EA per 30 days); NDS
ZOMIG TABLET	3	QL(12 EA per 30 days); NDS
ZOMIG SOLUTION 5MG	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	3	
MESTINON TIMESPAN	3	NDS
MESTINON SOLUTION, TABLET	3	NDS
<i>pyridostigmine bromide solution</i>	1	
<i>pyridostigmine bromide tablet 60mg</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
MYCOBUTIN	3	NDS
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE	3	NDS
<i>cycloserine</i>	1	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid syrup, tablet</i>	1	
<i>isoniazid injection</i>	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
RIFADIN INJECTION	3	NDS
<i>rifampin capsule, injection</i>	1	
SIRTURO	3	NDS
TRECTOR	3	

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Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO	3	NDS
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	3	NDS
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	1	NDS
BENDEKA	3	NDS
BICNU	3	NDS
<i>busulfan</i>	1	NDS
BUSULFEX	3	NDS
<i>carmustine</i>	1	NDS
CISPLATIN INJECTION 50MG	3	NDS
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION	3	NDS
<i>cyclophosphamide capsule, tablet</i>	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 2GM/10ML, 500MG/2.5ML	3	NDS
<i>cyclophosphamide injection 1gm, 2gm, 500mg</i>	1	NDS
<i>cyclophosphamide injection 500mg/ml</i>	3	NDS
EVOMELA	3	NDS
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	
<i>ifosfamide injection 3gm</i>	1	
LEUKERAN	3	NDS
MATULANE	3	NDS
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	1	NDS
PEPAXTO	3	NDS
TEMODAR INJECTION	3	NDS
TEPADINA	3	NDS
<i>thiotepa injection 100mg, 15mg</i>	1	NDS
TREANDA INJECTION 100MG, 25MG	3	NDS
VALCHLOR	3	PA; NDS
VIVIMUSTA	3	NDS
YONDELIS	3	NDS
ZANOSAR	3	NDS
ZEPZELCA	3	PA; NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	1	PA; NDS
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA	3	PA; NDS
EULEXIN	3	NDS
<i>flutamide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NILANDRON TABLET 150MG	3	NDS
<i>nilutamide</i>	1	NDS
NUBEQA	3	PA; NDS
XTANDI	3	PA; NDS
YONSA	3	PA; NDS
ZYTIGA	3	PA; NDS
<i>Antiangiogenic Agents</i>		
FOTIVDA	3	PA; NDS
<i>lenalidomide</i>	1	PA; NDS
POMALYST	3	PA; NDS
QINLOCK	3	PA; NDS
REVLIMID	3	PA; NDS
TABRECTA	3	QL(120 EA per 30 days); PA; NDS
THALOMID	3	PA; NDS
<i>Antiestrogens/Modifiers</i>		
EMCYT	3	NDS
FARESTON	3	NDS
FASLODEX INJECTION 250MG/5ML	3	NDS
<i>fulvestrant</i>	1	NDS
SOLTAMOX	3	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	1	NDS
<i>Antimetabolites</i>		
<i>adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
ALIMTA	3	NDS
ARRANON	3	NDS
<i>cladribine</i>	1	B/D; NDS
<i>clofarabine</i>	1	NDS
CLOLAR	3	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	3	
<i>floxuridine injection</i>	1	B/D; NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	PA; NDS
<i>gemcitabine hydrochloride injection 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 2gm/20ml</i>	1	NDS
<i>hydroxyurea capsule</i>	1	
INFUGEM	3	NDS
<i>mercaptopurine tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nelarabine</i>	1	NDS
NIPENT	3	NDS
<i>pemetrexed disodium</i>	1	NDS
PEMETREXED INJECTION 1GM/40ML, 850MG/34ML	3	
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	3	NDS
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	1	NDS
PEMFEXY	3	NDS
PRALATREXATE	3	PA; NDS
PURIXAN	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA; NDS
TABLOID	3	
VYXEOS	3	PA; NDS
<i>Antineoplastics, Other</i>		
ABRAXANE	3	NDS
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	1	B/D
ADSTILADRIN	3	PA; NDS
<i>arsenic trioxide</i>	1	NDS
ASPARLAS	3	NDS
<i>azacitidine</i>	1	NDS
BESREMI	3	PA; NDS
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJECTION 3.5MG	3	PA; NDS
<i>bortezomib injection 1mg, 2.5mg</i>	1	PA
<i>bortezomib injection 3.5mg</i>	1	PA; NDS
<i>bortezomib injection 3.5mg/1.4ml</i>	3	PA
COLUMVI	3	PA; NDS
COSMEGEN	3	NDS
DACOGEN	3	PA; NDS
<i>dactinomycin</i>	1	NDS
<i>decitabine</i>	1	PA; NDS
<i>docetaxel injection 20mg/2ml</i>	1	NDS
DOXIL	3	NDS
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	1	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELLENCEN INJECTION 50MG/25ML	3	
ELREXFIO	3	PA; NDS
ELZONRIS	3	PA; NDS
EPKINLY	3	PA; NDS
ERWINASE	3	NDS

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ERWINAZE	3	NDS
ETHYOL	3	NDS
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	1	NDS
FUSILEV	3	NDS
GAVRETO	3	PA; NDS
HALAVEN	3	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	PA; NDS
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	NDS
<i>idarubicin hcl</i>	1	NDS
IDHIFA	3	QL(30 EA per 30 days); PA; NDS
INREBIC	3	PA; NDS
ISTODAX (OVERFILL)	3	PA; NDS
IXEMPRA KIT	3	NDS
JEVTANA	3	PA; NDS
KIMMTRAK	3	PA; NDS
KISQALI FEMARA 200 DOSE	3	PA; NDS
KISQALI FEMARA 400 DOSE	3	PA; NDS
KISQALI FEMARA 600 DOSE	3	PA; NDS
KRAZATI	3	PA; NDS
<i>leucovorin calcium injection 500mg</i>	1	
<i>levoleucovorin injection 50mg</i>	1	NDS
LONSURF	3	PA; NDS
LUMAKRAS	3	PA; NDS
LUNSUMIO	3	PA; NDS
LYTGOBI	3	PA; NDS
MARQIBO	3	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	NDS
<i>mutamycin</i>	1	NDS
NINLARO	3	PA; NDS
ONCASPAR	3	NDS
ONUREG	3	PA; NDS
ORSERDU	3	PA; NDS
PACLITAXEL PROTEIN-BOUND PARTICLES	3	NDS
PEMAZYRE	3	QL(30 EA per 30 days); PA; NDS
PHESGO	3	PA; NDS
PHOTOFRIN	3	NDS
PROLEUKIN	3	NDS
RETEVMO	3	PA; NDS
ROMIDEPSIN INJECTION 27.5MG/5.5ML	3	PA; NDS
<i>romidepsin injection 10mg</i>	1	PA; NDS
RYLAZE	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABLET 40MG	3	PA; NDS
SCEMBLIX TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
SYNRIBO	3	PA; NDS
TALVEY	3	PA; NDS
TAXOTERE INJECTION 20MG/ML, 80MG/4ML	3	NDS
TAZVERIK	3	PA; NDS
TECVAYLI	3	PA; NDS
<i>teniposide</i>	1	NDS
TICE BCG	3	
TRISENOX	3	NDS
TRUSELTIQ	3	PA; NDS
TUKYSA	3	PA; NDS
<i>valrubicin</i>	1	NDS
VALSTAR	3	NDS
VELCADE	3	PA; NDS
VIDAZA	3	NDS
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
VONJO	3	PA; NDS
XPOVIO	3	PA; NDS
XPOVIO 100 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 40 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 40 MG TWICE WEEKLY	3	PA; NDS
XPOVIO 60 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	3	PA; NDS
XPOVIO 80 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	3	PA; NDS
ZALTRAP	3	PA; NDS
ZOLINZA	3	PA; NDS
<i>Antineoplastics</i>		
OPDUALAG	3	PA; NDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
ARIMIDEX	3	
AROMASIN	3	NDS
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<i>Enzyme Inhibitors</i>		
ETOPOPHOS	3	NDS
HYCAMTIN INJECTION	3	NDS
KYPROLIS	3	PA; NDS

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ONIVYDE	3	NDS
<i>topotecan hcl injection 4mg</i>	1	NDS
<i>Molecular Target Inhibitors</i>		
AFINITOR	3	QL(30 EA per 30 days); PA; NDS
AFINITOR DISPERZ	3	PA; NDS
ALECENSA	3	PA; NDS
ALIQOPA	3	PA; NDS
ALUNBRIG TABLET THERAPY PACK	3	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	3	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	3	QL(30 EA per 30 days); PA; NDS
AYVAKIT	3	QL(30 EA per 30 days); PA; NDS
BALVERSA	3	PA; NDS
BELEODAQ	3	PA; NDS
BOSULIF	3	PA; NDS
BRAFTOVI CAPSULE 75MG	3	PA; NDS
BRUKINSA	3	PA; NDS
CABOMETYX	3	PA; NDS
CALQUENCE	3	PA; NDS
CAPRELSA TABLET 300MG	3	PA; NDS
CAPRELSA TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
COMETRIQ	3	PA; NDS
COPIKTRA	3	PA; NDS
COTELLIC	3	PA; NDS
DAURISMO	3	PA; NDS
ERIVEDGE	3	PA; NDS
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	1	PA
<i>erlotinib hydrochloride tablet 150mg</i>	1	PA; NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	1	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA; NDS
EXKIVITY	3	PA; NDS
FARYDAK	3	PA; NDS
FYARRO	3	PA; NDS
<i>gefitinib</i>	1	PA; NDS
GILOTRIF	3	QL(30 EA per 30 days); PA; NDS
GLEEVEC TABLET	3	PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	PA; NDS
ICLUSIG TABLET 30MG, 45MG	3	PA; NDS
ICLUSIG TABLET 10MG, 15MG	3	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	3	PA; NDS
INLYTA	3	PA; NDS
INQOVI	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
IRESSA	3	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	3	PA; NDS
JAKAFI TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	3	PA; NDS
JAYPIRCA TABLET 50MG	3	QL(30 EA per 30 days); PA; NDS
KISQALI	3	PA; NDS
KOSELUGO	3	PA; NDS
<i>lapatinib ditosylate</i>	1	PA; NDS
LENVIMA 10 MG DAILY DOSE	3	PA; NDS
LENVIMA 12MG DAILY DOSE	3	PA; NDS
LENVIMA 14 MG DAILY DOSE	3	PA; NDS
LENVIMA 18 MG DAILY DOSE	3	PA; NDS
LENVIMA 20 MG DAILY DOSE	3	PA; NDS
LENVIMA 24 MG DAILY DOSE	3	PA; NDS
LENVIMA 4 MG DAILY DOSE	3	PA; NDS
LENVIMA 8 MG DAILY DOSE	3	PA; NDS
LORBRENA	3	PA; NDS
LYNPARZA TABLET	3	PA; NDS
MEKINIST	3	PA; NDS
MEKTOVI	3	PA; NDS
NERLYNX	3	QL(180 EA per 30 days); PA; NDS
NEXAVAR	3	PA; NDS
ODOMZO	3	PA; NDS
PIQRAY 200MG DAILY DOSE	3	PA; NDS
PIQRAY 250MG DAILY DOSE	3	PA; NDS
PIQRAY 300MG DAILY DOSE	3	PA; NDS
REZLIDHIA	3	PA; NDS
ROZLYTREK	3	PA; NDS
RUBRACA	3	PA; NDS
RYDAPT	3	PA; NDS
<i>sorafenib</i>	1	PA; NDS
<i>sorafenib tosylate</i>	1	PA; NDS
SPRYCEL	3	PA; NDS
STIVARGA	3	PA; NDS
<i>sunitinib malate</i>	1	PA; NDS
SUTENT	3	PA; NDS
TAFINLAR	3	PA; NDS
TAGRISSO TABLET 80MG	3	PA; NDS
TAGRISSO TABLET 40MG	3	QL(30 EA per 30 days); PA; NDS
TALZENNA	3	PA; NDS
TARCEVA	3	PA; NDS
TASIGNA	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>temsirolimus</i>	1	NDS
TEPMETKO	3	PA; NDS
TIBSOVO	3	PA; NDS
TORISEL	3	NDS
TURALIO	3	PA; NDS
TYKERB	3	PA; NDS
VANFLYTA	3	PA; NDS
VENCLEXTA STARTING PACK	3	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	3	PA; NDS
VERZENIO	3	PA; NDS
VITRAKVI	3	PA; NDS
VIZIMPRO	3	PA; NDS
VOTRIENT	3	PA; NDS
WELIREG	3	PA; NDS
XALKORI	3	PA; NDS
XOSPATA	3	PA; NDS
ZEJULA CAPSULE	3	PA; NDS
ZEJULA TABLET 200MG, 300MG	3	PA; NDS
ZEJULA TABLET 100MG	3	QL(30 EA per 30 days); PA; NDS
ZELBORAF	3	PA; NDS
ZYDELIG	3	PA; NDS
ZYKADIA TABLET	3	PA; NDS
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	3	PA; NDS
ALYMSYS	3	PA; NDS
ARZERRA	3	PA; NDS
AVASTIN	3	PA; NDS
BAVENCIO	3	PA; NDS
BESPOUSA	3	PA; NDS
BLINCYTO	3	PA; NDS
CYRAMZA	3	PA; NDS
DANYELZA	3	PA; NDS
DARZALEX	3	PA; NDS
DARZALEX FASPRO	3	PA; NDS
ELAHERE	3	PA; NDS
EMPLICITI	3	PA; NDS
ENHERTU	3	PA; NDS
ERBITUX	3	PA; NDS
GAZYVA	3	PA; NDS
HERCEPTIN HYLECTA	3	PA; NDS
HERCEPTIN INJECTION 150MG	3	PA; NDS

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HERZUMA	3	PA; NDS
IMFINZI	3	PA; NDS
IMJUDO	3	PA; NDS
JEMPERLI	3	PA; NDS
KADCYLA	3	PA; NDS
KANJINTI	3	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	3	PA; NDS
LIBTAYO	3	PA; NDS
LUMOXITI	3	PA; NDS
MARGENZA	3	PA; NDS
MONJUVI	3	PA; NDS
MVASI	3	PA; NDS
MYLOTARG	3	PA; NDS
OGIVRI INJECTION 1.1%; 420MG, 150MG	3	PA; NDS
ONTRUZANT	3	PA; NDS
OPDIVO	3	PA; NDS
PADCEV	3	PA; NDS
PERJETA	3	PA; NDS
POLIVY	3	PA; NDS
PORTRAZZA	3	PA; NDS
POTELIGEO	3	PA; NDS
RIABNI	3	PA; NDS
RITUXAN	3	PA; NDS
RITUXAN HYCELA	3	PA; NDS
RUXIENCE	3	PA; NDS
RYBREVANT	3	PA; NDS
SARCLISA	3	PA; NDS
TECENTRIQ	3	PA; NDS
TIVDAK	3	PA; NDS
TRAZIMERA	3	PA; NDS
TRODELVY	3	PA; NDS
TRUXIMA	3	PA; NDS
UNITUXIN	3	NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	NDS
VEGZELMA	3	PA; NDS
YERVOY	3	PA; NDS
ZEVALIN Y-90	3	NDS
ZIRABEV	3	PA; NDS
ZYNLONTA	3	PA; NDS
ZYNYZ	3	PA; NDS
Retinoids		
<i>bexarotene</i>	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN	3	NDS
TARGRETIN	3	PA; NDS
<i>tretinoin capsule 10mg</i>	1	NDS
<i>Treatment Adjuncts</i>		
<i>dexrazoxane</i>	1	NDS
ELITEK	3	NDS
KHAPZORY	3	NDS
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	1	
MESNEX TABLET	3	NDS
TOTECT	3	NDS
VORAXAZE	3	NDS
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	1	NDS
ALBENZA	3	NDS
EMVERM	3	
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
STROMECTOL TABLET 3MG	3	PA
<i>Antiprotozoals</i>		
ALINIA	3	NDS
ARTESUNATE	3	NDS
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
BENZNIDAZOLE	2	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	3	PA; NDS
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON SUSPENSION	3	NDS
NEBUPENT	3	B/D
<i>nitazoxanide</i>	1	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	1	PA; NDS
QUALAQUIN	3	PA
<i>quinine sulfate capsule 324mg</i>	1	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	1	

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COGENTIN INJECTION	3	NDS
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
GOCOVRI	3	PA; NDS
NOURIANZ	3	PA; NDS
ONGENTYS	3	ST
OSMOLEX ER	3	PA
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	NDS
STALEVO 200	3	NDS
TASMAR TABLET 100MG	3	QL(180 EA per 30 days); NDS
<i>tolcapone</i>	1	QL(180 EA per 30 days); NDS
<i>Dopamine Agonists</i>		
APOKYN INJECTION 30MG/3ML	3	QL(90 ML per 30 days); PA; NDS
<i>apomorphine hydrochloride injection</i>	1	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate capsule, tablet</i>	3	
KYNMOBI	3	QL(150 EA per 30 days); PA; NDS
KYNMOBI TITRATION KIT	3	QL(20 EA per 365 days); PA; NDS
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG	3	NDS
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
DHIVY	3	ST
DUOPA	3	PA; NDS
INBRIJA	3	PA; NDS
LODOSYN	3	NDS
RYTARY	3	ST

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Drug Name	Drug Tier	Requirements/Limits
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
AZILECT	3	
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
XADAGO	3	QL(30 EA per 30 days); ST; NDS
ZELAPAR	3	NDS
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate, injection, tablet</i>	1	
<i>fluphenazine hydrochloride elixir</i>	1	
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate capsule 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
<i>2nd Generation/Atypical</i>		
ABILIFY MAINTENA	3	NDS
ABILIFY MYCITE	3	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	3	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	3	ST; NDS
ABILIFY TABLET	3	QL(30 EA per 30 days); NDS
<i>aripiprazole odt</i>	1	QL(60 EA per 30 days); NDS
<i>aripiprazole tablet</i>	1	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL(750 ML per 30 days)
ARISTADA	3	NDS
ARISTADA INITIO	3	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	3	QL(30 EA per 30 days); PA; NDS
FANAPT TITRATION PACK	3	QL(8 EA per 180 days); ST
FANAPT TABLET 4MG	3	QL(60 EA per 30 days); ST

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	3	QL(60 EA per 30 days); ST; NDS
GEODON INJECTION	3	QL(60 EA per 30 days)
GEODON CAPSULE 20MG	3	QL(60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	3	QL(60 EA per 30 days); NDS
INVEGA HAFYERA	3	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NDS
INVEGA TRINZA	3	NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL(30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL(30 EA per 30 days); NDS
LATUDA TABLET 80MG	3	QL(60 EA per 30 days); NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	3	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE	3	PA; NDS
NUPLAZID TABLET 10MG	3	PA; NDS
<i>olanzapine odt</i>	1	QL(30 EA per 30 days)
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL(60 EA per 30 days)
PERSERIS	3	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	3	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJECTION 12.5MG	3	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	3	NDS
RISPERDAL SOLUTION	3	QL(240 ML per 30 days); NDS
RISPERDAL TABLET 0.25MG, 0.5MG, 1MG, 4MG	3	QL(60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	3	QL(60 EA per 30 days); NDS
<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	1	QL(240 ML per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
SAPHRIS	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SECUADO	3	QL(30 EA per 30 days); ST; NDS
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL(60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL(90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL(60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL(90 EA per 30 days)
UZEDY	3	ST; NDS
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days); ST
VRAYLAR CAPSULE	3	QL(30 EA per 30 days); ST; NDS
<i>ziprasidone hcl</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	3	NDS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL(30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	3	QL(30 EA per 30 days); NDS
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	3	QL(30 EA per 30 days); NDS
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL(120 EA per 30 days); NDS
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	1	QL(180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL(270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL(120 EA per 30 days)
CLOZARIL TABLET 50MG	3	QL(180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL(270 EA per 30 days)
CLOZARIL TABLET 100MG	3	QL(270 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 200MG	3	QL(120 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 150MG	3	QL(180 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 25MG	3	QL(270 EA per 30 days)
FAZACLO TABLET DISINTEGRATING 100MG	3	QL(270 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 12.5MG	3	QL(90 EA per 30 days)
VERSACLOZ	3	QL(540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
BACLOFEN ORAL SOLUTION, SUSPENSION	3	ST; NDS
<i>baclofen tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	1	B/D; NDS
BOTOX	3	PA
DANTRIUM IV	3	NDS
<i>dantrolene sodium capsule</i>	1	
<i>dantrolene sodium injection</i>	1	NDS
DYSPORT	3	PA
FLEQSUVY	3	ST; NDS
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	3	B/D; NDS
LYVISPAH PACKET 20MG	3	QL(120 EA per 30 days); ST; NDS
LYVISPAH PACKET 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACKET 10MG	3	QL(90 EA per 30 days); ST
MYOBLOC	3	PA
OZOBAX	3	ST; NDS
<i>revonto</i>	1	NDS
SOHONOS CAPSULE 5MG	3	QL(112 EA per 28 days); PA; NDS
SOHONOS CAPSULE 2.5MG	3	QL(224 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1.5MG	3	QL(364 EA per 28 days); PA; NDS
SOHONOS CAPSULE 10MG	3	QL(56 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1MG	3	QL(560 EA per 28 days); PA; NDS
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN	3	PA
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	1	NDS
CYTOVENE INJECTION	3	B/D; NDS
<i>foscarnet sodium injection 6000mg/250ml</i>	1	B/D; NDS
FOSCAVIR INJECTION 6000MG/250ML	3	B/D; NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	3	NDS
PREVYMIS	3	NDS
VALCYTE	3	NDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABLET	3	QL(30 EA per 30 days); NDS
BARACLUDE SOLUTION	3	QL(600 ML per 30 days)
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
HEPSERA	3	NDS
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	3	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	3	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	3	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
HARVONI TABLET 90MG; 400MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI TABLET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
LEDIPASVIR/SOFOSBUVIR	3	QL(168 EA per 365 days); PA; NDS
MAVYRET TABLET	3	QL(336 EA per 365 days); PA; NDS
MAVYRET PACKET	3	QL(560 EA per 365 days); PA; NDS
<i>moderiba tablet</i>	1	
<i>ribasphere capsule</i>	1	
<i>ribasphere tablet 200mg</i>	1	
<i>ribavirin tablet 200mg</i>	1	
SOFOSBUVIR/VELPATASVIR	3	QL(84 EA per 365 days); PA; NDS
SOVALDI TABLET	3	QL(336 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	3	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	3	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	3	QL(672 EA per 365 days); PA; NDS
VOSEVI	3	QL(84 EA per 365 days); PA; NDS
ZEPATIER	3	QL(112 EA per 365 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	3	NDS
BIKTARVY	3	QL(30 EA per 30 days); NDS
CABENUVA	3	NDS
DOVATO	3	QL(30 EA per 30 days); NDS
GENVOYA	3	QL(30 EA per 30 days); NDS
ISENTRESS HD	3	NDS
ISENTRESS PACKET, TABLET	3	NDS
ISENTRESS TABLET CHEWABLE 25MG	2	
ISENTRESS TABLET CHEWABLE 100MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
JULUCA	3	QL(30 EA per 30 days); NDS
STRIBILD	3	QL(30 EA per 30 days); NDS
TIVICAY PD	3	
TIVICAY TABLET 10MG	3	
TIVICAY TABLET 25MG, 50MG	3	NDS
VOCABRIA	3	NDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
ATRIPLA	3	QL(30 EA per 30 days); NDS
COMPLERA	3	QL(30 EA per 30 days); NDS
DELSTRIGO	3	QL(30 EA per 30 days); NDS
EDURANT	3	NDS
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days); NDS
<i>etravirine tablet 100mg</i>	1	
<i>etravirine tablet 200mg</i>	1	NDS
INTELENCE TABLET 100MG, 25MG	3	
INTELENCE TABLET 200MG	3	NDS
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	3	NDS
SUSTIVA TABLET	3	NDS
SUSTIVA CAPSULE 200MG	3	NDS
SYMFI	3	QL(30 EA per 30 days); NDS
SYMFI LO	3	QL(30 EA per 30 days); NDS
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400MG	3	NDS
VIRAMUNE TABLET	3	NDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	QL(60 EA per 30 days); NDS
CIMDUO	3	QL(30 EA per 30 days); NDS
COMBIVIR	3	QL(60 EA per 30 days); NDS
DESCOVY	3	QL(30 EA per 30 days); NDS
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	1	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	1	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	1	QL(30 EA per 30 days); NDS
EMTRIVA SOLUTION	3	
EPZICOM	3	QL(30 EA per 30 days); NDS
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	
<i>lamivudine tablet 150mg, 300mg</i>	1	
ODEFSEY	3	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION	3	
<i>stavudine capsule</i>	3	
TEMIXYS	3	QL(30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	3	QL(30 EA per 30 days); NDS
TRIUMEQ PD	3	QL(180 EA per 30 days); NDS
TRIZIVIR	3	QL(60 EA per 30 days); NDS
TRUVADA	3	QL(30 EA per 30 days); NDS
VIREAD	3	NDS
<i>zidovudine</i>	1	
<i>Anti-HIV Agents, Other</i>		
FUZEON	3	NDS
<i>maraviroc</i>	1	NDS
RUKOBIA	3	NDS
SELZENTRY SOLUTION	3	NDS
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 150MG, 300MG, 75MG	3	NDS
SUNLENCA	3	NDS
TROGARZO	3	NDS
TYBOST	3	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	3	NDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate capsule 300mg</i>	1	
<i>darunavir</i>	1	NDS
EVOTAZ	3	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium</i>	1	NDS
INVIRASE TABLET	3	NDS
KALETRA SOLUTION	3	NDS
KALETRA TABLET 200MG; 50MG	3	NDS
LEXIVA SUSPENSION	3	
LEXIVA TABLET	3	NDS
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, SOLUTION	3	

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PREZCOBIX	3	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION	3	NDS
PREZISTA TABLET 150MG, 75MG	3	
PREZISTA TABLET 600MG, 800MG	3	NDS
REYATAZ	3	NDS
<i>ritonavir</i>	1	
SYMTUZA	3	QL(30 EA per 30 days); NDS
VIRACEPT	3	NDS
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL(1080 ML per 365 days)
RAPIVAB	3	NDS
RELENZA DISKHALER	3	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
TAMIFLU CAPSULE 75MG	3	QL(110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL(168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL(84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	2	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	2	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet</i>	1	
SITAVIG	3	QL(2 EA per 30 days)
<i>valacyclovir hcl tablet 1gm</i>	1	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	1	QL(120 EA per 30 days)
VALTREX	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg, 30mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
ATIVAN INJECTION	3	NDS
ATIVAN TABLET 2MG	3	QL(150 EA per 30 days); NDS
ATIVAN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days); NDS
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL(900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate 5mg/ml</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam oral solution 5mg/5ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL(150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL(30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL(90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL(120 EA per 30 days)
TRANXENE T TABLET 7.5MG	3	QL(360 EA per 30 days)
VALIUM TABLET 10MG	3	QL(120 EA per 30 days)
VALIUM TABLET 5MG	3	QL(240 EA per 30 days)
VALIUM TABLET 2MG	3	QL(300 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL(150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL(30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL(90 EA per 30 days)

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XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL(120 EA per 30 days)
XANAX TABLET 2MG	3	QL(150 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
DEPAKENE SOLUTION	3	NDS
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
LITHOBID	3	
<i>valproic acid capsule, solution</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ADLYXIN	3	QL(6 ML per 28 days); PA
ADLYXIN STARTER PACK	3	QL(12 ML per 365 days); PA
ALOGLIPTIN	3	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST
ALOGLIPTIN/PIOGLITAZONE	3	ST
BRENZAVVY	3	ST
BYDUREON BCISE	3	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	3	QL(4.8 ML per 28 days); PA
CYCLOSET	3	
FARXIGA	2	
FORTAMET	3	NDS
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	PA; NDS
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA	2	QL(30 EA per 30 days)
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg</i>	1	PA; NDS
<i>miglitol</i>	1	
MOUNJARO	2	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
ONGLYZA	3	QL(30 EA per 30 days); ST
OSENI	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
PRANDIN TABLET 2MG	3	NDS
QTERN	3	ST
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	3	QL(30 EA per 30 days); ST
SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	3	ST
SEGLUROMET	3	ST
SOLIQUA 100/33	2	PA
STEGLATRO	3	ST
STEGLUJAN	3	ST
SYMLINPEN 120	3	PA; NDS
SYMLINPEN 60	3	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
<i>tolbutamide</i>	1	
TRADJENTA	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
ZEGALOGUE	3	ST
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	1	
GLUCAGEN HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT	2	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	3	PA; NDS
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN LISPRO	2	
LANTUS	2	

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	1	NDS
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	1	NDS
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	3	NDS
CEPROTIN	3	NDS
<i>dabigatran etexilate</i>	3	QL(60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABLET 5MG	2	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NDS
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX INJECTION 120MG/0.8ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML	3	
LOVENOX INJECTION 100MG/ML, 150MG/ML, 300MG/3ML, 80MG/0.8ML	3	NDS
TISSEEL KIT	3	NDS
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(600 ML per 30 days); NDS
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
ADAKVEO	3	PA; NDS
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	3	PA; NDS
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJECTION 20000UNIT/ML	3	PA; NDS
FULPHILA	3	PA; NDS
FYLNETRA	3	PA; NDS
GRANIX	3	ST; NDS
LEUKINE INJECTION 250MCG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MOZOBIL	3	QL(38.4 ML per 365 days); PA; NDS
MULPLETA	3	PA; NDS
NEULASTA	3	PA; NDS
NEULASTA ONPRO KIT	3	PA; NDS
NEUPOGEN	3	ST; NDS
NIVESTYM	3	ST; NDS
NPLATE	3	PA; NDS
NYVEPRIA	3	PA; NDS
OXBRYTA TABLET SOLUBLE	3	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	3	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	3	QL(240 EA per 30 days); PA; NDS
PLERIXAFOR	3	QL(38.4 ML per 365 days); PA; NDS
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 40000UNIT/ML	3	PA; NDS
PROMACTA	3	PA; NDS
PYRUKYND TAPER PACK	3	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	3	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
REBLOZYL	3	PA; NDS
RELEUKO	3	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	3	PA; NDS
ROLVEDON	3	PA; NDS
STIMUFEND	3	PA; NDS
UDENYCA	3	PA; NDS
ZARXIO	3	NDS
ZIEXTENZO	3	PA; NDS
Hemostasis Agents		
AMICAR SOLUTION, TABLET	3	NDS
<i>aminocaproic acid solution, tablet</i>	1	NDS
<i>tranexamic acid tablet</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
ASPIRIN/OMEPRAZOLE	3	QL(30 EA per 30 days)
BRILINTA	2	
CABLIVI	3	QL(30 EA per 30 days); PA; NDS

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<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	3	PA; NDS
<i>eptifibatid injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	1	NDS
INTEGRILIN	3	NDS
KENGREAL	3	NDS
<i>prasugrel</i>	1	
TAVALISSE	3	PA; NDS
YOSPRALA	3	QL(30 EA per 30 days)
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
CLONIDINE ER	3	ST
<i>clonidine hcl patch weekly</i>	1	
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	1	PA; NDS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR	3	ST
NORTHERA	3	PA; NDS
<i>Alpha-adrenergic Blocking Agents</i>		
DIBENZYLINE	3	PA; NDS
<i>phenoxybenzamine hydrochloride</i>	1	PA; NDS
<i>prazosin hydrochloride capsule</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
VALSARTAN SOLUTION	3	ST; NDS
<i>valsartan tablet</i>	1	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate solution, tablet</i>	1	
EPANED SOLUTION	3	

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<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hcl tablet 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC TABLET 20MG	3	NDS
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	1	
BETAPACE AF TABLET 120MG, 160MG	3	
BETAPACE TABLET 120MG, 160MG, 80MG	3	NDS
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin solution</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>quinidine sulfate tablet</i>	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG	3	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425MG	3	NDS
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
SOTALOL HYDROCHLORIDE INJECTION	3	NDS
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
HEMANGEOL	3	NDS
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	3	NDS
INDERAL XL	3	
INNOPRAN XL	3	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>nebivolol tablet 10mg, 20mg, 5mg</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
<i>Calcium Channel Blocking Agents, Dihydropyridines</i>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate tablet</i>	1	
CLEVIPREX	3	NDS
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
LEVAMLODIPINE	3	ST
<i>nicardipine hcl capsule</i>	3	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 6MG/ML	3	NDS
<i>Calcium Channel Blocking Agents, Nondihydropyridines</i>		

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Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	3	NDS
CARDIZEM TABLET 120MG, 60MG	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er tablet extended release</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
ASPRUZYO SPRINKLE	3	QL(60 EA per 30 days); ST
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	3	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CONSENSI	3	QL(30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLUTION	3	QL(450 ML per 30 days); PA
CORLANOR TABLET	3	QL(60 EA per 30 days); PA
DEFITELIO	3	NDS
DEMSER	3	PA; NDS
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	2	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	1	
EVKEEZA	3	PA; NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
KERENDIA	3	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	3	NDS
<i>metyrosine</i>	1	PA; NDS
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	3	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VECAMYL	3	NDS
VYNDAMAX	3	QL(30 EA per 30 days); PA; NDS
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
EDECIN TABLET 25MG	3	NDS
<i>ethacrynate sodium</i>	1	NDS
<i>ethacrynic acid tablet</i>	1	
FUROSCIX	3	PA
<i>furosemide injection, oral solution, tablet</i>	1	
SOAANZ	3	ST
SODIUM EDECIN	3	NDS
<i>toremide tablet</i>	1	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tablet</i>	1	
<i>Diuretics, Thiazide</i>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
FENOGLIDE TABLET 120MG	3	
<i>gemfibrozil tablet</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	ST
<i>lovastatin tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
SIMVASTATIN SUSPENSION	3	ST
<i>simvastatin tablet</i>	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
EZETIMIBE/ROSUVASTATIN	3	ST
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPSULE 10MG, 5MG	3	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
LEQVIO	3	QL(3 ML per 180 days); PA
LOVAZA	3	
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
ROSZET	3	ST
VASCEPA	2	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
DILATRATE SR	3	
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	3	NDS
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	
<i>nitroglycerin lingual</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	3	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
ADDERALL	3	QL(90 EA per 30 days)
ADDERALL XR	3	QL(60 EA per 30 days)

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<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	QL(90 EA per 30 days)
DESOXYN	3	QL(150 EA per 30 days); PA; NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL(120 EA per 30 days); NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL(180 EA per 30 days); NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5MG	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE	3	QL(30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL(150 EA per 30 days); PA
XELSTRYM	3	QL(30 EA per 30 days)
ZENZEDI TABLET 10MG	3	QL(180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL(60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL(90 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
APTENSIO XR	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL(60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL(30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL(60 EA per 30 days)

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<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL(60 EA per 30 days)
FOCALIN	3	QL(60 EA per 30 days)
FOCALIN XR	3	QL(30 EA per 30 days)
<i>guanfacine er</i>	1	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	1	
<i>metadate er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hcl sr</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 54mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 45mg, 54mg, 63mg, 72mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
RELEXXII	3	QL(30 EA per 30 days)
RITALIN	3	QL(90 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL(60 EA per 30 days)

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<i>Central Nervous System, Other</i>		
ALLZITAL	3	
AUSTEDO	3	QL(120 EA per 30 days); PA; NDS
BUPAP TABLET 300MG; 50MG	3	
BUTALBITAL/ACETAMINOPHEN CAPSULE	3	NDS
<i>butalbital/acetaminophen tablet</i>	1	
<i>butalbital/aspirin/caffeine capsule</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	1	NDS
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
DAYBUE	3	QL(3600 ML per 30 days); PA; NDS
DURACLON INJECTION 100MCG/ML	3	B/D
EXSERVAN	3	PA; NDS
FIORINAL CAPSULE	3	
FIRDAPSE	3	QL(240 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	3	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	3	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	3	QL(60 EA per 30 days); PA; NDS
<i>marten-tab</i>	1	
NUEDEXTA	3	PA; NDS
PRIALT	3	B/D; NDS
QALSODY	3	PA; NDS
QUVIVIQ	3	QL(30 EA per 30 days); PA
RADICAVA	3	PA; NDS
RADICAVA ORS	3	PA; NDS
RADICAVA ORS STARTER KIT	3	PA; NDS
RELYVRIO	3	QL(60 EA per 30 days); PA; NDS
RILUTEK	3	PA; NDS
<i>riluzole</i>	1	PA
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine</i>	1	PA
TIGLUTIK	3	PA; NDS
VANATOL LQ	3	NDS
VANATOL S	3	NDS
VTOL LQ	3	NDS
XENAZINE	3	PA; NDS
ZTALMY	3	PA; NDS
<i>Fibromyalgia Agents</i>		
LYRICA SOLUTION	3	QL(900 ML per 30 days)
LYRICA CAPSULE 300MG	3	QL(60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL(90 EA per 30 days)
<i>pregabalin capsule 300mg</i>	1	QL(60 EA per 30 days)

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<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin solution</i>	1	QL(900 ML per 30 days)
SAVELLA	2	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA	3	QL(60 EA per 30 days); PA; NDS
AUBAGIO	3	QL(30 EA per 30 days); PA; NDS
AVONEX PEN	3	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	3	QL(4 EA per 28 days); PA; NDS
BAFIERTAM	3	QL(120 EA per 30 days); PA; NDS
BETASERON	3	QL(15 EA per 30 days); PA; NDS
BRIUMVI	3	PA; NDS
COPAXONE INJECTION 40MG/ML	3	QL(12 ML per 28 days); PA; NDS
COPAXONE INJECTION 20MG/ML	3	QL(30 ML per 30 days); PA; NDS
<i>dalfampridine er</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	1	QL(120 EA per 365 days); PA; NDS
EXTAVIA	3	QL(15 EA per 30 days); PA; NDS
<i> fingolimod</i>	1	QL(30 EA per 30 days); PA; NDS
GILENYA	3	QL(30 EA per 30 days); PA; NDS
<i>glatiramer acetate injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA; NDS
<i>glatopa injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA; NDS
<i>glatopa injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA; NDS
KESIMPTA	3	QL(0.4 ML per 28 days); PA; NDS
MAVENCLAD	3	PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(24 EA per 365 days); PA; NDS
MAYZENT TABLET 0.25MG	3	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	3	QL(30 EA per 30 days); PA; NDS
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	3	QL(40 ML per 365 days); PA; NDS
PLEGRIDY	3	QL(1 ML per 28 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL(4 ML per 365 days); PA; NDS
PONVORY	3	QL(30 EA per 30 days); PA; NDS
PONVORY 14-DAY STARTER PACK	3	QL(28 EA per 365 days); PA; NDS
REBIF	3	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE	3	QL(6 ML per 28 days); PA; NDS

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REBIF REBIDOSE TITRATION PACK	3	QL(8.4 ML per 365 days); PA; NDS
REBIF TITRATION PACK	3	QL(8.4 ML per 365 days); PA; NDS
TASCENSO ODT	3	QL(30 EA per 30 days); PA; NDS
TECFIDERA	3	QL(60 EA per 30 days); PA; NDS
TECFIDERA STARTER PACK	3	QL(120 EA per 365 days); PA; NDS
<i>teriflunomide</i>	1	QL(30 EA per 30 days); PA
TYSABRI	3	PA; NDS
VUMERITY	3	QL(120 EA per 30 days); PA; NDS
ZEPOSIA	3	QL(30 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	3	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(74 EA per 365 days); PA; NDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	3	NDS
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE	3	NDS
<i>lidocaine hcl mouth/throat solution 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA	3	NDS
ABSORICA LD	3	NDS
<i>accutane</i>	1	
<i>acitretin</i>	1	
ADAPALENE/BENZOYL PEROXIDE PAD	3	NDS
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
ADAPALENE PAD	3	
ADAPALENE SOLUTION	3	NDS
<i>amnesteem</i>	1	
ATRALIN	3	PA
AVITA	3	PA
<i>azelaic acid</i>	1	
BENZOLYL PEROXIDE FORTE- HC	3	NDS

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<i>benzoyl peroxide- hc</i>	3	
<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA FOAM	2	QL(50 GM per 30 days)
<i>isotretinoin capsule</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	
NORITATE	3	NDS
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP	3	PA
<i>rosadan</i>	1	
SORIATANE CAPSULE 10MG, 25MG	3	NDS
<i>tazarotene cream, gel</i>	1	
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
APEXICON E	3	NDS
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
CIBINQO	3	QL(30 EA per 30 days); PA; NDS
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, shampoo, solution</i>	1	
CLOBEX LOTION, SHAMPOO	3	
CORDRAN TAPE	3	
CORDRAN LOTION	3	
CORDRAN CREAM 0.05%	3	
CORDRAN OINTMENT 0.05%	3	
<i>cormax scalp application</i>	1	
CUTIVATE LOTION	3	NDS

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<i>desonide cream</i>	1	
<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	1	
<i>doxepin hydrochloride cream 5%</i>	1	QL(90 GM per 30 days); PA
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	1	
<i>flurandrenolide ointment</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone 1% in absorbase</i>	1	QL(100 GM per 30 days)
<i>hydrocortisone butyrate lotion</i>	1	
<i>hydrocortisone in absorbase</i>	1	QL(100 GM per 30 days)
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL(100 GM per 30 days)
HYFTOR	3	PA; NDS
IMPOYZ	3	NDS
KENALOG AEROSOL SOLUTION	3	
LEXETTE	3	NDS
LOCOID LOTION	3	
<i>lokara</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OLUX-E	3	
OPZELURA	3	QL(240 GM per 30 days); PA; NDS
PANDEL	3	NDS
PRUDOXIN	3	QL(90 GM per 30 days); PA
<i>selenium sulfide</i>	1	
SERNIVO	3	
SPEVIGO	3	QL(300 ML per 84 days); PA; NDS

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<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
TOPICORT CREAM	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm cream 0.1%</i>	1	
ULTRAVATE LOTION	3	
VANOS	3	QL(120 GM per 30 days); NDS
VERDESO	3	NDS
ZONALON	3	QL(90 GM per 30 days); PA
<i>Dermatological Agents, Other</i>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
CALCIPOTRIENE FOAM	3	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
CALCITRENE	3	QL(120 GM per 30 days)
CARAC	3	NDS
<i>clotrimazole/betamethasone dipropionate cream</i>	1	
<i>diclofenac sodium gel 3%</i>	3	QL(300 GM per 30 days); ST
DOVONEX CREAM	3	QL(120 GM per 30 days); NDS
DUOBRII	3	PA; NDS
EFUDEX CREAM	3	QL(40 GM per 30 days)
ENSTILAR	3	QL(420 GM per 28 days); NDS
FLUROPLEX CREAM	3	NDS
FLUOROURACIL CREAM 0.5%	3	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPPOSITORY	3	NDS
<i>imiquimod pump</i>	1	NDS
<i>imiquimod cream 5%</i>	1	
<i>imiquimod cream 3.75%</i>	1	NDS
KLISYRI	3	ST; NDS
<i>methoxsalen capsule</i>	1	NDS
NEO-SYNALAR	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide ointment</i>	1	
OTEZLA TABLET 30MG	3	QL(60 EA per 30 days); PA; NDS
OXSORALEN ULTRA	3	NDS
<i>podofilox</i>	1	
RADIAURA	3	NDS
REGRANEX	3	PA; NDS

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SANTYL	3	
<i>silver sulfadiazine</i>	1	
SORILUX	3	
SOTYKTU	3	QL(30 EA per 30 days); PA; NDS
<i>ssd</i>	1	
TACLONEX	3	QL(400 GM per 30 days); NDS
<i>urea lotion 40%</i>	1	
VECTICAL	3	
VEREGEN	3	NDS
VTAMA	3	PA; NDS
WINLEVI	3	PA
WYNZORA	3	QL(420 GM per 28 days); NDS
XERESE	3	NDS
ZORYVE	3	PA
ZYCLARA	3	NDS
ZYCLARA PUMP	3	NDS
<i>Dermatological Agents</i>		
UVADEX	3	NDS
<i>Pediculicides/Scabicides</i>		
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
SOOLANTRA	3	QL(45 GM per 30 days)
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	
ACZONE GEL 5%	3	
BENZOYL PEROXIDE GEL 6.5%	3	NDS
CENTANY OINTMENT	3	QL(110 GM per 30 days)
<i>ciclodan cream</i>	1	
<i>ciclodan solution</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
CLEOCIN-T LOTION	3	QL(75 ML per 30 days)
CLINDAGEL	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
DENAVIR	3	
EPSOLAY	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pad 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days)
PENLAC NAIL LACQUER	3	PA; NDS
SULFAMYLON PACKET 5%	3	NDS
ZOVIRAX OINTMENT	3	
ZOVIRAX CREAM	3	QL(5 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CARBAGLU	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>carglumic acid</i>	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>effe-k tablet effervescent 25meq</i>	1	
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
<i>k-sol solution 10%</i>	1	
KABIVEN	3	B/D
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
<i>magnesium sulfate injection 50%</i>	1	
PERIKABIVEN	3	B/D; NDS
<i>plenamine</i>	1	B/D
<i>potassium chloride er</i>	1	
<i>potassium chloride sr tablet extended release 8meq</i>	1	
<i>potassium citrate er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</i>	1	
SYNTHAMIN 17	3	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
XENPOZYME	3	PA; NDS
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	3	NDS
<i>clovique</i>	1	PA; NDS
CUPRIMINE CAPSULE 250MG	3	PA; NDS
CUVRIOR	3	PA; NDS
<i>deferasirox packet</i>	1	PA; NDS
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	1	PA; NDS
<i>deferasirox tablet 90mg</i>	1	PA
<i>deferasirox tablet 180mg, 360mg</i>	1	PA; NDS
<i>deferiprone</i>	1	PA; NDS
DEPEN TITRATABS	3	NDS
EXJADE	3	PA; NDS
FERRIPROX	3	PA; NDS
FERRIPROX TWICE-A-DAY	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
JADENU	3	PA; NDS
JADENU SPRINKLE	3	PA; NDS
JYNARQUE TABLET	3	QL(120 EA per 30 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
<i>kionex powder 0</i>	1	
<i>penicillamine capsule 250mg</i>	1	PA; NDS
SAMSCA TABLET 15MG	3	QL(30 EA per 30 days); PA; NDS
SAMSCA TABLET 30MG	3	QL(60 EA per 30 days); PA; NDS
<i>sodium polystyrene sulfonate powder 0</i>	1	
SYPRINE	3	PA; NDS
<i>tolvaptan tablet 15mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>tolvaptan tablet 30mg</i>	1	QL(60 EA per 30 days); PA; NDS
<i>trientine hydrochloride</i>	1	PA; NDS
Phosphate Binders		
AURYXIA	3	PA; NDS
<i>calcium acetate capsule</i>	1	
FOSRENOL PACKET	3	NDS
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	3	NDS
<i>lanthanum carbonate</i>	3	
RENAGEL TABLET 800MG	3	
REVELA	3	NDS
<i>sevelamer carbonate</i>	1	
VELPHORO	3	NDS
Potassium Binders		
<i>kionex suspension 15gm/60ml</i>	1	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	
<i>sps</i>	1	
VELTASSA	3	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	2	QL(60 EA per 30 days)
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	3	QL(60 EA per 30 days); PA; NDS
<i>lactulose solution</i>	1	

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LINZESS	2	QL(30 EA per 30 days)
<i>lubiprostone</i>	2	QL(60 EA per 30 days)
MOTEGRITY	2	QL(30 EA per 30 days)
<i>polyethylene glycol 3350 packet 17gm</i>	1	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	1	
RELISTOR TABLET	3	QL(90 EA per 30 days); ST; NDS
RELISTOR INJECTION 8MG/0.4ML	3	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL(18 ML per 30 days); ST; NDS
SYMPROIC	3	QL(30 EA per 30 days); ST
TRULANCE	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	1	PA; NDS
<i>difenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	1	
LOTRONEX	3	PA; NDS
MYTESI	3	QL(60 EA per 30 days)
VIBERZI	3	QL(60 EA per 30 days); PA; NDS
XERMELO	3	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		
<i>belladonna/opium</i>	1	NDS
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
CUVPOSA	3	PA
DARTISLA ODT	3	PA
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
GLYCATE	3	PA
<i>glycopyrrolate oral solution, tablet</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
LIBRAX	3	
ROBINUL FORTE	3	PA
ROBINUL TABLET	3	PA
Gastrointestinal Agents, Other		
ACTIGALL	3	
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	3	PA; NDS
BYLVAY (PELLETS)	3	PA; NDS
CALCIUM DISODIUM VERSENATE	3	NDS
CHENODAL	3	PA; NDS
CLENPIQ	2	
EDETATE CALCIUM DISODIUM INJECTION	3	NDS

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GATTEX	3	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
GIMOTI	3	ST; NDS
HELIDAC THERAPY	3	
<i>metoclopramide hcl solution</i>	1	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>metoclopramide odt</i>	1	
MYALEPT	3	PA; NDS
OICALIVA	3	QL(30 EA per 30 days); PA; NDS
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PYLERA	3	NDS
RECTIV	3	
RELTONE	3	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
<i>trilyte</i>	1	
URSODIOL CAPSULE 200MG, 400MG	3	NDS
<i>ursodiol tablet</i>	1	
VOWST	3	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	3	PA; NDS
ZELNORM TABLET 6MG	3	QL(60 EA per 30 days); PA
ZINPLAVA	3	NDS
ZORBTIVE	3	PA; NDS
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine</i>	1	
PEPCID TABLET 40MG	3	
<i>Protectants</i>		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
<i>Proton Pump Inhibitors</i>		
ACIPHEX	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ACIPHEX SPRINKLE CAPSULE SPRINKLE 10MG	3	QL(60 EA per 30 days)
DEXILANT	2	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	1	QL(30 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)
KONVOMEK	3	QL(600 ML per 30 days)
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE	3	QL(60 EA per 30 days)
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL(60 EA per 30 days)
OMEPEPI	3	QL(30 EA per 30 days); NDS
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet</i>	1	QL(30 EA per 30 days); NDS
<i>omeprazole/sodium bicarbonate capsule</i>	3	QL(30 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE	3	QL(60 EA per 30 days)
PROTONIX PACKET, TABLET DELAYED RELEASE	3	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
RABEPRAZOLE SODIUM DR SPRINKLE	3	QL(60 EA per 30 days)
ZEGERID	3	QL(30 EA per 30 days); NDS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	3	PA; NDS
AMONDYS 45	3	PA; NDS
AMVUTTRA	3	QL(0.5 ML per 90 days); PA; NDS
ARALAST NP INJECTION 500MG	3	PA
ARALAST NP INJECTION 1000MG	3	PA; NDS
<i>betaine anhydrous</i>	1	NDS
BUPHENYL	3	NDS
CERDELGA	3	PA; NDS
CEREZYME	3	PA; NDS
CHOLBAM	3	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA	3	PA; NDS
CYSTADANE	3	NDS
CYSTAGON	3	

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<i>dichlorphenamide</i>	1	QL(120 EA per 30 days); PA; NDS
ELAPRASE	3	PA; NDS
ELELYSO	3	PA; NDS
ELFABRIO	3	PA; NDS
ENDARI	3	PA; NDS
EVRYSDI	3	QL(240 ML per 30 days); PA; NDS
EXONDYS 51	3	PA; NDS
FABRAZYME	3	PA; NDS
GALAFOLD	3	QL(14 EA per 28 days); PA; NDS
GASTROCROM	3	NDS
GLASSIA	3	PA; NDS
JAVYGTOR	3	PA; NDS
KANUMA	3	PA; NDS
KEVEYIS	3	QL(120 EA per 30 days); PA; NDS
KUVAN	3	PA; NDS
LAMZEDE	3	PA; NDS
LUMIZYME	3	PA; NDS
MEPSEVII	3	PA; NDS
<i>miglustat</i>	1	PA; NDS
NAGLAZYME	3	PA; NDS
NEXVIAZYME	3	PA; NDS
<i>nitisinone</i>	1	NDS
NITYR	3	NDS
OLPRUVA	3	PA; NDS
ONPATTRO	3	PA; NDS
ORFADIN	3	NDS
PALYNZIQ INJECTION 10MG/0.5ML	3	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	3	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	3	QL(8 ML per 28 days); PA; NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	3	ST; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	3	ST; NDS

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PHEBURANE	3	NDS
PROCYSBI	3	PA; NDS
PROLASTIN-C	3	PA; NDS
RAVICTI	3	PA; NDS
REVCOVI	3	PA; NDS
<i>sapropterin dihydrochloride</i>	1	PA; NDS
<i>sodium phenylbutyrate powder, tablet</i>	1	NDS
SPINRAZA	3	PA; NDS
STRENSIQ	3	PA; NDS
SUCRAID	3	PA; NDS
TEGSEDI	3	PA; NDS
VILTEPSO	3	PA; NDS
VIMIZIM	3	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	3	ST; NDS
VPRIV	3	PA; NDS
VYNDAQEL	3	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	3	PA; NDS
XIAFLEX	3	PA; NDS
XURIDEN	3	QL(120 EA per 30 days); PA; NDS
ZAVESCA	3	PA; NDS
ZEMAIRA	3	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE PUMP	3	
GEMTESA	3	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution, syrup</i>	1	
<i>oxybutynin chloride tablet 5mg</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	

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<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	
CIALIS TABLET 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
ENTADFI	3	QL(30 EA per 30 days); ST
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	1	
ELMIRON	3	
LITHOSTAT	3	
<i>penicillamine tablet 250mg</i>	1	NDS
THIOLA	3	NDS
THIOLA EC	3	NDS
<i>tiopronin</i>	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ACTHAR	3	PA; NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	3	NDS
<i>baycadron</i>	1	
<i>cortisone acetate tablet 25mg</i>	1	
CORTROPHIN	3	PA; NDS
<i>deltasone tablet 20mg</i>	1	
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	3	PA; NDS
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	QL(28 EA per 28 days); PA
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tablet</i>	1	
<i>prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	3	PA; NDS
<i>triamcinolone acetonide injection 10mg/ml</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	3	PA
DDAVP NASAL SOLUTION	3	
DDAVP INJECTION 4MCG/ML	3	NDS
DDAVP TABLET 0.2MG	3	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	1	NDS
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	3	NDS
<i>desmopressin acetate nasal solution 0.01%, 0.1mg/ml</i>	1	
EGRIFTA SV	3	QL(30 EA per 30 days); PA; NDS
EGRIFTA INJECTION 2MG	3	QL(30 EA per 30 days); PA; NDS
FENSOLVI	3	QL(1 EA per 168 days); PA; NDS
GENOTROPIN	3	PA; NDS
GENOTROPIN MINIQUICK	3	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA; NDS
INCRELEX	3	PA; NDS
LUPRON DEPOT-PED	3	QL(1 EA per 168 days); PA; NDS
NGENLA	3	PA; NDS
NORDITROPIN FLEXPRO	3	PA; NDS
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 10	3	PA; NDS
NUTROPIN AQ NUSPIN 20	3	PA; NDS
NUTROPIN AQ NUSPIN 5	3	PA; NDS
OMNITROPE	3	PA; NDS
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	3	PA; NDS
SAIZEN CLICK.EASY	3	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	3	PA; NDS
SEROSTIM	3	PA; NDS
SKYTROFA	3	PA; NDS
SOGROYA	3	PA; NDS
STIMATE SOLUTION	3	NDS

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ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	1	NDS
HEMABATE	3	NDS
KORLYM	3	QL(120 EA per 30 days); PA; NDS
<i>mifepristone</i>	1	
PROSTIN E2	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	PA
ANDROGEL	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED	3	PA
<i>danazol capsule</i>	1	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA; NDS
KYZATREX	3	PA
METHITEST	3	PA
<i>methyltestosterone capsule</i>	1	PA; NDS
NATESTO	3	PA
TESTIM	3	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
<i>testosterone pump gel 1.62%</i>	1	PA
<i>testosterone pump gel 1%</i>	2	PA
<i>testosterone topical solution</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	1	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	2	PA
<i>testosterone solution</i>	1	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	

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<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)
<i>amethia lo</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANNOVERA	3	QL(1 EA per 360 days)
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL(91 EA per 91 days)
<i>camrese lo</i>	1	QL(91 EA per 91 days)
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
<i>dolishale</i>	1	
<i>dotti</i>	1	

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<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol cream, gel, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess 24 fe</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>jevantage lo</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	

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<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>lomedica 24 fe</i>	1	
<i>lopreeza</i>	1	
LOSEASONIQUE	3	QL(91 EA per 91 days)
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 7/7/7</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	

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<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
QUARTETTE	3	QL(91 EA per 91 days)
<i>quasense</i>	1	QL(91 EA per 91 days)
<i>rivelsa</i>	1	QL(91 EA per 91 days)
SEASONIQUE	3	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
<i>tyblume</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	

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<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvafem</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL(1 ML per 90 days)
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>heather</i>	1	
HYDROXYPROGESTERONE CAPROATE INJECTION 1.25GM/5ML	3	PA; NDS
<i>hydroxyprogesterone caproate injection 250mg/ml</i>	1	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
MAKENA	3	PA; NDS
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL(1 ML per 90 days)
MEGACE ES	3	PA; NDS
<i>megestrol acetate suspension, tablet</i>	1	PA
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>clomid</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate tablet</i>	1	PA
OSPHENA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection</i>	1	NDS
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	1	NDS
SYNTHROID TABLET	3	
TRIOSTAT	3	NDS
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	3	PA; NDS
LYSODREN	3	NDS
RECORLEV	3	QL(240 EA per 30 days); PA; NDS
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	3	PA; NDS
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	3	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	3	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	3	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	3	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	3	QL(4 EA per 365 days); PA; NDS
LANREOTIDE ACETATE	3	PA; NDS
LEUPROLIDE ACETATE INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; NDS
LUPANETA PACK KIT 3.75MG; 5MG	3	QL(1 EA per 28 days); PA; NDS
LUPANETA PACK KIT 11.25MG; 5MG	3	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	3	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH)	3	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS

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LUPRON DEPOT-PED (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
MYCAPSSA	3	PA; NDS
MYFEMBREE	3	QL(30 EA per 30 days); PA; NDS
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 500mcg/ml</i>	1	PA; NDS
ORGOVYX	3	PA; NDS
ORIAHNN	3	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	3	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	3	QL(60 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	3	PA; NDS
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	3	PA; NDS
SIGNIFOR	3	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	3	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	3	PA; NDS
SOMAVERT	3	PA; NDS
SUPPRELIN LA	3	QL(1 EA per 365 days); PA; NDS
SYNAREL	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR	3	QL(1 EA per 168 days); PA; NDS
VANTAS	3	QL(1 EA per 365 days); PA; NDS
ZOLADEX INJECTION 3.6MG	3	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	3	PA; NDS
CINRYZE	3	PA; NDS
FIRAZYR	3	PA; NDS
HAEGARDA	3	PA; NDS
<i>icatibant acetate</i>	1	PA; NDS
KALBITOR	3	PA; NDS
RUCONEST	3	PA; NDS
<i>sajazir</i>	1	PA; NDS
TAKHZYRO	3	PA; NDS
<i>Immunoglobulins</i>		

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ASCENIV	3	PA; NDS
ATGAM	3	NDS
BEYFORTUS	3	
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA; NDS
CUTAQUIG	3	PA; NDS
CUVITRU	3	PA; NDS
CYTOGAM INJECTION 50MG/ML	3	PA; NDS
FLEBOGAMMA DIF	3	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	3	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	3	PA; NDS
GAMMAKED	3	PA; NDS
GAMMAPLEX	3	PA; NDS
GAMUNEX-C	3	PA; NDS
HEPAGAM B INJECTION 312UNIT/ML	3	B/D; NDS
HIZENTRA	3	PA; NDS
HYPERHEP B	3	B/D
HYQVIA	3	PA; NDS
NABI-HB INJECTION 312UNIT/ML	3	B/D; NDS
OCTAGAM	3	PA; NDS
PANZYGA	3	PA; NDS
PRIVIGEN	3	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	3	PA; NDS
THYMOGLOBULIN	3	NDS
VARIZIG INJECTION 125UNIT/1.2ML	3	PA; NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	NDS
XEMBIFY	3	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	3	PA; NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA; NDS
ACTEMRA INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA; NDS
ADBRY	3	QL(4 ML per 28 days); PA; NDS
ARCALYST	3	PA; NDS
BENLYSTA INJECTION 200MG/ML	3	PA; NDS
COSENTYX	3	QL(10 ML per 28 days); PA; NDS
COSENTYX SENSOREADY PEN	3	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	3	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	3	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	3	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	3	QL(8 ML per 28 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
EMPAVELI	3	PA; NDS
ENJAYMO	3	PA; NDS
ENSPRYNG	3	PA; NDS
ENTYVIO	3	PA; NDS
GAMIFANT	3	PA; NDS
ILARIS INJECTION 150MG/ML	3	QL(2 ML per 28 days); PA; NDS
ILUMYA	3	QL(1 ML per 28 days); PA; NDS
JOENJA	3	QL(60 EA per 30 days); PA; NDS
KEVZARA	3	QL(2.28 ML per 28 days); PA; NDS
KINERET	3	PA; NDS
LEMTRADA	3	PA; NDS
LITFULO	3	QL(30 EA per 30 days); PA; NDS
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	3	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	3	QL(110 EA per 365 days); PA; NDS
RIDAURA	3	NDS
RINVOQ	3	QL(30 EA per 30 days); PA; NDS
RYSTIGGO	3	PA; NDS
SAPHNELO	3	PA; NDS
SILIQ	3	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	3	NDS
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	3	PA; NDS
SKYRIZI INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	3	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	3	QL(2.4 ML per 56 days); PA; NDS
SOLIRIS	3	PA; NDS
STELARA INJECTION 130MG/26ML	3	PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; NDS
SYLVANT	3	PA; NDS
TALTZ	3	QL(4 ML per 28 days); PA; NDS
TEPEZZA	3	PA; NDS
TREMFYA	3	QL(2 ML per 56 days); PA; NDS
ULTOMIRIS	3	PA; NDS
VEOPOZ	3	PA; NDS
VYVGART	3	PA; NDS
VYVGART HYTRULO	3	PA; NDS
XELJANZ XR	3	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLUTION	3	QL(300 ML per 30 days); PA; NDS
XELJANZ TABLET	3	QL(60 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR	3	PA; NDS
<i>Immunostimulants</i>		
ACTIMMUNE	3	PA; NDS
INTRON A	3	PA; NDS
INTRON A W/DILUENT INJECTION 10MU	3	PA; NDS
PEG-INTRON REDIPEN INJECTION 50MCG/0.5ML	3	PA; NDS
PEGASYS	3	PA; NDS
PEGINTRON INJECTION 50MCG/0.5ML	3	PA; NDS
<i>Immunosuppressants</i>		
ARAVA TABLET 10MG, 20MG	3	NDS
ASTAGRAF XL	3	B/D
AVSOLA	3	PA; NDS
AZASAN	3	B/D
<i>azathioprine tablet</i>	1	B/D
<i>azathioprine injection</i>	1	B/D; NDS
BENLYSTA INJECTION 120MG, 400MG	3	PA; NDS
CELLCEPT	3	B/D; NDS
CELLCEPT INTRAVENOUS	3	B/D; NDS
CIMZIA STARTER KIT	3	QL(6 EA per 365 days); PA; NDS
CIMZIA INJECTION 200MG	3	QL(1 EA per 28 days); PA; NDS
CIMZIA INJECTION 200MG/ML	3	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	1	NDS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	3	QL(6 EA per 28 days); PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	3	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	3	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
ENBREL MINI	3	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG	3	PA; NDS
ENBREL INJECTION 25MG/0.5ML	3	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA; NDS
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	3	B/D; NDS
<i>everolimus tablet 0.25mg</i>	1	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	1	B/D; NDS
<i>gengraf</i>	1	B/D
<i>hecoria capsule 0.5mg, 1mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	3	QL(2 EA per 28 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	3	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	3	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 0	3	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	3	QL(2 EA per 28 days); PA; NDS
HUMIRA INJECTION 40MG/0.4ML	3	QL(4 EA per 28 days); PA; NDS
IMURAN TABLET	3	B/D
INFLECTRA	3	PA; NDS
INFLIXIMAB	3	PA; NDS
<i>leflunomide</i>	1	
LUPKYNIS	3	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate tablet</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, tablet</i>	1	B/D
<i>mycophenolate mofetil injection, suspension reconstituted</i>	1	B/D; NDS
<i>mycophenolic acid dr</i>	1	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	3	B/D; NDS
NEORAL	3	B/D
NULOJIX	3	NDS
ORENCIA INJECTION 250MG	3	PA; NDS
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PROGRAF PACKET	3	B/D
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D

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PROGRAF CAPSULE 5MG	3	B/D; NDS
RAPAMUNE SOLUTION	3	B/D; NDS
RAPAMUNE TABLET 0.5MG	3	B/D
RAPAMUNE TABLET 1MG, 2MG	3	B/D; NDS
RASUVO INJECTION 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJECTION 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJECTION 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJECTION 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA
RASUVO INJECTION 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJECTION 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL(1.2 ML per 28 days); PA
REDITREX INJECTION 10MG/0.4ML	3	QL(1.6 ML per 28 days); PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
REDITREX INJECTION 15MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
REDITREX INJECTION 20MG/0.8ML	3	QL(3.2 ML per 28 days); PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL(3.6 ML per 28 days); PA
REDITREX INJECTION 25MG/ML	3	QL(4 ML per 28 days); PA
REMICADE	3	PA; NDS
RENFLEXIS	3	PA; NDS
REZUROCK	3	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE ORAL SOLUTION	3	B/D
SANDIMMUNE INJECTION	3	NDS
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SIMPONI ARIA	3	PA; NDS
SIMPONI INJECTION 50MG/0.5ML	3	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
<i>sirolimus solution, tablet</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
XATMEP	3	
YUFLYMA 1-PEN KIT	3	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-PEN KIT	3	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT	3	QL(6 EA per 28 days); PA; NDS
ZORTRESS	3	B/D; NDS
Vaccines		
ABRYSVO	2	
ACTHIB INJECTION 0	2	
ADACEL	2	
AREXVY	2	

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Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE INJECTION 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLUTION	2	
SHINGRIX	2	
STAMARIL	2	
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TICOVAC	2	

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Drug Name	Drug Tier	Requirements/Limits
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VAXELIS	2	
YF-VAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
ASACOL HD	3	
<i>balsalazide disodium</i>	1	
CANASA SUPPOSITORY 1000MG	3	NDS
COLAZAL	3	NDS
DIPENTUM	3	NDS
LIALDA	3	
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er capsule extended release 24 hour</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
ROWASA KIT	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	1	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
<i>colocort</i>	1	
CORTIFOAM FOAM	3	
ENTOCORT EC	3	NDS
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	3	NDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	3	QL(120 EA per 30 days); PA; NDS
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ACTONEL TABLET 150MG	3	QL(1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL(4 EA per 28 days)
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ATELVIA	3	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
BONIVA TABLET 150MG	3	QL(1 EA per 28 days)
<i>calcitonin salmon injection</i>	1	NDS
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol capsule</i>	1	
EVENTY	3	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJECTION 600MCG/2.4ML	3	PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL(4 EA per 28 days)
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
MIACALCIN INJECTION	3	NDS
NATPARA	3	QL(2 EA per 28 days); PA; NDS
<i>paricalcitol capsule</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	3	NDS
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL(4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	3	NDS
TERIPARATIDE	3	PA; NDS
TYMLOS	3	PA; NDS
XGEVA	3	PA; NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
<i>zoledronic acid injection 4mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ACETADOTE	3	NDS
ALCOHOL PREP PADS	2	
AMMONUL	3	NDS
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CLINOLIPID	3	B/D
COSELA	3	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	1	B/D; NDS
DESFERAL INJECTION 500MG	3	B/D; NDS
DOJOLVI	3	PA; NDS
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	2	
FILSPARI	3	QL(30 EA per 30 days); PA; NDS
<i>fomepizole injection 1.5gm/1.5ml</i>	1	NDS
GIVLAARI	3	PA; NDS
IGALMI	3	PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KORSUVA	3	PA; NDS
LAGEVRIO	2	QL(40 EA per 5 days)
LIVMARLI	3	QL(90 ML per 30 days); PA; NDS
<i>methergine tablet</i>	1	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tablet</i>	1	QL(56 EA per 365 days); NDS
METOPIRONE	3	NDS
NULIBRY	3	PA; NDS
NUTRILIPID	3	B/D
ODACTRA	3	QL(30 EA per 30 days); PA
OMEGAVEN	3	B/D; NDS
OMNIPOD 10 PACK	2	QL(30 EA per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days)
ORLADEYO	3	QL(30 EA per 30 days); PA; NDS
ORLISTAT CAPSULE	3	PA

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OXLUMO	3	PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	3	PA; NDS
PALFORZIA LEVEL 1	3	PA; NDS
PALFORZIA LEVEL 10	3	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	3	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	3	PA; NDS
PALFORZIA LEVEL 2	3	PA; NDS
PALFORZIA LEVEL 3	3	PA; NDS
PALFORZIA LEVEL 4	3	PA; NDS
PALFORZIA LEVEL 5	3	PA; NDS
PALFORZIA LEVEL 6	3	PA; NDS
PALFORZIA LEVEL 7	3	PA; NDS
PALFORZIA LEVEL 8	3	PA; NDS
PALFORZIA LEVEL 9	3	PA; NDS
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days)
PEDMARK	3	NDS
REMEDSIVIR INJECTION 150MG	3	NDS
REMEDSIVIR INJECTION 100MG	3	QL(4 EA per 3 days); NDS
SKYCLARYS	3	QL(90 EA per 30 days); PA; NDS
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	1	NDS
TACHOSIL	3	NDS
TAVNEOS	3	QL(180 EA per 30 days); PA; NDS
THYROGEN INJECTION 0.9MG	3	PA; NDS
TYRVAYA	3	QL(8.4 ML per 30 days); PA
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VEKLURY INJECTION 100MG	3	QL(4 EA per 3 days); NDS
VEKLURY INJECTION 100MG/20ML	3	QL(80 ML per 3 days); NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
VISTOGARD	3	NDS
VOXZOGO	3	QL(30 EA per 30 days); PA; NDS
VYJUVEK	3	PA; NDS
XENICAL	3	PA
ZOKINVY	3	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin/polymyxin b</i>	1	
BEOVU	3	PA; NDS
<i>brimonidine tartrate/timolol maleate</i>	2	
BYOOVIZ	3	PA; NDS
CEQUA	3	PA
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	3	PA; NDS
COMBIGAN	2	
CYCLOSPORINE IN KLARITY	3	QL(120 ML per 30 days); PA; NDS
<i>cyclosporine emulsion 0.05%</i>	2	
CYSTADROPS	3	QL(20 ML per 28 days); NDS
CYSTARAN	3	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
EYLEA	3	PA; NDS
LUCENTIS	3	PA; NDS
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
OXERVATE	3	QL(56 ML per 28 days); PA; NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL(2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	3	PA; NDS
SYFOVRE	3	PA; NDS
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VABYSMO	3	PA; NDS
VERKAZIA	3	QL(120 EA per 30 days); PA; NDS
VISUDYNE	3	NDS
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	3	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic ointment 0.3%</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>ilotycin</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	1	
ZIRGAN	3	
<i>Ophthalmic Anti-inflammatories</i>		
ACUVAIL	3	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate solution</i>	1	
DEXYCU	3	NDS
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	3	QL(4 ML per 30 days)
ILUVIEN	3	NDS
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT	3	QL(14 GM per 365 days)

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LOTEMAX GEL	3	QL(20 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
NEVANAC	3	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL(12 ML per 365 days)
RETISERT	3	NDS
XIPERE	3	PA; NDS
YUTIQ	3	NDS
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLUTION 0.1%	2	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate solution 0.15%, 0.2%</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tablet</i>	1	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
VUITY	3	QL(7.5 ML per 28 days); PA
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	3	NDS
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
TRAVATAN Z	3	QL(2.5 ML per 25 days)
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
VYZULTA	3	QL(5 ML per 25 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	

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<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARMONAIR DIGIHALER	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA	2	QL(30 EA per 30 days)
ASMANEX HFA	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
NASONEX	3	QL(34 GM per 30 days)
PULMICORT	3	QL(120 ML per 30 days); B/D
PULMICORT FLEXHALER	3	QL(2 EA per 30 days); ST
QVAR REDIHALER	3	QL(21.2 GM per 30 days); ST
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	3	QL(23 GM per 30 days)
<i>carbinoxamine maleate tablet 6mg</i>	1	
<i>clemastine fumarate syrup</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
DYMISTA	3	QL(23 GM per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL(30.5 GM per 30 days)
PATANASE	3	QL(30.5 GM per 30 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	ST; NDS

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ZYFLO	3	ST; NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(25.8 GM per 30 days)
DUAKLIR PRESSAIR	3	QL(2 EA per 30 days); ST; NDS
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	3	QL(60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT	3	QL(60 ML per 30 days); NDS
SPIRIVA HANDIHALER	2	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	2	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	3	QL(90 ML per 30 days); B/D; NDS
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	3	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate syrup</i>	3	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	1	QL(120 ML per 30 days); PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA	3	QL(120 ML per 30 days); PA; NDS
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	2	
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>formoterol fumarate nebulization solution</i>	3	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D

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<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL(90 EA per 30 days); B/D
PERFOROMIST	3	QL(120 ML per 30 days); B/D
PROAIR DIGIHALER	3	QL(2 EA per 30 days)
PROAIR HFA	3	QL(17 GM per 30 days)
PROVENTIL HFA	3	QL(13.4 GM per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate tablet</i>	3	
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
XOPENEX CONCENTRATE	3	QL(90 EA per 30 days); B/D
XOPENEX HFA	3	QL(30 GM per 30 days)
XOPENEX NEBULIZATION SOLUTION 1.25MG/3ML	3	QL(270 ML per 30 days); B/D
XOPENEX NEBULIZATION SOLUTION 0.31MG/3ML, 0.63MG/3ML	3	QL(540 ML per 30 days); B/D
<i>Cystic Fibrosis Agents</i>		
BETHKIS	3	B/D; NDS
CAYSTON	3	PA; NDS
KALYDECO	3	PA; NDS
KITABIS PAK	3	B/D; NDS
ORKAMBI TABLET	3	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACKET	3	QL(56 EA per 28 days); PA; NDS
PULMOZYME	3	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	3	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	3	QL(60 EA per 30 days); PA; NDS
TOBI	3	B/D; NDS
TOBI PODHALER	3	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	1	B/D; NDS
TRIKAFTA THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	3	QL(84 EA per 28 days); PA; NDS
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D; NDS
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP	3	PA
<i>roflumilast</i>	1	PA
<i>theophylline er tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	
<i>Pulmonary Antihypertensives</i>		
ADCIRCA	3	QL(60 EA per 30 days); PA; NDS
ADEMPAS	3	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA

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<i>ambrisentan</i>	1	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	1	QL(60 EA per 30 days); PA; NDS
<i>epoprostenol sodium</i>	1	PA; NDS
FLOLAN	3	PA; NDS
LETAIRIS	3	QL(30 EA per 30 days); PA; NDS
LIQREV	3	PA; NDS
OPSUMIT	3	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	3	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	3	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	3	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA; NDS
REMODULIN	3	PA; NDS
REVATIO INJECTION, SUSPENSION RECONSTITUTED	3	PA; NDS
REVATIO TABLET	3	QL(90 EA per 30 days); PA; NDS
<i>sildenafil citrate suspension reconstituted</i>	1	PA
<i>sildenafil citrate tablet</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil injection</i>	1	PA; NDS
<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ	3	QL(300 ML per 30 days); PA; NDS
TRACLEER TABLET SOLUBLE	3	QL(112 EA per 28 days); PA; NDS
TRACLEER TABLET	3	QL(60 EA per 30 days); PA; NDS
<i>treprostinil</i>	1	PA; NDS
TYVASO	3	QL(87 ML per 30 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	3	QL(224 EA per 28 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(392 EA per 365 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(504 EA per 365 days); PA; NDS
TYVASO REFILL	3	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER	3	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	3	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION	3	PA; NDS
UPTRAVI TABLET	3	QL(60 EA per 30 days); PA; NDS
VELETRI	3	PA; NDS
VENTAVIS	3	QL(270 ML per 30 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET	3	PA; NDS
OFEV	3	PA; NDS
<i>pirfenidone</i>	1	PA; NDS
<i>Respiratory Tract Agents, Other</i>		

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<i>acetylcysteine solution</i>	1	B/D
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	3	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL(1 EA per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
BRONCHITOL	3	QL(560 EA per 28 days); PA; NDS
CINQAIR	3	PA; NDS
COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL(17.6 GM per 30 days); PA
FASENRA	3	PA; NDS
FASENRA PEN	3	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	3	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	3	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
<i>ribavirin solution reconstituted 6gm</i>	1	NDS
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); ST
TEZSPIRE	3	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
VIRAZOLE	3	NDS
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	3	NDS
<i>carisoprodol/aspirin/codeine</i>	1	PA; NDS
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	1	NDS

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<i>cyclobenzaprine hydrochloride er</i>	1	
<i>cyclobenzaprine hydrochloride tablet</i>	1	
FEXMID	3	
LORZONE	3	
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	1	NDS
NORGESIC FORTE	3	NDS
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate/aspirin/caffeine</i>	1	NDS
ORPHENGESIC FORTE	3	NDS
ROBAXIN-750	3	
ROBAXIN INJECTION 1000MG/10ML	3	NDS
SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	3	PA; NDS
VANADOM	3	PA; NDS
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
AMBIEN	3	QL(30 EA per 30 days)
AMBIEN CR	3	QL(30 EA per 30 days)
BELSOMRA	2	QL(30 EA per 30 days)
DAYVIGO	3	QL(30 EA per 30 days); PA
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HETLIOZ	3	QL(30 EA per 30 days); PA; NDS
HETLIOZ LQ	3	QL(158 ML per 30 days); PA; NDS
LUNESTA	3	QL(30 EA per 30 days)
<i>ramelteon</i>	1	QL(30 EA per 30 days)
RESTORIL	3	QL(30 EA per 30 days)
ROZEREM	3	QL(30 EA per 30 days)
SILENOR	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	1	QL(30 EA per 30 days); PA; NDS
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate capsule, tablet</i>	1	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
LUMRYZ	3	QL(30 EA per 30 days); PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i>	1	QL(30 EA per 30 days); PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL(30 EA per 30 days); PA
NUVIGIL TABLET 50MG	3	QL(60 EA per 30 days); PA
PROVIGIL	3	QL(30 EA per 30 days); PA; NDS
SODIUM OXYBATE	3	QL(540 ML per 30 days); PA; NDS
SUNOSI	3	QL(30 EA per 30 days); PA
WAKIX	3	QL(60 EA per 30 days); PA; NDS
XYREM	3	QL(540 ML per 30 days); PA; NDS
XYWAV	3	QL(540 ML per 30 days); PA; NDS

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COSENTYX SENSOREADY PEN	91	CYSTADROPS	101
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CREON	78	CYTOGAM	91
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<i>cromolyn sodium</i>	102	DACOGEN	32
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DEMEROL	10	<i>diclofenac sodium</i>	7
DEMSER	60	<i>diclofenac sodium</i>	70
DENAVIR	71	<i>diclofenac sodium</i>	102
DENGVAXIA	96	<i>diclofenac sodium dr</i>	7
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NEXVIAZYME	79	<i>nortriptyline hydrochloride</i>	25
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<i>pantoprazole sodium</i>	78	<i>perphenazine/amitriptyline</i>	22
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<i>paromomycin sulfate</i>	13	<i>phenelzine sulfate</i>	22
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<i>paroxetine hcl</i>	23	<i>phenobarbital sodium</i>	20
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<i>polycin</i>	101	<i>primaquine phosphate</i>	39
<i>polyethylene glycol 3350</i>	76	<i>primidone</i>	20
<i>polymyxin b sulfate/trimethoprim sulfate</i>	101	PRIMLEV	11
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<i>prazosin hydrochloride</i>	56	PROGRAF	94
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<i>prednisolone acetate</i>	103	PROLENSA	103
<i>prednisolone sodium phosphate</i>	82	PROLEUKIN	33
<i>prednisone</i>	82	PROLIA	98
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PREHEVBRIO	96	<i>promethegan</i>	25
PREMARIN	87	<i>propafenone hcl</i>	57
PREMASOL	74	<i>propafenone hydrochloride er</i>	57
<i>premium lidocaine</i>	12	<i>propranolol hcl</i>	58
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<i>quinapril hydrochloride</i>	57	RELYVRIO	65
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SEGLENTIS	11	<i>sodium bicarbonate</i>	74
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<i>selenium sulfide</i>	69	<i>sodium chloride 0.45%</i>	74
SELZENTRY	47	<i>sodium chloride 0.9%</i>	100
SENSIPAR	98	SODIUM EDECRIN	61
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SERNIVO	69	<i>sodium phenylacetate/sodium benzoate</i>	100
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<i>spironolactone</i>	61	<i>sulfamethoxazole/trimethoprim</i>	17
<i>spironolactone/hydrochlorothiazide</i>	60	<i>sulfamethoxazole/trimethoprim ds</i>	17
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SPRAVATO 84MG DOSE	22	<i>sulindac</i>	8
<i>sprintec 28</i>	87	<i>sumatriptan</i>	29
SPRITAM	19	<i>sumatriptan succinate</i>	29
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<i>stavudine</i>	47	SUTAB	77
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Multi-Language Insert

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Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-635-5941 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-635-5941. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-635-5941. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-635-5941. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-635-5941. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-635-5941にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on September 5, 2023, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-866-635-5941
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com

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