

Health Options Program

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

2027

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 11, 2026. 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.

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 11, 2026. 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, 2028, 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 Optum Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

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 cases below, you will be affected by coverage changes during the year:

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 11, 2026. 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 a discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** 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 based on specific criteria 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. 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 Optum Rx 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 Optum Rx for a list of similar drugs that are covered by the Medicare Plus Rx Option. When you receive the list, show it to your doctor, and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See 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 Tier 5, which is specialty drugs). 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, seven 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.

2027 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 are excluded from the deductible.

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.*

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.*

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.*

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.*

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.*
- Tier 5 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		
<i>celecoxib caps 100mg, 200mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac sodium dr tbec 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium soln 1.5%</i>	2	QL (300 ML per 30 days) PA
IBUPROFEN TABS 300MG	2	
<i>ibuprofen tabs 400mg, 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	2	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	2	
<i>meloxicam tabs 15mg, 7.5mg</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
Opioid Analgesics, Long-acting		
HYSINGLA ER T24A 20MG, 30MG, 40MG	4	ST
HYSINGLA ER T24A 60MG	5	ST NDS
<i>morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg</i>	2	
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	4	ST
OXYCONTIN T12A 60MG, 80MG	5	ST NDS
<i>tramadol hydrochloride er tb24 100mg, 200mg, 300mg</i>	2	
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG	3	
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	
OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 500MG; 5MG	5	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
TRAMADOL HYDROCHLORIDE TABS 25MG	2	
<i>tramadol hydrochloride tabs 50mg</i>	1	
<i>tramadol hydrochloride tabs 75mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine ptch 5%</i>	2	QL (90 EA per 30 days) PA
ZTLIDO PTCH 1.8%	3	QL (90 EA per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tbec 333mg</i>	2	
<i>disulfiram tabs 250mg</i>	2	
<i>naltrexone hydrochloride tabs 50mg</i>	2	
Opioid Dependence		

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg, 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin er tb24 500mg</i>	2	
CLARITHROMYCIN SUSR 125MG/5ML, 250MG/5ML	2	
<i>clarithromycin tabs 250mg, 500mg</i>	2	
DIFICID SUSR 40MG/ML	5	QL (136 ML per 12 days) NDS
Quinolones		
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>levofloxacin soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
Sulfonamides		
BACTRIM DS TABS 800MG; 160MG	4	
BACTRIM TABS 400MG; 80MG	4	
<i>sulfacetamide sodium lotn 10%</i>	2	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate tabs 150mg, 75mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 150mg, 50mg, 75mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 150mg, 50mg, 75mg</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs 100mg, 75mg</i>	2	
MINOCYCLINE HYDROCHLORIDE ER TB24 135MG, 45MG, 55MG, 90MG	2	
<i>minocycline hydrochloride er tb24 105mg, 115mg, 65mg, 80mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>minocycline hydrochloride tabs 50mg</i>	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	QL (600 ML per 30 days) PA NDS
EPIDIOLEX SOLN 100MG/ML	5	PA NDS
<i>felbamate susp 600mg/5ml</i>	4	
<i>felbamate tabs 400mg, 600mg</i>	2	
FINTEPLA SOLN 2.2MG/ML	5	QL (360 ML per 30 days) PA NDS
FYCOMPA SUSP 0.5MG/ML	5	NDS
FYCOMPA TABS 2MG	3	QL (30 EA per 30 days)
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) NDS
LAMICTAL XR KIT 0	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	2	
<i>lamotrigine odt tbdp 100mg, 200mg, 25mg, 50mg</i>	2	
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 0</i>	5	NDS
<i>lamotrigine starter kit/orange kit 0</i>	2	
<i>lamotrigine titration kit 0</i>	2	
<i>lamotrigine chew 25mg, 5mg</i>	2	
<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tb24 500mg, 750mg</i>	2	
<i>levetiracetam soln 100mg/ml</i>	2	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 1000mg, 250mg, 750mg</i>	2	
NAYZILAM SOLN 5MG/0.1ML	3	QL (10 EA per 30 days)
<i>roweepra tabs 500mg</i>	1	
SPRITAM TB3D 250MG	3	
SPRITAM TB3D 500MG	3	QL (60 EA per 30 days)
<i>subvenite starter kit/blue kit 25mg</i>	2	
<i>subvenite starter kit/green kit 0</i>	2	NDS
<i>subvenite starter kit/orange kit 0</i>	2	
<i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>topiramate er cs24 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	
<i>topiramate cpsp 15mg, 25mg</i>	2	
<i>topiramate tabs 25mg, 50mg</i>	1	
<i>topiramate tabs 100mg, 200mg</i>	2	
<i>valproic acid caps 250mg</i>	2	
<i>valproic acid soln 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide caps 250mg</i>	2	
<i>ethosuximide soln 250mg/5ml</i>	2	
ZARONTIN CAPS 250MG	4	
ZARONTIN SOLN 250MG/5ML	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp 2.5mg/ml</i>	2	QL (480 ML per 30 days)
<i>clobazam tabs 10mg, 20mg</i>	2	QL (60 EA per 30 days)
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE 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
<i>diazepam gel 2.5mg, 20mg</i>	2	
<i>diazepam gel 10mg</i>	2	QL (5 EA per 30 days)
<i>divalproex sodium dr csdr 125mg</i>	2	
<i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tb24 250mg, 500mg</i>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 100mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days)
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days)
PHENOBARBITAL ELIX 20MG/5ML	2	
PHENOBARBITAL TABS 15MG	1	
PHENOBARBITAL TABS 100MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	2	
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	2	QL (900 ML per 30 days)
PRIMIDONE TABS 125MG	2	
<i>primidone tabs 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days)
SYMPAZAN FILM 10MG, 20MG	5	NDS
TIAGABINE HYDROCHLORIDE TABS 12MG, 16MG	2	
<i>tiagabine hydrochloride tabs 2mg, 4mg</i>	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
<i>vigabatrin pack 500mg</i>	5	PA NDS
<i>vigabatrin tabs 500mg</i>	5	QL (180 EA per 30 days) PA NDS
<i>vigadrone pack 500mg</i>	5	PA NDS
<i>vigadrone tabs 500mg</i>	5	QL (180 EA per 30 days) PA NDS
Sodium Channel Agents		
APTiom TABS 400MG	5	NDS
APTiom TABS 200MG	5	QL (30 EA per 30 days) NDS
APTiom TABS 600MG, 800MG	5	QL (60 EA per 30 days) NDS
BANZEL SUSP 40MG/ML	5	NDS
BANZEL TABS 200MG, 400MG	5	NDS
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	2	
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	2	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	2	
<i>carbamazepine tabs 200mg</i>	2	
CARBATROL CP12 100MG, 200MG, 300MG	4	
DILANTIN CAPS 30MG	3	
<i>lacosamide tabs 100mg, 150mg, 200mg, 50mg</i>	2	
<i>oxcarbazepine susp 300mg/5ml</i>	2	
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	2	
OXTELLAR XR TB24 150MG, 300MG	3	
OXTELLAR XR TB24 600MG	5	NDS
<i>phenyteck caps 200mg, 300mg</i>	4	
<i>phenytoin sodium extended caps 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin chew 50mg</i>	2	
<i>phenytoin susp 125mg/5ml</i>	2	
<i>rufinamide susp 40mg/ml</i>	5	NDS
<i>rufinamide tabs 200mg</i>	2	
<i>rufinamide tabs 400mg</i>	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, 50MG	5	QL (30 EA per 30 days) PA NDS
XCOPRI TABS 150MG, 200MG	5	QL (60 EA per 30 days) PA NDS
XCOPRI TBPK 0	3	QL (56 EA per 365 days) PA
XCOPRI TBPK 0	5	PA NDS
XCOPRI TBPK 0	5	QL (56 EA per 28 days) PA NDS
XCOPRI TBPK 0	5	QL (56 EA per 365 days) PA NDS
<i>zonisamide caps 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
NAMZARIC CP24 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	QL (30 EA per 30 days) ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hcl tbdp 10mg, 5mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	2	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg</i>	2	QL (30 EA per 30 days)
<i>memantine hydrochloride soln 2mg/ml</i>	2	
<i>memantine hydrochloride tabs 10mg, 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	3	QL (30 EA per 30 days) ST
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 100mg</i>	2	QL (120 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	QL (180 EA per 30 days)
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 5MG, 25MG; 10MG	2	
<i>mirtazapine odt tbdp 15mg, 30mg, 45mg</i>	2	
<i>mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG, 10MG; 4MG, 25MG; 2MG, 25MG; 4MG, 50MG; 4MG	2	
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
<i>phenelzine sulfate tabs 15mg</i>	2	
<i>tranylcypromine sulfate tabs 10mg</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
CELEXA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) ST
<i>citalopram hydrobromide caps 30mg</i>	3	QL (30 EA per 30 days) ST
<i>citalopram hydrobromide soln 10mg/5ml</i>	2	QL (600 ML per 30 days)
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	3	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL (90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	2	
<i>escitalopram oxalate tabs 10mg, 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	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)
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride caps 20mg, 40mg</i>	2	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	2	
FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG	2	
<i>fluvoxamine maleate tabs 100mg, 25mg, 50mg</i>	2	
NEFAZODONE HYDROCHLORIDE TABS 100MG, 150MG, 200MG, 250MG, 50MG	2	
<i>paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg</i>	2	
<i>paroxetine hcl tabs 30mg</i>	1	
<i>paroxetine hcl tabs 40mg</i>	2	
PAROXETINE HYDROCHLORIDE SUSP 10MG/5ML	2	
<i>paroxetine hydrochloride tabs 10mg</i>	1	
<i>paroxetine hydrochloride tabs 20mg</i>	2	
<i>paroxetine caps 7.5mg</i>	2	QL (30 EA per 30 days)
PAXIL CR TB24 12.5MG, 25MG, 37.5MG	4	ST
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

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl conc 20mg/ml</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	2	
TRINTELLIX TABS 10MG, 20MG, 5MG	3	QL (30 EA per 30 days) ST
<i>venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg</i>	2	
<i>venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
VIIBRYD TABS 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST
Tricyclics		
<i>amitriptyline hydrochloride tabs 10mg, 25mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 150mg, 50mg, 75mg</i>	2	
<i>amoxapine tabs 100mg, 150mg, 25mg, 50mg</i>	2	
<i>clomipramine hydrochloride caps 25mg, 50mg, 75mg</i>	2	
<i>desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	2	
<i>doxepin hcl caps 75mg</i>	2	
DOXEPIN HCL CONC 10MG/ML	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>imipramine pamoate caps 100mg, 125mg, 150mg, 75mg</i>	2	
NORPRAMIN TABS 10MG, 25MG	4	ST
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln 10mg/5ml</i>	2	
<i>nortriptyline hydrochloride caps 10mg</i>	1	
<i>nortriptyline hydrochloride caps 50mg</i>	2	
<i>protriptyline hcl tabs 10mg, 5mg</i>	2	
<i>trimipramine maleate caps 100mg, 25mg, 50mg</i>	2	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hydrochloride tabs 25mg, 50mg</i>	2	
<i>prochlorperazine maleate tabs 10mg, 5mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	2	
<i>Emetogenic Therapy Adjuncts</i>		
<i>dronabinol caps 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA
<i>dronabinol caps 10mg</i>	2	QL (60 EA per 30 days) PA
<i>ondansetron hcl soln 4mg/5ml</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	B/D
Antifungals		
<i>Antifungals</i>		
<i>clotrimazole crea 1%</i>	1	QL (90 GM per 30 days)
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	2	
<i>fluconazole tabs 100mg, 150mg, 200mg, 50mg</i>	2	
<i>ketoconazole crea 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole foam 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days)
<i>nyamyc powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	1	QL (60 GM per 30 days)
<i>nystatin powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystop powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>terbinafine hcl tabs 250mg</i>	2	QL (84 EA per 180 days)
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	2	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
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
<i>Ergot Alkaloids</i>		
CAFERGOT TABS 100MG; 1MG	4	QL (40 EA per 28 days)
<i>dihydroergotamine mesylate soln 4mg/ml</i>	4	QL (8 ML per 30 days) PA
ERGOTAMINE TARTRATE/CAFFEINE TABS 100MG; 1MG	2	QL (40 EA per 28 days)
MIGERGOT SUPP 100MG; 2MG	5	QL (20 EA per 28 days) NDS
<i>Serotonin (5-HT) Receptor Agonist</i>		
IMITREX TABS 100MG, 25MG, 50MG	4	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg, 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	2	QL (9 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide soln 60mg/5ml</i>	2	
PYRIDOSTIGMINE BROMIDE TABS 30MG	2	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	2	
<i>rifabutin caps 150mg</i>	2	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride tabs 100mg, 400mg</i>	2	
<i>rifampin caps 150mg, 300mg</i>	2	
<i>rifampin inj 600mg</i>	2	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide caps 25mg, 50mg</i>	2	B/D
CYCLOPHOSPHAMIDE TABS 50MG	3	B/D

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN TABS 2MG	5	NDS
MATULANE CAPS 50MG	5	NDS
VALCHLOR GEL 0.016%	5	QL (60 GM per 30 days) PA NDS
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	2	PA
<i>abiraterone acetate tabs 500mg</i>	5	PA NDS
<i>abirtega tabs 250mg</i>	2	PA
<i>bicalutamide tabs 50mg</i>	2	
CASODEX TABS 50MG	5	NDS
ERLEADA TABS 60MG	5	PA 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		
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	QL (30 EA per 30 days) PA NDS
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	QL (30 EA per 30 days) PA NDS
REVLIMID CAPS 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG	5	QL (30 EA per 30 days) PA NDS
THALOMID CAPS 50MG	5	PA NDS
THALOMID CAPS 100MG	5	QL (112 EA per 28 days) PA NDS
Antiestrogens/Modifiers		
SOLTAMOX SOLN 10MG/5ML	5	NDS
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	
<i>toremifene citrate tabs 60mg</i>	4	
Antimetabolites		
DROXIA CAPS 200MG, 300MG, 400MG	3	
HYDREA CAPS 500MG	4	
<i>hydroxyurea caps 500mg</i>	2	
<i>mercaptopurine tabs 50mg</i>	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
<i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i>	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		
<i>anastrozole tabs 1mg</i>	2	
AROMASIN TABS 25MG	5	NDS
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	2	
Molecular Target Inhibitors		
ALECENSA CAPS 150MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
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
CABOMETYX TABS 20MG, 60MG	5	QL (30 EA per 30 days) PA NDS
CABOMETYX TABS 40MG	5	QL (60 EA per 30 days) PA NDS
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) 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
<i>erlotinib hydrochloride tabs 100mg, 150mg, 25mg</i>	5	PA NDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NDS
FOTIVDA 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 125MG	5	PA NDS
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA NDS
IDHIFA TABS 100MG, 50MG	5	QL (30 EA per 30 days) PA NDS
<i>imatinib mesylate tabs 100mg, 400mg</i>	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	QL (28 EA per 28 days) PA NDS
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA NDS
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA NDS
INQOVI TABS 100MG; 35MG	5	PA NDS
IRESSA TABS 250MG	5	PA NDS
JAKAFI TABS 10MG, 15MG, 20MG, 25MG, 5MG	5	QL (60 EA per 30 days) PA NDS
KISQALI TBPk 200MG	5	QL (21 EA per 21 days) PA NDS
KISQALI TBPk 200MG	5	QL (42 EA per 21 days) PA NDS
KISQALI TBPk 200MG	5	QL (63 EA per 21 days) PA NDS
KOSELUGO CAPS 10MG, 25MG	5	PA NDS
<i>lapatinib ditosylate tabs 250mg</i>	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	5	QL (30 EA per 30 days) PA NDS
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABS 120MG	5	PA NDS
LYNPARZA TABS 100MG, 150MG	5	QL (120 EA per 30 days) PA NDS
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA NDS
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) 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	5	QL (150 EA per 30 days) PA NDS
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) 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
SCSEMBLIX TABS 40MG	5	QL (240 EA per 30 days) PA NDS
SCSEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA NDS
SPRYCEL TABS 100MG, 140MG, 70MG	5	QL (30 EA per 30 days) PA NDS
SPRYCEL TABS 80MG	5	QL (60 EA per 30 days) PA NDS
SPRYCEL TABS 20MG, 50MG	5	QL (90 EA per 30 days) PA NDS
STIVARGA TABS 40MG	5	PA NDS
<i>sunitinib malate caps 12.5mg, 25mg, 50mg</i>	5	QL (28 EA per 28 days) PA NDS
<i>sunitinib malate caps 37.5mg</i>	5	QL (56 EA per 28 days) 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 1MG	5	PA NDS
TALZENNA CAPS 0.5MG, 0.75MG	5	QL (30 EA per 30 days) PA NDS
TALZENNA CAPS 0.25MG	5	QL (90 EA per 30 days) PA NDS
TASIGNA CAPS 200MG	5	QL (112 EA per 28 days) PA NDS
TASIGNA CAPS 150MG	5	QL (140 EA per 28 days) PA NDS
TASIGNA CAPS 50MG	5	QL (420 EA per 30 days) PA NDS
TEPMETKO TABS 225MG	5	PA NDS
TIBSOVO TABS 250MG	5	PA NDS
TUKYSA TABS 150MG, 50MG	5	PA NDS
VENCLEXTA STARTING PACK TBPK 0	5	QL (84 EA per 365 days) PA NDS
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA NDS
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	QL (56 EA per 28 days) PA NDS
VITRAKVI CAPS 100MG	5	QL (120 EA per 30 days) PA NDS
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA NDS
VITRAKVI SOLN 20MG/ML	5	QL (600 ML per 30 days) PA NDS
VOTRIENT TABS 200MG	5	PA NDS
XALKORI CAPS 200MG, 250MG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
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
ZYKADIA TABS 150MG	5	PA NDS
Retinoids		
bexarotene caps 75mg	5	PA NDS
PANRETIN GEL 0.1%	5	QL (120 GM per 30 days) NDS
tretinoin caps 10mg	5	NDS
Treatment Adjuncts		
MESNEX TABS 400MG	4	
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, 300MG, 400MG	2	
hydroxychloroquine sulfate tabs 200mg	2	
SOVUNA TABS 300MG	3	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs 1mg	1	
benztropine mesylate tabs 0.5mg, 2mg	2	
trihexyphenidyl hydrochloride 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 68.5MG	5	QL (30 EA per 30 days) PA NDS
GOCOVRI CP24 137MG	5	QL (60 EA per 30 days) PA NDS
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 tbc 25mg; 100mg, 50mg; 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
INBRIJA CAPS 42MG	5	PA NDS
RYTARY CPR 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		
<i>rasagiline mesylate tabs 0.5mg, 1mg</i>	2	
<i>selegiline hcl caps 5mg</i>	2	
<i>selegiline hcl tabs 5mg</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml</i>	2	
<i>chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg</i>	2	
<i>fluphenazine decanoate inj 25mg/ml</i>	2	
FLUPHENAZINE HCL CONC 5MG/ML	2	
FLUPHENAZINE HYDROCHLORIDE ELIX 2.5MG/5ML	2	
FLUPHENAZINE HYDROCHLORIDE INJ 2.5MG/ML	2	
<i>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	
<i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>	2	
<i>perphenazine tabs 16mg, 2mg, 4mg, 8mg</i>	2	
<i>pimozide tabs 1mg, 2mg</i>	2	
<i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG, 400MG	5	QL (1 EA per 30 days) NDS
<i>aripiprazole odt tbdp 10mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole odt tbdp 15mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole soln 1mg/ml</i>	2	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL (30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	NDS
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 30 days) NDS
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 30 days) NDS
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 30 days) NDS
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 60 days) NDS
<i>asenapine maleate sl sub 10mg, 2.5mg, 5mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 2MG	3	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 1MG, 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 1560MG/5ML	5	QL (5 ML per 180 days) ST NDS
INVEGA HAFYERA INJ 1092MG/3.5ML	5	ST NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 30 days) NDS
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 30 days) NDS
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 30 days) NDS
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 30 days) NDS
INVEGA TRINZA INJ 273MG/0.88ML	5	QL (0.88 ML per 84 days) ST NDS
INVEGA TRINZA INJ 410MG/1.32ML	5	QL (1.32 ML per 84 days) ST NDS
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 84 days) ST NDS
INVEGA TRINZA INJ 819MG/2.63ML	5	QL (2.63 ML per 84 days) 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	QL (30 EA per 30 days) PA NDS
NUPLAZID TABS 10MG	5	QL (30 EA per 30 days) PA NDS
<i>olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj 10mg</i>	2	
<i>olanzapine tabs 7.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days)
PERSERIS INJ 90MG	5	NDS
PERSERIS INJ 120MG	5	QL (1 EA per 30 days) NDS
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL (30 EA per 30 days) NDS
RISPERDAL CONSTA INJ 12.5MG	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INJ 25MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INJ 37.5MG	5	NDS
RISPERDAL CONSTA INJ 50MG	5	QL (2 EA per 28 days) 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)
<i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg</i>	2	QL (60 EA per 30 days)
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) ST NDS
SEROQUEL TABS 100MG, 200MG, 25MG, 50MG	4	
SEROQUEL TABS 300MG	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	3	QL (30 EA per 30 days)
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 ZYDIS TBDP 10MG	4	QL (30 EA per 30 days)
ZYPREXA ZYDIS TBDP 15MG, 20MG	5	QL (30 EA per 30 days) NDS
ZYPREXA INJ 10MG	4	
Treatment-Resistant		
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 odt tbdp 12.5mg	2	QL (90 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 tabs 4mg	2	
ZANAFLEX TABS 4MG	4	ST
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS TABS 240MG, 480MG	5	QL (28 EA per 28 days) NDS
valganciclovir hydrochloride solr 50mg/ml	5	QL (1080 ML per 30 days) NDS
valganciclovir tabs 450mg	2	QL (120 EA per 30 days)
Anti-hepatitis B (HBV) Agents		
entecavir tabs 0.5mg, 1mg	2	QL (30 EA per 30 days)
lamivudine tabs 100mg	2	QL (30 EA per 30 days)
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)		
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

Drug Name	Drug Tier	Requirements/Limits
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
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
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
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	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
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days) NDS
<i>efavirenz tabs 600mg</i>	2	QL (30 EA per 30 days)
<i>etravirine tabs 100mg, 200mg</i>	5	QL (60 EA per 30 days) NDS
INTELENCE TABS 25MG	3	QL (120 EA per 30 days)
<i>nevirapine er tb24 400mg</i>	2	QL (30 EA per 30 days)
NEVIRAPINE SUSP 50MG/5ML	2	QL (1200 ML per 30 days)
<i>nevirapine tabs 200mg</i>	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
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	2	QL (30 EA per 30 days)
<i>abacavir soln 20mg/ml</i>	2	QL (960 ML per 30 days)
<i>abacavir tabs 300mg</i>	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
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine caps 200mg</i>	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)
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)
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine tabs 300mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine tabs 150mg</i>	2	QL (60 EA per 30 days)
ODEFSEY 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)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	5	QL (180 EA per 30 days) NDS
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
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	QL (480 ML per 30 days)
KALETRA TABS 200MG; 50MG	2	QL (120 EA per 30 days)
KALETRA TABS 100MG; 25MG	4	QL (240 EA per 30 days)
lopinavir/ritonavir tabs 200mg; 50mg	2	QL (120 EA per 30 days)
lopinavir/ritonavir tabs 100mg; 25mg	2	QL (240 EA per 30 days)
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)
SYM TUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days) NDS
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 hydrochloride 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	QL (1 EA per 30 days)
Antitherpetic Agents		
acyclovir caps 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir susp 200mg/5ml</i>	2	
<i>acyclovir tabs 800mg</i>	1	
<i>acyclovir tabs 400mg</i>	2	
<i>valacyclovir hydrochloride tabs 1gm, 500mg</i>	2	QL (120 EA per 30 days)
Antiviral, Coronavirus Agents		
PAXLOVID TBPk 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TBPk 150MG; 100MG	3	QL (30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tabs 15mg</i>	2	
<i>buspirone hydrochloride tabs 10mg, 30mg</i>	1	
<i>buspirone hydrochloride tabs 5mg, 7.5mg</i>	2	
<i>meprobamate tabs 200mg, 400mg</i>	2	
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>diazepam intensol conc 5mg/ml</i>	2	
<i>diazepam soln 5mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>oxazepam caps 10mg, 15mg, 30mg</i>	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	
<i>lithium carbonate er tbc 300mg, 450mg</i>	2	
LITHIUM CARBONATE CAPS 600MG	2	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		

Drug Name	Drug Tier	Requirements/Limits
GLIMEPIRIDE TABS 3MG	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tb24 2.5mg, 5mg</i>	1	
<i>glipizide er tb24 10mg</i>	2	
GLIPIZIDE TABS 2.5MG	2	
<i>glipizide tabs 10mg, 5mg</i>	1	
GLUCOTROL XL TB24 5MG	4	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	3	QL (30 EA per 30 days)
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	QL (60 EA per 30 days)
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	QL (60 EA per 30 days)
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	
<i>liraglutide inj 6mg/ml</i>	3	QL (9 ML per 30 days) PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	
<i>metformin hydrochloride soln 500mg/5ml</i>	2	
METFORMIN HYDROCHLORIDE TABS 750MG	5	PA
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tabs 625mg</i>	5	PA NDS
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
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
SEGLUROMET TABS 7.5MG; 1000MG	3	QL (60 EA per 30 days) ST
SEGLUROMET TABS 2.5MG; 1000MG, 2.5MG; 500MG, 7.5MG; 500MG	3	ST
<i>sitagliptin phosphate tabs 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days)
SOLQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	QL (15 ML per 24 days)
STEGLUJAN TABS 5MG; 100MG	3	QL (30 EA per 30 days) ST
STEGLUJAN TABS 15MG; 100MG	3	ST
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days)
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days)
SYNJARDY TABS 12.5MG; 1000MG, 5MG; 500MG	3	
SYNJARDY TABS 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days)
TRADJENTA TABS 5MG	3	QL (30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days)
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
VICTOZA INJ 18MG/3ML	3	QL (9 ML per 30 days) PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days)
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days)
XULTOPHY 100/3.6 INJ 100UNIT/ML; 3.6MG/ML	3	QL (15 ML per 30 days)
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
SEMGLEE INJ 100UNIT/ML	3	ST
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

<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	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, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NDS
<i>jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>jantoven tabs 1mg, 7.5mg</i>	2	
PRADAXA CAPS 110MG, 150MG, 75MG	4	QL (60 EA per 30 days)
<i>rivaroxaban tabs 2.5mg</i>	2	QL (360 EA per 30 days)
<i>warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>	1	
<i>warfarin sodium tabs 1mg, 7.5mg</i>	2	
XARELTO STARTER PACK 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

<i>anagrelide hydrochloride caps 0.5mg, 1mg</i>	2	
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, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJ 20000UNIT/ML	4	PA
FULPHILA INJ 6MG/0.6ML	5	QL (1.2 ML per 28 days) PA NDS
NEULASTA INJ 6MG/0.6ML	5	QL (1.2 ML per 28 days) 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
PROCRT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA NDS
PROMACTA PACK 12.5MG	5	QL (180 EA per 30 days) 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	QL (1.2 ML per 28 days) PA NDS
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	NDS
ZIEXTENZO INJ 6MG/0.6ML	5	PA NDS
Hemostasis Agents		
<i>tranexamic acid tabs 650mg</i>	2	
Platelet Modifying Agents		
<i>clopidogrel tabs 300mg, 75mg</i>	2	
TAVALISSE TABS 100MG, 150MG	5	PA NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CLONIDINE HYDROCHLORIDE TABS 0.05MG	1	
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>midodrine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride caps 10mg</i>	5	PA NDS
<i>prazosin hydrochloride caps 1mg, 2mg, 5mg</i>	2	
Angiotensin II Receptor Antagonists		
COZAAR TABS 100MG, 25MG, 50MG	4	
EDARBI TABS 40MG, 80MG	3	
<i>irbesartan tabs 150mg, 300mg, 75mg</i>	2	
<i>losartan potassium tabs 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tabs 20mg, 40mg, 5mg</i>	2	
<i>valsartan tabs 160mg, 320mg, 40mg, 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>ramipril caps 10mg, 2.5mg, 5mg</i>	1	
<i>ramipril caps 1.25mg</i>	2	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 100mg, 200mg, 400mg</i>	2	
DIGOXIN SOLN 0.05MG/ML	2	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	2	
<i>flecainide acetate tabs 100mg, 150mg, 50mg</i>	2	
MULTAQ TABS 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone tabs 100mg, 200mg</i>	4	
Beta-adrenergic Blocking Agents		
<i>atenolol tabs 100mg, 25mg, 50mg</i>	1	
BISOPROLOL FUMARATE TABS 2.5MG	2	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	2	
<i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
LOPRESSOR TABS 12.5MG	3	
LOPRESSOR TABS 100MG, 50MG	4	
<i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	2	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	
<i>nifedipine caps 10mg, 20mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl er cp24 120mg, 180mg</i>	2	
<i>verapamil hcl er tbc 120mg</i>	2	
<i>verapamil hydrochloride er tbc 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr cp24 240mg</i>	2	
<i>verapamil hydrochloride tabs 120mg, 80mg</i>	1	
<i>verapamil hydrochloride tabs 40mg</i>	2	
Cardiovascular Agents, Other		
BIDIL TABS 37.5MG; 20MG	3	
EDARBYCLOR TABS 40MG; 12.5MG, 40MG; 25MG	3	
HYZAAR TABS 12.5MG; 100MG, 12.5MG; 50MG, 25MG; 100MG	4	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>ranolazine er tb12 1000mg, 500mg</i>	2	
<i>sacubitril/valsartan tabs 24mg; 26mg</i>	2	QL (180 EA per 30 days)
<i>sacubitril/valsartan tabs 49mg; 51mg, 97mg; 103mg</i>	2	QL (60 EA per 30 days)
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg</i>	1	
ZESTORETIC TABS 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG	4	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 0.5mg, 2mg</i>	2	
<i>furosemide inj 10mg/ml</i>	2	
FUROSEMIDE ORAL SOLN 10MG/ML, 40MG/5ML	2	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	
SOAANZ TABS 40MG	3	ST
<i>torsemide tabs 100mg, 10mg, 20mg, 5mg</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
HEMICLOR TABS 12.5MG	3	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	
THALITONE TABS 15MG	3	
Dyslipidemics, Fibrin Acid Derivatives		
FENOFIBRATE CAPS 150MG, 50MG	2	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg</i>	2	
<i>gemfibrozil tabs 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
LIVALO TABS 1MG, 2MG, 4MG	3	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	2	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	2	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	4	
ZYPITAMAG TABS 2MG, 4MG	3	ST
Dyslipidemics, Other		
<i>ezetimibe tabs 10mg</i>	2	
<i>icosapent ethyl caps 0.5gm, 1gm</i>	2	
NEXLETOL TABS 180MG	3	QL (30 EA per 30 days) PA
NEXLIZET TABS 180MG; 10MG	3	QL (30 EA per 30 days) PA
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	2	
PRALUENT INJ 150MG/ML, 75MG/ML	3	QL (2 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
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tabs 25mg, 50mg</i>	2	
<i>spironolactone tabs 100mg, 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin tabs 10mg, 5mg</i>	3	QL (30 EA per 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
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, 2 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 (DIF) TBCR 27MG, 54MG	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) TBCR 36MG	2	QL (60 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)
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)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln 10mg/5ml, 5mg/5ml</i>	2	
<i>methylphenidate hydrochloride tabs 10mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days)
RELEXXII TBCR 72MG	4	QL (30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABS 12MG, 6MG, 9MG	5	QL (120 EA per 30 days) PA NDS
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/acetaminophen caps 300mg; 50mg</i>	2	
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	2	QL (180 EA per 30 days)
<i>butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg</i>	2	QL (180 EA per 30 days)
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	QL (60 EA per 30 days) PA NDS
TENCON TABS 325MG; 50MG	3	QL (180 EA per 30 days)
Fibromyalgia Agents		
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
<i>dalfampridine er tb12 10mg</i>	2	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack cdpk 0</i>	2	QL (120 EA per 365 days) PA
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	2	QL (60 EA per 30 days) PA NDS
MAYZENT STARTER PACK TBPk 0.25MG	3	QL (24 EA per 365 days) PA
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
ZEPOSIA CAPS 0.92MG	5	QL (30 EA per 30 days) PA NDS
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride caps 30mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
<i>periogard soln 0.12%</i>	1	
Dermatological Agents		
Acne and Rosacea Agents		
EPIDUO FORTE GEL 0.3%; 2.5%	4	
FINACEA FOAM 15%	3	QL (50 GM per 30 days)
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
Dermatitis and Pruritus Agents		
<i>ala-cort crea 1%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate liqd 0.05%</i>	2	
<i>clobetasol propionate lotn 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	QL (120 GM per 30 days)
<i>clobetasol propionate sham 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
<i>clodan sham 0.05%</i>	2	
EUCRISA OINT 2%	3	PA
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
<i>mometasone furoate crea 0.1%</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	QL (100 GM per 30 days)
<i>triamcinolone acetonide crea 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	2	
TRIAMCINOLONE ACETONIDE LOTN 0.025%	2	
<i>triamcinolone acetonide lotn 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.05%, 0.5%</i>	2	
<i>triderm crea 0.5%</i>	2	
Dermatological Agents, Other		
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	QL (90 GM per 30 days)
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN 0.05%; 1%	2	QL (60 ML per 30 days)
FLUOROURACIL CREA 0.5%	5	NDS
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
FLUOROURACIL SOLN 2%	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod crea 5%</i>	2	QL (48 EA per 30 days)
PROCTOFOAM HC FOAM 1%; 1%	3	
SANTYL OINT 250UNIT/GM	3	QL (180 GM per 30 days)
VECTICAL OINT 3MCG/GM	3	
Pediculicides/Scabicides		
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days)
<i>permethrin crea 5%</i>	2	QL (60 GM per 30 days)
Topical Anti-infectives		
<i>ciclopirox nail lacquer soln 8%</i>	2	QL (13.2 ML per 30 days) PA
<i>ciclopirox olamine crea 0.77%</i>	2	QL (90 GM per 30 days)
<i>clindamycin phosphate (once-daily) gel 1%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	QL (75 ML per 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 ML per 30 days)
<i>mupirocin oint 2%</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		

Drug Name	Drug Tier	Requirements/Limits
Electrolyte/Mineral Replacement		
<i>klor-con 10 tbc 10meq</i>	2	
<i>klor-con 8 tbc 8meq</i>	2	
<i>klor-con m10 tbc 10meq</i>	2	
<i>klor-con m15 tbc 15meq</i>	2	
<i>klor-con m20 tbc 20meq</i>	2	
<i>potassium chloride er cpr 10meq, 8meq</i>	2	
POTASSIUM CHLORIDE ER TBCR 15MEQ	2	
<i>potassium chloride er tbc 10meq, 15meq, 20meq, 8meq</i>	2	
<i>sodium chloride 0.45% inj 0.45%</i>	2	
<i>sodium chloride inj 0.9%, 3%</i>	2	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox tabs 360mg, 90mg</i>	2	PA
<i>deferasirox tbso 125mg</i>	2	PA NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	PA NDS
Phosphate Binders		
<i>calcium acetate caps 667mg</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>sevelamer carbonate pack 0.8gm, 2.4gm</i>	2	NDS
<i>sevelamer carbonate tabs 800mg</i>	2	
VELPHORO CHEW 500MG	5	NDS
Potassium Binders		
<i>kionex susp 15gm/60ml</i>	2	
LOKELMA PACK 10GM, 5GM	3	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	2	
<i>sps susp 15gm/60ml</i>	2	
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	4	QL (30 EA per 30 days)
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose soln 10gm/15ml</i>	2	
<i>kristalose pack 10gm, 20gm</i>	3	ST
<i>lactulose pack 10gm</i>	2	
<i>lactulose soln 10gm/15ml</i>	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		
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	2	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	2	
<i>loperamide hydrochloride caps 2mg</i>	2	
VIBERZI TABS 100MG, 75MG	5	QL (60 EA per 30 days) PA NDS
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln 10mg/5ml</i>	2	
<i>dicyclomine hydrochloride caps 10mg</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
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	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hydrochloride tabs 10mg, 5mg</i>	1	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	4	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	2	
SUTAB TABS 225MG; 188MG; 1479MG	3	
XIFAXAN TABS 200MG, 550MG	3	QL (90 EA per 30 days) PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine susr 40mg/5ml</i>	2	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	2	
Protectants		
<i>misoprostol tabs 100mcg, 200mcg</i>	2	
<i>sucalfate susp 1gm/10ml</i>	2	
<i>sucalfate tabs 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr 15mg, 30mg</i>	2	QL (60 EA per 30 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole cpdr 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	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		
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
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tabs 500mg</i>	5	NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	5	ST 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		
<i>Antispasmodics, Urinary</i>		
GEMTESA TABS 75MG	4	QL (30 EA per 30 days)
MYRBETRIQ TB24 25MG, 50MG	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er tb24 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride soln 5mg/5ml</i>	2	
<i>oxybutynin chloride tabs 2.5mg, 5mg</i>	2	
<i>solifenacin succinate tabs 10mg, 5mg</i>	2	
<i>tolterodine tartrate er cp24 2mg, 4mg</i>	2	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	2	
<i>trospium chloride tabs 20mg</i>	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tb24 10mg</i>	2	QL (30 EA per 30 days)
<i>dutasteride caps 0.5mg</i>	2	
<i>finasteride tabs 5mg</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	2	QL (60 EA per 30 days)
<i>terazosin hcl caps 5mg</i>	1	
<i>terazosin hcl caps 10mg, 1mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg</i>	2	
ELMIRON CAPS 100MG	5	QL (90 EA per 30 days) NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	2	
DEXLYT TABS 0.25MG	5	PA NDS
HEMADY TABS 20MG	3	ST
MEDROL DOSEPAK TBPk 4MG	4	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone tabs 16mg, 32mg, 4mg, 8mg</i>	2	
PREDNISON INTENSOL CONC 5MG/ML	2	
PREDNISON SOLN 5MG/5ML	2	
<i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tabs 1mg</i>	2	
<i>prednisone tbpk 10mg, 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	2	
GENOTROPIN MINISQUICK INJ 0.2MG	3	PA
GENOTROPIN MINISQUICK 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, 5MG/1.5ML	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		
<i>danazol caps 100mg, 200mg, 50mg</i>	2	
<i>depo-testosterone inj 100mg/ml, 200mg/ml</i>	4	QL (10 ML per 28 days) PA
TESTIM GEL 1%	4	QL (300 GM per 30 days) PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	QL (10 ML per 28 days) PA
<i>testosterone pump gel 1.62%</i>	2	QL (150 GM per 30 days) PA
<i>testosterone pump gel 1%</i>	2	QL (300 GM per 30 days) PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	2	QL (150 GM per 30 days) PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	2	QL (300 GM per 30 days) PA
<i>testosterone soln 30mg/act</i>	2	QL (180 ML per 30 days) PA
XYOSTED INJ 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	QL (2 ML per 28 days) PA
Estrogens		
BIJUVA CAPS 1MG; 100MG	3	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	3	QL (4 EA per 28 days)
ESTRACE CREA 0.1MG/GM	4	
<i>estradiol crea 0.1mg/gm</i>	2	
<i>estradiol tabs 10mcg</i>	2	
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days)
IMVEXXY MAINTENANCE PACK INST 10MCG	3	QL (8 EA per 28 days) PA
IMVEXXY STARTER PACK INST 10MCG	3	QL (36 EA per 365 days) PA
PREMARIN CREA 0.625MG/GM	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	QL (30 EA per 30 days)
PREMPHASE TABS 0.625MG; 5MG	3	QL (28 EA per 28 days)
PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	QL (28 EA per 28 days)
VAGIFEM TABS 10MCG	4	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	2	
<i>yuvafem tabs 10mcg</i>	2	
Progestins		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	
MEGESTROL ACETATE SUSP 625MG/5ML	2	
<i>megestrol acetate susp 40mg/ml</i>	2	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	
<i>progesterone caps 100mg, 200mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE TABS 20MG; 0.45MG	3	

Drug Name	Drug Tier	Requirements/Limits
OSPHERA 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		
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
liothyronine sodium tabs 25mcg, 50mcg, 5mcg	2	
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	
unithroid tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	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	5	PA NDS
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 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	3	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA NDS
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	QL (36 ML per 30 days) PA NDS
RUCONEST INJ 2100UNIT	5	PA NDS
Immunoglobulins		
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
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	3	PA
OCTAGAM INJ 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
<i>Immunological Agents, Other</i>		
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
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA NDS
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA NDS
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
<i>Immunostimulants</i>		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA NDS
PEGASYS INJ 180MCG/ML	5	QL (4 ML per 28 days) PA NDS
<i>Immunosuppressants</i>		
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 SUSR 200MG/ML	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
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D
ENVARUSUS XR TB24 4MG	5	B/D NDS
everolimus tabs 0.25mg, 0.5mg	2	B/D
everolimus tabs 0.75mg	5	B/D NDS
engraf caps 100mg, 25mg	2	B/D
IMURAN TABS 50MG	4	B/D
leflunomide tabs 10mg, 20mg	2	
METHOTREXATE SODIUM INJ 50MG/2ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps 250mg</i>	2	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D NDS
<i>mycophenolate mofetil tabs 500mg</i>	2	B/D
<i>mycophenolic acid dr tbec 180mg, 360mg</i>	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
PEGASYS INJ 180MCG/0.5ML	5	QL (2 ML per 28 days) PA NDS
PROGRAF PACK 0.2MG	3	B/D
PROGRAF PACK 1MG	4	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
<i>sirolimus soln 1mg/ml</i>	2	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	2	B/D
<i>sirolimus tabs 2mg</i>	2	B/D NDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL TABS 10MG, 15MG, 5MG, 7.5MG	3	
XATMEP SOLN 2.5MG/ML	3	PA
ZORTRESS TABS 0.25MG, 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	
SHINGRIX INJ 50MCG/0.5ML	3	QL (2 EA per 999 days)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium caps 750mg</i>	2	
DIPENTUM CAPS 250MG	5	NDS
<i>mesalamine dr cpdr 400mg</i>	2	ST
<i>mesalamine dr tbec 1.2gm</i>	2	QL (120 EA per 30 days)
<i>mesalamine dr tbec 800mg</i>	2	QL (180 EA per 30 days)
<i>mesalamine er cp24 0.375gm</i>	2	QL (120 EA per 30 days)
<i>mesalamine er cpcr 500mg</i>	2	QL (240 EA per 30 days)
<i>mesalamine enem 4gm</i>	2	QL (1800 ML per 30 days)
<i>mesalamine supp 1000mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tabs 500mg</i>	2	
<i>sulfasalazine tbec 500mg</i>	2	
Glucocorticoids		
<i>budesonide er tb24 9mg</i>	5	ST NDS
<i>budesonide cpep 3mg</i>	2	
<i>hydrocortisone crea 2.5%</i>	2	QL (300 GM per 30 days)
<i>procto-med hc crea 2.5%</i>	2	QL (300 GM per 30 days)
<i>proctosol hc crea 2.5%</i>	2	QL (300 GM per 30 days)
<i>proctozone-hc crea 2.5%</i>	2	QL (300 GM per 30 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln 70mg/75ml</i>	2	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium tabs 10mg</i>	2	
BINOSTO TBEF 70MG	3	QL (4 EA per 28 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
FORTEO INJ 560MCG/2.24ML	5	QL (2.24 ML per 28 days) PA NDS
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
RAYALDEE CPR 30MCG	5	QL (60 EA per 30 days) NDS
ROCALTROL CAPS 0.25MCG, 0.5MCG	4	
<i>teriparatide inj 560mcg/2.24ml</i>	5	QL (2.24 ML per 28 days) PA NDS
TYMLOS INJ 3120MCG/1.56ML	5	QL (1.56 ML per 30 days) PA NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PADS 70%	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	QL (200 EA per 30 days)
MISC		
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL (200 EA per 30 days)
INSULIN SYRINGES, NEEDLES MISC	1	QL (200 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Agents, Other		
CEQUA SOLN 0.09%	4	
COMBIGAN SOLN 0.2%; 0.5%	3	
<i>cyclosporine emul 0.05%</i>	2	QL (60 EA per 30 days)
<i>dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	2	
MIEBO SOLN 1.338GM/ML	4	QL (12 ML per 30 days)
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMUL 0.05%	3	QL (5.5 ML per 25 days)
RESTASIS EMUL 0.05%	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	QL (120 EA per 30 days) PA NDS
tobramycin/dexamethasone susp 0.1%; 0.3%	2	
VERKAZIA EMUL 0.1%	5	
XIIDRA SOLN 5%	4	
ZYLET SUSP 0.5%; 0.3%	3	
Ophthalmic Anti-allergy Agents		
azelastine hcl soln 0.05%	2	QL (60 EA per 30 days)
BEPREVE SOLN 1.5%	4	
epinastine hcl soln 0.05%	2	
ZERVIAE SOLN 0.24%	3	
Ophthalmic Anti-Infectives		
AZASITE SOLN 1%	3	QL (4 ML per 30 days)
BESIVANCE SUSP 0.6%	3	
ciprofloxacin hydrochloride soln 0.3%	2	
erythromycin oint 5mg/gm	1	
moxifloxacin hydrochloride soln 0.5%	2	
OCUFLOX SOLN 0.3%	4	
ofloxacin ophthalmic soln 0.3%	2	
tobramycin soln 0.3%	1	
ZIRGAN GEL 0.15%	3	
Ophthalmic Anti-inflammatories		
ACULAR LS SOLN 0.4%	4	QL (20 GM per 365 days)
ACULAR SOLN 0.5%	4	
ALREX SUSP 0.2%	3	
DUREZOL EMUL 0.05%	4	
FLAREX SUSP 0.1%	3	
ILEVRO SUSP 0.3%	3	
KETOROLAC TROMETHAMINE SOLN 0.4%	2	
ketorolac tromethamine soln 0.5%	2	
LOTEMAX SM GEL 0.38%	3	
LOTEMAX OINT 0.5%	3	
NEVANAC SUSP 0.1%	3	QL (14 GM per 365 days)
PRED FORTE SUSP 1%	3	
PRED FORTE SUSP 1%	4	QL (4 ML per 30 days)
prednisolone acetate susp 1%	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
ISTALOL SOLN 0.5%	4	QL (4 ML per 30 days)
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	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide tabs 125mg, 250mg	2	QL (2.5 ML per 25 days)
brimonidine tartrate soln 0.1%, 0.2%	2	
dorzolamide hydrochloride soln 2%	2	
RHOPRESSA SOLN 0.02%	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost soln 0.03%	2	QL (5 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IYUZEH SOLN 0.005%	3	ST
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)
Otic Agents		
<i>Otic Agents</i>		
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		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ALVESCO AERS 160MCG/ACT, 80MCG/ACT	3	QL (12.2 GM per 30 days) ST
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	QL (16 GM per 30 days)
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
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL (21.2 GM per 30 days)
<i>Antihistamines</i>		
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)
hydroxyzine hcl tabs 50mg	2	PA
hydroxyzine hydrochloride tabs 10mg, 25mg	2	PA
HYDROXYZINE PAMOATE CAPS 100MG	2	PA
hydroxyzine pamoate caps 25mg, 50mg	2	PA
levocetirizine dihydrochloride soln 2.5mg/5ml	2	
levocetirizine dihydrochloride tabs 5mg	2	QL (30 EA per 30 days)
<i>Antileukotrienes</i>		
montelukast sodium chew 5mg	1	QL (30 EA per 30 days)
montelukast sodium chew 4mg	2	QL (30 EA per 30 days)
montelukast sodium pack 4mg	2	
montelukast sodium tabs 10mg	1	QL (30 EA per 30 days)
zafirlukast tabs 10mg, 20mg	2	QL (60 EA per 30 days)
<i>Bronchodilators, Anticholinergic</i>		
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%	2	QL (30 ML per 28 days)
ipratropium bromide soln 0.06%	2	QL (45 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS 18MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3	QL (4 GM per 30 days)
TIOTROPIUM BROMIDE CAPS 18MCG	3	QL (30 EA per 30 days)
YUPELRI NEBU 175MCG/3ML	5	QL (90 ML per 30 days) B/D NDS
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	4	QL (48 GM per 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	2	
<i>albuterol sulfate tabs 2mg, 4mg</i>	2	
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	2	QL (4 EA per 30 days)
<i>epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL (4 EA per 30 days)
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	QL (84 ML per 28 days) PA NDS
TOBI PODHALER CAPS 28MG	5	QL (224 EA per 56 days) NDS
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 28 days) B/D NDS
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
THEO-24 CP24 100MG, 200MG, 300MG, 400MG	3	
<i>theophylline er tb12 300mg</i>	2	
<i>theophylline er tb24 400mg, 600mg</i>	2	
<i>theophylline soln 80mg/15ml</i>	2	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA NDS
<i>alyq tabs 20mg</i>	2	QL (60 EA per 30 days) PA NDS
<i>ambrisentan tabs 10mg, 5mg</i>	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
<i>sildenafil citrate susr 10mg/ml</i>	2	PA NDS
<i>sildenafil citrate tabs 20mg</i>	2	QL (90 EA per 30 days) PA
<i>tadalafil tabs 20mg</i>	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		
OFEV CAPS 100MG, 150MG	5	QL (60 EA per 30 days) PA NDS
<i>pirfenidone caps 267mg</i>	5	QL (270 EA per 30 days) PA NDS
PIRFENIDONE TABS 534MG	5	PA NDS
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA NDS
<i>pirfenidone tabs 801mg</i>	5	QL (90 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents, Other		
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)
<i>breyana aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL (10.3 GM per 30 days) ST
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	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
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	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)
<i>wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride er cp24 30mg</i>	2	QL (30 EA per 30 days)
<i>cyclobenzaprine hydrochloride er cp24 15mg</i>	2	QL (60 EA per 30 days)
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	QL (90 EA per 30 days) PA
<i>methocarbamol tabs 500mg, 750mg</i>	2	
<i>methocarbamol tabs 1000mg</i>	5	NDS
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	QL (30 EA per 30 days)
<i>temazepam caps 15mg, 22.5mg, 30mg, 7.5mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er tbc 12.5mg, 6.25mg</i>	2	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE SUBL 1.75MG, 3.5MG	2	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA
<i>modafinil tabs 100mg, 200mg</i>	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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<i>mesalamine er</i>	35
MESNEX	13
<i>metformin hydrochloride</i>	20
<i>metformin hydrochloride er</i>	20
<i>methenamine hippurate</i>	2
<i>methimazole</i>	33
<i>methocarbamol</i>	40
<i>methotrexate</i>	35
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<i>methylphenidate hydrochloride</i>	27
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<i>methylphenidate hydrochloride er (cd)</i>	26
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<i>methylphenidate hydrochloride er (la)</i>	26
<i>methylphenidate hydrochloride er (osm)</i>	26
<i>methylprednisolone</i>	31
<i>methylprednisolone dose pack</i>	31

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<i>metoclopramide hydrochloride</i>	30
<i>metoprolol succinate er</i>	24
<i>metoprolol tartrate</i>	24
<i>metronidazole</i>	2
<i>metronidazole</i>	27
<i>midodrine hydrochloride</i>	23
MIEBO	36
MIGERGOT	9
<i>minocycline hcl</i>	3
<i>minocycline hydrochloride</i>	3
MINOCYCLINE HYDROCHLORIDE ER	3
<i>minoxidil</i>	26
<i>mirtazapine</i>	6
<i>mirtazapine odt</i>	6
<i>misoprostol</i>	30
<i>modafinil</i>	41
<i>molindone hydrochloride</i>	14
<i>mometasone furoate</i>	28
<i>mometasone furoate</i>	38
<i>montelukast sodium</i>	38
<i>morphine sulfate er</i>	1
MOTEGRITY	29
MOUNJARO	20
MOVANTIK	29
MOVIPREP	30
<i>moxifloxacin hydrochloride</i>	37
MULTAQ	23
<i>mupirocin</i>	28
<i>mycophenolate mofetil</i>	35
<i>mycophenolic acid dr</i>	35
MYFORTIC	35
MYRBETRIQ	31
NALOXONE HYDROCHLORIDE	2
<i>naltrexone hydrochloride</i>	1
NAMZARIC	6
<i>naproxen</i>	1
NARDIL	7
NAYZILAM	4
<i>nebivolol hydrochloride</i>	24
NEFAZODONE HYDROCHLORIDE	7
<i>neomycin sulfate</i>	2
<i>neomycin/polymyxin/dexamethasone</i>	36
<i>neomycin/polymyxin/hc</i>	38
<i>neomycin/polymyxin/hydrocortisone</i>	38
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<i>nevirapine er</i>	17
NEXAVAR	12
NEXIUM	30
NEXLETOL	25
NEXLIZET	25
NICOTROL NS	2
<i>nifedipine</i>	24
<i>nifedipine er</i>	24
NILUTAMIDE	10
NINLARO	12
<i>nitro-bid</i>	26
<i>nitrofurantoin monohydrate/macrocrystals</i>	2
<i>nitroglycerin</i>	26
<i>nitroglycerin transdermal</i>	26
NIVESTYM	23
NORDITROPIN FLEXPEN	32
NORPRAMIN	8
<i>nortriptyline hcl</i>	8
<i>nortriptyline hydrochloride</i>	8
NORVIR	18
NOVOLIN 70/30	22
NOVOLIN 70/30 FLEXPEN	22
NOVOLIN N	22
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NOVOLOG FLEXPEN	22
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NOVOLOG MIX 70/30 PREFILLED	22
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NOVOLOG PENFILL	22
NUBEQA	10
NUCALA	40
NUCYNTA ER	1
NUEDEXTA	27
NUPLAZID	15
NURTEC	9
NUZYRA	3
<i>nyamyc</i>	9
<i>nystatin</i>	9
<i>nystop</i>	9
NYVEPRIA	23
OCTAGAM	34
<i>octreotide acetate</i>	33
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<i>ofloxacin</i>	37
<i>ofloxacin</i>	38
<i>olanzapine</i>	15
<i>olanzapine odt</i>	15
<i>olanzapine/fluoxetine</i>	6
<i>olmesartan medoxomil</i>	23
<i>omega-3-acid ethyl esters</i>	25
<i>omeprazole</i>	30
<i>omeprazole dr</i>	30
OMNITROPE	32
<i>ondansetron hcl</i>	8
<i>ondansetron hydrochloride</i>	8
<i>ondansetron odt</i>	8
ONUREG	10
OPSUMIT	39
ORENITRAM	39
ORILISSA	33
<i>oseltamivir phosphate</i>	18
OSPHENA	33
OTEZLA	34
<i>oxazepam</i>	19
<i>oxcarbazepine</i>	5
OXTELLAR XR	5
<i>oxybutynin chloride</i>	31
<i>oxybutynin chloride er</i>	31
<i>oxycodone hydrochloride</i>	1
OXYCODONE/ACETAMINOPHEN	1
OXYCONTIN	1
OZEMPIC	20
<i>pacerone</i>	24
<i>paliperidone er</i>	15
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<i>pantoprazole sodium</i>	30
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<i>paroxetine</i>	7
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<i>phenoxybenzamine hydrochloride</i>	23
<i>phenytek</i>	5
<i>phenytoin</i>	6
<i>phenytoin sodium extended</i>	5
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<i>pimozide</i>	14
<i>pioglitazone hcl</i>	20
<i>pioglitazone hydrochloride</i>	20
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<i>polymyxin b sulfate/trimethoprim sulfate</i>	36
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<i>potassium chloride er</i>	29
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<i>pramipexole dihydrochloride</i>	13
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<i>prazosin hydrochloride</i>	23
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<i>prednisolone acetate</i>	37
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<i>pregabalin</i>	5
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PRIMIDONE	5
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<i>prochlorperazine maleate</i>	8
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<i>proctosol hc</i>	36
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<i>propylthiouracil</i>	33
<i>protriptyline hcl</i>	8
PULMICORT FLEXHALER	38
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<i>pyridostigmine bromide</i>	9
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QUETIAPINE FUMARATE	7
<i>quetiapine fumarate</i>	15
<i>quetiapine fumarate er</i>	15
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<i>rifampin</i>	9
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<i>risperidone</i>	15
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<i>rizatriptan benzoate odt</i>	9

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<i>roweepra</i>	4
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RUCONEST	33
<i>rufinamide</i>	6
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RYDAPT	12
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SAVELLA	27
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<i>selegiline hcl</i>	14
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<i>sertraline hcl</i>	8
<i>sertraline hydrochloride</i>	8
<i>sevelamer carbonate</i>	29
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SOAANZ	25
<i>sodium chloride</i>	29
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<i>sodium polystyrene sulfonate</i>	29
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STIOLTO RESPIMAT	40
STIVARGA	12
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<i>subvenite</i>	4
<i>subvenite starter kit/blue</i>	4
<i>subvenite starter kit/green</i>	4
<i>subvenite starter kit/orange</i>	4
<i>sucralfate</i>	30
<i>sulfacetamide sodium</i>	3
<i>sulfamethoxazole/trimethoprim</i>	3
<i>sulfamethoxazole/trimethoprim ds</i>	3
<i>sulfasalazine</i>	36
<i>sumatriptan succinate</i>	9
<i>sunitinib malate</i>	12
SUNOSI	41
SUTAB	30
SYMBICORT	40
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SYMPAZAN	5
SYMTUZA	18
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<i>tadalafil</i>	39
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<i>testosterone cypionate</i>	32
<i>testosterone pump</i>	32
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<i>theophylline er</i>	39
<i>thioridazine hydrochloride</i>	14
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<i>tolterodine tartrate</i>	31
<i>tolterodine tartrate er</i>	31
<i>topiramate</i>	4
<i>topiramate er</i>	4
<i>toremifene citrate</i>	10
<i>toremide</i>	25
TOUJEO MAX SOLOSTAR	22
TOUJEO SOLOSTAR	22
TRADJENTA	20
TRAMADOL HYDROCHLORIDE	1
<i>tramadol hydrochloride er</i>	1
<i>tranexamic acid</i>	23
<i>tranylcypromine sulfate</i>	7
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TRELEGY ELLIPTA	40
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<i>trihexyphenidyl hydrochloride</i>	13
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<i>trimipramine maleate</i>	8
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<i>valganciclovir</i>	16
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<i>valproic acid</i>	4
<i>valsartan</i>	23
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VALTOCO 5 MG DOSE	5
VECTICAL	28
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<i>venlafaxine hydrochloride er</i>	8
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<i>verapamil hydrochloride</i>	24
<i>verapamil hydrochloride er</i>	24
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<i>vigadrone</i>	5
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VIMPAT	6
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<i>wixela inhub</i>	40
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<i>ziprasidone mesylate</i>	16
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ZOCOR	25
ZOLINZA	10
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<i>zonisamide</i>	6
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Notes

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Russian – РУССКИЙ: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-773-7725 или обратитесь к своему поставщику услуг.

Hindi – हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-773-7725 पर कॉल करें या अपने प्रदाता से बात करें।

Italian – Italiano: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-773-7725 o parla con il tuo fornitore.

Portuguese – Português do Brasil: ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-773-7725 ou fale com seu provedor.

French Creole – Kreyòl Fransè: ATANSYON: Si w pale Kreyòl Fransè, sèvis asistans lengwistik gratis yo disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele 1-800-773-7725 oswa pale ak founisè w la.

Polish – POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-773-7725 lub porozmawiaj ze swoim dostawcą.

Japanese – 日本語: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-773-7725 までお電話ください。または、ご利用の事業者にご相談ください。

Pennsylvania Dutch – Pennsilfaanisch Deutsch: UFFGEPASS! Wann du Pennsylvanisch-Deutsch schwetzscht, gebbt's fer dich gratis Hilf mit die Schprooch. Aagmessiche Hilfsmittel un Dienscht, die Information in zugängliche Formate gebbe kenne, sin aa gratis verfügbar. Ruf aa bei 1-800-773-7725 oder schwetz mit dei Versorger.