

Keystone 65 Rx Personal Choice 65SM Rx 2020 Formulary

(List of Covered Drugs)

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

FID 20338, Version 14

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Keystone 65 Rx at **1-800-645-3965** or Personal Choice 65 Rx at **1-888-718-3333** or, for TTY users, **711**, 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**.



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 Basic Rx HMO, Keystone 65 Select Rx HMO, Keystone 65 Preferred Rx HMO, Keystone 65 Focus Rx HMO-POS, or Personal Choice 65 Rx PPO.

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 Keystone 65 Rx, Personal Choice 65 Rx 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx's Formulary?*"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, 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 we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx's Formulary?*"

Changes that will not affect you if you are currently taking the drug

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 as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

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 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 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 99. 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 60 per prescription for Glipizide ER 10mg. 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 7. 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 restriction 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 Keystone 65 Rx, and Personal Choice 65 Rx's Formulary?*" on page 4 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs, including bandages, cold and allergy medicines, pain relievers, vitamins and more. Our plan will provide these OTC drugs at no cost to you. The cost to the plan of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 Keystone 65 Rx, Personal Choice 65 Rx's 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 other prescriber.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited.

For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increments (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days if you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you 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>.

Keystone 65 Rx, Personal Choice 65 Rx's Formulary

The formulary 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 99.

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 60 per prescription for Glipizide ER 10mg. 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 90 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.
- **Non-Formulary (NF):** If your drug has a "Non-Formulary" status, this means that your drug is not covered under your plan. In this case, you may request a Formulary Exception.

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>	NF	
<i>carbinoxamine maleate oral tablet 4 mg</i>	NF	
<i>clemapidine fumarate oral tablet 2.68 mg</i>	NF	
<i>cyproheptadine hcl oral</i>	2	
<i>dexchlorpheniramine maleate oral solution</i>	2	
<i>promethazine hcl oral syrup</i>	2	PA
<i>promethazine hcl oral tablet</i>	2	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	PA
<i>promethazine-phenylephrine</i>	NF	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	PA
RYCLORA ORAL SOLUTION	NF	
RYVENT	NF	
Second Generation Antihistamines		
<i>cetirizine hcl oral solution 1 mg/ml</i>	NF	
CLARINEX ORAL TABLET	NF	
CLARINEX-D 12 HOUR	NF	
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible</i>	NF	
<i>levocetirizine dihydrochloride oral</i>	2	
SEMPREX-D	NF	
Anti-Infective Agents		
Anthelmintics		
<i>albendazole oral</i>	4	
ALBENZA	NF	
BILTRICIDE	NF	
EMVERM	NF	
<i>ivermectin oral</i>	2	
<i>praziquantel oral</i>	2	
STROMEKTOL	NF	
Antibacterials		
ACTICLATE	NF	
AEMCOLO	4	QL (12 EA per 30 days)
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
<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>	2	

Drug Name	Tier	Requirements
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
ARIKAYCE	5	PA
AVYCAZ	5	
AZACTAM	NF	
<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>	2	
AZULFIDINE	NF	
AZULFIDINE EN-TABS	NF	
BACTRIM	NF	
BACTRIM DS	NF	
BAXDELA	NF	
BETHKIS	5	PA
BICILLIN C-R	4	
BICILLIN C-R 900/300	4	
BICILLIN L-A	4	
CAYSTON	5	PA
<i>cefaclor</i>	2	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir</i>	2	
<i>cefepime hcl injection</i>	2	
<i>cefixime</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	

Drug Name	Tier	Requirements
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin</i>	2	
CIPRO ORAL SUSPENSION RECONSTITUTED	NF	
CIPRO ORAL TABLET 250 MG, 500 MG	NF	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
CLEOCIN ORAL	NF	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	NF	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	
<i>colistimethate sodium (cba)</i>	2	
CUBICIN	NF	
DALVANCE	5	
<i>daptomycin intravenous solution reconstituted 350 mg</i>	5	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	2	
<i>demeclocycline hcl oral</i>	2	
<i>dicloxacillin sodium</i>	2	
DIFICID	5	QL (60 EA per 30 days)
DORYX MPC	NF	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	NF	
DOXY 100	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	

Drug Name	Tier	Requirements
<i>doxycycline monohydrate oral</i>	2	
E.E.S. GRANULES	NF	
<i>ertapenem sodium</i>	2	
ERYPED 200	NF	
ERYPED 400	4	
ERY-TAB	NF	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin base oral tablet delayed release</i>	2	
<i>erythromycin ethylsuccinate oral</i>	2	
FIRVANQ	4	
<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>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>imipenem-cilastatin</i>	2	
INVANZ INJECTION	NF	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous</i>	2	
<i>levofloxacin oral</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	5	
<i>linezolid oral suspension reconstituted</i>	5	QL (1680 ML per 28 days)
<i>linezolid oral tablet</i>	4	QL (56 EA per 28 days)
<i>meropenem</i>	2	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	NF	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	NF	
<i>minocycline hcl oral</i>	2	
MINOLIRA	NF	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	2	
<i>moxifloxacin hcl in nacl</i>	2	
<i>moxifloxacin hcl oral</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>neomycin sulfate oral</i>	2	
NUZYRA	5	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>oxacillin sodium in dextrose</i>	2	

Drug Name	Tier	Requirements
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>oxacillin sodium intravenous</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<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>	2	
<i>polymyxin b sulfate injection</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	NF	
SEYSARA	NF	
SIVEXTRO	5	PA; QL (6 EA per 30 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	NF	
<i>streptomycin sulfate intramuscular</i>	2	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfasalazine oral</i>	2	
SUPRAX ORAL CAPSULE	4	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	NF	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE	4	
TARGADOX	NF	
TAZICEF INJECTION	2	
TEFLARO	4	
<i>tetracycline hcl oral</i>	2	
<i>tigecycline</i>	2	
TOBI	NF	
TOBI PODHALER	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
TYGACIL	NF	

Drug Name	Tier	Requirements
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	NF	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	NF	
VABOMERE	NF	
VANCOGIN	NF	
VANCOGIN HCL ORAL CAPSULE 125 MG	NF	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	4	
<i>vancomycin hcl oral solution reconstituted</i>	2	
VIBRAMYCIN	NF	
XENLETA ORAL	5	PA; QL (10 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
ZEMDRI	5	PA
ZERBAXA	NF	
ZITHROMAX INTRAVENOUS	NF	
ZITHROMAX ORAL PACKET	NF	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NF	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NF	
ZITHROMAX TRI-PAK	NF	
ZITHROMAX Z-PAK	NF	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	NF	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	NF	
ZYVOX ORAL	NF	
Antifungals		
ABELCET	5	PA
AMBISOME	5	PA
<i>amphotericin b intravenous</i>	2	PA
ANCOBON	NF	
CANCIDAS	NF	
<i>caspofungin acetate</i>	5	
CRESEMBA ORAL	5	PA
DIFLUCAN	NF	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	

Drug Name	Tier	Requirements
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral</i>	2	
<i>flucytosine oral</i>	5	
<i>griseofulvin microsize oral</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	5	
<i>ketoconazole oral</i>	2	
<i>micafungin sodium</i>	5	
MYCAMINE	5	
NOXAFIL ORAL	5	PA
<i>nystatin mouth/throat</i>	2	
<i>nystatin oral tablet</i>	2	
<i>posaconazole</i>	5	PA
SPORANOX ORAL CAPSULE	NF	
SPORANOX ORAL SOLUTION	5	
<i>terbinafine hcl oral</i>	2	
<i>tolsura</i>	5	
VFEND	NF	
VFEND IV	NF	
<i>voriconazole intravenous</i>	5	
<i>voriconazole oral</i>	5	
Antimycobacterials		
<i>dapsone oral</i>	2	
<i>ethambutol hcl oral</i>	2	
<i>isoniazid oral</i>	2	
MYAMBUTOL ORAL TABLET 400 MG	NF	
MYCOBUTIN	NF	
PASER	4	
<i>pretomanid</i>	4	PA
PRIFTIN	4	
<i>pyrazinamide oral</i>	2	
<i>rifabutin</i>	2	
<i>rifampin intravenous</i>	2	
<i>rifampin oral</i>	2	
SIRUORO	5	PA
TRECTOR	4	
Antiprotozoals		
ALINIA	4	

Drug Name	Tier	Requirements
<i>atovaquone oral</i>	2	
<i>atovaquone-proguanil hcl</i>	2	
<i>benznidazole</i>	4	
<i>chloroquine phosphate oral</i>	2	
COARTEM	4	
DARAPRIM	4	
FLAGYL ORAL CAPSULE	NF	
FLAGYL ORAL TABLET 500 MG	NF	
<i>hydroxychloroquine sulfate oral</i>	2	
KRINTAFEL	4	
MALARONE	NF	
<i>mefloquine hcl</i>	2	
MEPRON	NF	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	
<i>metronidazole oral</i>	2	
NEBUPENT	4	PA
<i>paromomycin sulfate oral</i>	2	
PENTAM	4	
<i>pentamidine isethionate inhalation</i>	2	PA
<i>pentamidine isethionate injection</i>	2	
PLAQUENIL	NF	
<i>primaquine phosphate oral</i>	2	
<i>pyrimethamine oral</i>	2	
QUALAQUIN	NF	
<i>quinine sulfate oral</i>	2	PA
SOLOSEC	NF	
<i>tinidazole oral</i>	2	
Antivirals		
<i>abacavir sulfate oral solution</i>	2	
<i>abacavir sulfate oral tablet</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine</i>	2	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	QL (60 EA per 30 days)
<i>acyclovir oral</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	PA
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION	5	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	5	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	5	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
ATRIPLA	5	QL (30 EA per 30 days)
BARACLUDE	NF	
BIKTARVY	5	QL (30 EA per 30 days)
CIMDUO	5	
COMBIVIR	NF	
COMPLERA	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (450 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (180 EA per 30 days)
DELSTRIGO	5	
DESCOVY	5	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	2	QL (30 EA per 30 days)
DOVATO	5	
EDURANT	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	2	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet</i>	5	QL (30 EA per 30 days)
<i>emtricitabine</i>	2	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	
<i>entecavir</i>	4	QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (84 EA per 365 days)
EPIVIR	NF	
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	NF	
EPZICOM	NF	
EVOTAZ	5	QL (30 EA per 30 days)
<i>famciclovir oral</i>	4	
<i>fosamprenavir calcium</i>	2	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
HARVONI ORAL PACKET	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
HEPSERA	NF	
INTELENCE ORAL TABLET 100 MG	5	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET	5	QL (120 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS ORAL PACKET	5	

Drug Name	Tier	Requirements
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	
JULUCA	5	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	NF	
KALETRA ORAL TABLET 100-25 MG	4	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QL (120 EA per 30 days)
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine</i>	4	QL (60 EA per 30 days)
<i>ledipasvir-sofosbuvir</i>	5	PA
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	NF	
<i>lopinavir-ritonavir</i>	2	
MAVYRET	5	PA
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	4	
NORVIR ORAL TABLET	NF	
ODEFSEY	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (60 EA per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (540 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	
PIFELTRO	5	
PLEGRIDY	5	QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5	QL (1 ML per 28 days)
PREVYMIS ORAL	5	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
RELENZA DISKHALER	4	QL (60 EA per 180 days)

Drug Name	Tier	Requirements
RETROVIR ORAL CAPSULE	NF	
RETROVIR ORAL SYRUP	NF	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	NF	
REYATAZ ORAL PACKET	5	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	2	QL (360 EA per 30 days)
<i>rukobia</i>	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	4	
SITAVIG	NF	
<i>sofosbuvir-velpatasvir</i>	5	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET 400 MG	5	PA
<i>stavudine oral capsule</i>	2	QL (60 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
SUSTIVA	NF	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TAMIFLU ORAL CAPSULE	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NF	
<i>tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD	4	QL (180 EA per 30 days)
TRIUMEQ	5	QL (30 EA per 30 days)
TRIZIVIR	NF	
TRUVADA	5	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 EA per 30 days)
VALCYTE	NF	
<i>valganciclovir hcl</i>	5	
VALTREX	NF	
VEMLIDY	5	
VIEKIRA PAK	5	PA

Drug Name	Tier	Requirements
VIRACEPT ORAL TABLET 250 MG	5	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
VIRAMUNE ORAL SUSPENSION	NF	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	NF	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI	5	PA
XOFLUZA (40 MG DOSE)	4	QL (2 EA per 28 days)
XOFLUZA (80 MG DOSE)	4	QL (2 EA per 28 days)
ZEPATIER	5	PA; QL (112 EA per 365 days)
ZIAGEN	NF	
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	QL (60 EA per 30 days)
ZOVIRAX ORAL SUSPENSION	NF	
Urinary Anti-Infectives		
HIPREX	NF	
MACROBID	NF	
MACRODANTIN	NF	
<i>methenamine hippurate</i>	2	
MONUROL	4	
<i>nitrofurantoin</i>	NF	
<i>nitrofurantoin macrocrystal oral</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<i>trimethoprim oral</i>	2	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	5	PA
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA
BALVERSA	5	PA
<i>bexarotene</i>	5	PA
<i>bicalutamide</i>	2	
BOSULIF	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA	5	PA
CASODEX	NF	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE)	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>cyclophosphamide oral capsule</i>	2	PA
DAURISMO	5	PA
DROXIA	4	
EMCYT	5	
ERIVEDGE	5	PA
ERLEADA	5	PA; QL (120 EA per 30 days)
<i>erlotinib hcl</i>	5	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA
FARYDAK ORAL CAPSULE 10 MG, 20 MG	5	PA
<i>flutamide</i>	2	
GAVRETO	5	PA
GILOTRIF	5	PA
GLEEVEC	NF	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
HYDREA	NF	
<i>hydroxyurea oral</i>	2	
IBRANCE	5	PA
ICLUSIG	5	PA
IDHIFA	5	PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
INREBIC	5	PA
INTRON A	5	
IRESSA	5	PA
JAKAFI	5	PA
KISQALI (200 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	5	PA; QL (63 EA per 28 days)

Drug Name	Tier	Requirements
KISQALI (600 MG DOSE)	5	PA; QL (63 EA per 28 days)
KOSELUGO	5	PA
LENVIMA (10 MG DAILY DOSE)	5	PA
LENVIMA (12 MG DAILY DOSE)	5	PA
LENVIMA (14 MG DAILY DOSE)	5	PA
LENVIMA (18 MG DAILY DOSE)	5	PA
LENVIMA (20 MG DAILY DOSE)	5	PA
LENVIMA (24 MG DAILY DOSE)	5	PA
LENVIMA (4 MG DAILY DOSE)	5	PA
LENVIMA (8 MG DAILY DOSE)	5	PA
LEUKERAN	5	
LONSURF	5	PA
LORBRENA	5	PA
LYNPARZA ORAL TABLET	5	PA
LYSODREN	5	
MATULANE	5	
MEKINIST	5	PA
MEKTOVI	5	PA
<i>mercaptopurine oral</i>	2	
<i>methotrexate oral</i>	2	PA
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
NERLYNX	5	PA
NEXAVAR	5	PA
NILANDRON	NF	
<i>nilutamide</i>	5	
NINLARO	5	PA
NUBEQA	5	PA
ODOMZO	5	PA
PEMAZYRE	5	PA
PIQRAY (200 MG DAILY DOSE)	5	PA
PIQRAY (250 MG DAILY DOSE)	5	PA
PIQRAY (300 MG DAILY DOSE)	5	PA
POMALYST	5	PA
PURIXAN	5	
QINLOCK	5	PA
RETEVMO	5	PA
REVLIMID	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA

Drug Name	Tier	Requirements
RYDAPT	5	PA
SIKLOS ORAL TABLET 100 MG	4	
SIKLOS ORAL TABLET 1000 MG	5	
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
SYNRIBO	5	PA
TABLOID	4	
TABRECTA	5	PA
TAFINLAR	5	PA
TAGRISO	5	PA
TALZENNA	5	PA
TARCEVA	5	PA
TARGRETIN ORAL	NF	
TASIGNA	5	PA
TAZVERIK	5	PA
TIBSOVO	5	PA
<i>tretinoin oral</i>	5	
TREXALL	4	PA
TUKYSA	5	PA
TURALIO	5	PA
TYKERB	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK	3	PA; QL (84 EA per 365 days)
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
XATMEP	4	PA
XOSPATA	5	PA
XPOVIO (100 MG ONCE WEEKLY)	5	PA
XPOVIO (40 MG ONCE WEEKLY)	5	PA
XPOVIO (40 MG TWICE WEEKLY)	5	PA
XPOVIO (60 MG ONCE WEEKLY)	5	PA
XPOVIO (60 MG TWICE WEEKLY)	5	PA
XPOVIO (80 MG ONCE WEEKLY)	5	PA
XPOVIO (80 MG TWICE WEEKLY)	5	PA

Drug Name	Tier	Requirements
XTANDI	5	PA
YONSA	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZOLINZA	5	PA
ZYDELIG	5	PA
ZYKADIA ORAL TABLET	5	PA
ZYTIGA	5	PA
Antitoxins, Immune Globulins, Toxoids, And Vaccines		
Allergenic Extracts		
GRASTEK	4	PA
ODACTRA	NF	
ORALAIR	NF	
Antitoxins And Immune Globulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PANZYGA	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
VARIZIG INTRAMUSCULAR SOLUTION	3	
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt</i>	2	
INFANRIX	3	
KINRIX INTRAMUSCULAR SUSPENSION	3	
QUADRACEL	3	
TDVAX	2	
TENIVAC	3	
Vaccines		
ACTHIB	3	
<i>bcg vaccine</i>	2	

Drug Name	Tier	Requirements
BEXSERO	3	
ENGERIX-B INJECTION	3	PA
GARDASIL 9	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HIBERIX INJECTION	3	
IMOVAX RABIES	3	
IPOL	3	
IXIARO	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
M-M-R II INJECTION	3	
PEDIARIX	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
RABAVERT	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	PA
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	
VARIVAX	3	
YF-VAX	3	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA	3	
ATROVENT HFA	4	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE	NF	
CUVPOSA	4	
<i>dicyclomine hcl oral</i>	2	
DUAKLIR PRESSAIR	5	QL (2 EA per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	

Drug Name	Tier	Requirements
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation</i>	2	PA
<i>ipratropium bromide nasal</i>	2	
LONHALA MAGNAIR REFILL KIT	5	ST
<i>methscopolamine bromide oral</i>	2	
<i>propantheline bromide oral</i>	NF	
SEEBRI NEOHALER	NF	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NF	
YUPELRI	5	PA
Autonomic Drugs, Miscellaneous		
CHANTIX	3	
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
NICOTROL	4	
NICOTROL NS	4	
Parasympathomimetic (Cholinergic) Agents		
ARICEPT	NF	
<i>bethanechol chloride oral</i>	2	
<i>cevimeline hcl</i>	2	
<i>donepezil hcl</i>	2	
EVOXAC	NF	
EXELON TRANSDERMAL	NF	
<i>galantamine hydrobromide</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>guanidine hcl oral</i>	2	
MESTINON ORAL SOLUTION	NF	
MESTINON ORAL TABLET	NF	
MESTINON ORAL TABLET EXTENDED RELEASE	NF	
<i>pilocarpine hcl oral</i>	2	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
RAZADYNE ER	NF	
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	2	
SALAGEN	NF	

Drug Name	Tier	Requirements
Skeletal Muscle Relaxants		
AMRIX	NF	
<i>baclofen oral</i>	2	
<i>carisoprodol oral</i>	2	PA
<i>carisoprodol-aspirin-codeine</i>	2	PA; NDS
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	2	PA
<i>chlorzoxazone oral tablet 500 mg</i>	NF	
<i>cyclobenzaprine hcl er</i>	2	PA
<i>cyclobenzaprine hcl oral</i>	2	PA
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	NF	
<i>dantrolene sodium oral</i>	2	
FEXMID	NF	
LORZONE	NF	
<i>metaxalone</i>	4	PA
<i>methocarbamol oral</i>	2	PA
<i>orphenadrine citrate er</i>	NF	
SKELAXIN	NF	
SOMA	NF	
<i>tizanidine hcl oral</i>	2	
ZANAFLEX	NF	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	2	
DIBENZYLIN	NF	
<i>dihydroergotamine mesylate nasal</i>	4	QL (8 ML per 28 days)
<i>ergoloid mesylates oral</i>	2	
FLOMAX	NF	
MIGRANAL	NF	
<i>phenoxybenzamine hcl oral</i>	5	
RAPAFLO	NF	
<i>silodosin</i>	2	
<i>tamsulosin hcl</i>	2	
UROXATRAL	NF	
Sympathomimetic (Adrenergic) Agents		
ADVAIR DISKUS	NF	
ADVAIR HFA	3	QL (12 GM per 30 days)
AIRDUO RESPICLICK 113/14	NF	
AIRDUO RESPICLICK 232/14	NF	
AIRDUO RESPICLICK 55/14	NF	
<i>albuterol sulfate er</i>	2	

Drug Name	Tier	Requirements
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	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>	2	PA
<i>albuterol sulfate oral</i>	2	
ARCAPTA NEOHALER	4	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	5	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	NF	
BROVANA	4	PA
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	4	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	2	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	4	QL (1 EA per 30 days)
<i>ipratropium-albuterol</i>	2	PA
<i>levalbuterol hcl inhalation</i>	2	PA
<i>levalbuterol tartrate</i>	4	QL (30 GM per 30 days)
LUCEMYRA	4	QL (480 EA per 30 days)
<i>midodrine hcl</i>	2	
NORTHERA	5	
PERFOROMIST	5	PA
PROAIR DIGIHALER	4	ST; QL (2 EA per 30 days)
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
PROVENTIL HFA	NF	
SEREVENT DISKUS	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	NF	
SYMJEPI	NF	
<i>terbutaline sulfate oral</i>	2	
UTIBRON NEOHALER	NF	
VENTOLIN HFA	NF	
WIXELA INHUB	2	QL (60 EA per 30 days)
XOPENEX	NF	

Drug Name	Tier	Requirements
XOPENEX CONCENTRATE	NF	
XOPENEX HFA	NF	
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		
LYSTEDA	NF	
<i>tranexamic acid oral</i>	2	
Antithrombotic Agents		
AGRYLIN	NF	
<i>anagrelide hcl</i>	2	
ARIXTRA	NF	
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	QL (58 EA per 365 days)
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	
EFFIENT	NF	
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	
<i>enoxaparin sodium subcutaneous</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
JANTOVEN	2	
LOVENOX SUBCUTANEOUS	NF	
PLAVIX ORAL TABLET 75 MG	NF	
PRADAXA	4	
<i>prasugrel hcl</i>	2	
SAVAYSA	4	
<i>warfarin sodium oral</i>	2	
XARELTO	3	
XARELTO STARTER PACK	3	
ZONTIVITY	4	

Drug Name	Tier	Requirements
Blood Formation, Coagulation, And Thrombosis Agents, Misc.		
TAVALISSE	5	PA
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML	NF	
EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA	5	QL (2.4 ML per 28 days)
GRANIX	5	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
MULPLETA	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (2.4 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	
NIVESTYM	5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	
PROMACTA ORAL TABLET	5	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
UDENYCA	5	QL (2.4 ML per 28 days)
ZARXIO	5	
Hemorrhheologic Agents		
<i>pentoxifylline er</i>	2	

Drug Name	Tier	Requirements
Blood Formation,Coagulation + Thrombosis		
<i>Blood Formation, Coagulation, And Thrombosis Agents Misc.</i>		
OXBRYTA	5	PA; QL (90 EA per 30 days)
<i>Hematopoietic Agents</i>		
DOPTELET ORAL TABLET 20 MG	5	PA
PROMACTA ORAL PACKET 25 MG	5	
ZIEXTENZO	5	QL (2.4 ML per 28 days)
Cardiovascular Drugs		
<i>Alpha-Adrenergic Blocking Agents</i>		
CARDURA	NF	
CARDURA XL	NF	
<i>doxazosin mesylate oral</i>	2	
MINIPRESS	NF	
<i>prazosin hcl oral</i>	2	
<i>terazosin hcl oral</i>	2	
<i>Antilipemic Agents</i>		
ALTOPREV	NF	
ANTARA ORAL CAPSULE 30 MG, 90 MG	NF	
<i>atorvastatin calcium oral</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine oral packet</i>	2	
<i>colesevelam hcl oral packet</i>	NF	
<i>colesevelam hcl oral tablet</i>	2	
COLESTID ORAL PACKET	NF	
COLESTID ORAL TABLET	NF	
<i>colestipol hcl oral packet</i>	2	
<i>colestipol hcl oral tablet</i>	2	
CRESTOR	NF	
EZALLOR SPRINKLE	NF	
<i>ezetimibe</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized</i>	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	2	
FENOGLIDE	NF	
<i>flolipid</i>	NF	
<i>fluvastatin sodium</i>	1	
<i>fluvastatin sodium er</i>	1	

Drug Name	Tier	Requirements
<i>gemfibrozil oral</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
LESCOL XL	NF	
LIPITOR	NF	
LIPOFEN	NF	
LIVALO	3	
LOPID	NF	
<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	NF	
NEXLETOL	4	PA
NEXLIZET	4	PA
<i>niacin er (antihyperlipidemic)</i>	4	
NIACOR	2	
NIASPAN	NF	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (2 ML per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG	NF	
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days)
PREVALITE ORAL PACKET	2	
QUESTRAN LIGHT ORAL POWDER	NF	
QUESTRAN ORAL PACKET	NF	
REPATHA	4	PA; QL (3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	4	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	4	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	NF	
TRILIPIX	NF	
VASCEPA	3	
VYTORIN	NF	
WELCHOL	NF	
ZETIA	NF	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	NF	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NF	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	2	
<i>atenolol oral</i>	1	

Drug Name	Tier	Requirements
<i>atenolol-chlorthalidone</i>	2	
BETAPACE AF	NF	
<i>betaxolol hcl oral</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
BYSTOLIC	3	
<i>carvedilol</i>	2	
<i>carvedilol phosphate er</i>	2	
COREG	NF	
COREG CR	NF	
CORGARD	NF	
DUTOPROL	NF	
INDERAL LA	NF	
INNOPRAN XL	NF	
<i>labetalol hcl oral</i>	2	
LOPRESSOR HCT ORAL TABLET 50-25 MG	NF	
LOPRESSOR ORAL TABLET 100 MG	NF	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl oral</i>	2	
<i>propranolol-hctz</i>	2	
SORINE	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl oral</i>	2	
SOTYLIZE	NF	
TENORETIC 100	NF	
TENORETIC 50	NF	
TENORMIN	NF	
<i>timolol maleate oral</i>	2	
TOPROL XL	NF	
ZIAC	NF	
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	

Drug Name	Tier	Requirements
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
AZOR	NF	
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	NF	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	NF	
CARDIZEM CD	NF	
CARDIZEM LA	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NF	
CARTIA XT	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl oral</i>	2	
<i>dilt-xr</i>	2	
EXFORGE	NF	
EXFORGE HCT	NF	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
KATERZIA	NF	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NF	
MATZIM LA	2	
<i>nicardipine hcl oral</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nifedipine oral</i>	2	
<i>nimodipine oral</i>	2	
<i>nisoldipine er</i>	NF	
NORVASC	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML	5	
<i>olmesartan-amlodipine-hctz</i>	1	
PROCARDIA	NF	
PROCARDIA XL	NF	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NF	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	NF	

Drug Name	Tier	Requirements
TAZTIA XT	2	
<i>telmisartan-amlodipine</i>	1	
TIADYLT ER	2	
TIAZAC	NF	
<i>trandolapril-verapamil hcl er</i>	1	
TRIBENZOR	NF	
TWYNSTA	NF	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl oral</i>	2	
VERELAN	NF	
VERELAN PM	NF	
Cardiac Drugs		
<i>amiodarone hcl oral</i>	2	
CORLANOR ORAL SOLUTION	4	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)
DIGITEK	2	QL (30 EA per 30 days)
DIGOX	2	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	2	QL (150 ML per 30 days)
<i>digoxin oral tablet</i>	2	QL (30 EA per 30 days)
<i>disopyramide phosphate oral</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	NF	
LANOXIN ORAL TABLET 62.5 MCG	4	QL (30 EA per 30 days)
<i>mexiletine hcl oral</i>	2	
MULTAQ	3	
NORPACE	NF	
NORPACE CR	4	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate oral</i>	2	
RANEXA	NF	
<i>ranolazine er</i>	2	
RYTHMOL SR	NF	
TIKOSYN	NF	
VYNDAMAX	5	PA
VYNDAQEL	5	PA

Drug Name	Tier	Requirements
Hypotensive Agents		
CATAPRES	NF	
CATAPRES-TTS-1	NF	
CATAPRES-TTS-2	NF	
CATAPRES-TTS-3	NF	
<i>clonidine</i>	2	
<i>clonidine hcl er</i>	2	QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	2	
<i>guanfacine hcl oral</i>	2	
<i>hydralazine hcl oral</i>	2	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
<i>methyldopa oral</i>	2	
<i>methyldopa-hydrochlorothiazide</i>	2	
<i>minoxidil oral</i>	2	
VECAMYL	5	PA
Renin-Angiotensin-Aldosterone Sys Inhib		
ACCUPRIL	NF	
ACCURETIC	NF	
ALDACTAZIDE	NF	
ALDACTONE	NF	
<i>aliskiren fumarate</i>	2	QL (30 EA per 30 days)
ALTACE ORAL CAPSULE	NF	
ATACAND	NF	
ATACAND HCT	NF	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NF	
AVAPRO	NF	
<i>benazepril hcl oral</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	NF	
BENICAR HCT	NF	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>captopril oral</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CAROSPIR	NF	
COZAAR	NF	
DIOVAN	NF	
DIOVAN HCT	NF	
EDARBI	NF	
EDARBYCLOR	NF	

Drug Name	Tier	Requirements
<i>enalapril maleate oral</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	3	QL (60 EA per 30 days)
<i>eplerenone</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium-hctz</i>	1	
HYZAAR	NF	
INSPRA	NF	
<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	NF	
MICARDIS	NF	
MICARDIS HCT	NF	
<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	NF	
QBRELIS	NF	
<i>quinapril hcl</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral</i>	1	
<i>spironolactone-hctz</i>	2	
TEKTURNA	NF	
TEKTURNA HCT	4	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)

Drug Name	Tier	Requirements
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (30 EA per 30 days)
VASERETIC	NF	
VASOTEC	NF	
ZESTORETIC	NF	
ZESTRIL	NF	
Vasodilating Agents		
ADCIRCA	5	PA
ALYQ	5	PA
BIDIL	4	
CIALIS ORAL TABLET 2.5 MG, 5 MG	NF	
<i>dipyridamole oral</i>	2	PA
ISORDIL TITRADOSE	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i>	5	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
MINITRAN	2	
NITRO-BID	4	
NITRO-DUR	NF	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
NITROSTAT	4	
REVATIO ORAL SUSPENSION RECONSTITUTED	NF	PA
REVATIO ORAL TABLET	NF	
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA
<i>tadalafil (pah)</i>	5	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
Analgesics And Antipyretics		
<i>acetaminophen-codeine #3</i>	2	NDS; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	2	NDS; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	NDS; QL (180 EA per 30 days)
ACTIQ	NF	
ALLZITAL	NF	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NF	
ARTHROTEC ORAL TABLET DELAYED RELEASE	NF	
ASCOMP-CODEINE	NF	NDS

Drug Name	Tier	Requirements
BELBUCA	NF	NDS
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	4	QL (120 EA per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	4	QL (90 EA per 30 days)
BUNAVAIL BUCCAL FILM 6.3-1 MG	4	QL (30 EA per 30 days)
BUPAP ORAL TABLET 50-300 MG	NF	
<i>buprenorphine hcl sublingual</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine transdermal</i>	4	NDS; QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule</i>	5	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	5	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod</i>	4	PA; NDS; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine</i>	NF	NDS
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal</i>	2	NDS; QL (8 ML per 30 days)
BUTRANS	NF	NDS
CAMBIA	NF	
CELEBREX	NF	
<i>celecoxib oral</i>	2	
<i>codeine sulfate oral tablet 15 mg</i>	NF	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	NF	NDS
CONZIP	NF	NDS
DAYPRO	NF	
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	NF	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral</i>	2	
DILAUDID ORAL	NF	NDS

Drug Name	Tier	Requirements
DOLOPHINE	NF	NDS
DUEXIS	NF	
DURAGESIC-100	NF	NDS
DURAGESIC-12	NF	NDS
DURAGESIC-25	NF	NDS
DURAGESIC-50	NF	NDS
DURAGESIC-75	NF	NDS
DVORAH	NF	NDS
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	NF	NDS
ESGIC ORAL TABLET	NF	
<i>etodolac er</i>	4	
<i>etodolac oral</i>	2	
FELDENE	NF	
<i>fenoprofen calcium oral capsule 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet</i>	NF	
<i>fentanyl citrate buccal</i>	5	PA; QL (120 EA per 30 days)
<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>	2	PA; NDS; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	2	NDS; QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
FIORICET ORAL CAPSULE	NF	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NF	NDS
FIORINAL	NF	
FIORINAL/CODEINE #3	NF	NDS
<i>flurbiprofen oral tablet 100 mg</i>	NF	
GRALISE	NF	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	2	PA; QL (60 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	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>	4	NDS; QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NDS; QL (150 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	4	PA; NDS; QL (120 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	2	NDS; QL (1500 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	2	NDS; QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 4 mg, 8 mg</i>	2	PA; NDS; QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	PA

Drug Name	Tier	Requirements
HYSINGLA ER	NF	NDS
IBU ORAL TABLET 600 MG, 800 MG	2	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
INDOCIN ORAL	4	
INDOCIN RECTAL	NF	
<i>indomethacin er</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	NF	NDS
<i>ketoprofen er</i>	2	
<i>ketoprofen oral</i>	2	
<i>ketorolac tromethamine nasal</i>	NF	
<i>ketorolac tromethamine oral</i>	2	PA; QL (20 EA per 30 days)
<i>levorphanol tartrate oral</i>	NF	NDS
LODINE	NF	
LYRICA CR	NF	
<i>meclofenamate sodium oral</i>	NF	
<i>mefenamic acid oral</i>	NF	
<i>meloxicam oral tablet</i>	2	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	NF	
<i>meperidine hcl oral solution</i>	NF	NDS
<i>meperidine hcl oral tablet 50 mg</i>	NF	NDS
<i>methadone hcl oral solution</i>	4	PA; NDS
<i>methadone hcl oral tablet</i>	4	PA; NDS
MOBIC ORAL TABLET	NF	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	NDS; QL (150 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	4	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>	4	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>	4	NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg</i>	4	PA; NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	4	PA; NDS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	4	NDS; QL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>	2	NDS; QL (1000 ML per 30 days)

Drug Name	Tier	Requirements
<i>morphine sulfate oral tablet</i>	4	NDS; QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE	NF	NDS
<i>nabumetone oral</i>	2	
NALFON ORAL TABLET	NF	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NF	
<i>naproxen dr</i>	2	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	2	
<i>naproxen sodium er</i>	4	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	NF	
<i>naproxen-esomeprazole</i>	NF	
NORCO	NF	NDS
NUCYNTA	NF	NDS
NUCYNTA ER	NF	NDS
<i>oxaprozin</i>	2	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg</i>	4	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>	4	PA; NDS; QL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	NDS; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	NDS; QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	2	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>	4	NDS; QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	NDS; QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	NF	NDS
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	4	NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	4	PA; NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	4	PA; NDS; QL (180 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	4	NDS; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl</i>	NF	NDS
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NF	NDS
<i>piroxicam oral</i>	2	
PRIMLEV	NF	NDS
PROLATE	NF	

Drug Name	Tier	Requirements
RELAFEN DS	5	ST
ROXICODONE ORAL TABLET	NF	NDS
SPRIX	NF	
SUBOXONE SUBLINGUAL FILM	NF	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
<i>sulindac oral</i>	2	
TENCON ORAL TABLET 50-325 MG	NF	
TIVORBEX ORAL CAPSULE 20 MG	NF	
<i>tolmetin sodium oral capsule</i>	NF	
<i>tolmetin sodium oral tablet 600 mg</i>	NF	
<i>tramadol hcl er (biphasic)</i>	NF	NDS
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	NDS
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	NDS; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	2	NDS
<i>tramadol-acetaminophen</i>	2	NDS; QL (240 EA per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	NF	NDS
ULTRACET	NF	NDS
ULTRAM	NF	NDS
VANATOL LQ	NF	
VIMOVO	NF	
VIVLODEX	NF	
VTOL LQ	NF	
XTAMPZA ER	3	PA; NDS; QL (60 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	NF	
ZIPSOR	NF	
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	NF	NDS
ZORVOLEX	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG	4	QL (120 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	4	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	4	QL (60 EA per 30 days)
Anorexigenic Agents And Respiratory And Cns Stimulants		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	NF	

Drug Name	Tier	Requirements
ADDERALL XR	NF	
ADZENYS ER	NF	
ADZENYS XR-ODT	NF	
<i>amphetamine er</i>	NF	
<i>amphetamine sulfate</i>	2	PA; QL (180 EA per 30 days)
<i>amphetamine-dextroamphet er</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine</i>	2	QL (60 EA per 30 days)
APTENSIO XR	NF	
<i>armodafinil</i>	4	PA
CONCERTA	NF	
COTEMPLA XR-ODT	NF	
DAYTRANA	NF	
DESOXYN	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>dexmethylphenidate hcl</i>	NF	
<i>dexmethylphenidate hcl er</i>	NF	
<i>dextroamphetamine sulfate er</i>	NF	
<i>dextroamphetamine sulfate oral solution</i>	2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (150 EA per 30 days)
DYANAVAL XR	NF	
EVEKEO	NF	
EVEKEO ODT	NF	
FOCALIN	NF	
FOCALIN XR	NF	
JORNAY PM	NF	
<i>methamphetamine hcl</i>	NF	
METHYLIN ORAL SOLUTION	NF	
<i>methylphenidate hcl er</i>	NF	
<i>methylphenidate hcl er (cd)</i>	NF	
<i>methylphenidate hcl er (la)</i>	NF	
<i>methylphenidate hcl er (xr)</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	2	QL (180 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
MYDAYIS	NF	
NUVIGIL	NF	
PROCENTRA	NF	
PROVIGIL	NF	
QUILLICHEW ER	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	NF	
RELEXXII	NF	
RITALIN	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	NF	
SUNOSI	NF	
VYVANSE	NF	
WAKIX	5	PA; QL (60 EA per 30 days)
ZENZEDI	NF	
Anticonvulsants		
APTIOM	5	
BANZEL	5	
BRIVIACT ORAL SOLUTION	5	
BRIVIACT ORAL TABLET	5	QL (60 EA per 30 days)
<i>carbamazepine er</i>	2	
<i>carbamazepine oral</i>	2	
CARBATROL	NF	
CELONTIN	4	
<i>clobazam oral suspension</i>	5	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	4	QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	5	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE	NF	
DEPAKOTE ER	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NF	
DILANTIN INFATABS	NF	
DILANTIN ORAL CAPSULE	4	
DILANTIN ORAL SUSPENSION	NF	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	

Drug Name	Tier	Requirements
<i>divalproex sodium oral tablet delayed release</i>	2	
EPIDIOLEX	5	PA
EPITOL	2	
EQUETRO	4	
<i>ethosuximide oral</i>	2	
<i>felbamate</i>	4	
FELBATOL	NF	
FINTEPLA	5	
FYCOMPA	5	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet</i>	2	
GABITRIL	NF	
HORIZANT ORAL TABLET EXTENDED RELEASE	NF	
KEPPRA ORAL	NF	
KEPPRA XR	NF	
KLONOPIN	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	
LAMICTAL ORAL TABLET	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NF	
LAMICTAL STARTER	NF	
LAMICTAL XR	NF	
<i>lamotrigine er</i>	2	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine oral tablet dispersible</i>	2	
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam oral</i>	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	4	QL (900 ML per 30 days)
<i>magnesium sulfate injection solution 50 %</i>	2	
MYSOLINE	NF	
NAYZILAM	5	PA; QL (10 EA per 30 days)
NEURONTIN	NF	

Drug Name	Tier	Requirements
ONFI ORAL SUSPENSION	5	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	
PEGANONE	4	
PHENYTEK	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	QL (900 ML per 30 days)
<i>primidone oral</i>	2	
QUDEXY XR	NF	
ROWEEPRA	2	
ROWEEPRA XR	2	
SABRIL ORAL PACKET	NF	
SABRIL ORAL TABLET	5	
SPRITAM	4	
SYMPAZAN	5	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	NF	
TEGRETOL ORAL TABLET	NF	
TEGRETOL-XR	NF	
<i>tiagabine hcl</i>	4	
TOPAMAX	NF	
TOPAMAX SPRINKLE	NF	
<i>topiramate er</i>	2	
<i>topiramate oral</i>	2	
TRILEPTAL	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
VALTOCO 10 MG DOSE	5	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	5	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE	5	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	5	PA; QL (10 EA per 30 days)

Drug Name	Tier	Requirements
<i>vigabatrin</i>	5	
VIGADRONE	5	
VIMPAT ORAL SOLUTION	4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	
VIMPAT ORAL TABLET 50 MG	4	
XCOPRI (250 MG DAILY DOSE)	5	ST
XCOPRI (350 MG DAILY DOSE)	5	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	ST
XCOPRI ORAL TABLET 200 MG	5	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	ST
ZARONTIN	NF	
ZONEGRAN	NF	
<i>zonisamide oral</i>	2	
Antimanic Agents		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate oral</i>	2	
LITHOBID	NF	
Antimigraine Agents		
AIMOVIG	4	PA
AJOVY	4	PA
<i>almotriptan malate</i>	2	QL (8 EA per 30 days)
AMERGE	NF	
CAFERGOT	NF	
<i>eletriptan hydrobromide</i>	2	QL (6 EA per 30 days)
EMGALITY	4	PA
EMGALITY (300 MG DOSE)	5	PA
<i>ergotamine-caffeine</i>	2	
FROVA	NF	
<i>frovatriptan succinate</i>	2	QL (12 EA per 30 days)
IMITREX	NF	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	NF	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	NF	
MAXALT ORAL TABLET 10 MG	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NF	
MIGERGOT	2	

Drug Name	Tier	Requirements
<i>naratriptan hcl</i>	2	QL (8 EA per 30 days)
NURTEC	5	ST; QL (15 EA per 30 days)
ONZETRA XSAIL	NF	
RELPAX	NF	
REYVOW	NF	
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/lact</i>	4	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/lact</i>	4	QL (32 EA per 30 days)
<i>sumatriptan succinate oral</i>	2	QL (8 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium</i>	2	QL (10 EA per 30 days)
TOSYMRA	5	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	NF	
UBRELVY	5	ST; QL (16 EA per 30 days)
ZEMBRACE SYMTOUCH	NF	
<i>zolmitriptan oral</i>	2	QL (6 EA per 30 days)
ZOMIG	NF	
ZOMIG ZMT	NF	
Antiparkinsonian Agents		
<i>amantadine hcl oral</i>	2	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	
AZILECT	NF	
<i>benztropine mesylate oral</i>	2	
<i>bromocriptine mesylate oral</i>	2	
<i>cabergoline</i>	2	
<i>carbidopa oral</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	NF	
DUOPA ENTERAL	NF	
EMSAM	5	PA
<i>entacapone</i>	2	
GOCOVRI	NF	
INBRIJA	5	PA

Drug Name	Tier	Requirements
KYNMOBI	5	
LODOSYN	NF	
MIRAPEX ER	NF	
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	NF	
NEUPRO	4	
ONGENTYS	NF	
OSMOLEX ER	NF	
PARLODEL	NF	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	
<i>rasagiline mesylate oral</i>	2	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	2	
RYTARY	NF	
<i>selegiline hcl oral</i>	2	
SINEMET	NF	
STALEVO 100	NF	
STALEVO 125	NF	
STALEVO 150	NF	
STALEVO 200	NF	
STALEVO 50	NF	
STALEVO 75	NF	
TASMAR ORAL TABLET 100 MG	NF	
<i>tolcapone</i>	5	
<i>trihexyphenidyl hcl</i>	2	
ZELAPAR	5	
Anxiolytics, Sedatives, And Hypnotics		
<i>alprazolam er</i>	NF	
ALPRAZOLAM INTENSOL	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam oral tablet dispersible</i>	NF	
AMBIEN	NF	
AMBIEN CR	NF	
ATIVAN ORAL	NF	
BELSOMRA	4	QL (30 EA per 30 days)
<i>buspirone hcl oral</i>	2	
<i>chlordiazepoxide hcl</i>	NF	
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)

Drug Name	Tier	Requirements
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
DAYVIGO	4	PA; QL (30 EA per 30 days)
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam oral concentrate</i>	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	2	QL (120 EA per 30 days)
<i>diazepam rectal</i>	2	
EDLUAR	NF	
<i>estazolam</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	4	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 3 mg</i>	4	PA; QL (30 EA per 30 days)
<i>flurazepam hcl</i>	NF	
HALCION	NF	
HETLIOZ	5	PA
<i>hydroxyzine hcl oral syrup</i>	NF	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate oral</i>	NF	
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG	NF	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
LUNESTA	NF	
<i>meprobamate</i>	NF	
<i>oxazepam</i>	2	QL (120 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet</i>	2	QL (90 EA per 30 days)
<i>ramelteon</i>	2	
RESTORIL	NF	
ROZEREM	NF	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	QL (60 EA per 30 days)
TRANXENE-T ORAL TABLET 7.5 MG	NF	
<i>triazolam</i>	2	QL (10 EA per 30 days)
VALIUM	NF	
VISTARIL	NF	
XANAX	NF	
XANAX XR	NF	
<i>zaleplon</i>	2	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual</i>	NF	
ZOLPIMIST	NF	
Central Nervous System Agents, Misc		
<i>acamprosate calcium</i>	2	
<i>atomoxetine hcl</i>	2	QL (30 EA per 30 days)
<i>guanfacine hcl er</i>	2	QL (30 EA per 30 days)
INTUNIV	NF	
<i>memantine hcl er</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet</i>	2	
NAMENDA ORAL TABLET	NF	
NAMENDA TITRATION PAK	NF	
NAMENDA XR	NF	
NAMENDA XR TITRATION PACK	NF	
NAMZARIC	3	
NOURIANZ	5	PA
NUEDEXTA	3	PA; QL (60 EA per 30 days)
RILUTEK	NF	
<i>riluzole</i>	2	
STRATTERA	NF	
TIGLUTIK	5	
XYREM	5	PA
Fibromyalgia Agents		
SAVELLA	4	ST
SAVELLA TITRATION PACK	4	ST
Opiate Antagonists		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>naltrexone hcl oral</i>	2	
NARCAN	3	
VIVITROL	5	
Psychotherapeutic Agents		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	

Drug Name	Tier	Requirements
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	PA; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	5	PA; QL (60 EA per 30 days)
ABILIFY ORAL TABLET	NF	
<i>amitriptyline hcl oral</i>	2	
<i>amoxapine</i>	2	
ANAFRANIL	NF	
ALENZIN	5	ST
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	4	
<i>aripiprazole oral tablet dispersible</i>	5	
ARISTADA	5	
ARISTADA INITIO	5	
BRISDELLE	NF	
<i>bupropion hcl er (smoking det)</i>	2	
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	ST
<i>bupropion hcl oral</i>	2	
CAPLYTA	5	ST
CELEXA ORAL TABLET	NF	
<i>chlordiazepoxide-amitriptyline</i>	NF	
<i>chlorpromazine hcl oral</i>	2	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl oral</i>	4	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	4	
CLOZARIL ORAL TABLET 100 MG, 25 MG	NF	
CLOZARIL ORAL TABLET 200 MG, 50 MG	5	
COMPRO	2	
CYMBALTA	NF	
<i>desipramine hcl oral</i>	2	
<i>desvenlafaxine er</i>	4	
<i>desvenlafaxine succinate er</i>	2	
<i>doxepin hcl oral capsule</i>	2	
<i>doxepin hcl oral concentrate</i>	2	
<i>doxepin hcl oral tablet</i>	2	PA

Drug Name	Tier	Requirements
DRIZALMA SPRINKLE	4	ST
<i>duloxetine hcl oral</i>	2	
EFFEXOR XR	NF	
<i>escitalopram oxalate</i>	2	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST
FANAPT TITRATION PACK	4	ST
FETZIMA	4	ST
FETZIMA TITRATION	4	ST
<i>fluoxetine hcl oral capsule</i>	2	
<i>fluoxetine hcl oral capsule delayed release</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	2	
<i>fluoxetine hcl oral tablet</i>	2	
<i>fluphenazine decanoate injection</i>	2	
<i>fluphenazine hcl injection</i>	2	
<i>fluphenazine hcl oral</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
FORFIVO XL	4	ST
GEODON INTRAMUSCULAR	4	
GEODON ORAL	NF	
HALDOL	NF	
HALDOL DECANOATE	NF	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol oral</i>	2	
<i>imipramine hcl oral</i>	2	
<i>imipramine pamoate</i>	2	
INVEGA	NF	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5	QL (1 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	
LATUDA	5	ST

Drug Name	Tier	Requirements
LEXAPRO ORAL TABLET	NF	
<i>loxapine succinate oral</i>	2	
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine oral</i>	2	
<i>molindone hcl</i>	2	
NARDIL	NF	
<i>nefazodone hcl</i>	2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	NF	
<i>nortriptyline hcl oral</i>	2	
NUPLAZID ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine</i>	2	
<i>olanzapine-fluoxetine hcl</i>	4	
<i>paliperidone er</i>	2	
PAMELOR ORAL CAPSULE	NF	
PARNATE	NF	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
<i>paroxetine mesylate</i>	2	
PAXIL CR	NF	
PAXIL ORAL SUSPENSION	4	
PAXIL ORAL TABLET	NF	
<i>perphenazine oral</i>	2	
<i>perphenazine-amitriptyline</i>	2	
PERSERIS	5	
PEXEVA	NF	
<i>phenelzine sulfate oral</i>	2	
<i>pimozide</i>	2	
PRISTIQ	NF	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate oral</i>	2	
<i>protriptyline hcl</i>	2	
PROZAC ORAL CAPSULE	NF	
<i>quetiapine fumarate</i>	2	
<i>quetiapine fumarate er</i>	2	
REMERON ORAL TABLET 15 MG, 30 MG	NF	
REMERON SOLTAB	NF	
REXULTI	5	ST

Drug Name	Tier	Requirements
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	
RISPERDAL ORAL SOLUTION	NF	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NF	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet dispersible</i>	4	
SAPHRIS	4	ST
SARAFEM ORAL TABLET 10 MG, 20 MG	NF	
SECUADO	5	ST
SEROQUEL	NF	
SEROQUEL XR	NF	
<i>sertraline hcl oral</i>	1	
SILENOR	NF	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	NF	
<i>thioridazine hcl oral</i>	2	
<i>thiothixene oral</i>	2	
<i>tranylcypromine sulfat</i>	2	
<i>trazodone hcl oral</i>	2	
<i>trifluoperazine hcl oral</i>	2	
<i>trimipramine maleate oral</i>	2	
TRINTELLIX	4	ST
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er</i>	2	
VERSACLOZ	4	
VIIBRYD ORAL TABLET	4	ST
VIIBRYD STARTER PACK	4	ST
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	ST; QL (14 EA per 365 days)
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
ZOLOFT	NF	
ZYPREXA	NF	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	

Drug Name	Tier	Requirements
ZYPREXA ZYDIS	NF	
Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days)
<i>tetrabenazine</i>	5	PA
XENAZINE	NF	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
<i>global alcohol prep ease</i>	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>potassium citrate er</i>	2	
UROCIT-K 10	NF	
UROCIT-K 15	NF	
UROCIT-K 5	NF	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	NF	
BUPHENYL ORAL TABLET	NF	
CARBAGLU	5	PA
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	NF	
<i>lactulose oral packet</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LITHOSTAT	4	
RAVICTI	5	PA
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	NF	
Caloric Agents		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	4	PA
AMINOSYN II INTRAVENOUS SOLUTION 15 %	NF	

Drug Name	Tier	Requirements
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	PA
CLINIMIX E/DEXTROSE (2.75/5)	4	PA
CLINIMIX E/DEXTROSE (4.25/10)	4	PA
CLINIMIX E/DEXTROSE (4.25/5)	4	PA
CLINIMIX E/DEXTROSE (5/15)	4	PA
CLINIMIX E/DEXTROSE (5/20)	4	PA
CLINIMIX/DEXTROSE (4.25/10)	4	PA
CLINIMIX/DEXTROSE (4.25/5)	4	PA
CLINIMIX/DEXTROSE (5/15)	4	PA
CLINIMIX/DEXTROSE (5/20)	4	PA
CLINISOL SF	2	PA
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
DOJOLVI	5	
FREAMINE HBC	4	PA
HEPATAMINE	2	PA
INTRALIPID INTRAVENOUS EMULSION 20 %	2	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	PA
NEPHRAMINE	4	PA
NUTRILIPID	2	PA
PLENAMINE	2	PA
PREMASOL INTRAVENOUS SOLUTION 10 %	4	PA
PROCALAMINE	4	PA
PROSOL	4	PA
TRAVASOL	4	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	PA
Diuretics		
<i>amiloride hcl oral</i>	2	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	2	
<i>bumetanide oral</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL	4	
DYAZIDE	NF	
DYRENIUM	4	
EDECIN	NF	
<i>ethacrynic acid oral</i>	4	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet</i>	2	
<i>hydrochlorothiazide oral</i>	1	

Drug Name	Tier	Requirements
<i>indapamide oral</i>	1	
JYNARQUE	5	PA
LASIX	NF	
MAXZIDE	NF	
MAXZIDE-25	NF	
<i>metolazone</i>	2	
SAMSCA	5	PA
<i>tolvaptan oral tablet 30 mg</i>	5	PA
<i>toremide oral</i>	2	
<i>triamterene oral</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
Ion-Removing Agents		
AURYXIA	5	PA
FOSRENOL ORAL PACKET	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NF	
KIONEX ORAL SUSPENSION	2	
<i>lanthanum carbonate</i>	2	
LOKELMA	4	
RENAGEL ORAL TABLET 800 MG	NF	
REVELA	NF	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl</i>	5	
<i>sodium polystyrene sulfonate oral</i>	2	
SPS	2	
VELPHORO	NF	
VELTASSA	5	
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	2	
Replacement Preparations		
<i>calcium acetate (phos binder)</i>	2	
<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>	2	
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
<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>	2	
<i>kcl-lactated ringers-d5w</i>	2	

Drug Name	Tier	Requirements
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
K-TAB	NF	
NORMOSOL-M IN D5W	2	
PHOSLYRA	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	NF	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	
Uricosuric Agents		
<i>colchicine-probenecid</i>	2	
<i>probenecid oral</i>	2	
Enzymes		
Enzymes		
PALYNZIQ	5	PA
SUCRAID	5	
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
ALOCRIL	4	
ALOMIDE	NF	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>azelastine hcl ophthalmic</i>	2	
<i>azelastine-fluticasone</i>	2	ST
BEPREVE	NF	

Drug Name	Tier	Requirements
<i>cromolyn sodium ophthalmic</i>	2	
DYMISTA	NF	
<i>epinastine hcl</i>	2	
LASTACFT	NF	
<i>olopatadine hcl</i>	2	
PATANASE	NF	
PAZEO	NF	
ZERVIAE	NF	
Antiglaucoma Agents		
<i>acetazolamide er</i>	2	
<i>acetazolamide oral</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	NF	
AZOPT	4	
<i>betaxolol hcl ophthalmic</i>	4	
BETIMOL	NF	
BETOPTIC-S	NF	
<i>bimatoprost ophthalmic</i>	2	
<i>brimonidine tartrate ophthalmic</i>	2	
<i>carteolol hcl</i>	2	
COMBIGAN	3	
COSOPT	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NF	
<i>dorzolamide hcl ophthalmic</i>	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	2	
ISOPTO CARPINE	NF	
ISTALOL	NF	
<i>latanoprost ophthalmic</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>methazolamide oral</i>	2	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
SIMBRINZA	4	
<i>timolol maleate ophthalmic</i>	2	
TIMOPTIC OCUDOSE	NF	
TIMOPTIC-XE	NF	
TRAVATAN Z	NF	
TRUSOPT	NF	

Drug Name	Tier	Requirements
VYZULTA	NF	
XALATAN	NF	
ZIOPTAN	NF	
Anti-Infectives		
AZASITE	NF	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
BESIVANCE	NF	
BLEPH-10	NF	
CETRAXAL	NF	
<i>chlorhexidine gluconate mouth/throat</i>	2	
CILOXAN OPHTHALMIC OINTMENT	4	
CILOXAN OPHTHALMIC SOLUTION	NF	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl otic</i>	2	
<i>erythromycin ophthalmic</i>	2	
<i>gatifloxacin ophthalmic</i>	2	
GENTAK OPHTHALMIC OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>levofloxacin ophthalmic</i>	2	
MOXEZA	NF	
<i>moxifloxacin hcl ophthalmic</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
OCUFLOX	NF	
<i>ofloxacin ophthalmic</i>	2	
<i>ofloxacin otic</i>	2	
OTOVEL	NF	
<i>polymyxin b-trimethoprim</i>	2	
POLYTRIM	NF	
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>tobramycin ophthalmic</i>	2	
TOBREX OPHTHALMIC OINTMENT	4	
TOBREX OPHTHALMIC SOLUTION	NF	
<i>trifluridine ophthalmic</i>	2	
VIGAMOX	NF	

Drug Name	Tier	Requirements
ZIRGAN	4	
ZYMAXID	NF	
Anti-Inflammatory Agents		
ACULAR	NF	
ACULAR LS	NF	
ALREX	NF	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
BECONASE AQ	NF	
BLEPHAMIDE	NF	
BLEPHAMIDE S.O.P.	NF	
<i>bromfenac sodium (once-daily)</i>	NF	
BROMSITE	NF	
CIPRO HC	4	
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
DERMOTIC	NF	
<i>dexamethasone sodium phosphate ophthalmic</i>	2	
<i>diclofenac sodium ophthalmic</i>	2	
FLAC	2	
FLAREX	NF	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluocinolone acetonide otic</i>	2	
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>fluticasone propionate nasal</i>	2	
FML	NF	
FML FORTE	NF	
FML LIQUIFILM	NF	
<i>hydrocortisone-acetic acid</i>	2	
ILEVRO	4	
INVELTYS	NF	
<i>ketorolac tromethamine ophthalmic</i>	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX OPHTHALMIC SUSPENSION	NF	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	2	
MAXIDEX	NF	
MAXITROL	NF	
<i>mometasone furoate nasal</i>	2	
NASONEX	NF	

Drug Name	Tier	Requirements
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
NEVANAC	NF	
OMNARIS	NF	
PRED FORTE	NF	
PRED MILD	NF	
PRED-G	4	
PRED-G S.O.P.	4	
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
PROLENSA	NF	
QNASL	NF	
QNASL CHILDRENS	NF	
RESTASIS	3	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX	NF	
TOBRADEX ST	NF	
<i>tobramycin-dexamethasone</i>	2	
XHANCE	NF	
XIIDRA	NF	
ZETONNA	NF	
ZYLET	4	
<i>Eent Drugs, Miscellaneous</i>		
<i>acetic acid otic</i>	2	
<i>apraclonidine hcl</i>	2	
CYSTARAN	5	PA; QL (60 ML per 28 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	NF	
LACRISERT	4	
OXERVATE	5	PA
<i>Local Anesthetics</i>		
<i>proparacaine hcl ophthalmic</i>	NF	
<i>Mydriatics</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
Eye, Ear, Nose + Throat Preparations		
<i>Antiglaucoma Agents</i>		
ROCKLATAN	NF	

Drug Name	Tier	Requirements
<i>travoprost (bak free)</i>	2	
XELPROS	NF	
Anti-Infectives		
<i>ciprofloxacin-fluocinolone pf</i>	NF	
Anti-Inflammatory Agents		
CEQUA	NF	
DUREZOL	4	
LOTEMAX OPHTHALMIC GEL	4	
Eent Drugs, Miscellaneous		
RHOPRESSA	NF	
Gastrointestinal Drugs		
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid</i>	NF	
<i>diphenoxylate-atropine oral tablet</i>	4	
LOMOTIL ORAL TABLET	NF	
<i>loperamide hcl oral capsule</i>	2	
MYTESI	NF	
XERMELO	NF	
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	2	PA; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	2	PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	PA; QL (12 EA per 30 days)
BONJESTA	NF	
DICLEGIS	NF	
<i>doxylamine-pyridoxine</i>	2	
<i>dronabinol</i>	2	PA
EMEND ORAL CAPSULE 80 MG	NF	
EMEND ORAL SUSPENSION RECONSTITUTED	4	PA; QL (6 EA per 30 days)
EMEND TRI-PACK	NF	
<i>granisetron hcl oral</i>	2	PA; QL (60 EA per 30 days)
MARINOL	NF	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>ondansetron</i>	2	PA; QL (45 EA per 30 days)
<i>ondansetron hcl oral solution</i>	2	PA
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA; QL (45 EA per 30 days)
SANCUSO	4	ST; QL (4 EA per 28 days)
<i>scopolamine</i>	2	
SYNDROS	5	PA
TIGAN ORAL	NF	

Drug Name	Tier	Requirements
TRANSDERM-SCOP (1.5 MG)	NF	
<i>trimethobenzamide hcl oral</i>	NF	
VARUBI (180 MG DOSE)	4	PA
ZUPLENZ	NF	
Anti-Inflammatory Agents		
<i>alosetron hcl</i>	5	
APRISO	NF	
ASACOL HD	NF	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	NF	
DELZICOL	NF	
DIPENTUM	5	
LIALDA	NF	
LOTRONEX	NF	
<i>mesalamine er</i>	2	
<i>mesalamine oral</i>	2	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine rectal suppository</i>	5	
PENTASA	4	
ROWASA RECTAL	NF	
Ant ulcer Agents And Acid Suppressants		
ACIPHEX	NF	
<i>amoxicill-clarithro-lansopraz</i>	NF	
CARAFATE	NF	
<i>cimetidine hcl oral</i>	2	
<i>cimetidine oral</i>	2	
CYTOTEC	NF	
DEXILANT	NF	
<i>esomeprazole magnesium oral capsule delayed release</i>	4	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet</i>	2	QL (30 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
HELIDAC THERAPY	NF	
<i>lansoprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	NF	
<i>misoprostol oral</i>	2	
NEXIUM	NF	
<i>nizatidine oral capsule 150 mg</i>	NF	
<i>nizatidine oral capsule 300 mg</i>	2	

Drug Name	Tier	Requirements
<i>nizatidine oral solution</i>	NF	
OMECLAMOX-PAK	4	QL (80 EA per 180 days)
<i>omeprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate</i>	NF	
<i>pantoprazole sodium oral packet</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	2	
PEPCID ORAL TABLET	NF	
PREVACID	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NF	
PRILOSEC ORAL PACKET	NF	
PROTONIX ORAL	NF	
PYLERA	NF	
<i>rabeprazole sodium oral tablet delayed release</i>	4	ST; QL (30 EA per 30 days)
<i>sucralfate oral</i>	2	
TALICIA	4	QL (168 EA per 180 days)
ZEGERID	NF	
Cathartics And Laxatives		
CLENPIQ	NF	
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	NF	
MOVIPREP	NF	
NULYTELY WITH FLAVOR PACKS	NF	
OSMOPREP	4	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
PLENVU	NF	
SUPREP BOWEL PREP KIT	4	
TRILYTE	2	
Cholelitholytic Agents		
ACTIGALL	NF	
CHENODAL	5	
URSO 250	NF	
URSO FORTE	NF	
<i>ursodiol oral</i>	2	
Digestants		
CREON	3	

Drug Name	Tier	Requirements
PANCREAZE	4	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 8000 UNIT	4	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000 UNIT	NF	
VIOKACE	4	
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	3	
Gi Drugs, Miscellaneous		
AMITIZA	3	
CHOLBAM	5	PA
GATTEX	5	PA
LINZESS	3	
MOTTEGRITY	NF	
MOVANTIK	NF	
OCALIVA	5	PA
RELISTOR ORAL	5	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
SYMPROIC	NF	
TRULANCE	4	ST
VIBERZI	5	QL (60 EA per 30 days)
Prokinetic Agents		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	2	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	NF	
REGLAN ORAL	NF	
ZELNORM	NF	
Gold Compounds		
Gold Compounds		
RIDAURA	NF	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	4	
CLOVIQUE	5	
CUPRIMINE ORAL CAPSULE 250 MG	5	ST
<i>deferasirox granules</i>	5	PA
<i>deferasirox oral tablet 180 mg</i>	5	PA

Drug Name	Tier	Requirements
<i>deferasirox oral tablet 360 mg, 90 mg</i>	2	PA
<i>deferasirox oral tablet soluble</i>	5	PA
<i>deferiprone</i>	5	PA
DEPEN TITRATABS	5	
EXJADE	NF	
FERRIPROX	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
<i>penicillamine oral</i>	5	
SYPRINE	NF	
<i>trientine hcl</i>	5	
Hormones And Synthetic Substitutes		
Adrenals		
ALVESCO	NF	
ARNUITY ELLIPTA	3	
ASMANEX (120 METERED DOSES)	NF	
ASMANEX (30 METERED DOSES)	NF	
ASMANEX (60 METERED DOSES)	NF	
ASMANEX HFA	NF	
BREO ELLIPTA	3	
<i>budesonide er oral tablet extended release 24 hour</i>	2	
<i>budesonide inhalation</i>	2	PA
<i>budesonide oral</i>	2	
<i>budesonide-formoterol fumarate</i>	NF	
CORTEF	NF	
<i>cortisone acetate oral</i>	2	
<i>dexabliss</i>	NF	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	NF	
DULERA	4	QL (13 GM per 30 days)
EMFLAZA	5	PA
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	NF	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	QL (120 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3	QL (24 GM per 30 days)

Drug Name	Tier	Requirements
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (10.6 GM per 30 days)
<i>fludrocortisone acetate oral</i>	2	
<i>hydrocortisone oral</i>	2	
INTRAROSA	4	PA
MEDROL	NF	
<i>methylprednisolone oral tablet</i>	2	PA
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET	NF	
ORAPRED ODT	NF	
ORTIKOS	5	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISON INTENSOL	2	PA
<i>prednisone oral solution</i>	2	PA
<i>prednisone oral tablet</i>	1	PA
<i>prednisone oral tablet therapy pack</i>	2	
PULMICORT	NF	
PULMICORT FLEXHALER	NF	
QVAR REDIHALER	NF	
RAYOS	NF	
SYMBICORT	3	QL (13.8 GM per 30 days)
TAPERDEX 12-DAY	NF	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	NF	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
UCERIS ORAL	NF	
Androgens		
ANADROL-50	5	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR	NF	
ANDROGEL	NF	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NF	
AVEED	NF	
<i>danazol oral</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	NF	
FORTESTA	NF	

Drug Name	Tier	Requirements
<i>methitest</i>	NF	
<i>methyltestosterone oral</i>	2	
NATESTO	NF	
<i>oxandrolone oral</i>	2	
TESTIM	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular solution</i>	2	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>	2	PA
<i>testosterone transdermal solution</i>	2	PA
VOGELXO	NF	
VOGELXO PUMP	NF	
XYOSTED	4	PA
Antidiabetic Agents		
<i>acarbose oral</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET	NF	
ACTOS	NF	
ADLYXIN	NF	
ADLYXIN STARTER PACK	NF	
ADMELOG	NF	
ADMELOG SOLOSTAR	NF	
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	NF	
<i>alogliptin benzoate</i>	4	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl</i>	4	QL (60 EA per 30 days)
<i>alogliptin-pioglitazone</i>	4	QL (30 EA per 30 days)
AMARYL	NF	
APIDRA	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
AVANDIA ORAL TABLET 2 MG, 4 MG	NF	
BASAGLAR KWIKPEN	4	ST
BYDUREON BCISE	4	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	4	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (1.2 ML per 30 days)
CYCLOSET	4	QL (180 EA per 30 days)

Drug Name	Tier	Requirements
DUETACT	NF	
FARXIGA	NF	
FIASP	NF	
FIASP FLEXTOUCH	NF	
FIASP PENFILL	NF	
FORTAMET	NF	
<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	NF	
GLUCOTROL XL	NF	
GLUMETZA	NF	
<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	NF	
GLYSET	NF	
GLYXAMBI	3	QL (30 EA per 30 days)
HUMALOG	NF	
HUMALOG JUNIOR KWIKPEN	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
HUMALOG MIX 50/50	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMALOG MIX 75/25	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMULIN 70/30	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMULIN N	NF	

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

Drug Name	Tier	Requirements
<i>metformin hcl er (osm)</i>	NF	
<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>	2	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	NF	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
ONGLYZA	3	QL (30 EA per 30 days)
OSENI	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	
OZEMPIC (1 MG/DOSE)	3	
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 EA per 30 days)
PRECOSE	NF	
QTERN	NF	
<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	4	QL (765 ML per 30 days)
RIOMET ER	4	QL (600 ML per 30 days)

Drug Name	Tier	Requirements
RYBELSUS	3	QL (30 EA per 30 days)
SEGLUROMET	NF	
SEMGLEE	NF	
SOLIQUA	NF	
STARLIX	NF	
STEGLATRO	NF	
STEGLUJAN	NF	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	NF	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (9 ML per 30 days)
XIGDUO XR	NF	
XULTOPHY	NF	
Antihypoglycemic Agents		
BAQSIMI TWO PACK	NF	
<i>diazoxide oral</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY INJECTION KIT	3	
GVOKE HYPOPEN 2-PACK	4	
GVOKE PFS	4	
PROGLYCEM	4	
Contraceptives		
ALTAVERA	2	
<i>alyacen 1/35</i>	2	
AMETHIA	2	
AMETHIA LO	2	

Drug Name	Tier	Requirements
ANNOVERA	NF	
APRI	2	
ARANELLE	2	
ASHLYNA	2	
AUBRA	2	
AVIANE	2	
BALCOLTRA	NF	
BALZIVA	2	
BEYAZ	NF	
BLISOVI 24 FE	2	
BLISOVI FE 1.5/30	2	
<i>briellyn</i>	2	
CAMILA	2	
CAMRESE LO	2	
CAZIAN	2	
CRYSSELLE-28	2	
CYCLAFEM 1/35	2	
CYCLAFEM 7/7/7	2	
CYRED	2	
DEBLITANE	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELURYNG	2	
EMOQUETTE	2	
ENPRESSE-28	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN	2	
ESTARYLLA	2	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
FALMINA	2	
FAYOSIM	2	
FEMYNOR	2	
GENERESS FE	NF	
GIANVI	2	
HAILEY 24 FE	2	
INCASSIA	2	
INTROVALE	2	

Drug Name	Tier	Requirements
ISIBLOOM	2	
JASMIEL	2	
JULEBER	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
JUNEL FE 24	2	
KAITLIB FE	2	
KARIVA	2	
KELNOR 1/35	2	
KELNOR 1/50	2	
KURVELO	2	
LARIN 1.5/30	2	
LARIN 1/20	2	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LARISSIA	2	
LAYOLIS FE	2	
LEENA	2	
LESSINA	2	
LEVONEST	2	
<i>levonorgest-eth est & eth est</i>	2	
<i>levonorgest-eth estrad 91-day</i>	2	
<i>levonorgestrel-ethinyl estrad</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28)	2	
LO LOESTRIN FE	NF	
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
LORYNA	2	
LOSEASONIQUE	NF	
LOW-OGESTREL	2	
LUTERA	2	
LYZA	2	
<i>marlissa</i>	2	
MELODETTA 24 FE	2	

Drug Name	Tier	Requirements
MIBELAS 24 FE	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MILI	2	
MINASTRIN 24 FE	NF	
NATAZIA	NF	
NECON 0.5/35 (28)	2	
NIKKI	2	
NORA-BE	2	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone oral</i>	2	
<i>norethin-eth estradiol-fe</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
NUVARING	NF	
OCELLA	2	
ORSYTHIA	2	
PIMTREA	2	
PIRMELLA 1/35	2	
PORTIA-28	2	
PREVIFEM	2	
QUARTETTE	NF	
RECLIPSEN	2	
RIVELSA	2	
SAFYRAL	NF	
SEASONIQUE	NF	
SETLAKIN	2	
SHAROBEL	2	
SLYND	NF	
SPRINTEC 28	2	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	

Drug Name	Tier	Requirements
TARINA FE 1/20	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TYDEMY	2	
VELIVET	2	
VIENVA	2	
VYFEMLA	2	
VYLIBRA	2	
WYMZYA FE	2	
XULANE	2	
YASMIN 28	NF	
YAZ	NF	
ZARAH	2	
ZOVIA 1/35E (28)	2	
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 1-0.5 MG	NF	
ALORA	NF	
AMABELZ	2	PA
<i>anastrozole oral</i>	2	
ANGELIQ	NF	
ARIMIDEX	NF	
AROMASIN	NF	
BIJUVA	4	PA
CLIMARA	NF	
CLIMARA PRO	4	PA
COMBIPATCH	4	PA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	NF	
DEPO-ESTRADIOL	4	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	PA
DOTTI	2	PA

Drug Name	Tier	Requirements
DUAVEE	NF	
ELESTRIN	NF	
ESTRACE	NF	
<i>estradiol oral</i>	2	PA
<i>estradiol transdermal</i>	2	PA
<i>estradiol vaginal</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet</i>	2	PA
ESTRING	4	
ESTROGEL	NF	
EVAMIST	NF	
EVISTA	NF	
<i>exemestane</i>	2	
FARESTON	5	
FEMARA	NF	
FEMHRT LOW DOSE	NF	
FEMRING	4	
FYAVOLV	2	PA
IMVEXXY MAINTENANCE PACK	NF	
IMVEXXY STARTER PACK	NF	
JINTELI	2	PA
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (91 EA per 28 days)
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE)	5	PA; QL (91 EA per 28 days)
<i>letrozole oral</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MENOSTAR	4	PA
MIMVEY	2	PA
MINIVELLE	NF	
<i>norethindrone-eth estradiol</i>	2	PA
OSPHENA	4	PA
PREFEST	4	PA
PREMARIN ORAL	3	PA
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>raloxifene hcl</i>	2	
SOLTAMOX	5	
<i>tamoxifen citrate oral</i>	2	
<i>toremifene citrate</i>	5	

Drug Name	Tier	Requirements
VAGIFEM VAGINAL TABLET 10 MCG	NF	
VIVELLE-DOT	NF	
YUVAFEM	2	
Gonadotropins And Antigonadotropins		
ELIGARD	4	
FIRMAGON (240 MG DOSE)	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
<i>leuprolide acetate injection</i>	2	
LUPANETA PACK	NF	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
ORIAHNN	5	
ORLISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
SYNAREL	5	
TRELSTAR MIXJECT	5	PA
Leptins		
MYALEPT	5	PA
Parathyroid And Antiparathyroid Agents		
<i>calcitonin (salmon)</i>	2	
<i>cinacalcet hcl</i>	5	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2.4 ML per 28 days)
NATPARA	5	PA
SENSIPAR	NF	
<i>teriparatide (recombinant)</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS	5	PA
Pituitary		
ACTHAR	5	PA
DDAVP NASAL	NF	
DDAVP ORAL	NF	
DDAVP RHINAL TUBE	NF	
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate oral</i>	2	
NOCDURNA	NF	
STIMATE	5	
Progestins		
AYGESTIN	NF	

Drug Name	Tier	Requirements
CRINONE	NF	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NF	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	2	
<i>megestrol acetate oral tablet</i>	2	
<i>norethindrone acetate oral</i>	2	
<i>progesterone micronized oral</i>	2	
PROMETRIUM	NF	
PROVERA	NF	
Somatostatin Agonists And Antagonists		
BYNFEZIA PEN	5	
MYCAPSSA	5	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NF	
SIGNIFOR	5	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT	5	
Somatotropin Agonists And Antagonists		
EGRIFTA SV	NF	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
HUMATROPE	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA

Drug Name	Tier	Requirements
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SAIZEN	5	PA
SAIZENPREP	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SOMAVERT	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	5	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA
ZORBTIVE	5	PA
Thyroid And Antithyroid Agents		
CYTOMEL	NF	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine sodium oral</i>	2	
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	2	
SYNTHROID	3	
TAPAZOLE	NF	
TIROSINT	4	
TIROSINT-SOL	4	
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	NF	
<i>dutasteride oral</i>	2	
<i>dutasteride-tamsulosin hcl</i>	4	
<i>finasteride oral tablet 5 mg</i>	2	
JALYN	NF	
PROSCAR	NF	
Alcohol Deterrents		
ANTABUSE	NF	
<i>disulfiram oral</i>	2	
Antidotes		
<i>acetylcysteine inhalation</i>	2	PA

Drug Name	Tier	Requirements
<i>leucovorin calcium oral</i>	2	
Antigout Agents		
<i>allopurinol oral</i>	1	
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	4	
COLCRYS	NF	
<i>febuxostat</i>	2	ST
GLOPERBA	4	ST
MITIGARE	NF	
ULORIC	3	ST
ZYLOPRIM	NF	
Antisense Oligonucleotides		
TEGSEDI	5	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	NF	
<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)
ADELVIA	NF	
BINOSTO	NF	
BONIVA ORAL TABLET 150 MG	NF	
FOSAMAX ORAL TABLET 70 MG	NF	
FOSAMAX PLUS D	NF	
<i>ibandronate sodium oral</i>	2	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	2	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	2	QL (4 EA per 28 days)
XGEVA	5	PA
Carbonic Anhydrase Inhibitors		
KEVEYIS	5	PA
Cariostatic Agents		
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
Complement Inhibitors		
BERINERT	5	PA
CINRYZE	5	PA
FIRAZYR	5	PA; QL (27 ML per 30 days)

Drug Name	Tier	Requirements
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA; QL (27 ML per 30 days)
RUCONEST	NF	
TAKHZYRO	5	PA
<i>Disease-Modifying Antirheumatic Drugs</i>		
ACTEMRA ACTPEN	5	PA
ACTEMRA SUBCUTANEOUS	5	PA
ARAVA	NF	
CIMZIA PREFILLED	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 EA per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (12 EA per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 EA per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	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	5	PA; QL (6 EA per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
KEVZARA	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>leflunomide oral</i>	2	
OLUMIANT	5	PA
ORENCIA CLICKJECT	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTEZLA	5	PA

Drug Name	Tier	Requirements
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	4	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	4	PA
RINVOQ	5	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
Immunomodulatory Agents		
ACTIMMUNE	5	
AUBAGIO	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	QL (1 EA per 28 days)
BAFIERTAM	NF	
BETASERON SUBCUTANEOUS KIT	5	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	QL (60 EA per 30 days)
ENSPRYNG	5	
EXTAVIA SUBCUTANEOUS KIT	NF	
GILENYA ORAL CAPSULE 0.5 MG	5	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
KESIMPTA	5	
MAYZENT	5	ST
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (8.4 ML per 365 days)

Drug Name	Tier	Requirements
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (8.4 ML per 365 days)
TECFIDERA ORAL	5	QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	QL (60 EA per 30 days)
THALOMID	5	PA
VUMERITY	5	ST
ZEPOSIA	5	
ZEPOSIA 7-DAY STARTER PACK	5	
ZEPOSIA STARTER KIT	5	
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	PA
AZASAN	4	PA
<i>azathioprine oral</i>	2	PA
BENLYSTA SUBCUTANEOUS	5	PA
CELLCEPT	NF	
<i>cyclosporine modified</i>	2	PA
<i>cyclosporine oral capsule</i>	2	PA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	PA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	PA
<i>everolimus oral tablet 0.25 mg</i>	2	PA
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	PA
GENGRAF ORAL SOLUTION	2	PA
IMURAN	NF	
MAVENCLAD (10 TABS)	5	ST
MAVENCLAD (4 TABS)	5	ST
MAVENCLAD (5 TABS)	5	ST
MAVENCLAD (6 TABS)	5	ST
MAVENCLAD (7 TABS)	5	ST
MAVENCLAD (8 TABS)	5	ST
MAVENCLAD (9 TABS)	5	ST
<i>mycophenolate mofetil</i>	2	PA

Drug Name	Tier	Requirements
<i>mycophenolate sodium</i>	2	PA
MYFORTIC	NF	
NEORAL	NF	
PROGRAF ORAL CAPSULE	NF	
PROGRAF ORAL PACKET	5	PA
RAPAMUNE ORAL SOLUTION	4	PA
RAPAMUNE ORAL TABLET	NF	
SANDIMMUNE ORAL CAPSULE	NF	
SANDIMMUNE ORAL SOLUTION	4	PA
<i>sirolimus oral</i>	2	PA
<i>tacrolimus oral</i>	2	PA
ZORTRESS	5	PA
Other Miscellaneous Therapeutic Agents		
AMPYRA	5	PA; QL (60 EA per 30 days)
ARCALYST	5	
CARNITOR ORAL	NF	
CERDELGA	5	PA
CYSTADANE	5	
CYSTAGON	4	
<i>dalfampridine er</i>	5	PA; QL (60 EA per 30 days)
DEMSE	4	
ELMIRON	4	
ENDARI	5	PA
EVENITY	5	PA; QL (2.34 ML per 28 days)
EVRYSDI	5	
FIRDAPSE	5	PA
GALAFOLD	5	PA; QL (14 EA per 28 days)
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (60 EA per 30 days)
KUVAN	5	
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	
NITYR	5	
ORFADIN	5	
PROCYSBI ORAL PACKET	5	PA
RUZURGI	5	PA
THIOLA	4	

Drug Name	Tier	Requirements
THIOLA EC	5	
TYBOST	4	QL (30 EA per 30 days)
XURIDEN	5	
ZAVESCA	NF	
Protective Agents		
MESNEX ORAL	5	
Respiratory Tract Agents		
Antifibrotic Agents		
ESBRIET	5	PA
OFEV	5	PA
Anti-Inflammatory Agents		
ACCOLATE	NF	
<i>cromolyn sodium inhalation</i>	2	PA
<i>cromolyn sodium oral</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA
FASENRA	5	PA
FASENRA PEN	5	PA
GASTROCROM	NF	
<i>montelukast sodium oral</i>	2	QL (30 EA per 30 days)
NUCALA	5	PA
SINGULAIR	NF	
<i>zafirlukast</i>	2	QL (60 EA per 30 days)
<i>zileuton er</i>	NF	
ZYFLO	NF	
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO	5	PA
ORKAMBI ORAL PACKET	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
SYMDEKO	5	PA
TRIKAFTA	5	PA
Mucolytic Agents		
PULMOZYME	5	PA
Phosphodiesterase Type 4 Inhibitors		
DALIRESP	4	
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
GLASSIA	5	PA

Drug Name	Tier	Requirements
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
XOLAIR	5	PA
ZEMAIRA	5	PA
Vasodilating Agents		
ADEMPAS	5	PA
<i>ambrisentan</i>	5	PA
<i>bosentan</i>	5	PA
LETAIRIS	5	PA
OPSUMIT	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
TRACLEER	5	PA
UPTRAVI	5	PA
VENTAVIS	5	PA; QL (270 ML per 30 days)
Skin And Mucous Membrane Preparations		
Anti-Infectives		
ACANYA	NF	
<i>acyclovir external cream</i>	5	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
ALTABAX	4	ST
AMZEEQ	NF	
BENZACLIN WITH PUMP	NF	
BENZAMYCIN	NF	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>ciclopirox external</i>	2	
<i>ciclopirox olamine external</i>	2	
CLEOCIN VAGINAL	NF	
CLEOCIN-T EXTERNAL LOTION	NF	
CLINDACIN-P	2	
CLINDAGEL	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %</i>	NF	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	
<i>clindamycin phosphate external</i>	2	
<i>clindamycin phosphate vaginal</i>	2	
CLINDESSE	NF	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	

Drug Name	Tier	Requirements
<i>clotrimazole mouth/throat troche</i>	2	
<i>clotrimazole-betamethasone</i>	2	
DENAVIR	5	QL (5 GM per 30 days)
<i>econazole nitrate external</i>	4	
ELIMITE	NF	
ERTACZO	NF	
<i>ery</i>	2	
ERYGEL	NF	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
EVOCLIN	NF	
EXTINA	NF	
<i>gentamicin sulfate external</i>	2	
GNAZOLE-1	2	
JUBLIA	NF	
KERYDIN	NF	
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external foam</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
KETODAN EXTERNAL FOAM	2	
KLARON	NF	
<i>lindane external shampoo</i>	2	
LOPROX EXTERNAL CREAM	NF	
LOPROX EXTERNAL SHAMPOO	NF	
<i>luliconazole</i>	NF	
LUZU	NF	
<i>mafenide acetate external</i>	2	
<i>malathion external</i>	4	
MENTAX	NF	
METROCREAM	NF	
METROGEL EXTERNAL GEL	NF	
METROLOTION	NF	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel 0.75 %</i>	NF	
<i>metronidazole external gel 1 %</i>	2	
<i>metronidazole external lotion</i>	2	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 vaginal suppository</i>	NF	
<i>mupirocin calcium</i>	4	
<i>mupirocin external</i>	2	

Drug Name	Tier	Requirements
<i>naftifine hcl external cream</i>	2	
NAFTIN EXTERNAL CREAM 2 %	NF	
NAFTIN EXTERNAL GEL	NF	
NATROBA	NF	
NEUAC EXTERNAL GEL	NF	
NORITATE	NF	
NYAMYC	2	
<i>nystatin external</i>	2	
NYSTOP	2	
ONEXTON	NF	
ORAVIG	NF	
OVIDE	NF	
<i>oxiconazole nitrate</i>	2	
OXISTAT	NF	
<i>permethrin external cream</i>	2	
<i>selenium sulfide external lotion</i>	2	
SILVADENE	NF	
<i>silver sulfadiazine external</i>	2	
SKLICE	NF	
SOOLANTRA	NF	
SSD	2	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON	NF	
<i>terconazole</i>	2	
VANDAZOLE	2	
XEPI	NF	
XERESE	NF	
XOLEGEL	NF	
ZOVIRAX EXTERNAL	NF	
Anti-Inflammatory Agents		
ALA SCALP	NF	
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
ANUSOL-HC EXTERNAL	NF	
APEXICON E	5	
BESER EXTERNAL LOTION	2	
<i>betamethasone dipropionate aug</i>	2	
<i>betamethasone dipropionate external</i>	2	
<i>betamethasone valerate external cream</i>	2	

Drug Name	Tier	Requirements
<i>betamethasone valerate external foam</i>	NF	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BRYHALI	NF	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	5	
CAPEX	4	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emulsion</i>	4	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external foam</i>	4	
<i>clobetasol propionate external gel</i>	4	
<i>clobetasol propionate external liquid</i>	4	
<i>clobetasol propionate external lotion</i>	4	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
CLOBEX	NF	
CLOBEX SPRAY	NF	
<i>clocortolone pivalate</i>	2	
CLODAN EXTERNAL SHAMPOO	2	
CLODERM	NF	
CORDRAN	NF	
CORTISPORIN EXTERNAL	4	
CUTIVATE EXTERNAL LOTION	NF	
DERMA-SMOOTH/FS SCALP	NF	
DESONATE	NF	
<i>desonide external</i>	2	
DESOWEN EXTERNAL CREAM	NF	
<i>desoximetasone external cream</i>	2	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment</i>	2	
<i>diflorasone diacetate external</i>	4	
DIPROLENE EXTERNAL OINTMENT	NF	
DUOBRII	5	
ENSTILAR	NF	
EUCRISA	4	PA
<i>fluocinolone acetonide external</i>	2	
<i>fluocinolone acetonide scalp</i>	2	

Drug Name	Tier	Requirements
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>flurandrenolide</i>	NF	
<i>fluticasone propionate external</i>	2	
<i>halcinonide</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external foam</i>	NF	
<i>halobetasol propionate external ointment</i>	2	
HALOG	NF	
<i>hydrocortisone butyrate external</i>	NF	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>hydrocortisone valerate</i>	2	
IMPOYZ	NF	
KENALOG EXTERNAL	NF	
LEXETTE	NF	
LOCOID EXTERNAL LOTION	NF	
LOCOID LIPOCREAM	NF	
LUXIQ	NF	
<i>mometasone furoate external</i>	2	
NEO-SYNALAR EXTERNAL CREAM	NF	
NOLIX	NF	
<i>nystatin-triamcinolone external cream</i>	4	
<i>nystatin-triamcinolone external ointment</i>	2	
OLUX	NF	
OLUX-E	NF	
PANDEL	NF	
<i>prednicarbate</i>	NF	
PROCTO-MED HC EXTERNAL	2	
PROCTO-PAK EXTERNAL	2	
PROCTOZONE-HC EXTERNAL	2	
<i>psorcon</i>	NF	
SERNIVO	NF	
SYNALAR EXTERNAL CREAM	NF	
TACLONEX	NF	

Drug Name	Tier	Requirements
TEXACORT	NF	
TOPICORT EXTERNAL CREAM	NF	
TOPICORT EXTERNAL GEL	NF	
TOPICORT EXTERNAL OINTMENT	NF	
TOPICORT SPRAY	NF	
TOVET EXTERNAL FOAM	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external ointment 0.05 %</i>	5	
<i>triamcinolone acetonide mouth/throat</i>	2	
TRIANEX	5	
TRIDERM EXTERNAL CREAM	2	
TRIDESILON	NF	
UCERIS RECTAL	NF	
ULTRAVATE EXTERNAL LOTION	NF	
VANOS	NF	
VERDESO	NF	
Antipruritics And Local Anesthetics		
<i>doxepin hcl external</i>	4	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	NF	
<i>lidocaine external ointment</i>	4	
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
LIDODERM	NF	
PLIAGLIS EXTERNAL CREAM	NF	
PRUDOXIN	NF	
ZONALON	NF	
ZTLIDO	NF	
Cell Stimulants And Proliferants		
ALTRENO	NF	
ATRALIN	NF	
AVITA	2	PA
RETIN-A	NF	
RETIN-A MICRO	NF	

Drug Name	Tier	Requirements
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	NF	
<i>tretinoin external</i>	2	PA
<i>tretinoin microsphere</i>	NF	
Depigmenting And Pigmenting Agents		
<i>methoxsalen rapid</i>	5	
OXSORALEN ULTRA	NF	
Emollients, Demulcents, And Protectants		
<i>ammonium lactate external</i>	2	
Skin And Mucous Membrane Agents, Misc		
ABSORICA	NF	
ABSORICA LD	NF	
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	
<i>acitretin oral capsule 17.5 mg</i>	5	
ACZONE EXTERNAL GEL 5 %	NF	
ACZONE EXTERNAL GEL 7.5 %	4	
<i>adapalene external cream</i>	4	PA
<i>adapalene external gel</i>	4	PA
<i>adapalene external pad</i>	5	PA
<i>adapalene external solution</i>	NF	
<i>adapalene-benzoyl peroxide</i>	2	PA
AKLIEF	NF	
ALDARA	NF	
AMNESTEEM	4	
ARAZLO	NF	
<i>azelaic acid external</i>	2	
AZELEX	4	
<i>calcipotriene external cream</i>	4	
<i>calcipotriene external ointment</i>	4	
<i>calcipotriene external solution</i>	4	
<i>calcitriol external</i>	2	
CARAC	NF	
CLARAVIS	4	
<i>clindamycin-tretinoin</i>	2	PA
CONDYLOX EXTERNAL GEL	4	
COSENTYX (300 MG DOSE)	5	PA
COSENTYX SENSOREADY (300 MG)	5	PA
<i>dapsone external</i>	2	
DIFFERIN EXTERNAL CREAM	NF	
DIFFERIN EXTERNAL GEL 0.3 %	NF	
DIFFERIN EXTERNAL LOTION	NF	

Drug Name	Tier	Requirements
DOVONEX EXTERNAL CREAM	NF	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA
EFUDEX EXTERNAL CREAM	NF	
ELIDEL	NF	
EPIDUO	NF	
EPIDUO FORTE	4	PA
FABIOR	NF	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	NF	
FLUOROPLEX	NF	
<i>fluorouracil external cream 0.5 %</i>	4	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
ILUMYA	5	PA
<i>imiquimod external</i>	2	
<i>imiquimod pump</i>	NF	
<i>isotretinoin oral</i>	4	
MIRVASO	NF	
MYORISAN	4	
ORACEA	NF	
PANRETIN	5	
PICATO	5	
<i>pimecrolimus</i>	2	
<i>podofilox external</i>	2	
PROTOPIC	NF	
QBREXZA	4	PA; QL (30 EA per 30 days)
RECTIV	4	
REGRANEX	5	
RHOFADE	NF	
SANTYL	4	
SILIQ	5	PA
SKYRIZI (150 MG DOSE)	5	PA
SORIATANE ORAL CAPSULE 10 MG, 25 MG	NF	
SORILUX	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

Drug Name	Tier	Requirements
<i>tacrolimus external ointment</i>	4	
TALTZ	5	PA
TARGETIN EXTERNAL	5	
<i>tazarotene external</i>	2	
TAZORAC EXTERNAL CREAM 0.05 %	4	
TAZORAC EXTERNAL CREAM 0.1 %	NF	
TAZORAC EXTERNAL GEL	4	
TOLAK	NF	
TREMFYA	5	PA
VALCHLOR	5	PA
VECTICAL	NF	
VELTIN	NF	
ZENATANE	4	
ZIANA	NF	
ZYCLARA PUMP	NF	

Smooth Muscle Relaxants

Genitourinary Smooth Muscle Relaxants

<i>darifenacin hydrobromide er</i>	2	
DETROL	NF	
DETROL LA	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	NF	
<i>flavoxate hcl</i>	NF	
GELNIQUE TRANSDERMAL GEL 10 %	NF	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride oral</i>	2	
OXYTROL	NF	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	4	
TOVIAZ	4	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
VESICARE	NF	

Respiratory Smooth Muscle Relaxants

THEO-24	NF	
<i>theophylline</i>	2	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	

Drug Name	Tier	Requirements
Vitamins		
<i>Multivitamin Preparations</i>		
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>Vitamin D</i>		
<i>calcitriol oral</i>	2	
<i>doxercalciferol oral</i>	2	
<i>paricalcitol oral</i>	2	
RAYALDEE	5	
ROCALTROL	NF	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NF	

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ORIAHNN.....	79	<i>paroxetine mesylate</i>	53	DOSE).....	20
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<i>oxaprozin</i>	40	<i>penicillin g sodium</i>	11	<i>polymyxin b-trimethoprim</i>	60
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<i>tramadol-acetaminophen</i>	41	TRIZIVIR.....	17	VANATOL LQ.....	41
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<i>trandolapril-verapamil hcl er</i>	33	TROPHAMINE.....	56	VANCOCIN HCL.....	12
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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 schwetztscht, 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. Hódíílnih kojí' 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។

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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 1-800-645-3965 or Personal Choice 65 Rx at 1-888-718-3333 or, for TTY users, 711, 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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