



**Keystone 65 Rx HMO,
Personal Choice 65SM Rx PPO,
Select Option[®] PDP
2020 Formulary
(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact us at Keystone 65 Rx at 1-800-645-3965; Personal Choice 65 Rx at 1-888-718-3333; Select Option Rx at 1-888-678-7009; or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit www.ibxmedicare.com.

Group 3-tier open

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 Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2021, and from time to time during the year.

What is the Independence Blue Cross Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 12/01/2020. To get updated information about the drugs covered by the plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a midyear non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. 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 6. 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 98. The Index provides an alphabetical list of all of 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that we will cover. For example, our plan provides 30 per prescription for Simvastatin 40mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain 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 plan 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 Independence Blue Cross formulary?” on page 3 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 our Member Help Team and ask if your drug is covered.

If you learn that the plan does not cover your drug, you have two options:

- You can ask our Member Help Team for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask us 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 Independence Blue Cross Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or another prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, 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 30-day supply of medication. 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 while you pursue a formulary exception.

If a transition occurs due to a member changing setting, such as moving from a home residence to a long-term care facility and then back again, our plan has a method in place to ensure that you have access to your medication. If your change of setting cannot be identified by the automated system, the pharmacy can notify our plan of the setting change and provide you with your needed medications. You will receive notice that you must either switch to a therapeutically appropriate drug on the plan's formulary or request an exception to continue taking the requested drug.

For more information

For more detailed information about your plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about the plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Independence Blue Cross's Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

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

The information in the Requirements/Limits column tells you if the plan has any special requirements for coverage of your drug:

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the plan limits the amount of the drug that we will cover. For example, our plan provides 30 per prescription for Simvastatin 40mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Non-Extended Day Supply (NDS):** All prescription fills for opioid medications will be limited to a 30-day supply. Future Scripts Home Delivery requires that you must use 80 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.

The Drug Tier column of the chart lists the drug tier. The drug tier is the level of formulary cost-sharing for which the member is responsible. See your *Evidence of Coverage* for more information about cost-sharing amounts.

Drug Name	Tier	Requirements
Antihistamine Drugs		
First Generation Antihistamines		
<i>carbinoxamine maleate oral solution</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>clemapidine fumarate oral tablet 2.68 mg</i>	1	PA
<i>cyproheptadine hcl oral</i>	1	
<i>dexchlorpheniramine maleate oral solution</i>	1	
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
<i>promethazine-phenylephrine</i>	1	PA
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	1	PA
RYCLORA ORAL SOLUTION	3	
RYVENT	1	PA
Second Generation Antihistamines		
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	
CLARINEX-D 12 HOUR	3	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet dispersible</i>	3	
<i>levocetirizine dihydrochloride oral</i>	1	
SEMPREX-D	3	
Anti-Infective Agents		
Anthelmintics		
<i>albendazole oral</i>	3	
ALBENZA	3	
BILTRICIDE	3	
EMVERM	3	
<i>ivermectin oral</i>	1	
<i>praziquantel oral</i>	1	
STROMECTOL	3	
Antibacterials		
ACTICLATE	3	ST
AEMCOLO	3	QL (12 EA per 30 days)
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	

Drug Name	Tier	Requirements
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE	3	PA
AVYCAZ	3	
AZACTAM	3	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
BACTRIM	3	
BACTRIM DS	3	
BAXDELA	3	
BETHKIS	3	PA
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
CAYSTON	3	PA
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefixime</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	

Drug Name	Tier	Requirements
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin</i>	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN ORAL	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>colistimethate sodium (cba)</i>	1	
CUBICIN	3	
DALVANCE	3	
<i>daptomycin intravenous solution reconstituted 350 mg</i>	3	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	QL (60 EA per 30 days)
DORYX MPC	3	ST
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3	ST
DOXY 100	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	

Drug Name	Tier	Requirements
<i>doxycycline monohydrate oral</i>	1	
E.E.S. GRANULES	3	
<i>ertapenem sodium</i>	1	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles</i>	3	
<i>erythromycin base oral tablet</i>	3	
<i>erythromycin base oral tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
FIRVANQ	3	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>imipenem-cilastatin</i>	1	
INVANZ INJECTION	3	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	1	QL (1680 ML per 28 days)
<i>linezolid oral tablet</i>	1	QL (56 EA per 28 days)
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	1	
<i>minocycline hcl oral</i>	1	
MINOLIRA	3	ST
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	1	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
NUZYRA	3	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oxacillin sodium in dextrose</i>	1	

Drug Name	Tier	Requirements
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
SEYSARA	3	ST
SIVEXTRO	3	PA; QL (6 EA per 30 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
<i>streptomycin sulfate intramuscular</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfasalazine oral</i>	1	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TARGADOX	3	ST
TAZICEF INJECTION	1	
TEFLARO	3	
<i>tetracycline hcl oral</i>	1	
<i>tigecycline</i>	1	
TOBI	3	PA
TOBI PODHALER	3	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
TYGACIL	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	

Drug Name	Tier	Requirements
VABOMERE	3	PA
VANCOCIN	3	
VANCOCIN HCL ORAL CAPSULE 125 MG	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule</i>	3	
<i>vancomycin hcl oral solution reconstituted</i>	1	
VIBRAMYCIN	3	ST
XENLETA ORAL	3	PA; QL (10 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI	3	PA
ZERBAXA	3	PA
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL (1680 ML per 28 days)
ZYVOX ORAL TABLET	3	QL (56 EA per 28 days)
Antifungals		
ABELCET	3	PA
AMBISOME	3	PA
<i>amphotericin b intravenous</i>	1	PA
ANCOBON	3	
CANCIDAS	3	
<i>caspofungin acetate</i>	1	
CRESEMBA ORAL	3	PA
DIFLUCAN	3	
ERAXIS	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	

Drug Name	Tier	Requirements
<i>itraconazole oral</i>	1	
<i>ketoconazole oral</i>	1	
<i>micafungin sodium</i>	1	
MYCAMINE	3	
NOXAFIL ORAL	3	PA
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>posaconazole</i>	1	PA
SPORANOX	3	
<i>terbinafine hcl oral</i>	1	
<i>tolsura</i>	3	
VFEND	3	
VFEND IV	1	
<i>voriconazole intravenous</i>	1	
<i>voriconazole oral</i>	1	
Antimycobacterials		
<i>dapsone oral</i>	1	
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
PASER	3	
<i>pretomanid</i>	3	PA
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	3	PA
TRECTOR	3	
Antiprotozoals		
ALINIA	3	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>benznidazole</i>	3	
<i>chloroquine phosphate oral</i>	1	
COARTEM	3	
DARAPRIM	3	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET 500 MG	3	

Drug Name	Tier	Requirements
<i>hydroxychloroquine sulfate oral</i>	1	
KRINTAFEL	3	
MALARONE	3	
<i>mefloquine hcl</i>	1	
MEPRON	3	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
NEBUPENT	3	PA
<i>paromomycin sulfate oral</i>	1	
PENTAM	3	
<i>pentamidine isethionate inhalation</i>	1	PA
<i>pentamidine isethionate injection</i>	1	
PLAQUENIL	3	
<i>primaquine phosphate oral</i>	1	
<i>pyrimethamine oral</i>	1	
QUALAQUIN	3	PA
<i>quinine sulfate oral</i>	1	PA
SOLOSEC	3	
<i>tinidazole oral</i>	1	
Antivirals		
<i>abacavir sulfate oral solution</i>	1	
<i>abacavir sulfate oral tablet</i>	1	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (60 EA per 30 days)
<i>acyclovir oral</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	PA
<i>adefovir dipivoxil</i>	3	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	3	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION	3	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
ATRIPLA	3	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	3	QL (600 ML per 30 days)
BARACLUDE ORAL TABLET	3	QL (30 EA per 30 days)
BIKTARVY	3	QL (30 EA per 30 days)
CIMDUO	3	
COMBIVIR	3	QL (60 EA per 30 days)
COMPLERA	3	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	3	QL (450 EA per 30 days)

Drug Name	Tier	Requirements
CRIXIVAN ORAL CAPSULE 400 MG	3	QL (180 EA per 30 days)
DELSTRIGO	3	
DESCOVY	3	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	QL (30 EA per 30 days)
DOVATO	3	
EDURANT	3	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	
<i>efavirenz oral tablet</i>	1	QL (30 EA per 30 days)
<i>emtricitabine</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	3	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	3	
<i>entecavir</i>	1	QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA; QL (84 EA per 365 days)
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET 150 MG	3	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
EPZICOM	3	QL (30 EA per 30 days)
EVOTAZ	3	QL (30 EA per 30 days)
<i>famciclovir oral</i>	3	
<i>fosamprenavir calcium</i>	1	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	QL (60 EA per 30 days)
GENVOYA	3	QL (30 EA per 30 days)
HARVONI ORAL PACKET	3	PA
HARVONI ORAL TABLET 90-400 MG	3	PA
HEPSERA	3	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	3	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	3	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL TABLET	3	QL (120 EA per 30 days)
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	3	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET 100-25 MG	3	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	QL (120 EA per 30 days)
<i>lamivudine oral solution</i>	1	

Drug Name	Tier	Requirements
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine-zidovudine</i>	3	QL (60 EA per 30 days)
<i>ledipasvir-sofosbuvir</i>	3	PA
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	3	QL (120 EA per 30 days)
<i>lopinavir-ritonavir</i>	1	
MAVYRET	3	PA
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	QL (60 EA per 30 days)
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
NORVIR ORAL TABLET	3	QL (360 EA per 30 days)
ODEFSEY	3	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (60 EA per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (540 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	3	
PIFELTRO	3	
PLEGRIDY	3	QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	3	QL (1 ML per 28 days)
PREVYMIS ORAL	3	
PREZCOBIX	3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG	3	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	3	QL (30 EA per 30 days)
RELENZA DISKHALER	3	QL (60 EA per 180 days)
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 300 MG	3	QL (30 EA per 30 days)
REYATAZ ORAL CAPSULE 200 MG	3	QL (60 EA per 30 days)
REYATAZ ORAL PACKET	3	
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	QL (360 EA per 30 days)

Drug Name	Tier	Requirements
<i>rukobia</i>	3	QL (60 EA per 30 days)
SELZENTRY	3	
SITAVIG	3	
<i>sofosbuvir-velpatasvir</i>	2	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	3	PA
SOVALDI ORAL TABLET 400 MG	3	PA
<i>stavudine oral capsule</i>	1	QL (60 EA per 30 days)
STRIBILD	3	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	3	QL (120 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	3	
SUSTIVA ORAL TABLET	3	QL (30 EA per 30 days)
SYMFI	3	
SYMFI LO	3	
SYMTUZA	3	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (60 EA per 30 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (30 EA per 30 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (540 ML per 30 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	3	QL (60 EA per 30 days)
TIVICAY PD	3	QL (180 EA per 30 days)
TRIUMEQ	3	QL (30 EA per 30 days)
TRIZIVIR	3	QL (60 EA per 30 days)
TRUVADA	2	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
VALCYTE	3	
<i>valganciclovir hcl</i>	1	
VALTREX ORAL TABLET 1 GM	3	QL (90 EA per 30 days)
VALTREX ORAL TABLET 500 MG	3	QL (60 EA per 30 days)
VEMLIDY	3	
VIEKIRA PAK	3	PA
VIRACEPT ORAL TABLET 250 MG	3	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	QL (120 EA per 30 days)
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	QL (30 EA per 30 days)
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET	3	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
VOSEVI	3	PA
XOFLUZA (40 MG DOSE)	3	QL (2 EA per 28 days)
XOFLUZA (80 MG DOSE)	3	QL (2 EA per 28 days)
ZEPATIER	3	PA; QL (112 EA per 365 days)
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	3	QL (60 EA per 30 days)
<i>zidovudine oral capsule</i>	1	
<i>zidovudine oral syrup</i>	1	
<i>zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
ZOVIRAX ORAL SUSPENSION	3	
Urinary Anti-Infectives		
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
MONUROL	3	
<i>nitrofurantoin</i>	3	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim oral</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	1	PA
AFINITOR	3	PA
AFINITOR DISPERZ	3	PA
ALECENSA	3	PA
ALUNBRIG	3	PA
AYVAKIT	3	PA
BALVERSA	3	PA
<i>bexarotene</i>	3	PA
<i>bicalutamide</i>	1	
BOSULIF	3	PA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 EA per 30 days)
BRUKINSA	3	PA
CABOMETYX	3	PA
CALQUENCE	3	PA
CAPRELSA	3	PA
CASODEX	3	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA

Drug Name	Tier	Requirements
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA
COMETRIQ (60 MG DAILY DOSE)	3	PA
COPIKTRA	3	PA
COTELLIC	3	PA
<i>cyclophosphamide oral capsule</i>	1	PA
DAURISMO	3	PA
DROXIA	3	
EMCYT	3	
ERIVEDGE	3	PA
ERLEADA	3	PA; QL (120 EA per 30 days)
<i>erlotinib hcl</i>	1	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA
FARYDAK ORAL CAPSULE 10 MG, 20 MG	3	PA
<i>flutamide</i>	1	
GAVRETO	3	PA
GILOTRIF	3	PA
GLEEVEC	3	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA
HYDREA	3	
<i>hydroxyurea oral</i>	1	
IBRANCE	3	PA
ICLUSIG	3	PA
IDHIFA	3	PA
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	3	PA
INLYTA	3	PA
INQOVI	3	PA
INREBIC	3	PA
INTRON A	3	
IRESSA	3	PA
JAKAFI	3	PA
KISQALI (200 MG DOSE)	3	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	3	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE)	3	PA; QL (63 EA per 28 days)
KOSELUGO	3	PA
LENVIMA (10 MG DAILY DOSE)	3	PA
LENVIMA (12 MG DAILY DOSE)	3	PA
LENVIMA (14 MG DAILY DOSE)	3	PA
LENVIMA (18 MG DAILY DOSE)	3	PA

Drug Name	Tier	Requirements
LENVIMA (20 MG DAILY DOSE)	3	PA
LENVIMA (24 MG DAILY DOSE)	3	PA
LENVIMA (4 MG DAILY DOSE)	3	PA
LENVIMA (8 MG DAILY DOSE)	3	PA
LEUKERAN	3	
LONSURF	3	PA
LORBRENA	3	PA
LYNPARZA ORAL TABLET	3	PA
LYSODREN	3	
MATULANE	3	
MEKINIST	3	PA
MEKTOVI	3	PA
<i>mercaptopurine oral</i>	1	
<i>methotrexate oral</i>	1	PA
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
NERLYNX	3	PA
NEXAVAR	3	PA
NILANDRON	3	
<i>nilutamide</i>	1	
NINLARO	3	PA
NUBEQA	3	PA
ODOMZO	3	PA
PEMAZYRE	3	PA
PIQRAY (200 MG DAILY DOSE)	3	PA
PIQRAY (250 MG DAILY DOSE)	3	PA
PIQRAY (300 MG DAILY DOSE)	3	PA
POMALYST	3	PA
PURIXAN	3	
QINLOCK	3	PA
RETEVMO	3	PA
REVLIMID	3	PA
ROZLYTREK	3	PA
RUBRACA	3	PA
RYDAPT	3	PA
SIKLOS	3	
SPRYCEL	3	PA
STIVARGA	3	PA
SUTENT	3	PA
SYNRIBO	3	PA

Drug Name	Tier	Requirements
TABLOID	3	
TABRECTA	3	PA
TAFINLAR	3	PA
TAGRISSE	3	PA
TALZENNA	3	PA
TARCEVA	3	PA
TARGETIN ORAL	3	PA
TASIGNA	3	PA
TAZVERIK	3	PA
TIBSOVO	3	PA
<i>tretinoin oral</i>	1	
TREXALL	3	PA
TUKYSA	3	PA
TURALIO	3	PA
TYKERB	3	PA
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK	2	PA; QL (84 EA per 365 days)
VERZENIO	3	PA
VITRAKVI	3	PA
VIZIMPRO	3	PA
VOTRIENT	3	PA
XALKORI	3	PA
XATMEP	3	PA
XOSPATA	3	PA
XPOVIO (100 MG ONCE WEEKLY)	3	PA
XPOVIO (40 MG ONCE WEEKLY)	3	PA
XPOVIO (40 MG TWICE WEEKLY)	3	PA
XPOVIO (60 MG ONCE WEEKLY)	3	PA
XPOVIO (60 MG TWICE WEEKLY)	3	PA
XPOVIO (80 MG ONCE WEEKLY)	3	PA
XPOVIO (80 MG TWICE WEEKLY)	3	PA
XTANDI	3	PA
YONSA	3	PA
ZEJULA	3	PA
ZELBORAF	3	PA
ZOLINZA	3	PA
ZYDELIG	3	PA
ZYKADIA ORAL TABLET	3	PA

Drug Name	Tier	Requirements
ZYTIGA	3	PA
Antitoxins, Immune Globulins, Toxoids, And Vaccines		
Allergenic Extracts		
GRASTEK	3	PA
ODACTRA	3	PA
ORALAIR	3	PA
Antitoxins And Immune Globulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	3	PA
GAMMAGARD S/D LESS IGA	3	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	3	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	3	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	3	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	3	PA
PANZYGA	3	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	3	PA
VARIZIG INTRAMUSCULAR SOLUTION	2	
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt</i>	1	
INFANRIX	2	
KINRIX INTRAMUSCULAR SUSPENSION	2	
QUADRACEL	2	
TDVAX	1	
TENIVAC	2	
Vaccines		
ACTHIB	2	
<i>bcg vaccine</i>	1	
BEXSERO	2	
ENGERIX-B INJECTION	2	PA
GARDASIL 9	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	2	
HIBERIX INJECTION	2	
IMOVAX RABIES	2	

Drug Name	Tier	Requirements
IPOL	2	
IXIARO	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
M-M-R II INJECTION	2	
PEDIARIX	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
RABAVERT	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	PA
ROTARIX	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	
VARIVAX	2	
YF-VAX	2	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA	2	
ATROVENT HFA	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days)
CUVPOSA	3	
<i>dicyclomine hcl oral</i>	1	
DUAKLIR PRESSAIR	3	QL (2 EA per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
INCRUSE ELLIPTA	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation</i>	1	PA
<i>ipratropium bromide nasal</i>	1	
LONHALA MAGNAIR REFILL KIT	3	ST
<i>methscopolamine bromide oral</i>	1	
<i>propantheline bromide oral</i>	1	
SEEBRI NEOHALER	3	

Drug Name	Tier	Requirements
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	ST
YUPELRI	3	PA
Autonomic Drugs, Miscellaneous		
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
NICOTROL	3	
NICOTROL NS	3	
Parasympathomimetic (Cholinergic) Agents		
ARICEPT	3	
<i>bethanechol chloride oral</i>	1	
<i>cevimeline hcl</i>	1	
<i>donepezil hcl</i>	1	
EVOXAC	3	
EXELON TRANSDERMAL	3	
<i>galantamine hydrobromide</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>guanidine hcl oral</i>	1	
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pilocarpine hcl oral</i>	1	
<i>pyridostigmine bromide er</i>	3	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet</i>	1	
RAZADYNE ER	3	
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	1	
SALAGEN	3	
Skeletal Muscle Relaxants		
AMRIX	3	PA
<i>baclofen oral</i>	1	
<i>carisoprodol oral</i>	1	PA
<i>carisoprodol-aspirin-codeine</i>	1	PA; NDS
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	3	PA

Drug Name	Tier	Requirements
<i>cyclobenzaprine hcl er</i>	1	PA
<i>cyclobenzaprine hcl oral</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene sodium oral</i>	1	
FEXMID	3	PA
LORZONE	3	PA
<i>metaxalone</i>	3	PA
<i>methocarbamol oral</i>	1	PA
<i>orphenadrine citrate er</i>	1	PA
SKELAXIN	3	PA
SOMA	3	PA
<i>tizanidine hcl oral</i>	1	
ZANAFLEX	3	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	1	
DIBENZYLINE	3	
<i>dihydroergotamine mesylate nasal</i>	3	QL (8 ML per 28 days)
<i>ergoloid mesylates oral</i>	1	
FLOMAX	3	
MIGRANAL	3	QL (8 ML per 28 days)
<i>phenoxybenzamine hcl oral</i>	1	
RAPAFLO	3	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
UROXATRAL	3	
Sympathomimetic (Adrenergic) Agents		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days)
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	PA
<i>albuterol sulfate oral</i>	1	
ARCAPTA NEOHALER	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	
BROVANA	3	PA
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)

Drug Name	Tier	Requirements
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>ipratropium-albuterol</i>	1	PA
<i>levalbuterol hcl inhalation</i>	1	PA
<i>levalbuterol tartrate</i>	3	QL (30 GM per 30 days)
LUCEMYRA	3	QL (480 EA per 30 days)
<i>midodrine hcl</i>	1	
NORTHERA	3	
PERFOROMIST	3	PA
PROAIR DIGIHALER	3	ST; QL (2 EA per 30 days)
PROAIR HFA	2	QL (17 GM per 30 days)
PROAIR RESPICLICK	2	QL (2 EA per 30 days)
PROVENTIL HFA	3	ST; QL (13.4 GM per 30 days)
SEREVENT DISKUS	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
SYMJEPI	3	
<i>terbutaline sulfate oral</i>	1	
UTIBRON NEOHALER	3	
VENTOLIN HFA	3	ST; QL (36 GM per 30 days)
WIXELA INHUB	1	QL (60 EA per 30 days)
XOPENEX	3	PA
XOPENEX CONCENTRATE	3	PA
XOPENEX HFA	3	QL (30 GM per 30 days)
Blood Formation,Coagulation & Thrombosis		
<i>Antihemorrhagic Agents</i>		
LYSTEDA	3	
<i>tranexamic acid oral</i>	1	
<i>Antithrombotic Agents</i>		
AGRYLIN	3	
<i>anagrelide hcl</i>	1	
ARIXTRA	3	
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	2	

Drug Name	Tier	Requirements
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
EFFIENT	3	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
<i>enoxaparin sodium subcutaneous</i>	1	
<i>fondaparinux sodium</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
JANTOVEN	1	
LOVENOX SUBCUTANEOUS	3	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA	3	
<i>prasugrel hcl</i>	1	
SAVAYSA	3	
<i>warfarin sodium oral</i>	1	
XARELTO	2	
XARELTO STARTER PACK	2	
ZONTIVITY	3	
Blood Formation, Coagulation & Thrombosis		
PROMACTA ORAL PACKET 25 MG	3	
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2.4 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	

Drug Name	Tier	Requirements
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	
PROCRIT	2	PA
PROMACTA ORAL TABLET	3	
ZARXIO	3	
Hemorrhologic Agents		
<i>pentoxifylline er</i>	1	
Blood Formation, Coagulation + Thrombosis		
Antithrombotic Agents		
CABLIVI	3	QL (58 EA per 365 days)
Blood Formation, Coagulation, And Thrombosis Agents Misc.		
OXBRYTA	3	PA; QL (90 EA per 30 days)
TAVALISSE	3	PA
Hematopoietic Agents		
DOPTELET ORAL TABLET 20 MG	3	PA
FULPHILA	3	QL (2.4 ML per 28 days)
GRANIX SUBCUTANEOUS SOLUTION	3	
MULPLETA	3	PA
NIVESTYM	3	
PROMACTA ORAL PACKET 12.5 MG	3	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
UDENYCA	3	QL (2.4 ML per 28 days)
ZIEXTENZO	3	QL (2.4 ML per 28 days)
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA	3	
CARDURA XL	3	
<i>doxazosin mesylate oral</i>	1	
MINIPRESS	3	
<i>prazosin hcl oral</i>	1	
<i>terazosin hcl oral</i>	1	
Antilipemic Agents		
ALTOPREV	3	ST; QL (30 EA per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
<i>atorvastatin calcium oral</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine oral packet</i>	1	
<i>colesevelam hcl</i>	1	

Drug Name	Tier	Requirements
COLESTID ORAL PACKET	3	
COLESTID ORAL TABLET	3	
<i>colestipol hcl oral packet</i>	1	
<i>colestipol hcl oral tablet</i>	1	
CRESTOR	3	ST; QL (30 EA per 30 days)
EZALLOR SPRINKLE	3	ST; QL (30 EA per 30 days)
<i>ezetimibe</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized</i>	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	1	
FENOGLIDE	3	
<i>flolipid oral suspension 20 mg/5ml</i>	3	ST; QL (225 ML per 30 days)
<i>flolipid oral suspension 40 mg/5ml</i>	3	ST; QL (150 ML per 30 days)
<i>fluvastatin sodium</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>gemfibrozil oral</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA
LESCOL XL	3	ST
LIPITOR	3	ST; QL (30 EA per 30 days)
LIPOFEN	3	
LIVALO	2	
LOPID	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA	3	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er (antihyperlipidemic)</i>	3	
NIACOR	1	
NIASPAN	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	ST; QL (30 EA per 30 days)
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days)
PREVALITE ORAL PACKET	1	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL PACKET	3	

Drug Name	Tier	Requirements
REPATHA	3	PA; QL (3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (45 EA per 30 days)
<i>simvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
TRICOR	3	
TRILIPIX	3	
VASCEPA	2	
VYTORIN	3	QL (30 EA per 30 days)
WELCHOL	3	
ZETIA	3	QL (30 EA per 30 days)
ZOCOR ORAL TABLET 10 MG, 20 MG	3	ST; QL (45 EA per 30 days)
ZOCOR ORAL TABLET 40 MG, 80 MG	3	ST; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL (30 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	1	
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
BETAPACE AF	3	
<i>betaxolol hcl oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
COREG	3	
COREG CR	3	
CORGARD	3	
DUTOPROL	3	
INDERAL LA	3	
INNOPRAN XL	3	
<i>labetalol hcl oral</i>	1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	
LOPRESSOR ORAL TABLET 100 MG	3	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol</i>	1	

Drug Name	Tier	Requirements
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral</i>	1	
<i>propranolol-hctz</i>	1	
SORINE	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl oral</i>	1	
SOTYLIZE	3	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>timolol maleate oral</i>	1	
TOPROL XL	3	
ZIAC	3	
Calcium-Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
AZOR	3	ST
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARTIA XT	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	
<i>diltiazem hcl oral</i>	1	
<i>dilt-xr</i>	1	
EXFORGE	3	ST
EXFORGE HCT	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	

Drug Name	Tier	Requirements
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
MATZIM LA	1	
<i>nicardipine hcl oral</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nifedipine oral</i>	1	
<i>nimodipine oral</i>	1	
<i>nisoldipine er</i>	3	
NORVASC	3	
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
<i>olmesartan-amlodipine-hctz</i>	1	
PROCARDIA	3	
PROCARDIA XL	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	
TAZTIA XT	1	
<i>telmisartan-amlodipine</i>	1	
TIADYLT ER	1	
TIAZAC	3	
<i>trandolapril-verapamil hcl er</i>	1	
TRIBENZOR	3	
TWYNSTA	3	ST
<i>verapamil hcl er</i>	1	
<i>verapamil hcl oral</i>	1	
VERELAN	3	
VERELAN PM	3	
Cardiac Drugs		
<i>amiodarone hcl oral</i>	1	
CORLANOR ORAL SOLUTION	3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	3	PA; QL (60 EA per 30 days)
DIGITEK	1	QL (30 EA per 30 days)
DIGOX	1	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	1	QL (150 ML per 30 days)
<i>digoxin oral tablet</i>	1	QL (30 EA per 30 days)
<i>disopyramide phosphate oral</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	

Drug Name	Tier	Requirements
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	3	QL (30 EA per 30 days)
<i>mexiletine hcl oral</i>	1	
MULTAQ	2	
NORPACE	3	
NORPACE CR	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate oral</i>	1	
RANEXA	3	
<i>ranolazine er</i>	1	
RYTHMOL SR	3	
TIKOSYN	3	
VYNDAMAX	3	PA
VYNDAQEL	3	PA
Hypotensive Agents		
CATAPRES	3	
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>clonidine</i>	1	
<i>clonidine hcl er</i>	1	QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl oral</i>	1	
<i>hydralazine hcl oral</i>	1	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL (120 EA per 30 days)
<i>methyldopa oral</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>minoxidil oral</i>	1	
VECAMYL	3	PA
Renin-Angiotensin-Aldosterone Sys Inhib		
ACCUPRIL	3	
ACCURETIC	3	
ALDACTAZIDE	3	
ALDACTONE	3	
<i>aliskiren fumarate</i>	1	QL (30 EA per 30 days)
ALTACE ORAL CAPSULE	3	
ATACAND	3	ST
ATACAND HCT	3	ST

Drug Name	Tier	Requirements
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	ST
AVAPRO	3	ST
<i>benazepril hcl oral</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	3	ST
BENICAR HCT	3	ST
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>captopril oral</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CAROSPIR	3	
COZAAR ORAL TABLET 100 MG	3	ST; QL (30 EA per 30 days)
COZAAR ORAL TABLET 25 MG, 50 MG	3	ST; QL (60 EA per 30 days)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	3	ST; QL (60 EA per 30 days)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	3	ST; QL (30 EA per 30 days)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3	ST; QL (60 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	3	ST; QL (30 EA per 30 days)
EDARBI	3	ST
EDARBYCLOR	3	ST
<i>enalapril maleate oral</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	2	QL (60 EA per 30 days)
<i>eplerenone</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium-hctz</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	ST; QL (30 EA per 30 days)
HYZAAR ORAL TABLET 50-12.5 MG	3	ST; QL (60 EA per 30 days)
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
MICARDIS	3	ST; QL (30 EA per 30 days)
MICARDIS HCT	3	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	
QBRELIS	3	
<i>quinapril hcl</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral</i>	1	
<i>spironolactone-hctz</i>	1	
TEKTURNA	3	ST; QL (30 EA per 30 days)
TEKTURNA HCT	3	ST; QL (30 EA per 30 days)
<i>telmisartan</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hctz</i>	1	QL (30 EA per 30 days)
<i>trandolapril</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (30 EA per 30 days)
VASERETIC	3	
VASOTEC	3	
ZESTORETIC	3	
ZESTRIL	3	
Vasodilating Agents		
ADCIRCA	3	PA
ALYQ	1	PA
BIDIL	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
<i>dipyridamole oral</i>	1	PA
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
MINITRAN	1	
NITRO-BID	3	
NITRO-DUR	3	
<i>nitroglycerin sublingual</i>	1	

Drug Name	Tier	Requirements
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	1	
NITROSTAT	3	
REVATIO ORAL	3	PA
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA
<i>tadalafil (pah)</i>	1	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
Analgesics And Antipyretics		
<i>acetaminophen-codeine #3</i>	1	NDS; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	1	NDS; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	NDS; QL (180 EA per 30 days)
ACTIQ	3	PA; QL (120 EA per 30 days)
ALLZITAL	3	PA; QL (180 EA per 30 days)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	1	QL (180 EA per 30 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
ASCOMP-CODEINE	1	PA; NDS; QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 75 MCG	3	NDS; QL (60 EA per 30 days)
BELBUCA BUCCAL FILM 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	3	PA; NDS; QL (60 EA per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	QL (120 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	3	QL (90 EA per 30 days)
BUNAVAIL BUCCAL FILM 6.3-1 MG	3	QL (30 EA per 30 days)
BUPAP ORAL TABLET 50-300 MG	3	PA; QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine transdermal</i>	3	NDS; QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule</i>	1	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod</i>	3	PA; NDS; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule</i>	1	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
<i>butalbital-asa-caff-codeine</i>	1	PA; NDS; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal</i>	1	NDS; QL (8 ML per 30 days)
BUTRANS	3	NDS; QL (4 EA per 28 days)
CAMBIA	3	ST
CELEBREX	3	ST
<i>celecoxib oral</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	NDS; QL (180 EA per 30 days)
CONZIP	3	ST; NDS; QL (30 EA per 30 days)
DAYPRO	3	
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	
<i>diflunisal oral</i>	1	
DILAUDID ORAL LIQUID	3	ST; NDS; QL (1500 ML per 30 days)
DILAUDID ORAL TABLET 2 MG	3	ST; NDS; QL (240 EA per 30 days)
DILAUDID ORAL TABLET 4 MG, 8 MG	3	PA; NDS; QL (240 EA per 30 days)
DOLOPHINE	3	PA; NDS
DUEXIS	3	ST
DURAGESIC-100	3	PA; NDS; QL (15 EA per 30 days)
DURAGESIC-12	3	NDS; QL (15 EA per 30 days)
DURAGESIC-25	3	PA; NDS; QL (15 EA per 30 days)
DURAGESIC-50	3	PA; NDS; QL (15 EA per 30 days)
DURAGESIC-75	3	PA; NDS; QL (15 EA per 30 days)
DVORAH	1	NDS; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	NDS; QL (240 EA per 30 days)
ESGIC ORAL TABLET	3	PA; QL (180 EA per 30 days)
<i>etodolac er</i>	3	
<i>etodolac oral</i>	1	
FELDENE	3	
<i>fenoprofen calcium oral capsule 400 mg</i>	1	
<i>fenoprofen calcium oral tablet</i>	1	
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	3	PA; QL (120 EA per 30 days)

Drug Name	Tier	Requirements
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	PA; NDS; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	1	NDS; QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
FIORICET ORAL CAPSULE	3	PA; QL (180 EA per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; NDS; QL (180 EA per 30 days)
FIORINAL	3	PA; QL (180 EA per 30 days)
FIORINAL/CODEINE #3	3	PA; NDS; QL (180 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	
GRALISE	3	PA
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	1	PA; QL (60 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	NDS; QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	3	NDS; QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	NDS; QL (150 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	3	PA; NDS; QL (120 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	1	NDS; QL (1500 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	1	NDS; QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 4 mg, 8 mg</i>	1	PA; NDS; QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	PA
HYSINGLA ER	3	PA; NDS; QL (30 EA per 30 days)
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	3	
INDOCIN RECTAL	3	PA
<i>indomethacin er</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST; NDS; QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 80 MG	3	PA; NDS; QL (60 EA per 30 days)
<i>ketoprofen er</i>	1	
<i>ketoprofen oral</i>	1	
<i>ketorolac tromethamine nasal</i>	3	PA; QL (5 EA per 30 days)
<i>ketorolac tromethamine oral</i>	1	PA; QL (20 EA per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	3	NDS; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
<i>levorphanol tartrate oral tablet 3 mg</i>	1	PA; NDS; QL (120 EA per 30 days)
LODINE	3	
LYRICA CR	3	PA; QL (60 EA per 30 days)
<i>meclofenamate sodium oral</i>	1	
<i>mefenamic acid oral</i>	1	
<i>meloxicam oral tablet</i>	1	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA
<i>meperidine hcl oral solution</i>	1	PA; NDS; QL (2000 ML per 30 days)
<i>meperidine hcl oral tablet 50 mg</i>	1	PA; NDS; QL (180 EA per 30 days)
<i>methadone hcl oral solution</i>	3	PA; NDS
<i>methadone hcl oral tablet</i>	3	PA; NDS
MOBIC ORAL TABLET	3	ST
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	NDS; QL (150 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	3	PA; NDS; QL (30 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	3	NDS; QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	3	NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg</i>	3	PA; NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>	1	NDS; QL (1000 ML per 30 days)
<i>morphine sulfate oral tablet</i>	3	NDS; QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	3	PA; NDS; QL (90 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	ST; NDS; QL (90 EA per 30 days)
<i>nabumetone oral</i>	1	
NALFON ORAL TABLET	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	
<i>naproxen dr</i>	1	
<i>naproxen oral suspension</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium er</i>	3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>naproxen-esomeprazole</i>	3	ST; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
NORCO	3	NDS; QL (180 EA per 30 days)
NUCYNTA ER	3	PA; NDS; QL (60 EA per 30 days)
NUCYNTA ORAL TABLET 100 MG, 75 MG	3	PA; NDS; QL (180 EA per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	ST; NDS; QL (180 EA per 30 days)
<i>oxaprozin</i>	1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	1	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	NDS; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	1	NDS; QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	1	PA; NDS; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	NDS; QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	NDS; QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	3	PA; NDS; QL (180 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	3	NDS; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl</i>	1	PA; NDS
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	ST; NDS; QL (240 EA per 30 days)
<i>piroxicam oral</i>	1	
PRIMLEV	3	ST; NDS; QL (240 EA per 30 days)
PROLATE	3	ST; QL (240 EA per 30 days)
RELAFEN DS	3	ST
ROXICODONE ORAL TABLET 15 MG, 5 MG	3	ST; NDS; QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	PA; NDS; QL (180 EA per 30 days)
SPRIX	3	PA; QL (5 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	3	QL (120 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	2	QL (90 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
<i>sulindac oral</i>	1	
TENCON ORAL TABLET 50-325 MG	3	PA; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
TIVORBEX ORAL CAPSULE 20 MG	3	
<i>tolmetin sodium oral capsule</i>	1	
<i>tolmetin sodium oral tablet 600 mg</i>	1	
<i>tramadol hcl er (biphasic)</i>	3	NDS; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	NDS; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	NDS; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	
<i>tramadol hcl oral tablet 50 mg</i>	1	NDS
<i>tramadol-acetaminophen</i>	1	NDS; QL (240 EA per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	NDS; QL (180 EA per 30 days)
ULTRACET	3	NDS; QL (240 EA per 30 days)
ULTRAM	3	NDS
VANATOL LQ	3	PA; QL (2700 ML per 30 days)
VIMOVO	3	ST; QL (60 EA per 30 days)
VIVLODEX	3	
VTOL LQ	3	PA; QL (2700 ML per 30 days)
XTAMPZA ER	2	PA; NDS; QL (60 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; QL (180 EA per 30 days)
ZIPSOR	3	ST
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	PA; NDS; QL (60 EA per 30 days)
ZORVOLEX	3	ST
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG	3	QL (120 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	3	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	3	QL (60 EA per 30 days)
Anorexigenic Agents And Respiratory And Cns Stimulants		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	ST; QL (60 EA per 30 days)
ADDERALL XR	3	ST; QL (30 EA per 30 days)
ADZENYS ER	3	ST; QL (450 ML per 30 days)
ADZENYS XR-ODT	3	ST; QL (30 EA per 30 days)
<i>amphetamine er</i>	3	ST; QL (450 ML per 30 days)
<i>amphetamine sulfate</i>	1	PA; QL (180 EA per 30 days)
<i>amphetamine-dextroamphetamine er</i>	3	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine</i>	1	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
APTENSIO XR	3	ST; QL (30 EA per 30 days)
<i>armodafinil</i>	3	PA
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	3	ST; QL (120 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 54 MG	3	ST; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	3	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	3	ST; QL (90 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	3	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	3	ST; QL (180 EA per 30 days)
DAYTRANA	3	ST; QL (30 EA per 30 days)
DESOXYN	3	ST; QL (150 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	ST; QL (180 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	3	ST; QL (120 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3	ST; QL (90 EA per 30 days)
<i>dexmethylphenidate hcl</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er</i>	1	QL (30 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (150 EA per 30 days)
DYANAVEL XR	3	ST; QL (240 ML per 30 days)
EVEKEO	3	PA; QL (180 EA per 30 days)
EVEKEO ODT	3	PA; QL (60 EA per 30 days)
FOCALIN	3	ST; QL (60 EA per 30 days)
FOCALIN XR	3	ST; QL (30 EA per 30 days)
JORNAY PM	3	ST; QL (30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL (150 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5ML	3	ST; QL (900 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5ML	3	ST; QL (1800 ML per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (xr)</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	1	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 27 mg, 54 mg, 72 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	1	QL (180 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)
MYDAYIS	3	ST; QL (30 EA per 30 days)
NUVIGIL	3	ST
PROCENTRA	3	QL (1800 ML per 30 days)
PROVIGIL ORAL TABLET 100 MG	3	ST; QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	ST; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG	3	ST; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG	3	ST; QL (30 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	ST; QL (360 ML per 30 days)
RELEXXII	1	QL (30 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG	3	ST; QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	3	ST; QL (30 EA per 30 days)
RITALIN ORAL TABLET 10 MG	3	ST; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
RITALIN ORAL TABLET 20 MG, 5 MG	3	ST; QL (90 EA per 30 days)
SUNOSI	3	PA; QL (30 EA per 30 days)
VYVANSE	3	PA; QL (30 EA per 30 days)
WAKIX	3	PA; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG	1	ST; QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 7.5 MG	3	ST; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 30 MG	3	ST; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	1	ST; QL (150 EA per 30 days)
Anticonvulsants		
APTIOM	3	
BANZEL	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	QL (60 EA per 30 days)
<i>carbamazepine er</i>	1	
<i>carbamazepine oral</i>	1	
CARBATROL	3	
CELONTIN	3	
<i>clobazam oral suspension</i>	1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (270 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (270 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DILANTIN	3	
DILANTIN INFATABS	3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
EPIDIOLEX	3	PA
EPITOL	1	
EQUETRO	3	
<i>ethosuximide oral</i>	1	
<i>felbamate</i>	3	
FELBATOL	3	
FINTEPLA	3	

Drug Name	Tier	Requirements
FYCOMPA	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet</i>	1	
GABITRIL	3	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA
KEPPRA ORAL	3	
KEPPRA XR	3	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	ST; QL (270 EA per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	ST; QL (300 EA per 30 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
<i>magnesium sulfate injection solution 50 %</i>	1	
MYSOLINE	3	
NAYZILAM	3	PA; QL (10 EA per 30 days)
NEURONTIN	3	
ONFI ORAL SUSPENSION	3	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	
PEGANONE	3	
PHENYTEK	3	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	

Drug Name	Tier	Requirements
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	1	QL (900 ML per 30 days)
<i>primidone oral</i>	1	
QUDEXY XR	3	
ROWEEPRA	1	
ROWEEPRA XR	1	
SABRIL	3	
SPRITAM	3	
SYMPAZAN	3	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
<i>tiagabine hcl</i>	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate er</i>	1	
<i>topiramate oral</i>	1	
TRILEPTAL	3	
TROKENDI XR	3	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution</i>	1	
VALTOCO 10 MG DOSE	3	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	3	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE	3	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	3	PA; QL (10 EA per 30 days)
<i>vigabatrin</i>	1	
VIGADRONE	1	
VIMPAT ORAL	3	
XCOPRI	3	ST
XCOPRI (250 MG DAILY DOSE)	3	ST
XCOPRI (350 MG DAILY DOSE)	3	ST
ZARONTIN	3	
ZONEGRAN	3	
<i>zonisamide oral</i>	1	
Antimanic Agents		
<i>lithium</i>	1	

Drug Name	Tier	Requirements
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
LITHOBID	3	
Antimigraine Agents		
AIMOVIG	3	PA
AJOVY	3	PA
<i>almotriptan malate</i>	1	QL (8 EA per 30 days)
AMERGE	3	ST; QL (8 EA per 30 days)
CAFERGOT	3	
<i>eletriptan hydrobromide</i>	1	QL (6 EA per 30 days)
EMGALITY	3	PA
EMGALITY (300 MG DOSE)	3	PA
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT	3	ST; QL (8 EA per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	3	ST; QL (32 EA per 30 days)
IMITREX ORAL	3	ST; QL (8 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	ST; QL (8 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	ST; QL (8 ML per 30 days)
IMITREX SUBCUTANEOUS	3	ST; QL (8 ML per 30 days)
MAXALT ORAL TABLET 10 MG	3	ST; QL (12 EA per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL (12 EA per 30 days)
MIGERGOT	1	
<i>naratriptan hcl</i>	1	QL (8 EA per 30 days)
NURTEC	3	ST; QL (15 EA per 30 days)
ONZETRA XSAIL	3	ST; QL (8 EA per 30 days)
RELPAX	3	ST; QL (6 EA per 30 days)
REYVOW ORAL TABLET 100 MG	3	ST; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	3	ST; QL (4 EA per 30 days)
<i>rizatriptan benzoate</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/lact</i>	3	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/lact</i>	3	QL (32 EA per 30 days)
<i>sumatriptan succinate oral</i>	1	QL (8 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	3	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	3	QL (8 ML per 30 days)

Drug Name	Tier	Requirements
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	3	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium</i>	1	QL (10 EA per 30 days)
TOSYMRA	3	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL (10 EA per 30 days)
UBRELVY	3	ST; QL (16 EA per 30 days)
ZEMBRACE SYMTOUCH	3	ST; QL (4 ML per 30 days)
<i>zolmitriptan oral</i>	1	QL (6 EA per 30 days)
ZOMIG NASAL	3	ST; QL (8 EA per 30 days)
ZOMIG ORAL	3	ST; QL (6 EA per 30 days)
ZOMIG ZMT	3	ST; QL (6 EA per 30 days)
Antiparkinsonian Agents		
<i>amantadine hcl oral</i>	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	
AZILECT	3	
<i>benztropine mesylate oral</i>	1	
<i>bromocriptine mesylate oral</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa oral</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
DUOPA ENTERAL	3	
EMSAM	3	PA
<i>entacapone</i>	1	
GOCOVRI	3	PA
INBRIJA	3	PA
KYNMOBI	3	
LODOSYN	3	
MIRAPEX ER	3	
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	3	
NEUPRO	3	
ONGENTYS	3	
OSMOLEX ER	3	PA
PARLODEL	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	

Drug Name	Tier	Requirements
<i>rasagiline mesylate oral</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
RYTARY	3	
<i>selegiline hcl oral</i>	1	
SINEMET	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ZELAPAR	3	
Anxiolytics, Sedatives, And Hypnotics		
<i>alprazolam er</i>	1	QL (30 EA per 30 days)
ALPRAZOLAM INTENSOL	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet dispersible 2 mg</i>	1	QL (150 EA per 30 days)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG	3	PA; QL (30 EA per 30 days)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 6.25 MG	3	QL (30 EA per 30 days)
AMBIEN ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
AMBIEN ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	ST; QL (90 EA per 30 days)
ATIVAN ORAL TABLET 2 MG	3	ST; QL (150 EA per 30 days)
BELSOMRA	3	QL (30 EA per 30 days)
<i>bupirone hcl oral</i>	1	
<i>chlordiazepoxide hcl</i>	1	PA; QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
DAYVIGO	3	PA; QL (30 EA per 30 days)
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam oral concentrate</i>	1	QL (240 ML per 30 days)

Drug Name	Tier	Requirements
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	1	QL (120 EA per 30 days)
<i>diazepam rectal</i>	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	PA; QL (30 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	3	QL (30 EA per 30 days)
<i>estazolam</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 3 mg</i>	3	PA; QL (30 EA per 30 days)
<i>flurazepam hcl</i>	1	PA; QL (30 EA per 30 days)
HALCION	3	QL (10 EA per 30 days)
HETLIOZ	3	PA
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG	3	QL (30 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG	3	QL (30 EA per 30 days)
LUNESTA ORAL TABLET 3 MG	3	PA; QL (30 EA per 30 days)
<i>meprobamate</i>	1	PA; QL (90 EA per 30 days)
<i>oxazepam</i>	1	QL (120 EA per 30 days)
<i>phenobarbital oral elixir</i>	1	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet</i>	1	QL (90 EA per 30 days)
<i>ramelteon</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	3	ST; QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE 7.5 MG	3	ST; QL (60 EA per 30 days)
ROZEREM	3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	3	QL (60 EA per 30 days)
TRANXENE-T ORAL TABLET 7.5 MG	3	ST; QL (90 EA per 30 days)
<i>triazolam</i>	1	QL (10 EA per 30 days)
VALIUM	3	ST; QL (120 EA per 30 days)
VISTARIL	3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	ST; QL (90 EA per 30 days)
XANAX ORAL TABLET 2 MG	3	ST; QL (150 EA per 30 days)
XANAX XR	3	ST; QL (30 EA per 30 days)
<i>zaleplon</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	3	PA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 3.5 mg</i>	3	PA; QL (30 EA per 30 days)
ZOLPIMIST	3	QL (7.7 ML per 30 days)
Central Nervous System Agents, Misc		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er</i>	1	QL (30 EA per 30 days)
INTUNIV	3	QL (30 EA per 30 days)
<i>memantine hcl er</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet</i>	1	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
NAMENDA XR TITRATION PACK	3	
NAMZARIC	2	
NOURIANZ	3	PA
NUEDEXTA	2	PA; QL (60 EA per 30 days)
RILUTEK	3	
<i>riluzole</i>	1	
STRATTERA	3	QL (30 EA per 30 days)
TIGLUTIK	3	
XYREM	3	PA
Fibromyalgia Agents		
SAVELLA	3	ST
SAVELLA TITRATION PACK	3	ST
Opiate Antagonists		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
VIVITROL	3	
Psychotherapeutic Agents		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	

Drug Name	Tier	Requirements
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	3	PA; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	3	PA; QL (60 EA per 30 days)
ABILIFY ORAL TABLET	3	ST
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
ALENZIN	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	3	
<i>aripiprazole oral tablet dispersible</i>	1	
ARISTADA	3	
ARISTADA INITIO	3	
BRISDELLE	3	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	ST
<i>bupropion hcl oral</i>	1	
CAPLYTA	3	ST
CELEXA ORAL TABLET	3	ST
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>chlorpromazine hcl oral</i>	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl oral</i>	3	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible</i>	3	
CLOZARIL	3	
COMPRO	1	
CYMBALTA	3	
<i>desipramine hcl oral</i>	1	
<i>desvenlafaxine er</i>	3	
<i>desvenlafaxine succinate er</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>doxepin hcl oral tablet</i>	1	PA
DRIZALMA SPRINKLE	3	ST

Drug Name	Tier	Requirements
<i>duloxetine hcl oral</i>	1	
EFFEXOR XR	3	
<i>escitalopram oxalate</i>	1	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FETZIMA	3	ST
FETZIMA TITRATION	3	ST
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	
FORFIVO XL	3	ST
GEODON	3	
HALDOL	3	
HALDOL DECANOATE	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol oral</i>	1	
<i>imipramine hcl oral</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	3	QL (1 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	3	
LATUDA	3	ST
LEXAPRO ORAL TABLET	3	ST
<i>loxapine succinate oral</i>	1	
<i>maprotiline hcl</i>	1	
MARPLAN	3	
<i>mirtazapine oral</i>	1	
<i>molindone hcl</i>	1	

Drug Name	Tier	Requirements
NARDIL	3	
<i>nefazodone hcl</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline hcl oral</i>	1	
NUPLAZID ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
<i>olanzapine</i>	1	
<i>olanzapine-fluoxetine hcl</i>	3	
<i>paliperidone er</i>	1	
PAMELOR ORAL CAPSULE	3	
PARNATE	3	
<i>paroxetine hcl er</i>	3	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine mesylate</i>	1	
PAXIL CR	3	ST
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	ST
<i>perphenazine oral</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PERSERIS	3	
PEXEVA	3	ST
<i>phenelzine sulfate oral</i>	1	
<i>pimozide</i>	1	
PRISTIQ	3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>protriptyline hcl</i>	1	
PROZAC ORAL CAPSULE	3	ST
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
REXULTI	3	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	

Drug Name	Tier	Requirements
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet dispersible</i>	3	
SAPHRIS	3	ST
SARAFEM ORAL TABLET 10 MG, 20 MG	3	
SECUADO	3	ST
SEROQUEL	3	
SEROQUEL XR	3	
<i>sertraline hcl oral</i>	1	
SILENOR	3	PA
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
<i>thioridazine hcl oral</i>	1	
<i>thiothixene oral</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl oral</i>	1	
<i>trifluoperazine hcl oral</i>	1	
<i>trimipramine maleate oral</i>	1	
TRINTELLIX	3	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
VERSACLOZ	3	
VIIBRYD ORAL TABLET	3	ST
VIIBRYD STARTER PACK	3	ST
VRAYLAR ORAL CAPSULE	3	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL (14 EA per 365 days)
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET	3	ST
ZYPREXA	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	
ZYPREXA ZYDIS	3	
Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors		
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
INGREZZA ORAL CAPSULE 80 MG	3	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 EA per 365 days)
<i>tetrabenazine</i>	3	PA
XENAZINE	3	PA
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	
<i>global alcohol prep ease</i>	2	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>potassium citrate er</i>	1	
UROCI-K 10	3	
UROCI-K 15	3	
UROCI-K 5	3	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	1	
BUPHENYL ORAL TABLET	3	
CARBAGLU	3	PA
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LITHOSTAT	3	
RAVICTI	3	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	
<i>sodium phenylbutyrate oral tablet</i>	3	
Caloric Agents		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	3	PA
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	PA
CLINIMIX E/DEXTROSE (2.75/5)	3	PA
CLINIMIX E/DEXTROSE (4.25/10)	3	PA
CLINIMIX E/DEXTROSE (4.25/5)	3	PA
CLINIMIX E/DEXTROSE (5/15)	3	PA
CLINIMIX E/DEXTROSE (5/20)	3	PA

Drug Name	Tier	Requirements
CLINIMIX/DEXTROSE (4.25/10)	3	PA
CLINIMIX/DEXTROSE (4.25/5)	3	PA
CLINIMIX/DEXTROSE (5/15)	3	PA
CLINIMIX/DEXTROSE (5/20)	3	PA
CLINISOL SF	1	PA
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
DOJOLVI	3	
FREAMINE HBC	3	PA
HEPATAMINE	1	PA
INTRALIPID INTRAVENOUS EMULSION 20 %	1	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
NEPHRAMINE	3	PA
NUTRILIPID	1	PA
PLENAMINE	1	PA
PREMASOL INTRAVENOUS SOLUTION 10 %	3	PA
PROCALAMINE	3	PA
PROSOL	3	PA
TRAVASOL	3	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	PA
Diuretics		
<i>amiloride hcl oral</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL	3	
DYAZIDE	3	
DYRENIUM	3	
EDECIN	3	
<i>ethacrynic acid oral</i>	3	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>indapamide oral</i>	1	
JYNARQUE	3	PA
LASIX	3	
MAXZIDE	3	
MAXZIDE-25	3	
<i>metolazone</i>	1	

Drug Name	Tier	Requirements
SAMSCA	3	PA
<i>tolvaptan oral tablet 30 mg</i>	3	PA
<i>toremide oral</i>	1	
<i>triamterene oral</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
Ion-Removing Agents		
AURYXIA	1	PA
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	
KIONEX ORAL SUSPENSION	1	
<i>lanthanum carbonate</i>	1	
LOKELMA	3	
RENAGEL ORAL TABLET 800 MG	3	
REVELA	3	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
<i>sodium polystyrene sulfonate oral</i>	1	
SPS	1	
VELPHORO	3	
VELTASSA	3	
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	1	
Replacement Preparations		
<i>calcium acetate (phos binder)</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	1	
KLOR-CON 10	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	

Drug Name	Tier	Requirements
K-TAB	3	
NORMOSOL-M IN D5W	1	
PHOSLYRA	3	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	
Uricosuric Agents		
<i>colchicine-probenecid</i>	1	
<i>probenecid oral</i>	1	
Enzymes		
Enzymes		
PALYNZIQ	3	PA
SUCRAID	3	
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
ALOCRIL	3	
ALOMIDE	3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
<i>azelastine hcl ophthalmic</i>	1	
<i>azelastine-fluticasone</i>	1	ST
BEPREVE	3	
<i>cromolyn sodium ophthalmic</i>	1	
DYMISTA	3	ST
<i>epinastine hcl</i>	1	
LASTACFT	3	
<i>olopatadine hcl</i>	1	
PATANASE	3	
PAZEO	3	

Drug Name	Tier	Requirements
ZERVIATE	3	ST
Antiglaucoma Agents		
<i>acetazolamide er</i>	1	
<i>acetazolamide oral</i>	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	3	
<i>betaxolol hcl ophthalmic</i>	3	
BETIMOL	3	
BETOPTIC-S	3	
<i>bimatoprost ophthalmic</i>	1	
<i>brimonidine tartrate ophthalmic</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	
COSOPT	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
<i>dorzolamide hcl ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
ISOPTO CARPINE	3	
ISTALOL	3	
<i>latanoprost ophthalmic</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
<i>methazolamide oral</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
SIMBRINZA	3	
<i>timolol maleate ophthalmic</i>	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC-XE	3	
TRAVATAN Z	3	ST
TRUSOPT	3	
VYZULTA	3	ST
XALATAN	3	ST
ZIOPTAN	3	ST
Anti-Infectives		
AZASITE	3	
<i>bacitracin ophthalmic</i>	1	

Drug Name	Tier	Requirements
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BESIVANCE	3	
BLEPH-10	3	
CETRAXAL	3	
<i>chlorhexidine gluconate mouth/throat</i>	1	
CILOXAN	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl otic</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
GENTAK OPHTHALMIC OINTMENT	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>levofloxacin ophthalmic</i>	1	
MOXEZA	3	
<i>moxifloxacin hcl ophthalmic</i>	1	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin otic</i>	1	
OTOVEL	3	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>tobramycin ophthalmic</i>	1	
TOBREX	3	
<i>trifluridine ophthalmic</i>	1	
VIGAMOX	3	
ZIRGAN	3	
ZYMAXID	3	
Anti-Inflammatory Agents		
ACULAR	3	
ACULAR LS	3	
ALREX	3	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BECONASE AQ	3	ST

Drug Name	Tier	Requirements
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	3	
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
DERMOTIC	3	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
DUREZOL	3	
FLAC	1	
FLAREX	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluocinolone acetonide otic</i>	1	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate nasal</i>	1	
FML	3	
FML FORTE	3	
FML LIQUIFILM	3	
<i>hydrocortisone-acetic acid</i>	1	
ILEVRO	3	
INVELTYS	3	
<i>ketorolac tromethamine ophthalmic</i>	1	
LOTEMAX	3	
LOTEMAX SM	3	
<i>loteprednol etabonate</i>	1	
MAXIDEX	3	
MAXITROL	3	
<i>mometasone furoate nasal</i>	1	
NASONEX	3	ST
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
NEVANAC	3	
OMNARIS	3	ST
PRED FORTE	3	

Drug Name	Tier	Requirements
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
QNASL	3	ST
QNASL CHILDRENS	3	ST
RESTASIS	2	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
TOBRADEX	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
XHANCE	3	ST
XIIDRA	3	ST; QL (60 EA per 30 days)
ZETONNA	3	ST
ZYLET	3	
Eent Drugs, Miscellaneous		
<i>acetic acid otic</i>	1	
<i>apraclonidine hcl</i>	1	
CYSTARAN	3	PA; QL (60 ML per 28 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
LACRISERT	3	
Local Anesthetics		
<i>proparacaine hcl ophthalmic</i>	1	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
Eye, Ear, Nose + Throat Preparations		
Antiglaucoma Agents		
ROCKLATAN	3	ST
<i>travoprost (bak free)</i>	1	
XELPROS	3	ST
Anti-Infectives		
<i>ciprofloxacin-fluocinolone pf</i>	3	
Anti-Inflammatory Agents		
CEQUA	3	ST; QL (60 EA per 30 days)
<i>diclofenac sodium ophthalmic</i>	1	
Eent Drugs, Miscellaneous		
OXERVATE	3	PA
RHOPRESSA	3	ST

Drug Name	Tier	Requirements
Gastrointestinal Drugs		
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	3	
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
MYTESI	3	PA
XERMELO	3	PA
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	1	PA; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	1	PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	PA; QL (12 EA per 30 days)
BONJESTA	3	
DICLEGIS	3	
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	1	PA
EMEND ORAL CAPSULE 80 MG	3	PA; QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL (6 EA per 30 days)
EMEND TRI-PACK	3	PA; QL (12 EA per 30 days)
<i>granisetron hcl oral</i>	1	PA; QL (60 EA per 30 days)
MARINOL	3	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>ondansetron</i>	1	PA; QL (45 EA per 30 days)
<i>ondansetron hcl oral solution</i>	1	PA
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; QL (45 EA per 30 days)
SANCUSO	3	ST; QL (4 EA per 28 days)
<i>scopolamine</i>	1	
SYNDROS	3	PA
TIGAN ORAL	3	
TRANSDERM-SCOP (1.5 MG)	3	
<i>trimethobenzamide hcl oral</i>	1	
VARUBI (180 MG DOSE)	3	PA
ZUPLENZ	3	PA; QL (45 EA per 30 days)
Anti-Inflammatory Agents		
<i>alosetron hcl</i>	1	
APRISO	3	
ASACOL HD	3	
<i>balsalazide disodium</i>	1	
CANASA	3	

Drug Name	Tier	Requirements
COLAZAL	3	
DELZICOL	3	
DIPENTUM	3	
LIALDA	3	
LOTRONEX	3	
<i>mesalamine er</i>	1	
<i>mesalamine oral</i>	1	
<i>mesalamine rectal</i>	3	
PENTASA	3	
ROWASA RECTAL	3	
Antiulcer Agents And Acid Suppressants		
ACIPHEX	3	ST; QL (30 EA per 30 days)
<i>amoxicill-clarithro-lansopraz</i>	3	QL (112 EA per 180 days)
CARAFATE	3	
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral</i>	1	
CYTOTEC	3	
DEXILANT	3	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	3	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet</i>	1	QL (30 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
HELIDAC THERAPY	3	
<i>lansoprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	1	QL (60 EA per 30 days)
<i>misoprostol oral</i>	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	ST; QL (60 EA per 30 days)
NEXIUM ORAL PACKET	3	ST; QL (30 EA per 30 days)
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	QL (80 EA per 180 days)
<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate</i>	1	ST; QL (30 EA per 30 days)
<i>pantoprazole sodium oral packet</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	
PEPCID ORAL TABLET	3	
PREVACID	3	ST; QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	ST; QL (60 EA per 30 days)
PRILOSEC ORAL PACKET	3	ST; QL (60 EA per 30 days)
PROTONIX ORAL PACKET	3	ST; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
PROTONIX ORAL TABLET DELAYED RELEASE	3	ST
PYLERA	3	
<i>rabeprazole sodium oral tablet delayed release</i>	3	ST; QL (30 EA per 30 days)
<i>sucralfate oral</i>	1	
TALICIA	3	QL (168 EA per 180 days)
ZEGERID	3	ST; QL (30 EA per 30 days)
Cathartics And Laxatives		
CLENPIQ	3	
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
MOVIPREP	3	
NULYTELY WITH FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PLENVU	3	
SUPREP BOWEL PREP KIT	3	
TRILYTE	1	
Cholelitholytic Agents		
ACTIGALL	3	
CHENODAL	3	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol oral</i>	1	
Digestants		
CREON	2	
PANCREAZE	3	
PERTZYE	3	
VIOKACE	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
Gi Drugs, Miscellaneous		
AMITIZA	2	
CHOLBAM	3	PA
GATTEX	3	PA

Drug Name	Tier	Requirements
LINZESS	2	
MOTEGRITY	3	ST
MOVANTI	3	
OICALIVA	3	PA
RELISTOR ORAL	3	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	
SYMPROIC	3	ST
TRULANCE	3	ST
VIBERZI	3	QL (60 EA per 30 days)
Prokinetic Agents		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
REGLAN ORAL	3	
ZELNORM	3	ST
Gold Compounds		
Gold Compounds		
RIDAURA	3	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	3	
CLOVIQUE	1	
CUPRIMINE ORAL CAPSULE 250 MG	3	ST
<i>deferasirox</i>	1	PA
<i>deferasirox granules</i>	1	PA
<i>deferiprone</i>	1	PA
DEPEN TITRATABS	3	
EXJADE	3	PA
FERRIPROX	3	PA
JADENU	3	PA
JADENU SPRINKLE	3	PA
<i>penicillamine oral</i>	1	
SYPRINE	3	
<i>trientine hcl</i>	1	
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR HFA	2	QL (12 GM per 30 days)
ALVESCO	3	ST
ARNUITY ELLIPTA	2	

Drug Name	Tier	Requirements
ASMANEX (120 METERED DOSES)	3	ST
ASMANEX (30 METERED DOSES)	3	ST
ASMANEX (60 METERED DOSES)	3	ST
ASMANEX HFA	3	ST
BREO ELLIPTA	2	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide inhalation</i>	1	PA
<i>budesonide oral</i>	1	
<i>budesonide-formoterol fumarate</i>	3	QL (13.8 GM per 30 days)
CORTEF	3	
<i>cortisone acetate oral</i>	1	
<i>dexabliss</i>	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
DULERA	3	QL (13 GM per 30 days)
EMFLAZA	3	PA
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (120 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days)
<i>fludrocortisone acetate oral</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>hydrocortisone oral</i>	1	
INTRAROSA	3	PA
MEDROL ORAL TABLET	3	PA
MEDROL ORAL TABLET THERAPY PACK	3	
<i>methylprednisolone oral tablet</i>	1	PA
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	PA
ORAPRED ODT	3	
ORTIKOS	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	

Drug Name	Tier	Requirements
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISON INTENSOL	1	PA
<i>prednisone oral solution</i>	1	PA
<i>prednisone oral tablet</i>	1	PA
<i>prednisone oral tablet therapy pack</i>	1	
PULMICORT	3	PA
PULMICORT FLEXHALER	3	ST
QVAR REDIHALER	3	ST
RAYOS	3	PA
SYMBICORT	2	QL (13.8 GM per 30 days)
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	QL (60 EA per 30 days)
UCERIS ORAL	3	
Androgens		
ANADROL-50	3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	ST
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	3	ST
AVEED	3	PA
<i>danazol oral</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
FORTESTA	3	ST
<i>methitest</i>	3	
<i>methyltestosterone oral</i>	1	
NATESTO	3	ST
<i>oxandrolone oral</i>	1	
TESTIM	3	ST
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA

Drug Name	Tier	Requirements
<i>testosterone transdermal solution</i>	1	PA
VOGELXO	3	ST
VOGELXO PUMP	3	ST
XYOSTED	3	PA
Antidiabetic Agents		
<i>acarbose oral</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET	3	QL (90 EA per 30 days)
ACTOS	3	QL (30 EA per 30 days)
ADLYXIN	3	ST; QL (6 ML per 28 days)
ADLYXIN STARTER PACK	3	ST; QL (6 ML per 28 days)
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PA
<i>alogliptin benzoate</i>	3	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl</i>	3	QL (60 EA per 30 days)
<i>alogliptin-pioglitazone</i>	3	QL (30 EA per 30 days)
AMARYL ORAL TABLET 1 MG, 2 MG	3	QL (120 EA per 30 days)
AMARYL ORAL TABLET 4 MG	3	QL (60 EA per 30 days)
APIDRA	3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
AVANDIA ORAL TABLET 2 MG	3	QL (120 EA per 30 days)
AVANDIA ORAL TABLET 4 MG	3	QL (60 EA per 30 days)
BASAGLAR KWIKPEN	3	ST
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (1.2 ML per 30 days)
CYCLOSET	3	QL (180 EA per 30 days)
DUETACT	3	QL (30 EA per 30 days)
FARXIGA	3	ST; QL (30 EA per 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3	ST; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3	ST; QL (120 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (180 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	QL (120 EA per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	QL (240 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	3	QL (60 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG, 5 MG	3	QL (120 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3	ST; QL (60 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3	ST; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin</i>	1	QL (120 EA per 30 days)
GLYNASE ORAL TABLET 1.5 MG	3	QL (240 EA per 30 days)
GLYNASE ORAL TABLET 3 MG	3	QL (120 EA per 30 days)
GLYNASE ORAL TABLET 6 MG	3	QL (60 EA per 30 days)
GLYSET	3	QL (90 EA per 30 days)
GLYXAMBI	2	QL (30 EA per 30 days)
HUMALOG	3	ST
HUMALOG JUNIOR KWIKPEN	3	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
HUMALOG MIX 50/50	3	ST
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST
HUMALOG MIX 75/25	3	ST
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST

Drug Name	Tier	Requirements
HUMULIN 70/30	3	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST
HUMULIN N	3	ST
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST
HUMULIN R	3	ST
HUMULIN R U-500 (CONCENTRATED)	3	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
<i>insulin asp prot & asp flexpen</i>	3	ST
<i>insulin aspart</i>	3	ST
<i>insulin aspart flexpen</i>	3	ST
<i>insulin aspart penfill</i>	3	ST
<i>insulin aspart prot & aspart</i>	3	ST
<i>insulin lispro (1 unit dial)</i>	3	ST
<i>insulin lispro junior kwikpen</i>	3	ST
<i>insulin lispro prot & lispro</i>	3	ST
<i>insulin lispro subcutaneous solution</i>	3	ST
INVOKAMET	2	QL (60 EA per 30 days)
INVOKAMET XR	2	QL (60 EA per 30 days)
INVOKANA	2	QL (30 EA per 30 days)
JANUMET	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	2	QL (60 EA per 30 days)
JANUVIA	2	QL (30 EA per 30 days)
JARDIANCE	2	QL (30 EA per 30 days)
JENTADUETO	3	ST; QL (60 EA per 30 days)
JENTADUETO XR	3	ST; QL (30 EA per 30 days)
KAZANO	3	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	2	QL (30 EA per 30 days)
KORLYM	3	PA
LANTUS	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	

Drug Name	Tier	Requirements
LYUMJEV	3	ST
LYUMJEV KWIKPEN	3	ST
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	3	ST; QL (60 EA per 30 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	3	ST; QL (120 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	3	ST; QL (60 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	3	ST; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution</i>	1	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
NESINA	3	ST; QL (30 EA per 30 days)
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG	2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
ONGLYZA	2	QL (30 EA per 30 days)
OSENI	3	ST; QL (30 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	
OZEMPIC (1 MG/DOSE)	2	
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 EA per 30 days)
PRECOSE	3	QL (90 EA per 30 days)
QTERN	3	ST; QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (360 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RIOMET	3	QL (765 ML per 30 days)
RIOMET ER	3	QL (600 ML per 30 days)
RYBELSUS	2	QL (30 EA per 30 days)
SEGLUROMET	3	ST
SEMGLEE	3	ST
SOLIQUA	3	ST; QL (18 ML per 28 days)
STARLIX ORAL TABLET 120 MG	3	QL (90 EA per 30 days)
STARLIX ORAL TABLET 60 MG	3	QL (180 EA per 30 days)
STEGLATRO	3	ST
STEGLUJAN	3	ST
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	2	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	2	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	2	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	2	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRADJENTA	3	ST; QL (30 EA per 30 days)
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
TRIJARDY XR	2	
TRULICITY	2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG	3	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	ST; QL (60 EA per 30 days)
XULTOPHY	3	ST; QL (15 ML per 30 days)

Drug Name	Tier	Requirements
Antihypoglycemic Agents		
BAQSIMI TWO PACK	3	
<i>diazoxide oral</i>	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY INJECTION KIT	2	
GVOKE HYPOPEN 2-PACK	3	
GVOKE PFS	3	
PROGLYCEM	3	
Contraceptives		
ALTAVERA	1	
<i>alyacen 1/35</i>	1	
AMETHIA	1	
AMETHIA LO	1	
ANNOVERA	3	QL (1 EA per 365 days)
APRI	1	
ARANELLE	1	
ASHLYNA	1	
AUBRA	1	
AVIANE	1	
BALCOLTRA	3	
BALZIVA	1	
BEYAZ	3	
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30	1	
<i>briellyn</i>	1	
CAMILA	1	
CAMRESE LO	1	
CAZIAN	1	
CRYSELLE-28	1	
CYCLAFEM 1/35	1	
CYCLAFEM 7/7/7	1	
CYRED	1	
DEBLITANE	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELURYNG	1	
EMOQUETTE	1	
ENPRESSE-28	1	

Drug Name	Tier	Requirements
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ERRIN	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
FALMINA	1	
FAYOSIM	1	
FEMYNOR	1	
GENERESS FE	3	
GIANVI	1	
HAILEY 24 FE	1	
INCASSIA	1	
INTROVALE	1	
ISIBLOOM	1	
JASMIEL	1	
JULEBER	1	
JUNEL 1.5/30	1	
JUNEL 1/20	1	
JUNEL FE 1.5/30	1	
JUNEL FE 1/20	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KARIVA	1	
KELNOR 1/35	1	
KELNOR 1/50	1	
KURVELO	1	
LARIN 1.5/30	1	
LARIN 1/20	1	
LARIN FE 1.5/30	1	
LARIN FE 1/20	1	
LARISSIA	1	
LAYOLIS FE	1	
LEENA	1	
LESSINA	1	
LEVONEST	1	
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgestrel-ethinyl estrad</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	

Drug Name	Tier	Requirements
LEVORA 0.15/30 (28)	1	
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
LORYNA	1	
LOSEASONIQUE	3	
LOW-OGESTREL	1	
LUTERA	1	
LYZA	1	
<i>marlissa</i>	1	
MELODETTA 24 FE	1	
MIBELAS 24 FE	1	
MICROGESTIN 1.5/30	1	
MICROGESTIN 1/20	1	
MICROGESTIN FE 1.5/30	1	
MICROGESTIN FE 1/20	1	
MILI	1	
MINASTRIN 24 FE	3	
NATAZIA	3	
NECON 0.5/35 (28)	1	
NIKKI	1	
NORA-BE	1	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone oral</i>	1	
<i>norethin-eth estradiol-fe</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7	1	
NUVARING	3	
OCELLA	1	
ORSYTHIA	1	
PIMTREA	1	
PIRMELLA 1/35	1	
PORTIA-28	1	

Drug Name	Tier	Requirements
PREVIFEM	1	
QUARTETTE	3	
RECLIPSEN	1	
RIVELSA	1	
SAFYRAL	3	
SEASONIQUE	3	
SETLAKIN	1	
SHAROBEL	1	
SLYND	3	
SPRINTEC 28	1	
SRONYX	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-PREVIFEM	1	
TRI-SPRINTEC	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TYDEMY	1	
VELIVET	1	
VIENVA	1	
VYFEMLA	1	
VYLIBRA	1	
WYMZYA FE	1	
XULANE	1	
YASMIN 28	3	
YAZ	3	
ZARAH	1	
ZOVIA 1/35E (28)	1	
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA
ALORA	3	PA
AMABELZ	1	PA
<i>anastrozole oral</i>	1	

Drug Name	Tier	Requirements
ANGELIQ	3	PA
ARIMIDEX	3	
AROMASIN	3	
BIJUVA	3	PA
CLIMARA	3	PA
CLIMARA PRO	3	PA
COMBIPATCH	3	PA
DELESTROGEN	3	
DEPO-ESTRADIOL	3	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	3	PA
DOTTI	1	PA
DUAVEE	3	
ELESTRIN	3	PA
ESTRACE ORAL	3	PA
ESTRACE VAGINAL	3	
<i>estradiol oral</i>	1	PA
<i>estradiol transdermal</i>	1	PA
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA
ESTRING	3	
ESTROGEL	3	PA
EVAMIST	3	PA
EVISTA	3	
<i>exemestane</i>	1	
FARESTON	3	
FEMARA	3	
FEMHRT LOW DOSE	3	PA
FEMRING	3	
FYAVOLV	1	PA
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
JINTELI	1	PA
KISQALI FEMARA (400 MG DOSE)	3	PA; QL (91 EA per 28 days)
KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE)	3	PA; QL (91 EA per 28 days)
<i>letrozole oral</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	
MENOSTAR	3	PA
MIMVEY	1	PA

Drug Name	Tier	Requirements
MINIVELLE	3	PA
<i>norethindrone-eth estradiol</i>	1	PA
OSPHENA	3	PA
PREFEST	3	PA
PREMARIN ORAL	2	PA
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>raloxifene hcl</i>	1	
SOLTAMOX	3	
<i>tamoxifen citrate oral</i>	1	
<i>toremifene citrate</i>	1	
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT	3	PA
YUVAFEM	1	
Gonadotropins And Antigonadotropins		
ELIGARD	3	
FIRMAGON (240 MG DOSE)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	
<i>leuprolide acetate injection</i>	1	
LUPANETA PACK	3	
LUPRON DEPOT (1-MONTH)	3	
LUPRON DEPOT (3-MONTH)	3	
LUPRON DEPOT (4-MONTH)	3	
LUPRON DEPOT (6-MONTH)	3	
ORIAHNN	3	
ORLISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days)
SYNAREL	3	
TRELSTAR MIXJECT	3	PA
Leptins		
MYALEPT	3	PA
Parathyroid And Antiparathyroid Agents		
<i>calcitonin (salmon)</i>	1	
<i>cinacalcet hcl</i>	1	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2.4 ML per 28 days)
NATPARA	3	PA
SENSIPAR	2	
<i>teriparatide (recombinant)</i>	3	PA; QL (2.48 ML per 28 days)

Drug Name	Tier	Requirements
TYMLOS	3	PA
Pituitary		
ACTHAR	3	PA
DDAVP NASAL	3	
DDAVP ORAL	3	
DDAVP RHINAL TUBE	3	
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate oral</i>	1	
NOCDURNA	3	
STIMATE	3	
Progestins		
AYGESTIN	3	
CRINONE	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet</i>	1	
<i>norethindrone acetate oral</i>	1	
<i>progesterone micronized oral</i>	1	
PROMETRIUM	3	
PROVERA	3	
Somatostatin Agonists And Antagonists		
BYNFEZIA PEN	3	
MYCAPSSA	3	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	1	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	
SIGNIFOR	3	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT	3	
Somatotropin Agonists And Antagonists		
EGRIFTA SV	3	
GENOTROPIN	3	PA
GENOTROPIN MINIQUICK	3	PA
HUMATROPE	3	PA

Drug Name	Tier	Requirements
INCRELEX	3	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SAIZEN	3	PA
SAIZENPREP	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA
SOMAVERT	3	
ZOMACTON	3	PA
ZORBTIVE	3	PA
Thyroid And Antithyroid Agents		
CYTOMEL	3	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine sodium oral</i>	1	
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
SYNTHROID	2	
TAPAZOLE	3	
TIROSINT	3	
TIROSINT-SOL	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART	3	
<i>dutasteride oral</i>	1	
<i>dutasteride-tamsulosin hcl</i>	3	
<i>finasteride oral tablet 5 mg</i>	1	
JALYN	3	

Drug Name	Tier	Requirements
PROSCAR	3	
Alcohol Deterrents		
ANTABUSE	3	
<i>disulfiram oral</i>	1	
Antidotes		
<i>acetylcysteine inhalation</i>	1	PA
<i>leucovorin calcium oral</i>	1	
Antigout Agents		
<i>allopurinol oral</i>	1	
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	3	
COLCRYS	3	
<i>febuxostat</i>	1	ST
GLOPERBA	3	ST
MITIGARE	3	
ULORIC	2	ST
ZYLOPRIM	3	ST
Antisense Oligonucleotides		
TEGSEDI	3	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	3	ST; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; QL (4 EA per 28 days)
<i>alendronate sodium oral solution</i>	1	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
ATELVIA	3	ST; QL (4 EA per 28 days)
BINOSTO	3	ST; QL (4 EA per 28 days)
BONIVA ORAL TABLET 150 MG	3	ST; QL (1 EA per 30 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; QL (4 EA per 28 days)
FOSAMAX PLUS D	3	ST; QL (4 EA per 28 days)
<i>ibandronate sodium oral</i>	1	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 EA per 28 days)
XGEVA	3	PA

Drug Name	Tier	Requirements
Carbonic Anhydrase Inhibitors		
KEVEYIS	3	PA
Cariostatic Agents		
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
Complement Inhibitors		
BERINERT	3	PA
CINRYZE	3	PA
FIRAZYR	3	PA; QL (27 ML per 30 days)
HAEGARDA	3	PA
<i>icatibant acetate</i>	1	PA; QL (27 ML per 30 days)
RUCONEST	3	PA
TAKHZYRO	3	PA
Disease-Modifying Antirheumatic Drugs		
ACTEMRA ACTPEN	3	PA
ACTEMRA SUBCUTANEOUS	3	PA
ARAVA	3	
CIMZIA PREFILLED	3	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA
ENBREL MINI	2	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	2	PA; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	2	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA; QL (6 EA per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA; QL (4 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; QL (12 EA per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	PA; QL (6 EA per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; QL (8 EA per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA; QL (6 EA per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA

Drug Name	Tier	Requirements
KEVZARA	3	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>leflunomide oral</i>	1	
OLUMIANT	3	PA
ORENCIA CLICKJECT	3	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
OTEZLA	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA
RINVOQ	2	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XELJANZ	2	PA
XELJANZ XR	2	PA
Immunomodulatory Agents		
ACTIMMUNE	3	
AUBAGIO	3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	QL (1 EA per 28 days)
BAFIERTAM	3	
BETASERON SUBCUTANEOUS KIT	3	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	QL (12 ML per 28 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	QL (60 EA per 30 days)
ENSPRYNG	3	
EXTAVIA SUBCUTANEOUS KIT	3	ST; QL (15 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	3	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	QL (30 ML per 30 days)

Drug Name	Tier	Requirements
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	1	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	QL (12 ML per 28 days)
KESIMPTA	3	
MAYZENT	3	ST
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (8.4 ML per 365 days)
TECFIDERA ORAL	3	QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	3	QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	3	QL (60 EA per 30 days)
THALOMID	3	PA
VUMERITY	3	ST
ZEPOSIA	3	
ZEPOSIA 7-DAY STARTER PACK	3	
ZEPOSIA STARTER KIT	3	
Immunosuppressive Agents		
ASTAGRAF XL	3	PA
AZASAN	3	PA
<i>azathioprine oral</i>	1	PA
BENLYSTA SUBCUTANEOUS	3	PA
CELLCEPT	3	PA
<i>cyclosporine modified</i>	1	PA
<i>cyclosporine oral capsule</i>	1	PA
ENVARUSUS XR	3	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	PA
GENGRAF ORAL SOLUTION	1	PA
IMURAN	3	PA
MAVENCLAD (10 TABS)	3	ST
MAVENCLAD (4 TABS)	3	ST
MAVENCLAD (5 TABS)	3	ST

Drug Name	Tier	Requirements
MAVENCLAD (6 TABS)	3	ST
MAVENCLAD (7 TABS)	3	ST
MAVENCLAD (8 TABS)	3	ST
MAVENCLAD (9 TABS)	3	ST
<i>mycophenolate mofetil</i>	1	PA
<i>mycophenolate sodium</i>	1	PA
MYFORTIC	3	PA
NEORAL	3	PA
PROGRAF ORAL	3	PA
RAPAMUNE	3	PA
SANDIMMUNE ORAL	3	PA
<i>sirolimus oral</i>	1	PA
<i>tacrolimus oral</i>	1	PA
ZORTRESS	3	PA
Other Miscellaneous Therapeutic Agents		
AMPYRA	3	PA; QL (60 EA per 30 days)
ARCALYST	3	
CARNITOR ORAL	3	
CERDELGA	3	PA
CYSTADANE	3	
CYSTAGON	3	
<i>dalfampridine er</i>	1	PA; QL (60 EA per 30 days)
DEMSER	3	
ELMIRON	3	
ENDARI	3	PA
EVENITY	3	PA; QL (2.34 ML per 28 days)
EVRYSDI	3	
FIRDAPSE	3	PA
GALAFOLD	3	PA; QL (14 EA per 28 days)
ISTURISA ORAL TABLET 1 MG	3	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	3	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	3	PA; QL (60 EA per 30 days)
KUVAN	3	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>miglustat</i>	1	PA
<i>nitisinone</i>	1	
NITYR	3	
ORFADIN	3	
PROCYSBI ORAL PACKET	3	PA

Drug Name	Tier	Requirements
RUZURGI	3	PA
THIOLA	3	
THIOLA EC	3	
TYBOST	3	QL (30 EA per 30 days)
XURIDEN	3	
ZAVESCA	3	PA
Protective Agents		
MESNEX ORAL	3	
Respiratory Tract Agents		
Antifibrotic Agents		
ESBRIET	3	PA
OFEV	3	PA
Anti-Inflammatory Agents		
ACCOLATE	3	QL (60 EA per 30 days)
<i>cromolyn sodium inhalation</i>	1	PA
<i>cromolyn sodium oral</i>	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA
FASENRA	3	PA
FASENRA PEN	3	PA
GASTROCROM	3	
<i>montelukast sodium oral</i>	1	QL (30 EA per 30 days)
NUCALA	3	PA
SINGULAIR	3	QL (30 EA per 30 days)
<i>zafirlukast</i>	1	QL (60 EA per 30 days)
<i>zileuton er</i>	1	QL (120 EA per 30 days)
ZYFLO	3	QL (120 EA per 30 days)
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO	3	PA
ORKAMBI ORAL PACKET	3	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	3	PA; QL (120 EA per 30 days)
SYMDEKO	3	PA
TRIKAFTA	3	PA
Mucolytic Agents		
PULMOZYME	3	PA
Phosphodiesterase Type 4 Inhibitors		
DALIRESP	3	

Drug Name	Tier	Requirements
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA
GLASSIA	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
XOLAIR	3	PA
ZEMAIRA	3	PA
Vasodilating Agents		
ADEMPAS	3	PA
<i>ambrisentan</i>	1	PA
<i>bosentan</i>	1	PA
LETAIRIS	3	PA
OPSUMIT	3	PA
ORENITRAM	3	PA
TRACLEER	3	PA
UPTRAVI	3	PA
VENTAVIS	3	PA; QL (270 ML per 30 days)
Skin And Mucous Membrane Preparations		
Anti-Infectives		
ACANYA	3	
<i>acyclovir external cream</i>	1	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	1	QL (30 GM per 30 days)
ALTABAX	3	ST
AMZEEQ	3	
BENZACLIN WITH PUMP	3	
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external</i>	1	
CLEOCIN VAGINAL	3	
CLEOCIN-T EXTERNAL LOTION	3	
CLINDACIN-P	1	
CLINDAGEL	3	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>clotrimazole external cream</i>	1	

Drug Name	Tier	Requirements
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
<i>clotrimazole-betamethasone</i>	1	
DENAVIR	3	QL (5 GM per 30 days)
<i>econazole nitrate external</i>	3	
ELIMITE	3	
ERTACZO	3	
<i>ery</i>	1	
ERYGEL	3	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
EVOCLIN	3	
EXTINA	3	
<i>gentamicin sulfate external</i>	1	
GNAZOLE-1	1	
JUBLIA	3	
KERYDIN	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
KETODAN EXTERNAL FOAM	1	
KLARON	3	
<i>lindane external shampoo</i>	1	
LOPROX EXTERNAL CREAM	3	
LOPROX EXTERNAL SHAMPOO	3	
<i>luliconazole</i>	3	
LUZU	3	
<i>mafenide acetate external</i>	1	
<i>malathion external</i>	3	
MENTAX	3	
METROCREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mupirocin calcium</i>	3	
<i>mupirocin external</i>	1	
<i>naftifine hcl external cream</i>	1	
NAFTIN EXTERNAL CREAM 2 %	3	

Drug Name	Tier	Requirements
NAFTIN EXTERNAL GEL	3	
NATROBA	3	
NEUAC EXTERNAL GEL	1	
NORITATE	3	
NYAMYC	1	
<i>nystatin external</i>	1	
NYSTOP	1	
ONEXTON	3	
ORAVIG	3	
OVIDE	3	
<i>oxiconazole nitrate</i>	1	
OXISTAT	3	
<i>permethrin external cream</i>	1	
<i>selenium sulfide external lotion</i>	1	
SILVADENE	3	
<i>silver sulfadiazine external</i>	1	
SKLICE	3	
SOOLANTRA	3	
SSD	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	3	
<i>terconazole</i>	1	
VANDAZOLE	1	
XEPI	3	ST
XERESE	3	
XOLEGEL	3	
ZOVIRAX EXTERNAL CREAM	3	QL (5 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT	3	QL (30 GM per 30 days)
Anti-Inflammatory Agents		
ALA SCALP	3	
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
ANUSOL-HC EXTERNAL	3	
APEXICON E	1	
BESER EXTERNAL LOTION	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external foam</i>	3	

Drug Name	Tier	Requirements
<i>betamethasone valerate external lotion</i>	1	
<i>betamethasone valerate external ointment</i>	1	
BRYHALI	3	
<i>calcipotriene-betameth diprop external ointment</i>	3	
<i>calcipotriene-betameth diprop external suspension</i>	1	
CAPEX	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	3	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external foam</i>	3	
<i>clobetasol propionate external gel</i>	3	
<i>clobetasol propionate external liquid</i>	3	
<i>clobetasol propionate external lotion</i>	3	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clocortolone pivalate</i>	1	
CLODAN EXTERNAL SHAMPOO	1	
CLODERM	3	
CORDRAN	3	
CORTISPORIN EXTERNAL	3	
CUTIVATE EXTERNAL LOTION	3	
DERMA-SMOOTH/FS SCALP	3	
DESONATE	3	
<i>desonide external</i>	1	
DESOWEN EXTERNAL CREAM	3	
<i>desoximetasone external cream</i>	1	
<i>desoximetasone external gel</i>	3	
<i>desoximetasone external liquid</i>	3	
<i>desoximetasone external ointment</i>	1	
<i>diflorasone diacetate external</i>	3	
DIPROLENE EXTERNAL OINTMENT	3	
DUOBRII	3	
ENSTILAR	3	
EUCRISA	3	PA
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	

Drug Name	Tier	Requirements
<i>fluocinonide external cream 0.1 %</i>	3	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide</i>	3	
<i>fluticasone propionate external</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external foam</i>	3	
<i>halobetasol propionate external ointment</i>	1	
HALOG	3	
<i>hydrocortisone butyrate external</i>	3	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone valerate</i>	1	
IMPOYZ	3	
KENALOG EXTERNAL	3	
LEXETTE	3	
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM	3	
LUXIQ	3	
<i>mometasone furoate external</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
NOLIX	3	
<i>nystatin-triamcinolone external cream</i>	3	
<i>nystatin-triamcinolone external ointment</i>	1	
OLUX	3	
OLUX-E	3	
PANDEL	3	
<i>prednicarbate</i>	1	
PROCTO-MED HC EXTERNAL	1	
PROCTO-PAK EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
<i>psorcon</i>	3	
SERNIVO	3	
SYNALAR EXTERNAL CREAM	3	
TACLONEX	3	
TEXACORT	3	

Drug Name	Tier	Requirements
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	3	
TOVET EXTERNAL FOAM	1	
<i>triamcinolone acetonide external</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
TRIANEX	1	
TRIDERM EXTERNAL CREAM	1	
TRIDESILON	3	
UCERIS RECTAL	3	
ULTRAVATE EXTERNAL LOTION	3	
VANOS	3	
VERDESO	3	
Antipruritics And Local Anesthetics		
<i>doxepin hcl external</i>	3	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>lidocaine external ointment</i>	3	
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	1	
<i>lidocaine hcl urethral/mucosal external gel</i>	1	
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDODERM	3	PA; QL (90 EA per 30 days)
PLIAGLIS EXTERNAL CREAM	3	
PRUDOXIN	3	
ZONALON	3	
ZTLIDO	3	PA; QL (90 EA per 30 days)
Cell Stimulants And Proliferants		
ALTRENO	3	PA
ATRALIN	3	PA
AVITA	1	PA
RETIN-A	3	PA
RETIN-A MICRO	3	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA
<i>tretinoin external</i>	1	PA
<i>tretinoin microsphere</i>	3	PA
Depigmenting And Pigmenting Agents		
<i>methoxsalen rapid</i>	1	
OXSORALEN ULTRA	3	

Drug Name	Tier	Requirements
Emollients, Demulcents, And Protectants		
<i>ammonium lactate external</i>	1	
Skin And Mucous Membrane Agents, Misc		
ABSORICA	3	
ABSORICA LD	3	
<i>acitretin</i>	1	
ACZONE	3	
<i>adapalene external cream</i>	3	PA
<i>adapalene external gel</i>	3	PA
<i>adapalene external pad</i>	1	PA
<i>adapalene external solution</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	PA
AKLIEF	3	PA
ALDARA	3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG	3	
AMNESTEEM ORAL CAPSULE 40 MG	1	
ARAZLO	3	
<i>azelaic acid external</i>	1	
AZELEX	3	
<i>calcipotriene external cream</i>	3	
<i>calcipotriene external ointment</i>	3	
<i>calcipotriene external solution</i>	3	
<i>calcitriol external</i>	1	
CARAC	3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
CLARAVIS ORAL CAPSULE 30 MG	1	
<i>clindamycin-tretinoin</i>	1	PA
CONDYLOX EXTERNAL GEL	3	
COSENTYX (300 MG DOSE)	2	PA
COSENTYX SENSOREADY (300 MG)	2	PA
<i>dapsone external</i>	1	
DIFFERIN EXTERNAL CREAM	3	PA
DIFFERIN EXTERNAL GEL 0.3 %	3	PA
DIFFERIN EXTERNAL LOTION	3	PA
DOVONEX EXTERNAL CREAM	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA
EFUDEX EXTERNAL CREAM	3	

Drug Name	Tier	Requirements
ELIDEL	3	
EPIDUO	3	PA
EPIDUO FORTE	3	PA
FABIOR	3	
FINACEA	3	
FLUOROPLEX	3	
<i>fluorouracil external cream 0.5 %</i>	3	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	1	
ILUMYA	3	PA
<i>imiquimod external</i>	1	
<i>imiquimod pump</i>	3	
<i>isotretinoin oral</i>	3	
MIRVASO	3	
MYORISAN	3	
ORACEA	3	ST
PANRETIN	3	
PICATO	3	
<i>pimecrolimus</i>	1	
<i>podofilox external</i>	1	
PROTOPIC	3	
QBREXZA	3	PA; QL (30 EA per 30 days)
RECTIV	3	
REGRANEX	3	
RHOFADE	3	
SANTYL	3	
SILIQ	3	PA
SKYRIZI (150 MG DOSE)	2	PA
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>tacrolimus external ointment</i>	3	
TALTZ	3	PA
TARGRETIN EXTERNAL	3	
<i>tazarotene external</i>	1	
TAZORAC	3	
TOLAK	3	
TREMFYA	3	PA

Drug Name	Tier	Requirements
VALCHLOR	3	PA
VECTICAL	3	
VELTIN	3	PA
ZENATANE	3	
ZIANA	3	PA
ZYCLARA PUMP	3	
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
<i>darifenacin hydrobromide er</i>	1	
DETROL	3	ST
DETROL LA	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	ST
<i>flavoxate hcl</i>	1	
GELNIQUE TRANSDERMAL GEL 10 %	3	ST
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral</i>	1	
OXYTROL	3	ST
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	3	
TOVIAZ	3	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
VESICARE	3	
Respiratory Smooth Muscle Relaxants		
THEO-24	3	
<i>theophylline</i>	1	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour</i>	1	
Vitamins		
Multivitamin Preparations		
<i>prenatal oral tablet 27-1 mg</i>	1	
Vitamin D		
<i>calcitriol oral</i>	1	
<i>doxercalciferol oral</i>	1	
<i>paricalcitol oral</i>	1	
RAYALDEE	3	
ROCALTROL	3	

Drug Name	Tier	Requirements
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Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Keystone 65 Rx at 1-844-352-1699; Personal Choice 65 Rx at 1-888-879-4293; Select Option Rx at 1-888-678-7009; or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit www.ibxmedicare.com.

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