Pennsylvania Public School Employees' Retirement System (PSERS)

Health Options Program

Abridged Prescription Drug Formulary for the Medicare Plus Rx Option *(Partial List of Covered Drugs; also called the Drug List)*

2026

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

This Abridged Prescription Drug Formulary for the Medicare Plus Rx Option (PDP) was updated on August 5, 2025. This is not a complete list of drugs covered by our plans. For a complete listing or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit **HOPbenefits.com**.

Important Message About What You Pay for Vaccines: The **Medicare Plus Rx Option** covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call the HOP Administration Unit for more information.

Important Message About What You Pay for Insulin: You won't pay more than $35 for a one-month supply of each insulin product covered by the **Medicare Plus Rx Option**, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

MEMBER SERVICES

For help or information about prescription drugs, call **Optum Rx**.

Phone: 1-888-239-1301 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Hours: 24 hours a day, seven days a week

For help or information about enrollment, billing, or ID cards, call the **HOP Administration Unit**, or go to our plan website at **HOPbenefits.com**.

Phone: 1-800-773-7725 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Fax: 1-877-411-4921

Hours: Monday–Friday, 8:00 a.m. to 8:00 p.m.

CMS CONTRACT NUMBER: E3014; FORMULARY ID: 00026254; AUGUST 5, 2025

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

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

This document includes a partial Drug List (formulary) for our plans, which is current as of August 5, 2025. For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Medicare Plus Rx Option Abridged Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by the Medicare Plus Rx Option in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. The Medicare Plus Rx Option will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an OptumRx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage.*

This document is a partial formulary and includes only some of the drugs covered by the Medicare Plus Rx Option. For a complete listing of all prescription drugs covered by the Medicare Plus Rx Option, please visit our website at **HOPbenefits.com** or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Please note that this formulary covers the Medicare Plus Rx Option only. If you have coverage through the Medicare Standard Rx Option or a Medicare Advantage plan through the Health Options Program, you will have to contact the HOP Administration Unit or the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.

Can the formulary change?

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

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

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

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

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section titled "How do I request an exception to the Medicare Plus Rx Option Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) withdraws it for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled "How do I request an exception to the Medicare Plus Rx Option Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 5, 2025. To get updated information about the drugs covered by the Medicare Plus Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Medicare Plus Rx Option will be posted to **HOPbenefits.com**.

How do I use the formulary?

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

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

- **Alphabetical listing**
  If you are not sure what category to look under, you should look for your drug in the Index that begins on page 42. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index, and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index, and find the name of your drug in the first column of the list.

What are generic drugs?

The Medicare Plus Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand-name drugs. Generic drugs usually can be substituted for the brand-name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact OptumRx and ask if your drug is covered. This document includes only a partial list of covered drugs, so the Medicare Plus Rx Option may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

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

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

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Medicare Plus Rx Option limits the amount of drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the specialty tier). If approved, this would lower the amount you must pay for your drug.

Generally, the Medicare Plus Rx Option will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restrictions would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary, but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you

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

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

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

Emergency transitions and level-of-care changes

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

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

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

For more information

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

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

Medicare Plus Rx Option Abridged Prescription Drug Formulary

The abridged formulary that begins on page 1 provides coverage information about some of the drugs covered by the Medicare Plus Rx Option.

If you have trouble finding your drug in the list, turn to the Index that begins on page 42.

Remember: This is only a partial listing of drugs covered by the Medicare Plus Rx Option. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

WHAT THE ABBREVIATIONS MEAN

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

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

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

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

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

2026 Medicare Plus Rx Option

DEDUCTIBLE

- You must pay the annual deductible of $200 before the Medicare Plus Rx Option pays any portion of your Tier 3, 4, or 5 prescription drug costs.
- Tier 1 and Tier 2 generics are excluded from the deductible.

PREFERRED GENERIC DRUGS (TIER 1)

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

NON-PREFERRED GENERIC DRUGS (TIER 2)

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

PREFERRED BRAND-NAME DRUGS (TIER 3)

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

NON-PREFERRED DRUGS (TIER 4)

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

SPECIALTY DRUGS (TIER 5)

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

** Refer to the Comprehensive Formulary for the Medicare Plus Rx Option, available at hopbenefits.com, for the Bonus Drug list.*

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg, 200mg, 400mg, 50mg	2	QL (60 EA per 30 days)
diclofenac sodium dr tbec 25mg, 50mg, 75mg	2	
diclofenac sodium soln 1.5%	2	PA
ibuprofen tabs 400mg, 600mg	1	
ibuprofen tabs 800mg	2	
meloxicam tabs 15mg, 7.5mg	1	
naproxen tabs 250mg, 375mg, 500mg	1	
Opioid Analgesics, Long-acting		
HYSINGLA ER T24A 20MG, 30MG, 40MG	4	ST
HYSINGLA ER T24A 60MG	5	ST NDS
NUCYNTA ER TB12 100MG, 150MG, 50MG	3	
NUCYNTA ER TB12 200MG, 250MG	5	NDS
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG	3	ST
OXYCONTIN T12A 40MG, 60MG, 80MG	5	ST NDS
tramadol hydrochloride er tb24 100mg, 200mg, 300mg	2	
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG	3	
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tabs 300mg; 60mg	2	
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg	2	
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	2	
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	2	
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	
oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 30mg, 5mg	2	
OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 300MG; 5MG	5	NDS
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	
TRAMADOL HYDROCHLORIDE TABS 25MG	2	
tramadol hydrochloride tabs 50mg	1	
tramadol hydrochloride tabs 100mg, 75mg	2	
Anesthetics		
Local Anesthetics		
lidocaine ptch 5%	2	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tbec 333mg	2	
disulfiram tabs 250mg	2	
naltrexone hydrochloride tabs 50mg	2	
Opioid Dependence		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg	2	
buprenorphine hcl subl 2mg, 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	2	

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 12MG; 3MG, 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	
Opioid Reversal Agents		
NALOXONE HYDROCHLORIDE INJ 0.4MG/ML	2	
naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml	2	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	QL (60 EA per 30 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
gentamicin sulfate crea 0.1%	2	
gentamicin sulfate oint 0.1%	2	
neomycin sulfate tabs 500mg	2	
Antibacterials, Other		
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg, 75mg	2	
metronidazole tabs 250mg	1	
metronidazole tabs 500mg	2	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
Beta-lactam, Cephalosporins		
cefadroxil caps 500mg	2	
cefdinir caps 300mg	2	
cefpodoxime proxetil tabs 100mg, 200mg	2	
cefuroxime axetil tabs 250mg, 500mg	2	
cephalexin caps 250mg, 500mg	1	
cephalexin caps 750mg	2	
cephalexin susr 125mg/5ml, 250mg/5ml	2	
cephalexin tabs 250mg, 500mg	2	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg	1	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	2	
amoxicillin caps 250mg, 500mg	1	
AMOXICILLIN CHEW 125MG, 250MG	1	
amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	1	
amoxicillin tabs 500mg, 875mg	1	
PENICILLIN V POTASSIUM SOLR 250MG/5ML	1	
PENICILLIN V POTASSIUM SOLR 125MG/5ML	2	
penicillin v potassium tabs 250mg, 500mg	1	
Carbapenems		
ertapenem sodium inj 1gm	2	
meropenem inj 1gm, 500mg	2	
Macrolides		
azithromycin inj 500mg	2	
azithromycin susr 100mg/5ml, 200mg/5ml	2	
azithromycin tabs 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
azithromycin tabs 600mg	2	
clarithromycin er tb24 500mg	2	
CLARITHROMYCIN SUSR 125MG/5ML, 250MG/5ML	2	
clarithromycin tabs 250mg, 500mg	2	
DIFICID SUSR 40MG/ML	5	NDS
Quinolones		
ciprofloxacin hcl tabs 750mg	2	
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	
levofloxacin soln 25mg/ml	2	
levofloxacin tabs 250mg, 500mg, 750mg	2	
Sulfonamides		
sulfacetamide sodium lotn 10%	2	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	1	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	2	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	1	
Tetracyclines		
doxy 100 inj 100mg	2	
doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg	2	
doxycycline hyclate caps 100mg, 50mg	2	
doxycycline hyclate tabs 150mg, 75mg	2	
doxycycline monohydrate caps 100mg, 150mg, 50mg, 75mg	2	
doxycycline monohydrate tabs 100mg, 150mg, 50mg, 75mg	2	
minocycline hcl caps 75mg	2	
minocycline hcl tabs 100mg, 75mg	2	
MINOCYCLINE HYDROCHLORIDE ER TB24 135MG, 45MG, 55MG, 90MG	2	
minocycline hydrochloride er tb24 105mg, 115mg, 65mg, 80mg	2	
minocycline hydrochloride caps 100mg, 50mg	2	
minocycline hydrochloride tabs 50mg	2	
NUZYRA INJ 100MG	5	NDS
NUZYRA TABS 150MG	5	QL (30 EA per 14 days) NDS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN 10MG/ML	5	PA NDS
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	5	PA NDS
EPIDIOLEX SOLN 100MG/ML	5	PA NDS
EPRONTIA SOLN 25MG/ML	3	
felbamate susp 600mg/5ml	2	
felbamate tabs 400mg, 600mg	2	
FINTEPLA SOLN 2.2MG/ML	5	PA NDS
FYCOMPA SUSP 0.5MG/ML	5	NDS
FYCOMPA TABS 2MG	3	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
LAMICTAL XR KIT 0	3	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	2	
lamotrigine odt tbdp 100mg, 200mg, 25mg, 50mg	2	
lamotrigine starter kit/blue kit 25mg	2	
lamotrigine starter kit/green kit 0	5	NDS
lamotrigine starter kit/orange kit 0	2	
lamotrigine titration kit 0	2	
lamotrigine chew 25mg, 5mg	2	
lamotrigine tabs 100mg, 150mg, 200mg, 25mg	2	
levetiracetam er tb24 500mg, 750mg	2	
levetiracetam soln 100mg/ml	2	
levetiracetam tabs 500mg	1	
levetiracetam tabs 1000mg, 250mg, 750mg	2	
NAYZILAM SOLN 5MG/0.1ML	3	QL (10 EA per 30 days)
roweepra tabs 500mg	1	
SPRITAM TB3D 1000MG, 250MG, 500MG, 750MG	3	
subvenite starter kit/blue kit 25mg	2	
subvenite starter kit/green kit 0	2	NDS
subvenite starter kit/orange kit 0	2	
subvenite tabs 100mg, 150mg, 200mg, 25mg	2	
topiramate er cs24 100mg, 150mg, 200mg, 25mg, 50mg	2	
topiramate cpsp 15mg, 25mg	2	
topiramate tabs 25mg, 50mg	1	
topiramate tabs 100mg, 200mg	2	
valproic acid caps 250mg	2	
valproic acid soln 250mg/5ml	2	
Calcium Channel Modifying Agents		
ethosuximide caps 250mg	2	
ethosuximide soln 250mg/5ml	2	
ZARONTIN CAPS 250MG	4	
ZARONTIN SOLN 250MG/5ML	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam susp 2.5mg/ml	2	
clobazam tabs 10mg, 20mg	2	
clonazepam odt tbdp 2mg	2	QL (300 EA per 30 days)
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	2	QL (90 EA per 30 days)
clonazepam tabs 0.5mg, 1mg	1	QL (90 EA per 30 days)
clonazepam tabs 2mg	2	QL (300 EA per 30 days)
DEPAKOTE ER TB24 250MG, 500MG	4	
DEPAKOTE TBEC 125MG, 250MG, 500MG	4	
DIACOMIT CAPS 250MG, 500MG	5	PA NDS
DIACOMIT PACK 250MG, 500MG	5	PA NDS
DIAZEPAM RECTAL GEL GEL 2.5MG	2	
diazepam rectal gel gel 10mg, 20mg	2	
divalproex sodium dr csdr 125mg	2	
divalproex sodium dr tbec 125mg, 250mg, 500mg	2	
divalproex sodium er tb24 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
gabapentin caps 400mg	1	QL (270 EA per 30 days)
gabapentin caps 300mg	1	QL (360 EA per 30 days)
gabapentin caps 100mg	2	QL (360 EA per 30 days)
gabapentin soln 250mg/5ml	2	QL (2160 ML per 30 days)
gabapentin tabs 800mg	2	QL (150 EA per 30 days)
gabapentin tabs 600mg	2	QL (180 EA per 30 days)
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days)
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days)
phenobarbital elix 20mg/5ml	2	
phenobarbital tabs 15mg	1	
phenobarbital tabs 100mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	2	
pregabalin caps 300mg	2	QL (60 EA per 30 days)
pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL (90 EA per 30 days)
pregabalin soln 20mg/ml	2	QL (900 ML per 30 days)
primidone tabs 250mg, 50mg	2	
SYMPAZAN FILM 10MG, 20MG, 5MG	5	NDS
tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg	2	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL (10 EA per 30 days) NDS
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL (10 EA per 30 days) NDS
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL (10 EA per 30 days) NDS
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL (10 EA per 30 days) NDS
vigabatrin pack 500mg	5	PA NDS
vigabatrin tabs 500mg	5	PA NDS
vigadrone pack 500mg	5	PA NDS
vigadrone tabs 500mg	5	PA NDS
Sodium Channel Agents		
APTIOM TABS 200MG, 400MG, 600MG, 800MG	5	NDS
BANZEL SUSP 40MG/ML	5	NDS
BANZEL TABS 200MG, 400MG	5	NDS
carbamazepine er cp12 100mg, 200mg, 300mg	2	
carbamazepine er tb12 100mg, 200mg, 400mg	2	
carbamazepine chew 100mg	1	
carbamazepine susp 100mg/5ml	2	
carbamazepine tabs 200mg	2	
CARBATROL CP12 100MG, 200MG, 300MG	4	
DILANTIN CAPS 30MG	3	
epitol tabs 200mg	2	
lacosamide tabs 100mg, 150mg, 200mg, 50mg	2	
oxcarbazepine susp 300mg/5ml	2	
oxcarbazepine tabs 150mg, 300mg, 600mg	2	
OXTELLAR XR TB24 150MG, 300MG	3	
OXTELLAR XR TB24 600MG	5	NDS
phenytek caps 200mg, 300mg	4	
phenytoin sodium extended caps 100mg	2	
phenytoin chew 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
phenytoin susp 125mg/5ml	2	
rufinamide susp 40mg/ml	5	NDS
rufinamide tabs 200mg	2	
rufinamide tabs 400mg	5	NDS
TEGRETOL-XR TB12 100MG, 200MG, 400MG	4	
TEGRETOL TABS 200MG	4	
VIMPAT SOLN 10MG/ML	5	NDS
VIMPAT TABS 50MG	3	
VIMPAT TABS 100MG, 150MG, 200MG	5	NDS
XCOPRI TABS 100MG, 150MG, 200MG, 50MG	5	PA NDS
XCOPRI TBPK 0	3	PA
XCOPRI TBPK 0	5	PA NDS
zonisamide caps 100mg, 25mg, 50mg	2	
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC CP24 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	QL (30 EA per 30 days) ST
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	2	
donepezil hcl tbdp 10mg, 5mg	2	
donepezil hydrochloride tabs 5mg	1	
rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tabs 0	2	
memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg	2	QL (30 EA per 30 days)
memantine hydrochloride soln 2mg/ml	2	
memantine hydrochloride tabs 10mg, 5mg	2	
Antidepressants		
Antidepressants, Other		
bupropion hydrochloride er (sr) tb12 200mg	1	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 150mg	2	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 100mg	2	QL (90 EA per 30 days)
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	3	QL (30 EA per 30 days) ST
bupropion hydrochloride er (xl) tb24 300mg	2	QL (30 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL (90 EA per 30 days)
bupropion hydrochloride tabs 100mg, 75mg	2	
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 5MG, 25MG; 10MG	2	
mirtazapine odt tbdp 15mg, 30mg, 45mg	2	
mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg	2	
olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg	2	QL (30 EA per 30 days)
olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg	2	QL (90 EA per 30 days)
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG, 10MG; 4MG, 25MG; 2MG, 25MG; 4MG, 50MG; 4MG	2	

Drug Name	Drug Tier	Requirements/Limits
QUETIAPINE FUMARATE TABS 150MG	2	QL (90 EA per 30 days)
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	4	ST
REMERON TABS 15MG, 30MG	4	ST
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL (30 EA per 30 days) ST NDS
MARPLAN TABS 10MG	3	ST
NARDIL TABS 15MG	4	ST
phenelzine sulfate tabs 15mg	2	
tranylcypromine sulfate tabs 10mg	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
CELEXA TABS 10MG, 20MG, 40MG	4	ST
CITALOPRAM HYDROBROMIDE CAPS 30MG	3	ST
citalopram hydrobromide soln 10mg/5ml	2	
citalopram hydrobromide tabs 10mg, 20mg, 40mg	1	
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	3	QL (30 EA per 30 days) ST
desvenlafaxine er tb24 100mg	2	QL (120 EA per 30 days)
desvenlafaxine er tb24 25mg, 50mg	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL (90 EA per 30 days)
DULOXETINE HYDROCHLORIDE DR CPEP 40MG	2	QL (90 EA per 30 days)
duloxetine hydrochloride dr cpep 20mg, 60mg	2	QL (60 EA per 30 days)
duloxetine hydrochloride dr cpep 30mg	2	QL (90 EA per 30 days)
escitalopram oxalate soln 5mg/5ml	2	
escitalopram oxalate tabs 10mg, 20mg	1	
escitalopram oxalate tabs 5mg	2	
FETZIMA TITRATION PACK C4PK 0	3	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST
FLUOXETINE DR CPDR 90MG	2	QL (4 EA per 28 days)
fluoxetine hydrochloride caps 10mg	1	
fluoxetine hydrochloride caps 20mg, 40mg	2	
fluoxetine hydrochloride soln 20mg/5ml	2	
FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG	2	
fluoxetine hydrochloride tabs 10mg, 20mg, 60mg	2	
fluvoxamine maleate er cp24 100mg, 150mg	2	QL (60 EA per 30 days)
fluvoxamine maleate tabs 100mg, 25mg, 50mg	2	
NEFAZODONE HYDROCHLORIDE TABS 100MG, 150MG, 200MG, 250MG, 50MG	2	
paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg	2	
paroxetine hcl tabs 30mg	1	
paroxetine hcl tabs 40mg	2	
PAROXETINE HYDROCHLORIDE SUSP 10MG/5ML	2	
paroxetine hydrochloride tabs 10mg	1	
paroxetine hydrochloride tabs 20mg	2	
paroxetine caps 7.5mg	2	QL (30 EA per 30 days)
PAXIL CR TB24 12.5MG, 25MG, 37.5MG	4	ST

Drug Name	Drug Tier	Requirements/Limits
PAXIL TABS 10MG, 20MG, 30MG, 40MG	4	ST
PRISTIQ TB24 100MG	4	QL (120 EA per 30 days) ST
PRISTIQ TB24 25MG, 50MG	4	QL (30 EA per 30 days) ST
sertraline hcl conc 20mg/ml	2	
sertraline hcl tabs 50mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150MG, 200MG	3	ST
sertraline hydrochloride tabs 100mg, 25mg	1	
trazodone hydrochloride tabs 100mg, 150mg, 300mg, 50mg	2	
TRINTELLIX TABS 10MG, 20MG, 5MG	3	QL (30 EA per 30 days) ST
venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg	2	
venlafaxine hydrochloride er tb24 150mg, 225mg, 37.5mg, 75mg	2	
venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
VIIBRYD TABS 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST
Tricyclics		
amitriptyline hcl tabs 150mg	2	
amitriptyline hydrochloride tabs 10mg, 25mg	1	
amitriptyline hydrochloride tabs 100mg, 50mg, 75mg	2	
amoxapine tabs 100mg, 150mg, 25mg, 50mg	2	
clomipramine hydrochloride caps 25mg, 50mg, 75mg	2	
desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	2	
doxepin hcl caps 75mg	2	
doxepin hcl conc 10mg/ml	1	
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	2	
imipramine hcl tabs 25mg, 50mg	2	
imipramine hydrochloride tabs 10mg	1	
imipramine pamoate caps 100mg, 125mg, 150mg, 75mg	2	
NORPRAMIN TABS 10MG, 25MG	4	ST
nortriptyline hcl caps 25mg, 75mg	2	
nortriptyline hcl soln 10mg/5ml	2	
nortriptyline hydrochloride caps 10mg	1	
nortriptyline hydrochloride caps 50mg	2	
protriptyline hcl tabs 10mg, 5mg	2	
trimipramine maleate caps 100mg, 25mg, 50mg	2	
Antiemetics		
Antiemetics, Other		
meclizine hcl tabs 12.5mg	1	
meclizine hcl tabs 25mg	2	
prochlorperazine maleate tabs 10mg, 5mg	1	
scopolamine pt72 1mg/3days	2	
Emetogenic Therapy Adjuncts		
dronabinol caps 2.5mg, 5mg	1	QL (60 EA per 30 days) PA
dronabinol caps 10mg	2	QL (60 EA per 30 days) PA
ondansetron hcl soln 4mg/5ml	2	QL (450 ML per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
ondansetron hydrochloride tabs 4mg, 8mg	1	B/D
ondansetron odt tbdp 4mg, 8mg	1	B/D
Antifungals		
Antifungals		
clotrimazole crea 1%	1	QL (90 GM per 30 days)
fluconazole susr 10mg/ml, 40mg/ml	2	
fluconazole tabs 100mg, 150mg, 200mg, 50mg	2	
ketoconazole crea 2%	2	QL (90 GM per 30 days)
ketoconazole foam 2%	2	
ketoconazole sham 2%	2	
nystatin crea 100000unit/gm	1	
nystatin powd 100000unit/gm	2	QL (120 GM per 30 days)
Antigout Agents		
Antigout Agents		
allopurinol tabs 100mg, 300mg	1	
allopurinol tabs 200mg	3	
colchicine caps 0.6mg	3	
colchicine tabs 0.6mg	2	
MITIGARE CAPS 0.6MG	3	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 28 days) PA
AJOVY INJ 225MG/1.5ML	3	QL (4.5 ML per 84 days) PA
EMGALITY INJ 120MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
NURTEC TBDP 75MG	5	QL (18 EA per 30 days) PA NDS
Ergot Alkaloids		
dihydroergotamine mesylate soln 4mg/ml	5	QL (8 ML per 30 days) PA NDS
ERGOTAMINE TARTRATE/CAFFEINE TABS 100MG; 1MG	2	QL (24 EA per 28 days)
MIGERGOT SUPP 100MG; 2MG	5	QL (20 EA per 28 days) NDS
Serotonin (5-HT) Receptor Agonist		
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABS 100MG	3	QL (8 EA per 30 days) PA
rizatriptan benzoate odt tbdp 10mg, 5mg	2	QL (18 EA per 30 days)
rizatriptan benzoate tabs 10mg, 5mg	2	QL (18 EA per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	2	QL (5 ML per 30 days)
sumatriptan succinate tabs 25mg, 50mg	1	QL (9 EA per 30 days)
sumatriptan succinate tabs 100mg	2	QL (9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tbcr 180mg	2	
pyridostigmine bromide soln 60mg/5ml	2	
PYRIDOSTIGMINE BROMIDE TABS 30MG	2	
pyridostigmine bromide tabs 60mg	2	
Antimycobacterials		

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials, Other		
dapsone tabs 100mg, 25mg	2	
rifabutin caps 150mg	2	
Antituberculars		
ethambutol hydrochloride tabs 100mg, 400mg	2	
rifampin caps 150mg, 300mg	2	
rifampin inj 600mg	2	
Antineoplastics		
Alkylating Agents		
cyclophosphamide caps 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	3	B/D
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
LEUKERAN TABS 2MG	5	NDS
MATULANE CAPS 50MG	5	NDS
VALCHLOR GEL 0.016%	5	PA NDS
Antiandrogens		
abiraterone acetate tabs 250mg	2	PA
abiraterone acetate tabs 500mg	5	PA NDS
bicalutamide tabs 50mg	2	
CASODEX TABS 50MG	5	NDS
ERLEADA TABS 60MG	5	PA NDS
NILANDRON TABS 150MG	5	NDS
nilutamide tabs 150mg	5	NDS
NUBEQA TABS 300MG	5	PA NDS
XTANDI CAPS 40MG	5	PA NDS
XTANDI TABS 40MG, 80MG	5	PA NDS
YONSA TABS 125MG	5	PA NDS
Antiangiogenic Agents		
lenalidomide caps 10mg, 15mg, 25mg, 5mg	5	PA NDS
POMALYST CAPS 3MG, 4MG	5	PA NDS
POMALYST CAPS 1MG, 2MG	5	QL (30 EA per 30 days) PA NDS
REVLIMID CAPS 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG	5	PA NDS
THALOMID CAPS 100MG, 50MG	5	PA NDS
Antiestrogens/Modifiers		
SOLTAMOX SOLN 10MG/5ML	5	NDS
tamoxifen citrate tabs 10mg, 20mg	2	
toremifene citrate tabs 60mg	5	NDS
Antimetabolites		
HYDREA CAPS 500MG	4	
hydroxyurea caps 500mg	2	
mercaptopurine tabs 50mg	2	
PURIXAN SUSP 2000MG/100ML	5	NDS
TABLOID TABS 40MG	5	NDS
Antineoplastics, Other		
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NDS
INREBIC CAPS 100MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	PA NDS
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	PA NDS
leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg	2	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA NDS
LYSODREN TABS 500MG	5	NDS
ONUREG TABS 200MG, 300MG	5	PA NDS
VONJO CAPS 100MG	5	PA NDS
ZOLINZA CAPS 100MG	5	PA NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs 1mg	2	
AROMASIN TABS 25MG	5	NDS
exemestane tabs 25mg	2	
letrozole tabs 2.5mg	2	
Molecular Target Inhibitors		
ALECENSA CAPS 150MG	5	PA NDS
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA NDS
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA NDS
ALUNBRIG TBPK 0	5	QL (60 EA per 365 days) PA NDS
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL (30 EA per 30 days) PA NDS
BALVERSA TABS 3MG, 4MG, 5MG	5	PA NDS
BOSULIF TABS 100MG, 400MG, 500MG	5	PA NDS
BRAFTOVI CAPS 75MG	5	PA NDS
BRUKINSA CAPS 80MG	5	PA NDS
CABOMETYX TABS 40MG, 60MG	5	PA NDS
CABOMETYX TABS 20MG	5	QL (30 EA per 30 days) PA NDS
CAPRELSA TABS 300MG	5	PA NDS
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA NDS
COMETRIQ KIT 0, 20MG	5	PA NDS
COPIKTRA CAPS 15MG, 25MG	5	PA NDS
COTELLIC TABS 20MG	5	PA NDS
DAURISMO TABS 100MG, 25MG	5	PA NDS
ERIVEDGE CAPS 150MG	5	PA NDS
erlotinib hydrochloride tabs 100mg, 150mg, 25mg	5	PA NDS
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	5	QL (30 EA per 30 days) PA NDS
everolimus tbso 2mg, 3mg, 5mg	5	PA NDS
FOTIVDA CAPS 0.89MG, 1.34MG	5	PA NDS
GAVRETO CAPS 100MG	5	PA NDS
GILOTRIF TABS 20MG, 30MG, 40MG	5	QL (30 EA per 30 days) PA NDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NDS
ICLUSIG TABS 30MG, 45MG	5	PA NDS
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA NDS
IDHIFA TABS 100MG, 50MG	5	QL (30 EA per 30 days) PA NDS
imatinib mesylate tabs 100mg, 400mg	2	PA NDS
IMBRUVICA CAPS 140MG	5	QL (120 EA per 30 days) PA NDS
IMBRUVICA CAPS 70MG	5	QL (28 EA per 28 days) PA NDS
IMBRUVICA TABS 420MG	5	PA NDS
INLYTA TABS 1MG, 5MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
INQOVI TABS 100MG; 35MG	5	PA NDS
IRESSA TABS 250MG	5	PA NDS
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA NDS
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA NDS
KISQALI TBPK 200MG	5	PA NDS
KOSELUGO CAPS 10MG, 25MG	5	PA NDS
lapatinib ditosylate tabs 250mg	5	PA NDS
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA NDS
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA NDS
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA NDS
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA NDS
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA NDS
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA NDS
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA NDS
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA NDS
LORBRENA TABS 100MG, 25MG	5	PA NDS
LUMAKRAS TABS 120MG	5	PA NDS
LYNPARZA TABS 100MG, 150MG	5	PA NDS
MEKINIST TABS 0.5MG, 2MG	5	PA NDS
MEKTOVI TABS 15MG	5	PA NDS
NERLYNX TABS 40MG	5	QL (180 EA per 30 days) PA NDS
NEXAVAR TABS 200MG	5	PA NDS
NINLARO CAPS 2.3MG, 3MG, 4MG	5	PA NDS
ODOMZO CAPS 200MG	5	PA NDS
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	QL (30 EA per 30 days) PA NDS
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA NDS
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA NDS
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA NDS
QINLOCK TABS 50MG	5	PA NDS
ROZLYTREK CAPS 100MG, 200MG	5	PA NDS
RUBRACA TABS 250MG, 300MG	5	PA NDS
RUBRACA TABS 200MG	5	QL (120 EA per 30 days) PA NDS
RYDAPT CAPS 25MG	5	PA NDS
SCEMBLIX TABS 40MG	5	QL (240 EA per 30 days) PA NDS
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA NDS
SPRYCEL TABS 100MG, 140MG, 20MG, 50MG, 70MG, 80MG	5	PA NDS
STIVARGA TABS 40MG	5	PA NDS
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	5	PA NDS
TABRECTA TABS 150MG, 200MG	5	QL (120 EA per 30 days) PA NDS
TAFINLAR CAPS 50MG, 75MG	5	PA NDS
TAGRISSO TABS 80MG	5	PA NDS
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA NDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NDS
TASIGNA CAPS 150MG, 200MG, 50MG	5	PA NDS
TAZVERIK TABS 200MG	5	PA NDS
TEPMETKO TABS 225MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO TABS 250MG	5	PA NDS
TUKYSA TABS 150MG, 50MG	5	PA NDS
VENCLEXTA STARTING PACK TBPK 0	5	PA NDS
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA NDS
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	PA NDS
VITRAKVI CAPS 100MG, 25MG	5	PA NDS
VITRAKVI SOLN 20MG/ML	5	PA NDS
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA NDS
VOTRIENT TABS 200MG	5	PA NDS
XALKORI CAPS 200MG, 250MG	5	PA NDS
XOSPATA TABS 40MG	5	PA NDS
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA NDS
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA NDS
XPOVIO TBPK 40MG, 50MG, 60MG	5	PA NDS
ZELBORAF TABS 240MG	5	PA NDS
ZYDELIG TABS 100MG, 150MG	5	PA NDS
ZYKADIA TABS 150MG	5	PA NDS
Retinoids		
bexarotene caps 75mg	5	PA NDS
PANRETIN GEL 0.1%	5	NDS
tretinoin caps 10mg	5	NDS
Treatment Adjuncts		
MESNEX TABS 400MG	5	NDS
Antiparasitics		
Anthelmintics		
albendazole tabs 200mg	2	
ivermectin tabs 3mg	2	PA
Antiprotozoals		
atovaquone/proguanil hcl tabs 62.5mg; 25mg	2	
atovaquone/proguanil hydrochloride tabs 250mg; 100mg	2	
hydroxychloroquine sulfate tabs 100mg, 200mg, 300mg, 400mg	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs 1mg	1	
benztropine mesylate tabs 0.5mg, 2mg	2	
TRIHEXYPHENIDYL HCL SOLN 0.4MG/ML	2	
trihexyphenidyl hydrochloride tabs 2mg	1	
trihexyphenidyl hydrochloride tabs 5mg	2	
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg	2	
entacapone tabs 200mg	2	
GOCOVRI CP24 137MG, 68.5MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
Dopamine Agonists		
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	
pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	
ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg	2	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tabs 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tbcr 25mg; 100mg, 50mg; 200mg	2	
CARBIDOPA/LEVODOPA ODT TBDP 10MG; 100MG, 25MG; 100MG, 25MG; 250MG	2	
carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
INBRIJA CAPS 42MG	5	PA NDS
RYTARY CPCR 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	
SINEMET TABS 25MG; 100MG	3	
SINEMET TABS 10MG; 100MG	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs 0.5mg, 1mg	2	
selegiline hcl caps 5mg	2	
selegiline hcl tabs 5mg	2	
Antipsychotics		
1st Generation/Typical		
CHLORPROMAZINE HYDROCHLORIDE CONC 100MG/ML, 30MG/ML	2	
chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg	2	
fluphenazine decanoate inj 25mg/ml	2	
FLUPHENAZINE HCL CONC 5MG/ML	2	
FLUPHENAZINE HYDROCHLORIDE ELIX 2.5MG/5ML	2	
FLUPHENAZINE HYDROCHLORIDE INJ 2.5MG/ML	2	
fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg	2	
HALDOL DECANOATE 100 INJ 100MG/ML	4	
haloperidol decanoate inj 100mg/ml, 50mg/ml	2	
haloperidol lactate inj 5mg/ml	2	
haloperidol conc 2mg/ml	2	
haloperidol tabs 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	2	
loxapine caps 10mg, 25mg, 50mg, 5mg	2	
molindone hydrochloride tabs 10mg, 25mg, 5mg	2	
perphenazine tabs 16mg, 2mg, 4mg, 8mg	2	
PIMOZIDE TABS 1MG, 2MG	2	
thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg	2	
thiothixene caps 10mg, 1mg, 2mg, 5mg	2	
trifluoperazine hcl tabs 10mg, 2mg, 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
trifluoperazine hydrochloride tabs 1mg	2	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG, 400MG	5	NDS
aripiprazole odt tbdp 10mg, 15mg	2	QL (60 EA per 30 days)
aripiprazole soln 1mg/ml	2	QL (750 ML per 30 days)
aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	2	QL (30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	NDS
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NDS
asenapine maleate sl subl 10mg, 2.5mg, 5mg	2	QL (60 EA per 30 days)
CAPLYTA CAPS 42MG	5	QL (30 EA per 30 days) PA NDS
FANAPT TITRATION PACK A TABS 0	3	QL (16 EA per 365 days) ST
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST NDS
GEODON INJ 20MG	4	QL (60 EA per 30 days)
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	5	ST NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	ST NDS
INVEGA TB24 3MG, 9MG	4	QL (30 EA per 30 days) ST
INVEGA TB24 6MG	4	QL (60 EA per 30 days) ST
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) NDS
LATUDA TABS 80MG	5	QL (60 EA per 30 days) NDS
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL (30 EA per 30 days) ST NDS
NUPLAZID CAPS 34MG	5	PA NDS
NUPLAZID TABS 10MG	5	PA NDS
olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg	2	QL (30 EA per 30 days)
olanzapine inj 10mg	2	
olanzapine tabs 7.5mg	1	QL (30 EA per 30 days)
olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg	2	QL (30 EA per 30 days)
paliperidone er tb24 1.5mg, 3mg, 9mg	2	QL (30 EA per 30 days)
paliperidone er tb24 6mg	2	QL (60 EA per 30 days)
PERSERIS INJ 120MG, 90MG	5	NDS
quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg	2	QL (60 EA per 30 days)
quetiapine fumarate er tb24 200mg	2	QL (90 EA per 30 days)
quetiapine fumarate tabs 300mg, 400mg	2	QL (60 EA per 30 days)
quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg	2	QL (90 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL (30 EA per 30 days) NDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	NDS
RISPERDAL SOLN 1MG/ML	4	QL (240 ML per 30 days)
RISPERDAL TABS 0.5MG, 1MG, 2MG, 3MG, 4MG	4	QL (60 EA per 30 days)
RISPERIDONE ODT TBDP 0.25MG	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg	2	QL (60 EA per 30 days)
risperidone soln 1mg/ml	2	QL (240 ML per 30 days)
risperidone tabs 1mg	1	QL (60 EA per 30 days)
risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg	2	QL (60 EA per 30 days)
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) ST NDS
SEROQUEL TABS 300MG, 400MG	4	QL (60 EA per 30 days)
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	4	QL (90 EA per 30 days)
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) NDS
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	2	QL (60 EA per 30 days)
ziprasidone mesylate inj 20mg	2	QL (60 EA per 30 days)
ZYPREXA INJ 10MG	4	
Treatment-Resistant		
CLOZAPINE ODT TBDP 12.5MG	2	QL (90 EA per 30 days)
clozapine odt tbdp 200mg	2	QL (120 EA per 30 days)
clozapine odt tbdp 150mg	2	QL (180 EA per 30 days)
clozapine odt tbdp 100mg, 25mg	2	QL (270 EA per 30 days)
clozapine tabs 200mg	2	QL (120 EA per 30 days)
clozapine tabs 50mg	2	QL (180 EA per 30 days)
clozapine tabs 100mg, 25mg	2	QL (270 EA per 30 days)
CLOZARIL TABS 25MG	4	QL (270 EA per 30 days)
CLOZARIL TABS 100MG	5	QL (270 EA per 30 days) NDS
VERSACLOZ SUSP 50MG/ML	5	QL (540 ML per 30 days) NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen tabs 10mg, 15mg, 20mg, 5mg	2	
tizanidine hcl tabs 2mg	2	
tizanidine hydrochloride caps 2mg, 4mg, 6mg	2	
tizanidine hydrochloride tabs 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS TABS 240MG, 480MG	5	NDS
valganciclovir hydrochloride solr 50mg/ml	5	NDS
valganciclovir tabs 450mg	2	
Anti-hepatitis B (HBV) Agents		
entecavir tabs 0.5mg, 1mg	2	QL (30 EA per 30 days)
lamivudine tabs 100mg	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA NDS
HARVONI TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA NDS
LEDIPASVIR/SOFOSBUVIR TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA NDS
MAVYRET TABS 100MG; 40MG	5	QL (336 EA per 365 days) PA NDS
RIBAVIRIN CAPS 200MG	2	
RIBAVIRIN TABS 200MG	2	
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA NDS
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL (30 EA per 30 days) NDS
DOVATO TABS 50MG; 300MG	5	QL (30 EA per 30 days) NDS
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days) NDS
ISENTRESS HD TABS 600MG	5	QL (60 EA per 30 days) NDS
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) NDS
ISENTRESS PACK 100MG	5	QL (60 EA per 30 days) NDS
ISENTRESS TABS 400MG	5	QL (60 EA per 30 days) NDS
JULUCA TABS 50MG; 25MG	5	QL (30 EA per 30 days) NDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days) NDS
TIVICAY PD TBSO 5MG	5	QL (180 EA per 30 days) NDS
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABS 200MG; 25MG; 300MG	5	QL (30 EA per 30 days) NDS
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (30 EA per 30 days) NDS
EDURANT TABS 25MG	5	QL (30 EA per 30 days) NDS
efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg	2	QL (30 EA per 30 days) NDS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABS 400MG; 300MG; 300MG	5	QL (30 EA per 30 days) NDS
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg	5	QL (30 EA per 30 days) NDS
efavirenz tabs 600mg	2	QL (30 EA per 30 days)
etravirine tabs 100mg, 200mg	5	QL (60 EA per 30 days) NDS
INTELENCE TABS 25MG	3	QL (120 EA per 30 days)
nevirapine er tb24 400mg	2	QL (30 EA per 30 days)
NEVIRAPINE SUSP 50MG/5ML	2	QL (1200 ML per 30 days)
nevirapine tabs 200mg	2	QL (60 EA per 30 days)
PIFELTRO TABS 100MG	5	QL (30 EA per 30 days) NDS
SYMFI TABS 600MG; 300MG; 300MG	5	QL (30 EA per 30 days) NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tabs 600mg; 300mg	2	QL (30 EA per 30 days)
abacavir soln 20mg/ml	2	QL (960 ML per 30 days)
abacavir tabs 300mg	2	QL (60 EA per 30 days)
CIMDUO TABS 300MG; 300MG	5	QL (30 EA per 30 days) NDS
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	5	QL (30 EA per 30 days) NDS
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	2	QL (30 EA per 30 days) NDS
emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg	5	QL (30 EA per 30 days) NDS
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	2	QL (30 EA per 30 days)
emtricitabine caps 200mg	2	QL (30 EA per 30 days)
EMTRIVA CAPS 200MG	4	QL (30 EA per 30 days)
EMTRIVA SOLN 10MG/ML	3	QL (850 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR SOLN 10MG/ML	4	QL (960 ML per 30 days)
EPIVIR TABS 300MG	4	QL (30 EA per 30 days)
EPIVIR TABS 150MG	4	QL (60 EA per 30 days)
lamivudine/zidovudine tabs 150mg; 300mg	2	QL (60 EA per 30 days)
lamivudine soln 10mg/ml	2	QL (960 ML per 30 days)
lamivudine tabs 300mg	2	QL (30 EA per 30 days)
lamivudine tabs 150mg	2	QL (60 EA per 30 days)
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (30 EA per 30 days) NDS
RETROVIR CAPS 100MG	4	QL (180 EA per 30 days)
RETROVIR SYRP 50MG/5ML	4	QL (1920 ML per 30 days)
tenofovir disoproxil fumarate tabs 300mg	2	QL (30 EA per 30 days)
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	3	QL (180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL (30 EA per 30 days) NDS
VIREAD POWD 40MG/GM	5	QL (240 GM per 30 days) NDS
VIREAD TABS 150MG, 200MG, 250MG	5	QL (30 EA per 30 days) NDS
ZIAGEN SOLN 20MG/ML	4	QL (960 ML per 30 days)
zidovudine caps 100mg	2	QL (180 EA per 30 days)
zidovudine syrp 50mg/5ml	2	QL (1920 ML per 30 days)
zidovudine tabs 300mg	2	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
maraviroc tabs 300mg	5	QL (120 EA per 30 days) NDS
maraviroc tabs 150mg	5	QL (60 EA per 30 days) NDS
RUKOBIA TB12 600MG	5	QL (60 EA per 30 days) NDS
SELZENTRY SOLN 20MG/ML	5	NDS
TYBOST TABS 150MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	5	QL (120 EA per 30 days) NDS
atazanavir sulfate caps 300mg	2	QL (30 EA per 30 days)
atazanavir caps 150mg	2	
atazanavir caps 200mg	2	QL (60 EA per 30 days)
EVOTAZ TABS 300MG; 150MG	5	QL (30 EA per 30 days) NDS
fosamprenavir calcium tabs 700mg	5	QL (120 EA per 30 days) NDS
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
KALETRA TABS 200MG; 50MG	2	
KALETRA TABS 100MG; 25MG	4	
lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg	2	
NORVIR PACK 100MG	3	QL (360 EA per 30 days)
NORVIR TABS 100MG	4	QL (360 EA per 30 days)
PREZCOBIX TABS 150MG; 800MG	5	QL (30 EA per 30 days) NDS
PREZISTA SUSP 100MG/ML	5	QL (400 ML per 30 days) NDS
PREZISTA TABS 75MG	3	QL (300 EA per 30 days)
PREZISTA TABS 150MG	5	QL (180 EA per 30 days) NDS
REYATAZ CAPS 300MG	5	QL (30 EA per 30 days) NDS
REYATAZ CAPS 200MG	5	QL (60 EA per 30 days) NDS
REYATAZ PACK 50MG	5	QL (180 EA per 30 days) NDS
ritonavir tabs 100mg	2	QL (360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 625MG	5	QL (120 EA per 30 days) NDS
VIRACEPT TABS 250MG	5	QL (300 EA per 30 days) NDS
Anti-influenza Agents		
amantadine hcl caps 100mg	2	
amantadine hcl soln 50mg/5ml	2	
amantadine hcl tabs 100mg	2	
oseltamivir phosphate caps 75mg	2	QL (110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL (168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL (84 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	2	QL (1080 ML per 365 days)
XOFLUZA TBPK 40MG, 80MG	3	
Antiherpetic Agents		
acyclovir caps 200mg	1	
acyclovir susp 200mg/5ml	2	
acyclovir tabs 800mg	1	
acyclovir tabs 400mg	2	
valacyclovir hydrochloride tabs 1gm, 500mg	2	QL (120 EA per 30 days)
Antiviral, Coronavirus Agents		
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days); $0 Copay
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days); $0 Copay
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	2	
buspirone hydrochloride tabs 10mg, 30mg	1	
buspirone hydrochloride tabs 5mg, 7.5mg	2	
meprobamate tabs 200mg, 400mg	2	
Benzodiazepines		
alprazolam er tb24 2mg	2	QL (150 EA per 30 days)
alprazolam er tb24 0.5mg, 1mg	2	QL (30 EA per 30 days)
alprazolam er tb24 3mg	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	
alprazolam odt tbdp 0.25mg, 0.5mg, 1mg	2	QL (120 EA per 30 days)
alprazolam odt tbdp 2mg	2	QL (150 EA per 30 days)
alprazolam tabs 0.25mg, 0.5mg, 1mg	1	QL (120 EA per 30 days)
alprazolam tabs 2mg	1	QL (150 EA per 30 days)
chlordiazepoxide hcl caps 10mg	1	QL (900 EA per 30 days)
chlordiazepoxide hcl caps 5mg	2	QL (120 EA per 30 days)
chlordiazepoxide hydrochloride caps 25mg	1	QL (360 EA per 30 days)
clorazepate dipotassium tabs 15mg	2	QL (180 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	2	QL (360 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	2	QL (720 EA per 30 days)
diazepam intensol conc 5mg/ml	2	
diazepam soln 5mg/5ml	2	
diazepam tabs 10mg	1	QL (120 EA per 30 days)
diazepam tabs 5mg	1	QL (240 EA per 30 days)
diazepam tabs 2mg	1	QL (300 EA per 30 days)
lorazepam intensol conc 2mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
lorazepam tabs 2mg	1	QL (150 EA per 30 days)
lorazepam tabs 0.5mg, 1mg	1	QL (90 EA per 30 days)
oxazepam caps 10mg, 15mg, 30mg	2	QL (120 EA per 30 days)
VALIUM TABS 10MG	4	QL (120 EA per 30 days)
VALIUM TABS 5MG	4	QL (240 EA per 30 days)
VALIUM TABS 2MG	4	QL (300 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO CP12 100MG, 200MG, 300MG	3	
lithium carbonate er tbcr 300mg, 450mg	2	
LITHIUM CARBONATE CAPS 600MG	2	
lithium carbonate caps 150mg, 300mg	1	
lithium carbonate tabs 300mg	1	
Blood Glucose Regulators		
Antidiabetic Agents		
glimepiride tabs 1mg, 2mg, 4mg	1	
GLIPIZIDE TABS 2.5MG	2	
glipizide tabs 10mg, 5mg	1	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	3	
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	
JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABS 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABS 100MG, 25MG, 50MG	3	QL (30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG	3	
metformin hydrochloride er tb24 500mg, 750mg	1	
metformin hydrochloride er tb24 1000mg, 500mg	2	
metformin hydrochloride er tb24 1000mg, 500mg	2	PA
metformin hydrochloride soln 500mg/5ml	2	
METFORMIN HYDROCHLORIDE TABS 625MG	5	PA NDS
metformin hydrochloride tabs 1000mg, 500mg, 850mg	1	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
SEGLUROMET TABS 2.5MG; 1000MG, 2.5MG; 500MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	ST
SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	
STEGLUJAN TABS 15MG; 100MG, 5MG; 100MG	3	ST
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABS 5MG	3	QL (30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA
VICTOZA INJ 18MG/3ML	3	QL (9 ML per 30 days) PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
XULTOPHY 100/3.6 INJ 100UNIT/ML; 3.6MG/ML	3	
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	5	NDS
glucagon emergency kit for low blood sugar inj 1mg	2	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
PROGLYCEM SUSP 50MG/ML	5	NDS
Insulins		
ADMELOG SOLOSTAR INJ 100UNIT/ML	4	ST
ADMELOG INJ 100UNIT/ML	4	ST
AFREZZA POWD 4UNIT, 8UNIT	3	PA
AFREZZA POWD 0, 12UNIT	5	PA NDS
APIDRA SOLOSTAR INJ 100UNIT/ML	3	
APIDRA INJ 100UNIT/ML	3	
BASAGLAR KWIKPEN INJ 100UNIT/ML	3	ST
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	5	NDS
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	5	NDS
HUMULIN R INJ 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE-YFGN INJ 100UNIT/ML	3	ST
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJ 100UNIT/ML	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJ 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate caps 110mg, 150mg, 75mg	2	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TBPK 5MG	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
FRAGMIN INJ 2500UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg	1	
jantoven tabs 1mg, 7.5mg	2	
PRADAXA CAPS 110MG, 150MG, 75MG	4	QL (60 EA per 30 days)
warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg	1	
warfarin sodium tabs 1mg, 7.5mg	2	
XARELTO STARTER PACK TBPK 0	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 2.5MG	3	QL (360 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride caps 0.5mg, 1mg	2	

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA NDS
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FULPHILA INJ 6MG/0.6ML	5	PA NDS
NEULASTA INJ 6MG/0.6ML	5	PA NDS
NEUPOGEN INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	ST NDS
NIVESTYM INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	NDS
NYVEPRIA INJ 6MG/0.6ML	5	PA NDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA NDS
PROMACTA PACK 12.5MG	5	PA NDS
PROMACTA TABS 12.5MG, 25MG, 50MG, 75MG	5	PA NDS
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	5	PA NDS
UDENYCA INJ 6MG/0.6ML	5	PA NDS
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	NDS
ZIEXTENZO INJ 6MG/0.6ML	5	PA NDS
Hemostasis Agents		
tranexamic acid tabs 650mg	2	
Platelet Modifying Agents		
BRILINTA TABS 60MG, 90MG	3	
clopidogrel tabs 75mg	2	
TAVALISSE TABS 100MG, 150MG	5	PA NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg	1	
midodrine hydrochloride tabs 10mg, 2.5mg, 5mg	2	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hydrochloride caps 10mg	5	PA NDS
prazosin hydrochloride caps 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
EDARBI TABS 40MG, 80MG	3	
irbesartan tabs 150mg, 300mg, 75mg	2	
losartan potassium tabs 100mg, 25mg, 50mg	1	
olmesartan medoxomil tabs 20mg, 40mg, 5mg	2	
valsartan tabs 160mg, 320mg, 40mg, 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
Angiotensin-converting Enzyme (ACE) Inhibitors		
lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
ramipril caps 10mg, 2.5mg, 5mg	1	
ramipril caps 1.25mg	2	
Antiarrhythmics		
amiodarone hydrochloride tabs 100mg, 200mg, 400mg	2	
DIGOXIN SOLN 0.05MG/ML	2	
digoxin tabs 125mcg, 250mcg	2	
flecainide acetate tabs 100mg, 150mg, 50mg	2	
MULTAQ TABS 400MG	3	
pacerone tabs 100mg, 200mg, 400mg	4	
Beta-adrenergic Blocking Agents		
atenolol tabs 100mg, 25mg, 50mg	1	
carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg	1	
metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg	2	
metoprolol tartrate tabs 100mg, 25mg, 50mg	1	
metoprolol tartrate tabs 37.5mg, 75mg	2	
nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg	2	
propranolol hcl tabs 40mg	2	
propranolol hydrochloride tabs 10mg	1	
propranolol hydrochloride tabs 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs 10mg, 2.5mg, 5mg	1	
nifedipine er tb24 30mg, 60mg, 90mg	2	
nifedipine caps 10mg, 20mg	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg	2	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl er tbcr 120mg	2	
verapamil hcl sr cp24 120mg, 180mg, 240mg	2	
verapamil hcl tabs 80mg	1	
verapamil hcl tabs 40mg	2	
verapamil hydrochloride er tbcr 180mg, 240mg	2	
verapamil hydrochloride tabs 120mg	1	
Cardiovascular Agents, Other		
BIDIL TABS 37.5MG; 20MG	3	
CORLANOR TABS 5MG, 7.5MG	3	QL (60 EA per 30 days)
EDARBYCLOR TABS 40MG; 12.5MG, 40MG; 25MG	3	
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL (60 EA per 30 days)
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
ranolazine er tb12 1000mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg	1	
Diuretics, Loop		
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 1mg	1	
bumetanide tabs 0.5mg, 2mg	2	
furosemide inj 10mg/ml	2	
FUROSEMIDE ORAL SOLN 40MG/5ML	2	
furosemide oral soln 10mg/ml	2	
furosemide tabs 20mg, 40mg, 80mg	1	
torsemide tabs 100mg, 10mg, 20mg, 5mg	1	
Diuretics, Thiazide		
chlorthalidone tabs 25mg, 50mg	2	
hydrochlorothiazide caps 12.5mg	1	
hydrochlorothiazide tabs 12.5mg, 25mg, 50mg	1	
Dyslipidemics, Fibric Acid Derivatives		
FENOFIBRATE CAPS 150MG, 50MG	2	
fenofibrate tabs 54mg	1	
fenofibrate tabs 145mg, 160mg, 48mg	2	
gemfibrozil tabs 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	1	
LIVALO TABS 1MG, 2MG, 4MG	3	
pravastatin sodium tabs 10mg, 20mg, 40mg	1	
pravastatin sodium tabs 80mg	2	
rosuvastatin calcium tabs 10mg, 20mg, 40mg	1	
rosuvastatin calcium tabs 5mg	2	
simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg	1	
ZYPITAMAG TABS 2MG, 4MG	3	ST
Dyslipidemics, Other		
ezetimibe tabs 10mg	2	
icosapent ethyl caps 0.5gm, 1gm	2	
NEXLETOL TABS 180MG	3	QL (30 EA per 30 days) PA
NEXLIZET TABS 180MG; 10MG	3	QL (30 EA per 30 days) PA
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	2	
PRALUENT INJ 150MG/ML, 75MG/ML	3	QL (2 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJ 140MG/ML	3	QL (3 ML per 28 days) PA
REPATHA INJ 140MG/ML	3	QL (3 ML per 28 days) PA
VASCEPA CAPS 0.5GM	3	
VASCEPA CAPS 1GM	4	
Mineralocorticoid Receptor Antagonists		
eplerenone tabs 25mg, 50mg	2	
spironolactone tabs 100mg, 25mg	1	
spironolactone tabs 50mg	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		

Drug Name	Drug Tier	Requirements/Limits
FARXIGA TABS 10MG, 5MG	3	QL (30 EA per 30 days)
INVOKANA TABS 100MG, 300MG	3	QL (30 EA per 30 days)
JARDIANCE TABS 10MG, 25MG	3	QL (30 EA per 30 days)
STEGLATRO TABS 15MG	3	QL (30 EA per 30 days) ST
STEGLATRO TABS 5MG	3	QL (60 EA per 30 days) ST
Vasodilators, Direct-acting Arterial/Venous		
isosorbide mononitrate er tb24 120mg, 30mg, 60mg	1	
ISOSORBIDE MONONITRATE TABS 10MG, 20MG	2	
NITRO-BID OINT 2%	3	
nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	2	
nitroglycerin soln 0.4mg/spray	2	
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	2	
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tabs 10mg, 25mg, 50mg	1	
hydralazine hydrochloride tabs 100mg	2	
minoxidil tabs 10mg, 2.5mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 5MG; 5MG; 5MG; 5MG	4	QL (90 EA per 30 days) ST
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL (60 EA per 30 days)
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL (90 EA per 30 days)
VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	3	QL (30 EA per 30 days) PA
VYVANSE CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	2	QL (30 EA per 30 days)
atomoxetine caps 10mg	2	QL (60 EA per 30 days)
methylphenidate hydrochloride er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er (osm) tbcr 18mg, 27mg, 54mg, 72mg	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er (osm) tbcr 36mg	2	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	2	QL (30 EA per 30 days)
methylphenidate hydrochloride er tbcr 10mg	2	QL (180 EA per 30 days)
methylphenidate hydrochloride er tbcr 20mg	2	QL (90 EA per 30 days)
methylphenidate hydrochloride chew 10mg	2	QL (180 EA per 30 days)
methylphenidate hydrochloride chew 2.5mg, 5mg	2	QL (90 EA per 30 days)
methylphenidate hydrochloride soln 10mg/5ml, 5mg/5ml	2	
methylphenidate hydrochloride tabs 10mg, 20mg, 5mg	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABS 12MG, 6MG, 9MG	5	QL (120 EA per 30 days) PA NDS
butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg, 325mg; 50mg; 40mg	2	
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	
butalbital/acetaminophen caps 300mg; 50mg	2	
butalbital/acetaminophen tabs 325mg; 50mg	2	
butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg	2	
FIORICET CAPS 300MG; 50MG; 40MG	4	
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA NDS
INGREZZA CPPK 0	5	QL (56 EA per 365 days) PA NDS
NUEDEXTA CAPS 20MG; 10MG	5	PA NDS
TENCON TABS 325MG; 50MG	3	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	3	QL (110 EA per 365 days)
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	3	QL (60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA NDS
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA NDS
BETASERON INJ 0.3MG	5	QL (15 EA per 30 days) PA NDS
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA NDS
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA NDS
dalfampridine er tb12 10mg	2	QL (60 EA per 30 days) PA
dimethyl fumarate starterpack cdpk 0	2	QL (120 EA per 365 days) PA
dimethyl fumarate cpdr 120mg, 240mg	2	QL (60 EA per 30 days) PA NDS
glatiramer acetate inj 40mg/ml	5	QL (12 ML per 28 days) PA NDS
glatiramer acetate inj 20mg/ml	5	QL (30 ML per 30 days) PA NDS
glatopa inj 40mg/ml	5	QL (12 ML per 28 days) PA NDS
glatopa inj 20mg/ml	5	QL (30 ML per 30 days) PA NDS
MAYZENT STARTER PACK TBPK 0.25MG	5	QL (24 EA per 365 days) PA NDS
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA NDS
MAYZENT TABS 2MG	5	QL (30 EA per 30 days) PA NDS
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA NDS
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA NDS
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA NDS
REBIF TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA NDS
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA NDS
ZEPOSIA 7-DAY STARTER PACK CPPK 0	5	QL (14 EA per 365 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAPS 0.92MG	5	QL (30 EA per 30 days) PA NDS
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride caps 30mg	2	
chlorhexidine gluconate soln 0.12%	1	
doxycycline hyclate tabs 20mg	2	
Dermatological Agents		
Acne and Rosacea Agents		
EPIDUO FORTE GEL 0.3%; 2.5%	4	
FINACEA FOAM 15%	3	QL (50 GM per 30 days)
METROGEL GEL 1%	4	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%, 1%	2	
metronidazole lotn 0.75%	2	
tretinoin crea 0.025%, 0.05%, 0.1%	2	PA
tretinoin gel 0.01%, 0.025%, 0.05%	2	PA
Dermatitis and Pruritus Agents		
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	2	
clobetasol propionate gel 0.05%	2	
clobetasol propionate liqd 0.05%	2	
clobetasol propionate lotn 0.05%	2	
clobetasol propionate oint 0.05%	2	
clobetasol propionate sham 0.05%	2	
clobetasol propionate soln 0.05%	2	
CLOBEX LIQD 0.05%	4	
CLOBEX LOTN 0.05%	4	
clodan sham 0.05%	2	
EUCRISA OINT 2%	3	PA
hydrocortisone crea 1%	1	
mometasone furoate crea 0.1%	2	
triamcinolone acetonide crea 0.025%, 0.1%	1	
triamcinolone acetonide crea 0.5%	2	
triamcinolone acetonide lotn 0.025%, 0.1%	2	
triamcinolone acetonide oint 0.025%, 0.1%	1	
triamcinolone acetonide oint 0.05%, 0.5%	2	
Dermatological Agents, Other		
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	1	QL (90 GM per 30 days)
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN 0.05%; 1%	2	QL (60 ML per 30 days)
fluorouracil crea 5%	2	QL (40 GM per 30 days)
FLUOROURACIL SOLN 2%	2	
fluorouracil soln 5%	2	
imiquimod crea 5%	2	QL (48 EA per 30 days)
PROCTOFOAM HC FOAM 1%; 1%	3	
REGRANEX GEL 0.01%	5	PA NDS
SANTYL OINT 250UNIT/GM	3	

Drug Name	Drug Tier	Requirements/Limits
VECTICAL OINT 3MCG/GM	3	
Pediculicides/Scabicides		
ivermectin crea 1%	2	QL (45 GM per 30 days)
permethrin crea 5%	2	
Topical Anti-infectives		
ciclopirox olamine crea 0.77%	2	
clindamycin phosphate foam 1%	2	
clindamycin phosphate gel 1%	2	
clindamycin phosphate lotn 1%	2	QL (75 ML per 30 days)
clindamycin phosphate soln 1%	2	QL (60 ML per 30 days)
mupirocin oint 2%	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
klor-con m10 tbcr 10meq	2	
klor-con m15 tbcr 15meq	2	
klor-con m20 tbcr 20meq	2	
potassium chloride er cpcr 10meq, 8meq	2	
potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq	2	
sodium chloride 0.45% inj 0.45%	2	
sodium chloride inj 0.9%, 3%	2	
Electrolyte/Mineral/Metal Modifiers		
deferasirox tabs 360mg, 90mg	2	PA
deferasirox tbso 125mg	2	PA NDS
deferasirox tbso 250mg, 500mg	5	PA NDS
Potassium Binders		
kionex susp 15gm/60ml	2	
LOKELMA PACK 10GM, 5GM	3	QL (90 EA per 30 days)
sodium polystyrene sulfonate powd 0	2	
sps susp 15gm/60ml	2	
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	5	NDS
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose soln 10gm/15ml	2	
kristalose pack 10gm, 20gm	3	ST
lactulose pack 10gm	2	
lactulose soln 10gm/15ml	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days)
MOTEGRITY TABS 1MG, 2MG	3	QL (30 EA per 30 days)
MOVANTIK TABS 12.5MG, 25MG	3	QL (30 EA per 30 days)
TRULANCE TABS 3MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	2	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	2	
loperamide hydrochloride caps 2mg	2	
VIBERZI TABS 100MG, 75MG	5	QL (60 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
dicyclomine hcl soln 10mg/5ml	2	
dicyclomine hydrochloride caps 10mg	1	
dicyclomine hydrochloride tabs 20mg	1	
glycopyrrolate tabs 1mg, 2mg	2	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
GAVILYTE-C SOLR 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	2	
gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
metoclopramide hydrochloride tabs 10mg, 5mg	1	
METOCLOPRAMIDE ODT TBDP 5MG	2	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	4	
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	2	
SUPREP BOWEL PREP KIT SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUTAB TABS 225MG; 188MG; 1479MG	3	
XIFAXAN TABS 200MG	3	PA
XIFAXAN TABS 550MG	5	PA NDS
Histamine2 (H2) Receptor Antagonists		
cimetidine tabs 200mg, 300mg, 400mg, 800mg	2	
famotidine susr 40mg/5ml	2	
famotidine tabs 20mg	1	
famotidine tabs 40mg	2	
Protectants		
misoprostol tabs 100mcg, 200mcg	2	
sucralfate susp 1gm/10ml	2	
sucralfate tabs 1gm	2	
Proton Pump Inhibitors		
DEXILANT CPDR 30MG, 60MG	3	QL (30 EA per 30 days)
dexlansoprazole cpdr 30mg, 60mg	2	QL (30 EA per 30 days)
esomeprazole magnesium cpdr 20mg, 40mg	2	QL (60 EA per 30 days)
esomeprazole magnesium pack 10mg, 20mg, 40mg	2	QL (60 EA per 30 days)
lansoprazole cpdr 15mg, 30mg	2	QL (60 EA per 30 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (60 EA per 30 days)
omeprazole dr cpdr 10mg	2	QL (60 EA per 30 days)
omeprazole cpdr 20mg, 40mg	1	QL (60 EA per 30 days)
pantoprazole sodium tbec 20mg, 40mg	1	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

Drug Name	Drug Tier	Requirements/Limits
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CPEP 83900UNIT; 21000UNIT; 54700UNIT	5	ST NDS
PROLASTIN-C INJ 1000MG/20ML	5	PA NDS
sodium phenylbutyrate powd 3gm/tsp	5	NDS
sodium phenylbutyrate tabs 500mg	5	NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	5	ST NDS
VYNDAQEL CAPS 20MG	5	QL (120 EA per 30 days) PA NDS
WELIREG TABS 40MG	5	PA NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA TABS 75MG	4	
MYRBETRIQ TB24 25MG, 50MG	3	
oxybutynin chloride er tb24 10mg, 15mg, 5mg	2	
oxybutynin chloride soln 5mg/5ml	2	
oxybutynin chloride tabs 5mg	2	
tolterodine tartrate er cp24 2mg, 4mg	2	
tolterodine tartrate tabs 1mg, 2mg	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tb24 10mg	2	
dutasteride caps 0.5mg	2	
finasteride tabs 5mg	2	
tadalafil tabs 2.5mg, 5mg	2	QL (30 EA per 30 days) PA
tamsulosin hydrochloride caps 0.4mg	2	
Genitourinary Agents, Other		
bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg	2	
ELMIRON CAPS 100MG	5	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg	1	
dexamethasone tabs 6mg	2	
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone tabs 16mg, 32mg, 4mg, 8mg	2	
PREDNISONE INTENSOL CONC 5MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE SOLN 5MG/5ML	2	
prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg	1	
prednisone tabs 1mg	2	
prednisone tbpk 10mg, 5mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tabs 0.1mg, 0.2mg	2	
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA NDS
GENOTROPIN INJ 12MG, 5MG	5	PA NDS
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA NDS
NORDITROPIN FLEXPRO INJ 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	5	PA NDS
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA NDS
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA NDS
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA NDS
OMNITROPE INJ 10MG/1.5ML, 5.8MG, 5MG/1.5ML	5	PA NDS
ZOMACTON INJ 10MG, 5MG	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol caps 100mg, 200mg, 50mg	2	
testosterone pump gel 1%, 1.62%	2	PA
testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	2	PA
testosterone soln 30mg/act	2	PA
XYOSTED INJ 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	PA
Estrogens		
BIJUVA CAPS 1MG; 100MG	3	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	3	
ESTRACE CREA 0.1MG/GM	4	
estradiol crea 0.1mg/gm	2	
estradiol tabs 10mcg	2	
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days)
IMVEXXY MAINTENANCE PACK INST 10MCG	3	PA
IMVEXXY STARTER PACK INST 10MCG	3	PA
PREMARIN CREA 0.625MG/GM	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE TABS 0.625MG; 5MG	3	
PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	
VAGIFEM TABS 10MCG	4	
xulane ptwk 35mcg/24hr; 150mcg/24hr	2	
yuvafem tabs 10mcg	2	
Progestins		

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg	1	
MEGESTROL ACETATE SUSP 625MG/5ML	2	
megestrol acetate susp 40mg/ml	2	
megestrol acetate tabs 20mg, 40mg	2	
progesterone caps 100mg, 200mg	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE TABS 20MG; 0.45MG	3	
OSPHENA TABS 60MG	3	QL (30 EA per 30 days) PA
raloxifene hydrochloride tabs 60mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	2	
liothyronine sodium tabs 25mcg, 50mcg, 5mcg	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tabs 0.5mg	2	
ELIGARD INJ 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJ 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA NDS
KORLYM TABS 300MG	5	QL (120 EA per 30 days) PA NDS
leuprolide acetate inj 1mg/0.2ml	2	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	5	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	5	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL (1 EA per 112 days) PA NDS
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA NDS
octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml	2	PA
octreotide acetate inj 1000mcg/ml, 500mcg/ml	5	PA NDS
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA NDS
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA NDS
TRELSTAR MIXJECT INJ 22.5MG	3	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	3	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg, 5mg	1	
propylthiouracil tabs 50mg	2	
Immunological Agents		
Angioedema Agents		
BERINERT INJ 500UNIT	5	PA NDS
icatibant acetate inj 30mg/3ml	5	PA NDS
RUCONEST INJ 2100UNIT	5	PA NDS
TAKHZYRO INJ 300MG/2ML	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
Immunoglobulins		
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM, 5GM	5	PA NDS
GAMMAKED INJ 1GM/10ML	5	PA NDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA NDS
GAMUNEX-C INJ 1GM/10ML	5	PA NDS
OCTAGAM INJ 1GM/20ML, 2GM/20ML	5	PA NDS
PANZYGA INJ 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA NDS
PRIVIGEN INJ 20GM/200ML	5	PA NDS
Immunological Agents, Other		
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	QL (10 ML per 28 days) PA NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA NDS
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA NDS
RINVOQ TB24 15MG	5	QL (30 EA per 30 days) PA NDS
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA NDS
XELJANZ XR TB24 11MG, 22MG	5	QL (30 EA per 30 days) PA NDS
XELJANZ SOLN 1MG/ML	5	QL (300 ML per 30 days) PA NDS
XELJANZ TABS 10MG, 5MG	5	QL (60 EA per 30 days) PA NDS
XOLAIR INJ 75MG/0.5ML	5	QL (1 ML per 28 days) PA NDS
XOLAIR INJ 150MG	5	QL (8 EA per 28 days) PA NDS
XOLAIR INJ 150MG/ML	5	QL (8 ML per 28 days) PA NDS
Immunostimulants		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA NDS
PEGASYS INJ 180MCG/ML	5	PA NDS
Immunosuppressants		
ASTAGRAF XL CP24 0.5MG, 1MG	3	B/D
ASTAGRAF XL CP24 5MG	5	B/D NDS
azasan tabs 100mg, 75mg	4	B/D
azathioprine tabs 50mg	2	B/D
CELLCEPT CAPS 250MG	5	B/D NDS
CELLCEPT SUSR 200MG/ML	5	B/D NDS
CELLCEPT TABS 500MG	5	B/D NDS
cyclosporine modified caps 100mg, 25mg, 50mg	2	B/D
cyclosporine modified soln 100mg/ml	2	B/D
cyclosporine caps 100mg, 25mg	2	B/D
ENBREL MINI INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENBREL SURECLICK INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA NDS
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA NDS
ENVARSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARSUS XR TB24 4MG	5	B/D NDS
everolimus tabs 0.25mg	2	B/D
everolimus tabs 0.5mg, 0.75mg	5	B/D NDS
gengraf caps 100mg, 25mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA NDS
HUMIRA PEN INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA PEN INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA NDS
HUMIRA INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA NDS; Abbvie labeled products only
IMURAN TABS 50MG	4	B/D
leflunomide tabs 10mg, 20mg	2	
METHOTREXATE SODIUM INJ 50MG/2ML	2	
methotrexate sodium tabs 2.5mg	2	
methotrexate inj 50mg/2ml	2	
mycophenolate mofetil caps 250mg	2	B/D
mycophenolate mofetil susr 200mg/ml	5	B/D NDS
mycophenolate mofetil tabs 500mg	2	B/D
mycophenolic acid dr tbec 180mg, 360mg	2	B/D
MYFORTIC TBEC 180MG	4	B/D
MYFORTIC TBEC 360MG	5	B/D NDS
NEORAL CAPS 100MG, 25MG	4	B/D
NEORAL SOLN 100MG/ML	4	B/D
OTREXUP INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PEGASYS INJ 180MCG/0.5ML	5	PA NDS
PROGRAF CAPS 0.5MG, 1MG	4	B/D
PROGRAF CAPS 5MG	5	B/D NDS
PROGRAF PACK 0.2MG, 1MG	3	B/D
RASUVO INJ 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
SANDIMMUNE CAPS 100MG, 25MG	4	B/D
sirolimus soln 1mg/ml	2	B/D
sirolimus tabs 0.5mg, 1mg	2	B/D
sirolimus tabs 2mg	2	B/D NDS
tacrolimus caps 0.5mg, 1mg, 5mg	2	B/D
TREXALL TABS 10MG, 15MG, 5MG, 7.5MG	3	
XATMEP SOLN 2.5MG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TABS 0.25MG	4	B/D
ZORTRESS TABS 0.5MG, 0.75MG, 1MG	5	B/D NDS
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	3	QL (1 EA per 252 days)
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJ 120MCG/0.5ML	3	QL (1 EA per 999 days)
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
SHINGRIX INJ 50MCG/0.5ML	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO CP24 0.375GM	4	
balsalazide disodium caps 750mg	2	
DIPENTUM CAPS 250MG	5	NDS
mesalamine dr cpdr 400mg	2	ST
mesalamine dr tbec 1.2gm, 800mg	2	
mesalamine er cp24 0.375gm	2	
mesalamine er cpcr 500mg	2	
mesalamine enem 4gm	2	
mesalamine supp 1000mg	2	
sulfasalazine tabs 500mg	2	
sulfasalazine tbec 500mg	2	
Glucocorticoids		
budesonide er tb24 9mg	5	ST NDS
budesonide cpep 3mg	2	
procto-med hc crea 2.5%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium soln 70mg/75ml	2	
alendronate sodium tabs 35mg	1	
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days)
alendronate sodium tabs 10mg	2	
BINOSTO TBEF 70MG	3	QL (4 EA per 28 days)
FORTEO INJ 560MCG/2.24ML	5	PA NDS
ibandronate sodium tabs 150mg	2	QL (1 EA per 28 days)
PROLIA INJ 60MG/ML	3	QL (2 ML per 365 days)
RAYALDEE CPCR 30MCG	5	NDS
TERIPARATIDE INJ 560MCG/2.24ML	5	PA NDS
TYMLOS INJ 3120MCG/1.56ML	5	PA NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PADS 70%	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL (200 EA per 30 days)
Ophthalmic Agents		

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents, Other		
CEQUA SOLN 0.09%	4	
COMBIGAN SOLN 0.2%; 0.5%	3	
COSOPT PF SOLN 2%; 0.5%	4	
COSOPT SOLN 22.3MG/ML; 6.8MG/ML	4	
cyclosporine emul 0.05%	2	
dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml	2	
dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%	2	
MIEBO SOLN 1.338GM/ML	3	QL (12 ML per 30 days) PA
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	1	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (2.5 ML per 25 days)
SIMBRINZA SUSP 0.2%; 1%	3	
TOBRADEX ST SUSP 0.05%; 0.3%	3	
tobramycin/dexamethasone susp 0.1%; 0.3%	2	
XIIDRA SOLN 5%	4	QL (60 EA per 30 days)
ZYLET SUSP 0.5%; 0.3%	3	
Ophthalmic Anti-allergy Agents		
azelastine hcl soln 0.05%	2	
BEPREVE SOLN 1.5%	4	
epinastine hcl soln 0.05%	2	
ZERVIATE SOLN 0.24%	3	
Ophthalmic Anti-Infectives		
AZASITE SOLN 1%	3	
BESIVANCE SUSP 0.6%	3	
ciprofloxacin hydrochloride soln 0.3%	2	
erythromycin oint 5mg/gm	1	
moxifloxacin hydrochloride soln 0.5%	2	
ofloxacin ophthalmic soln 0.3%	2	
tobramycin soln 0.3%	1	
ZIRGAN GEL 0.15%	3	
Ophthalmic Anti-inflammatories		
ALREX SUSP 0.2%	3	
DUREZOL EMUL 0.05%	4	
FLAREX SUSP 0.1%	3	
ILEVRO SUSP 0.3%	3	QL (4 ML per 30 days)
INVELTYS SUSP 1%	3	
ketorolac tromethamine soln 0.4%, 0.5%	2	
LOTEMAX SM GEL 0.38%	3	QL (20 GM per 365 days)
LOTEMAX GEL 0.5%	4	QL (20 GM per 365 days)
LOTEMAX OINT 0.5%	3	QL (14 GM per 365 days)

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SUSP 0.5%	4	
NEVANAC SUSP 0.1%	3	QL (4 ML per 30 days)
prednisolone acetate susp 1%	2	
PROLENSA SOLN 0.07%	3	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
BETIMOL SOLN 0.5%	3	
LEVOBUNOLOL HCL SOLN 0.5%	2	
timolol maleate ophthalmic gel forming solg 0.25%, 0.5%	2	
timolol maleate soln 0.25%, 0.5%	1	
timolol maleate soln 0.25%, 0.5%	2	
TIMOPTIC OCUDOSE SOLN 0.25%	3	
TIMOPTIC OCUDOSE SOLN 0.5%	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide tabs 125mg, 250mg	2	
ALPHAGAN P SOLN 0.1%	3	
AZOPT SUSP 1%	4	
brimonidine tartrate soln 0.1%, 0.15%, 0.2%	2	
dorzolamide hydrochloride soln 2%	2	
RHOPRESSA SOLN 0.02%	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost soln 0.03%	2	QL (5 ML per 30 days)
latanoprost soln 0.005%	1	
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days)
VYZULTA SOLN 0.024%	4	QL (5 ML per 25 days)
ZIOPTAN SOLN 0.015MG/ML	3	QL (30 EA per 30 days)
Otic Agents		
Otic Agents		
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	2	
ofloxacin otic soln 0.3%	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (13 GM per 30 days) ST
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH, 220MCG/INH	3	QL (1 EA per 30 days) ST
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	3	QL (1 EA per 30 days) ST
fluticasone propionate susp 50mcg/act	1	
mometasone furoate susp 50mcg/act	2	QL (34 GM per 30 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT, 90MCG/ACT	3	QL (2 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL (21.2 GM per 30 days)
Antihistamines		
azelastine hydrochloride/fluticasone propionate susp 137mcg/act; 50mcg/act	2	QL (23 GM per 30 days)
azelastine hydrochloride soln 0.1%	2	QL (60 ML per 30 days)
DYMISTA SUSP 137MCG/ACT; 50MCG/ACT	4	QL (23 GM per 30 days)
hydroxyzine hcl tabs 50mg	2	
hydroxyzine hydrochloride tabs 10mg, 25mg	2	
HYDROXYZINE PAMOATE CAPS 100MG	2	
hydroxyzine pamoate caps 25mg, 50mg	2	
levocetirizine dihydrochloride soln 2.5mg/5ml	2	
levocetirizine dihydrochloride tabs 5mg	2	
Antileukotrienes		
montelukast sodium chew 5mg	1	
montelukast sodium chew 4mg	2	
montelukast sodium pack 4mg	2	
montelukast sodium tabs 10mg	1	
zafirlukast tabs 10mg, 20mg	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	3	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL (30 EA per 30 days)
ipratropium bromide soln 0.03%, 0.06%	2	
SPIRIVA HANDIHALER CAPS 18MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
TIOTROPIUM BROMIDE CAPS 18MCG	3	QL (30 EA per 30 days)
YUPELRI SOLN 175MCG/3ML	5	QL (90 ML per 30 days) B/D NDS
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	4	QL (48 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate nebu 2.5mg/0.5ml	2	QL (100 EA per 30 days) B/D
albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml	2	QL (375 ML per 30 days) B/D
albuterol sulfate nebu 0.083%	2	QL (525 ML per 30 days) B/D
albuterol sulfate syrp 2mg/5ml	2	
albuterol sulfate tabs 2mg, 4mg	2	
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	2	
epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml	2	
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days)
VENTOLIN HFA AERS 108MCG/ACT	4	QL (48 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	5	PA NDS
TOBI PODHALER CAPS 28MG	5	QL (224 EA per 56 days) NDS
tobramycin nebu 300mg/5ml	5	B/D NDS
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA NDS
Mast Cell Stabilizers		

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium nebu 20mg/2ml	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
THEO-24 CP24 100MG, 200MG, 300MG, 400MG	3	
theophylline er tb12 300mg	2	
theophylline er tb24 400mg, 600mg	2	
theophylline soln 80mg/15ml	2	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA NDS
alyq tabs 20mg	2	QL (60 EA per 30 days) PA NDS
ambrisentan tabs 10mg, 5mg	5	QL (30 EA per 30 days) PA NDS
OPSUMIT TABS 10MG	5	QL (30 EA per 30 days) PA NDS
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA NDS
sildenafil citrate susr 10mg/ml	2	PA NDS
sildenafil citrate tabs 20mg	2	QL (90 EA per 30 days) PA
tadalafil tabs 20mg	2	QL (60 EA per 30 days) PA NDS
UPTRAVI TITRATION PACK TBPK 0	5	QL (400 EA per 365 days) PA NDS
UPTRAVI TABS 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (60 EA per 30 days) PA NDS
Pulmonary Fibrosis Agents		
ESBRIET CAPS 267MG	5	PA NDS
ESBRIET TABS 267MG, 801MG	5	PA NDS
OFEV CAPS 100MG, 150MG	5	PA NDS
pirfenidone caps 267mg	5	PA NDS
PIRFENIDONE TABS 534MG	5	PA NDS
pirfenidone tabs 267mg, 801mg	5	PA NDS
Respiratory Tract Agents, Other		
ADVAIR DISKUS AEPB 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	4	QL (60 EA per 30 days) ST
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	4	QL (24 GM per 30 days) ST
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE AERO 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) ST
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL (10.2 GM per 30 days) ST
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA PEN INJ 30MG/ML	5	QL (1 ML per 28 days) PA NDS
FASENRA INJ 30MG/ML	5	QL (1 ML per 28 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	QL (540 ML per 30 days) B/D
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA NDS
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA NDS
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) ST
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) ST
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride er cp24 15mg, 30mg	2	
cyclobenzaprine hydrochloride tabs 10mg, 5mg, 7.5mg	2	
methocarbamol tabs 500mg, 750mg	2	
methocarbamol tabs 1000mg	5	NDS
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	2	QL (30 EA per 30 days)
temazepam caps 15mg, 22.5mg, 30mg, 7.5mg	2	QL (30 EA per 30 days)
zolpidem tartrate er tbcr 12.5mg, 6.25mg	2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE SUBL 1.75MG, 3.5MG	2	QL (30 EA per 30 days)
zolpidem tartrate tabs 10mg, 5mg	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tabs 150mg, 200mg, 250mg	2	QL (30 EA per 30 days) PA
armodafinil tabs 50mg	2	QL (60 EA per 30 days) PA
modafinil tabs 100mg, 200mg	2	QL (30 EA per 30 days) PA
SUNOSI TABS 150MG, 75MG	3	QL (30 EA per 30 days) PA
XYREM SOLN 500MG/ML	5	QL (540 ML per 30 days) PA NDS

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Notes

This abridged formulary was updated August 5, 2025. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit **HOPbenefits.com**.

THE MEDICARE PLUS RX OPTION (PDP) IS A STAND-ALONE PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT IN THE MEDICARE PLUS RX OPTION (PDP) DEPENDS ON CONTRACT RENEWAL.
CMS CONTRACT NUMBER: E3014; FORMULARY ID: 00026254

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