



**Keystone 65 Rx HMO,  
Personal Choice 65<sup>SM</sup> Rx PPO,  
Select Option<sup>®</sup> PDP  
2021 Formulary  
(List of Covered Drugs)**

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

This formulary was updated on 12/1/2021. For more recent information or other questions, please contact us at Keystone 65 Rx at 1-844-352-1699; Personal Choice 65 Rx at 1-888-879-4293; Select Option Rx at 1-888-678-7009; or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit [www.ibxmedicare.com](http://www.ibxmedicare.com).

Group 3-tier open



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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/1/2021. 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, 2022, and from time to time during the year.

## **What is the Independence Blue Cross Formulary?**

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 12/1/2021. To get updated information about the drugs covered by the plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a midyear non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 6. Then, look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 100. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask the plan to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section, “How do I request an exception to the Independence Blue Cross formulary?” on page 3 for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact our Member Help Team and ask if your drug is covered.

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

- You can ask our Member Help Team for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Independence Blue Cross Formulary?

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

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

Generally, we will only approve your request for an exception if an alternative drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects. Some examples of these drugs might be formulary alternatives that are included on the plan's list of covered drugs and/or the lower cost-sharing drugs.

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

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

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

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

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

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

### **For more information**

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

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

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

## Independence Blue Cross's Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

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

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

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

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

Drug Name	Tier	Requirements
<b>Antibacterials - Drugs Used To Treat Infections Caused By Certain Germs (Bacteria)</b>		
<b>Aminoglycosides</b>		
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	PA
<b>Antibacterials, Other</b>		
<i>fosfomycin tromethamine oral packet</i>	1	
<b>Macrolides</b>		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
<b>Antifungals - Drugs Used To Treat Infections Caused By A Fungus I.E. Athlete'S Foot, Ringworm</b>		
<b>Antifungals</b>		
<i>tavaborole external solution</i>	1	
<b>Antihistamine Drugs</b>		
<b>First Generation Antihistamines</b>		
<i>carbinoxamine maleate oral solution</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>clemastine fumarate oral syrup</i>	3	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
<i>cyproheptadine hcl oral syrup</i>	1	
<i>cyproheptadine hcl oral tablet</i>	1	
<i>dexchlorpheniramine maleate oral solution</i>	1	
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
<i>promethazine-phenylephrine oral syrup</i>	1	PA
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	1	PA
RYCLORA ORAL SOLUTION	3	
RYVENT ORAL TABLET	1	PA
<b>Second Generation Antihistamines</b>		
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet dispersible</i>	3	
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	
<b>Anti-Infective Agents</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	3	



Drug Name	Tier	Requirements
ALBENZA ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
EMVERM ORAL TABLET CHEWABLE	3	
<i>ivermectin oral tablet</i>	1	
<i>praziquantel oral tablet</i>	1	
STROMEKTOL ORAL TABLET	3	
<b>Antibacterials</b>		
ACTICLATE ORAL TABLET	3	ST
AEMCOLO ORAL TABLET DELAYED RELEASE	3	QL (12 EA per 30 days)
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE INHALATION SUSPENSION	3	PA
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
<i>azithromycin intravenous solution reconstituted</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE ORAL TABLET	3	
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Requirements
BAXDELA ORAL TABLET	3	
BETHKIS INHALATION NEBULIZATION SOLUTION	3	PA
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	PA
<i>cefaclor er oral tablet extended release 12 hour</i>	1	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	1	
<i>cefepime hcl injection solution reconstituted</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	
<i>cefprozil oral suspension reconstituted</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet</i>	1	

Drug Name	Tier	Requirements
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	1	
<i>clarithromycin oral suspension reconstituted</i>	1	
<i>clarithromycin oral tablet</i>	1	
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
<i>clindamycin phosphate in d5w intravenous solution</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1	
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>daptomycin intravenous solution reconstituted</i>	1	
<i>demeclocycline hcl oral tablet</i>	1	
<i>dicloxacillin sodium oral capsule</i>	1	
DIFICID ORAL TABLET	3	QL (60 EA per 30 days)
DORYX MPC ORAL TABLET DELAYED RELEASE	3	ST
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3	ST
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	3	ST
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
E.E.S. 400 ORAL TABLET	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	3	
<i>ertapenem sodium injection solution reconstituted</i>	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	3	
ERY-TAB ORAL TABLET DELAYED RELEASE	3	

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

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

Drug Name	Tier	Requirements
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VANCOCIN HCL ORAL CAPSULE 125 MG	3	
VANCOCIN ORAL CAPSULE	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule</i>	1	
<i>vancomycin hcl oral solution reconstituted</i>	1	
VIBRAMYCIN ORAL CAPSULE	3	ST
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	ST
VIBRAMYCIN ORAL SYRUP	3	ST
XENLETA ORAL TABLET	3	PA; QL (10 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI INTRAVENOUS SOLUTION	3	PA
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL (1680 ML per 28 days)
ZYVOX ORAL TABLET	3	QL (56 EA per 28 days)
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	3	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
<i>amphotericin b intravenous solution reconstituted</i>	1	PA
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>caspofungin acetate intravenous solution reconstituted</i>	1	
CRESEMBA ORAL CAPSULE	3	PA

Drug Name	Tier	Requirements
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral tablet</i>	1	
<i>micafungin sodium intravenous solution reconstituted</i>	1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
NOXAFIL ORAL SUSPENSION	3	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	3	PA
<i>nystatin mouth/throat suspension</i>	1	
<i>nystatin oral tablet</i>	1	
<i>posaconazole oral tablet delayed release</i>	1	PA
SPORANOX ORAL CAPSULE	3	
SPORANOX ORAL SOLUTION	3	
<i>terbinafine hcl oral tablet</i>	1	
<i>tolsura oral capsule</i>	3	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VFEND ORAL SUSPENSION RECONSTITUTED	3	
VFEND ORAL TABLET	3	
<i>voriconazole intravenous solution reconstituted</i>	1	
<i>voriconazole oral suspension reconstituted</i>	1	
<i>voriconazole oral tablet</i>	1	
<b>Antimycobacterials</b>		
<i>dapsone oral tablet</i>	1	
<i>ethambutol hcl oral tablet</i>	1	
<i>isoniazid oral syrup</i>	1	
<i>isoniazid oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
PASER ORAL PACKET	3	

Drug Name	Tier	Requirements
<i>pretomanid oral tablet</i>	3	PA
PRIFTIN ORAL TABLET	3	
<i>pyrazinamide oral tablet</i>	1	
<i>rifabutin oral capsule</i>	1	
<i>rifampin intravenous solution reconstituted</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	3	PA
TRECTOR ORAL TABLET	3	
<b>Antiprotozoals</b>		
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil hcl oral tablet</i>	1	
<i>benznidazole oral tablet</i>	3	
<i>chloroquine phosphate oral tablet</i>	1	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	
FLAGYL ORAL CAPSULE	3	
HUMATIN ORAL CAPSULE	3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	
IMPAVIDO ORAL CAPSULE	3	QL (84 EA per 28 days)
KRINTAFEL ORAL TABLET	3	
MALARONE ORAL TABLET	3	
<i>mefloquine hcl oral tablet</i>	1	
MEPRON ORAL SUSPENSION	3	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	1	
<i>metronidazole oral capsule</i>	3	
<i>metronidazole oral tablet</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	PA
<i>paromomycin sulfate oral capsule</i>	1	
PENTAM INJECTION SOLUTION RECONSTITUTED	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	PA
<i>pentamidine isethionate injection solution reconstituted</i>	1	
PLAQUENIL ORAL TABLET	3	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet</i>	1	
QUALAQUIN ORAL CAPSULE	3	PA
<i>quinine sulfate oral capsule</i>	1	PA
SOLOSEC ORAL PACKET	3	
<i>tinidazole oral tablet</i>	1	
<b>Antivirals</b>		
<i>abacavir sulfate oral solution</i>	1	



Drug Name	Tier	Requirements
<i>abacavir sulfate oral tablet</i>	1	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	PA
<i>adefovir dipivoxil oral tablet</i>	3	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	3	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
ATRIPLA ORAL TABLET	3	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	3	QL (600 ML per 30 days)
BARACLUDE ORAL TABLET	3	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	3	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	3	
COMBIVIR ORAL TABLET	3	QL (60 EA per 30 days)
COMPLERA ORAL TABLET	3	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	3	
DESCOVY ORAL TABLET	3	QL (30 EA per 30 days)
DOVATO ORAL TABLET	3	
EDURANT ORAL TABLET	3	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	
<i>efavirenz oral tablet</i>	1	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	3	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	3	
<i>entecavir oral tablet</i>	1	QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA; QL (84 EA per 365 days)
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET 150 MG	3	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
EPZICOM ORAL TABLET	3	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	3	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	3	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
EVOTAZ ORAL TABLET	3	QL (30 EA per 30 days)
<i>famciclovir oral tablet</i>	3	
<i>fosamprenavir calcium oral tablet</i>	1	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	QL (60 EA per 30 days)
GENVOYA ORAL TABLET	3	QL (30 EA per 30 days)
HARVONI ORAL PACKET	3	PA
HARVONI ORAL TABLET 90-400 MG	3	PA
HEPSERA ORAL TABLET	3	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	3	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	3	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL TABLET	3	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET CHEWABLE	3	
JULUCA ORAL TABLET	3	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET 100-25 MG	3	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	QL (120 EA per 30 days)
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
<i>ledipasvir-sofosbuvir oral tablet</i>	3	PA
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	3	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 EA per 30 days)
MAVYRET ORAL TABLET	3	PA
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	QL (60 EA per 30 days)
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
NORVIR ORAL TABLET	3	QL (360 EA per 30 days)

Drug Name	Tier	Requirements
ODEFSEY ORAL TABLET	3	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (60 EA per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (540 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
PIFELTRO ORAL TABLET	3	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (1 ML per 28 days)
PREVMIS ORAL TABLET	3	
PREZCOBIX ORAL TABLET	3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG	3	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	3	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 180 days)
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 300 MG	3	QL (30 EA per 30 days)
REYATAZ ORAL CAPSULE 200 MG	3	QL (60 EA per 30 days)
REYATAZ ORAL PACKET	3	
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine hcl oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	3	
SITAVIG BUCCAL TABLET	3	
<i>sofosbuvir-velpatasvir oral tablet</i>	2	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	3	PA
SOVALDI ORAL TABLET 400 MG	3	PA
STRIBILD ORAL TABLET	3	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	3	QL (120 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	3	
SUSTIVA ORAL TABLET	3	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
SYMFI LO ORAL TABLET	3	
SYMFI ORAL TABLET	3	
SYMTUZA ORAL TABLET	3	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (60 EA per 30 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (30 EA per 30 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (540 ML per 30 days)
TEMIXYS ORAL TABLET	3	
<i>tenofovir disoproxil fumarate oral tablet</i>	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	3	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE	3	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	3	QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET	3	QL (60 EA per 30 days)
TRUVADA ORAL TABLET	2	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
<i>valganciclovir hcl oral solution reconstituted</i>	1	
<i>valganciclovir hcl oral tablet</i>	1	
VALTREX ORAL TABLET 1 GM	3	QL (90 EA per 30 days)
VALTREX ORAL TABLET 500 MG	3	QL (60 EA per 30 days)
VEMLIDY ORAL TABLET	3	
VIEKIRA PAK ORAL TABLET THERAPY PACK	3	PA
VIRACEPT ORAL TABLET 250 MG	3	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	QL (120 EA per 30 days)
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	QL (30 EA per 30 days)
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET	3	QL (30 EA per 30 days)
VOSEVI ORAL TABLET	3	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL (2 EA per 28 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL (1 EA per 28 days)
ZEPATIER ORAL TABLET	3	PA; QL (112 EA per 365 days)
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	3	QL (60 EA per 30 days)
<i>zidovudine oral capsule</i>	1	

Drug Name	Tier	Requirements
<i>zidovudine oral syrup</i>	1	
<i>zidovudine oral tablet</i>	1	QL (60 EA per 30 days)
ZOVIRAX ORAL SUSPENSION	3	
<b>Urinary Anti-Infectives</b>		
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	1	
MONUROL ORAL PACKET	3	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd macro oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	3	
<i>trimethoprim oral tablet</i>	1	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA
AFINITOR ORAL TABLET	3	PA
ALECENSA ORAL CAPSULE	3	PA
ALUNBRIG ORAL TABLET	3	PA
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA
AYVAKIT ORAL TABLET	3	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET	3	PA
<i>bexarotene oral capsule</i>	3	PA
<i>bicalutamide oral tablet</i>	1	
BOSULIF ORAL TABLET	3	PA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	3	PA
CABOMETYX ORAL TABLET	3	PA
CALQUENCE ORAL CAPSULE	3	PA
CAPRELSA ORAL TABLET	3	PA
CASODEX ORAL TABLET	3	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA
COPIKTRA ORAL CAPSULE	3	PA
COTELLIC ORAL TABLET	3	PA
<i>cyclophosphamide oral capsule</i>	1	PA
<i>cyclophosphamide oral tablet</i>	3	PA

Drug Name	Tier	Requirements
DAURISMO ORAL TABLET	3	PA
DROXIA ORAL CAPSULE	3	
EMCYT ORAL CAPSULE	3	
ERIVEDGE ORAL CAPSULE	3	PA
ERLEADA ORAL TABLET	3	PA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet</i>	1	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA
FARYDAK ORAL CAPSULE	3	PA
<i>flutamide oral capsule</i>	1	
FOTIVDA ORAL CAPSULE	3	PA
GILOTRIF ORAL TABLET	3	PA
GLEEVEC ORAL TABLET	3	PA
HYDREA ORAL CAPSULE	3	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	3	PA
IBRANCE ORAL TABLET	3	PA
ICLUSIG ORAL TABLET	3	PA
IDHIFA ORAL TABLET	3	PA
<i>imatinib mesylate oral tablet</i>	1	PA
IMBRUVICA ORAL CAPSULE	3	PA
IMBRUVICA ORAL TABLET	3	PA
INLYTA ORAL TABLET	3	PA
INQOVI ORAL TABLET	3	PA
INREBIC ORAL CAPSULE	3	PA
INTRON A INJECTION SOLUTION	3	
INTRON A INJECTION SOLUTION RECONSTITUTED	3	
IRESSA ORAL TABLET	3	PA
JAKAFI ORAL TABLET	3	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE	3	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA

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

Drug Name	Tier	Requirements
RUBRACA ORAL TABLET	3	PA
RYDAPT ORAL CAPSULE	3	PA
SIKLOS ORAL TABLET	3	
SPRYCEL ORAL TABLET	3	PA
STIVARGA ORAL TABLET	3	PA
<i>sunitinib malate oral capsule</i>	3	PA
SUTENT ORAL CAPSULE	3	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	3	PA
TAFINLAR ORAL CAPSULE	3	PA
TAGRISSE ORAL TABLET	3	PA
TALZENNA ORAL CAPSULE	3	PA
TARCEVA ORAL TABLET	3	PA
TARGRETIN ORAL CAPSULE	3	PA
TASIGNA ORAL CAPSULE	3	PA
TAZVERIK ORAL TABLET	3	PA
TEPMETKO ORAL TABLET	3	PA
TIBSOVO ORAL TABLET	3	PA
<i>tretinoin oral capsule</i>	1	
TREXALL ORAL TABLET	3	PA
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
TUKYSA ORAL TABLET	3	PA
TURALIO ORAL CAPSULE	3	PA
TYKERB ORAL TABLET	3	PA
UKONIQ ORAL TABLET	3	PA
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	2	PA; QL (84 EA per 365 days)
VERZENIO ORAL TABLET	3	PA
VITRAKVI ORAL CAPSULE	3	PA



Drug Name	Tier	Requirements
VITRAKVI ORAL SOLUTION	3	PA
VIZIMPRO ORAL TABLET	3	PA
VOTRIENT ORAL TABLET	3	PA
WELIREG ORAL TABLET	3	PA
XALKORI ORAL CAPSULE	3	PA
XATMEP ORAL SOLUTION	3	PA
XOSPATA ORAL TABLET	3	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XTANDI ORAL CAPSULE	3	PA
XTANDI ORAL TABLET	3	PA
YONSA ORAL TABLET	3	PA
ZEJULA ORAL CAPSULE	3	PA
ZELBORAF ORAL TABLET	3	PA
ZOLINZA ORAL CAPSULE	3	PA
ZYDELIG ORAL TABLET	3	PA
ZYKADIA ORAL TABLET	3	PA
ZYTIGA ORAL TABLET	3	PA
<b>Antineoplastics - Drugs Used To Treat/Manage Cancer</b>		
<b><i>Antiandrogens</i></b>		
<i>abiraterone acetate oral tablet 500 mg</i>	1	PA
<b><i>Antineoplastics, Other</i></b>		
GAVRETO ORAL CAPSULE	3	PA
ONUREG ORAL TABLET	3	PA
<b><i>Molecular Target Inhibitors</i></b>		
<i>lapatinib ditosylate oral tablet</i>	1	PA
<b>Antiparasitics - Drugs Used To Treat Infections Caused By Parasites</b>		
<b><i>Antiprotozoals</i></b>		
LAMPIT ORAL TABLET	3	

Drug Name	Tier	Requirements
<i>nitazoxanide oral tablet</i>	1	
<b>Antiparkinson Agents - Drugs Used To Manage Parkinson'S Disease</b>		
<b><i>Antiparkinson Agents, Other</i></b>		
ONGENTYS ORAL CAPSULE 50 MG	3	PA
<b>Antipsychotics - Drugs Used To Manage Symptoms Associated With Psychiatric Disorders</b>		
<b><i>2Nd Generation/Atypical</i></b>		
<i>asenapine maleate sublingual tablet sublingual</i>	3	
<b>Antitoxins, Immune Globulins, Toxoids, And Vaccines</b>		
<b><i>Allergenic Extracts</i></b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA
<b><i>Antitoxins And Immune Globulins</i></b>		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	3	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	3	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	3	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	3	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	3	PA
PANZYGA INTRAVENOUS SOLUTION	3	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	3	PA
VARIZIG INTRAMUSCULAR SOLUTION	2	
<b><i>Toxoids</i></b>		
ADACEL INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	1	
INFANRIX INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	

Drug Name	Tier	Requirements
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
<b>Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
<i>bcg vaccine injection injectable</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
ENGERIX-B INJECTION SUSPENSION	2	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION	2	PA
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
YF-VAX SUBCUTANEOUS INJECTABLE	2	

Drug Name	Tier	Requirements
<b>Antivirals - Drugs Used To Manage Infections Caused By Viruses</b>		
<b>Anti-Hepatitis C (Hcv) Agents</b>		
EPCLUSA ORAL TABLET 200-50 MG	2	PA; QL (168 EA per 365 days)
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	1	QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>emtricitabine oral capsule</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	QL (30 EA per 30 days)
<b>Autonomic Drugs</b>		
<b>Anticholinergic Agents</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	3	QL (10.7 GM per 30 days)
<i>chlordiazepoxide-clidinium oral capsule</i>	3	PA
CUVPOSA ORAL SOLUTION	3	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	PA
<i>ipratropium bromide nasal solution</i>	1	
LIBRAX ORAL CAPSULE	3	PA
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	ST
<i>methscopolamine bromide oral tablet</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST
YUPELRI INHALATION SOLUTION	3	PA
<b>Autonomic Drugs, Miscellaneous</b>		
CHANTIX CONTINUING MONTH PAK ORAL TABLET	2	
CHANTIX ORAL TABLET	2	

Drug Name	Tier	Requirements
CHANTIX STARTING MONTH PAK ORAL TABLET	2	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	3	
<i>varenicline tartrate oral tablet</i>	1	
<b>Parasympathomimetic (Cholinergic) Agents</b>		
ARICEPT ORAL TABLET	3	
<i>bethanechol chloride oral tablet</i>	1	
<i>cevimeline hcl oral capsule</i>	1	
<i>donepezil hcl oral tablet</i>	1	
<i>donepezil hcl oral tablet dispersible</i>	1	
EVOXAC ORAL CAPSULE	3	
EXELON TRANSDERMAL PATCH 24 HOUR	3	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	1	
<i>galantamine hydrobromide oral solution</i>	1	
<i>galantamine hydrobromide oral tablet</i>	1	
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pilocarpine hcl oral tablet</i>	1	
<i>pyridostigmine bromide er oral tablet extended release</i>	3	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet</i>	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	3	
SALAGEN ORAL TABLET	3	
<b>Skeletal Muscle Relaxants</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet</i>	1	PA
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	PA; NDS
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	3	PA
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	1	PA
<i>cyclobenzaprine hcl oral tablet</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene sodium oral capsule</i>	1	
FEXMID ORAL TABLET	3	PA

Drug Name	Tier	Requirements
LORZONE ORAL TABLET	3	PA
<i>metaxalone oral tablet</i>	3	PA
<i>methocarbamol oral tablet</i>	1	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1	PA
SKELAXIN ORAL TABLET	3	PA
SOMA ORAL TABLET	3	PA
<i>tizanidine hcl oral capsule</i>	1	
<i>tizanidine hcl oral tablet</i>	1	
ZANAFLEX ORAL CAPSULE	3	
ZANAFLEX ORAL TABLET	3	
<b>Sympatholytic (Adrenergic Blocking) Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	
DIBENZYLINE ORAL CAPSULE	3	
<i>dihydroergotamine mesylate nasal solution</i>	3	QL (8 ML per 28 days)
<i>ergoloid mesylates oral tablet</i>	1	
FLOMAX ORAL CAPSULE	3	
MIGRANAL NASAL SOLUTION	3	QL (8 ML per 28 days)
<i>phenoxybenzamine hcl oral capsule</i>	1	
RAPAFLO ORAL CAPSULE	3	
<i>silodosin oral capsule</i>	1	
<i>tamsulosin hcl oral capsule</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<b>Sympathomimetic (Adrenergic) Agents</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	2	QL (12 GM per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	1	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	3	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	PA
<i>albuterol sulfate oral syrup</i>	1	

Drug Name	Tier	Requirements
<i>albuterol sulfate oral tablet</i>	1	
<i>arformoterol tartrate inhalation nebulization solution</i>	3	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	
BROVANA INHALATION NEBULIZATION SOLUTION	3	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (8 GM per 30 days)
<i>droxidopa oral capsule</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	
<i>epinephrine injection solution auto-injector</i>	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	3	PA
<i>ipratropium-albuterol inhalation solution</i>	1	PA
<i>levalbuterol hcl inhalation nebulization solution</i>	1	PA
<i>levalbuterol tartrate inhalation aerosol</i>	3	QL (30 GM per 30 days)
LUCEMYRA ORAL TABLET	3	QL (480 EA per 30 days)
<i>midodrine hcl oral tablet</i>	1	
NORTHERA ORAL CAPSULE	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	PA
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	ST; QL (2 EA per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION	2	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (2 EA per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	ST; QL (13.4 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>terbutaline sulfate oral tablet</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	ST; QL (36 GM per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	3	PA

Drug Name	Tier	Requirements
XOPENEX HFA INHALATION AEROSOL	3	QL (30 GM per 30 days)
XOPENEX INHALATION NEBULIZATION SOLUTION	3	PA
<b>Blood Formation, Coagulation &amp; Thrombosis</b>		
<b>Antihemorrhagic Agents</b>		
LYSTEDA ORAL TABLET	3	
<i>tranexamic acid oral tablet</i>	1	
<b>Antithrombotic Agents</b>		
AGRYLIN ORAL CAPSULE	3	
<i>anagrelide hcl oral capsule</i>	1	
ARIXTRA SUBCUTANEOUS SOLUTION	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	3	QL (58 EA per 365 days)
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
EFFIENT ORAL TABLET	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	
<i>enoxaparin sodium subcutaneous solution</i>	1	
<i>fondaparinux sodium subcutaneous solution</i>	3	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
JANTOVEN ORAL TABLET	1	
LOVENOX SUBCUTANEOUS SOLUTION	3	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE	3	
<i>prasugrel hcl oral tablet</i>	1	
SAVAYSA ORAL TABLET	3	
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
ZONTIVITY ORAL TABLET	3	
<b>Blood Formation, Coagulation, And Thrombosis Agents, Misc.</b>		
OXBRYTA ORAL TABLET	3	PA; QL (90 EA per 30 days)



Drug Name	Tier	Requirements
TAVALISSE ORAL TABLET	3	PA
<b>Hematopoietic Agents</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
DOPTELET ORAL TABLET	3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2.4 ML per 28 days)
GRANIX SUBCUTANEOUS SOLUTION	3	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	
MULPLETA ORAL TABLET	3	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2.4 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	
NIVESTYM INJECTION SOLUTION	3	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	
PROCRIT INJECTION SOLUTION	2	PA
PROMACTA ORAL PACKET	3	
PROMACTA ORAL TABLET	3	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2.4 ML per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2.4 ML per 28 days)
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline er oral tablet extended release</i>	1	
<b>Blood Formation,Coagulation + Thrombosis</b>		
<b>Hematopoietic Agents</b>		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML(1ML), 20000 UNIT/ML	2	PA

Drug Name	Tier	Requirements
<b>Blood Glucose Regulators - Drugs Used To Maintain Normal Blood Sugar Levels</b>		
<b>Antidiabetic Agents</b>		
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	2	QL (2 ML per 28 days)
<b>Insulins</b>		
SEMGLEE SUBCUTANEOUS SOLUTION	3	ST
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
<b>Blood Products And Modifiers</b>		
<b>Blood Products And Modifiers, Other</b>		
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2.4 ML per 28 days)
<b>Cardiovascular Drugs</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA ORAL TABLET	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>doxazosin mesylate oral tablet</i>	1	
MINIPRESS ORAL CAPSULE	3	
<i>prazosin hcl oral capsule</i>	1	
<i>terazosin hcl oral capsule</i>	1	
<b>Antilipemic Agents</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
<i>atorvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine oral packet</i>	1	
<i>colesevelam hcl oral packet</i>	1	
<i>colesevelam hcl oral tablet</i>	1	
COLESTID ORAL PACKET	3	
COLESTID ORAL TABLET	3	
<i>colestipol hcl oral packet</i>	1	
<i>colestipol hcl oral tablet</i>	1	
CRESTOR ORAL TABLET	3	ST; QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	3	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tablet</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 50 mg</i>	1	

Drug Name	Tier	Requirements
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	1	
FENOGLIDE ORAL TABLET	3	
<i>flolipid oral suspension 20 mg/5ml</i>	3	ST; QL (225 ML per 30 days)
<i>flolipid oral suspension 40 mg/5ml</i>	3	ST; QL (150 ML per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	
<i>fluvastatin sodium oral capsule</i>	1	
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
LIPITOR ORAL TABLET	3	ST; QL (30 EA per 30 days)
LIPOFEN ORAL CAPSULE	3	
LIVALO ORAL TABLET	2	
LOPID ORAL TABLET	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA ORAL CAPSULE	3	
NEXLETOL ORAL TABLET	3	PA
NEXLIZET ORAL TABLET	3	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	3	
NIACOR ORAL TABLET	1	
NIASPAN ORAL TABLET EXTENDED RELEASE	3	
<i>omega-3-acid ethyl esters oral capsule</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet</i>	1	QL (30 EA per 30 days)
PREVALITE ORAL PACKET	1	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL PACKET	3	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
ROSZET ORAL TABLET	3	ST; 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)

Drug Name	Tier	Requirements
TRICOR ORAL TABLET	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	3	
VASCEPA ORAL CAPSULE	2	
VYTORIN ORAL TABLET	3	QL (30 EA per 30 days)
WELCHOL ORAL PACKET	3	
WELCHOL ORAL TABLET	3	
ZETIA ORAL TABLET	3	QL (30 EA per 30 days)
ZOCOR ORAL TABLET 10 MG, 20 MG	3	ST; QL (45 EA per 30 days)
ZOCOR ORAL TABLET 40 MG, 80 MG	3	ST; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL (30 EA per 30 days)
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	
<i>betaxolol hcl oral tablet</i>	1	
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
BYSTOLIC ORAL TABLET	2	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
COREG ORAL TABLET	3	
CORGARD ORAL TABLET	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>labetalol hcl oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet</i>	1	
<i>pindolol oral tablet</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	
<i>propranolol hcl oral solution</i>	1	
<i>propranolol hcl oral tablet</i>	1	

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

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

Drug Name	Tier	Requirements
<i>digoxin oral tablet</i>	1	QL (30 EA per 30 days)
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide acetate oral tablet</i>	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	QL (30 EA per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	3	
<i>mexiletine hcl oral capsule</i>	1	
MULTAQ ORAL TABLET	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
NORPACE ORAL CAPSULE	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	
<i>propafenone hcl oral tablet</i>	1	
<i>quinidine gluconate er oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>ranolazine er oral tablet extended release 12 hour</i>	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
TIKOSYN ORAL CAPSULE	3	
VYNDAMAX ORAL CAPSULE	3	PA
VYNDAQEL ORAL CAPSULE	3	PA
<b>Hypotensive Agents</b>		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QL (120 EA per 30 days)
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	
<i>guanfacine hcl oral tablet</i>	1	
<i>hydralazine hcl oral tablet</i>	1	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL (120 EA per 30 days)
<i>methyldopa oral tablet</i>	1	
<i>minoxidil oral tablet</i>	1	
VECAMYL ORAL TABLET	3	PA
<b>Renin-Angiotensin-Aldosterone Sys Inhib</b>		
ACCUPRIL ORAL TABLET	3	
ACCURETIC ORAL TABLET	3	
ALDACTAZIDE ORAL TABLET	3	

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



Drug Name	Tier	Requirements
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
MICARDIS HCT ORAL TABLET	3	ST; QL (30 EA per 30 days)
MICARDIS ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>moexipril hcl oral tablet</i>	1	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
PRINIVIL ORAL TABLET 20 MG	3	
QBRELIS ORAL SOLUTION	3	
<i>quinapril hcl oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	1	
TEKTURNA HCT ORAL TABLET	3	ST; QL (30 EA per 30 days)
TEKTURNA ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>telmisartan oral tablet</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (30 EA per 30 days)
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
<b>Vasodilating Agents</b>		
ADCIRCA ORAL TABLET	3	PA
ALYQ ORAL TABLET	1	PA
BIDIL ORAL TABLET	3	
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
<i>dipyridamole oral tablet</i>	1	PA
GONITRO SUBLINGUAL PACKET	3	
ISORDIL TITRADOSE ORAL TABLET	3	

Drug Name	Tier	Requirements
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	
REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA
REVATIO ORAL TABLET	3	PA
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA
<i>tadalafil (pah) oral tablet</i>	1	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)

## Central Nervous System Agents

### Analgesics And Antipyretics

<i>acetaminophen-codeine #3 oral tablet</i>	1	NDS; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	1	NDS; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	NDS; QL (180 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL (120 EA per 30 days)
ALLZITAL ORAL TABLET	3	PA; QL (180 EA per 30 days)
<i>apap-caff-dihydrocodeine oral capsule</i>	1	NDS; QL (180 EA per 30 days)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	1	NDS; QL (180 EA per 30 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
ASCOMP-CODEINE ORAL CAPSULE	1	PA; NDS; QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 75 MCG	3	NDS; QL (60 EA per 30 days)
BELBUCA BUCCAL FILM 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	3	PA; NDS; QL (60 EA per 30 days)
BUPAP ORAL TABLET 50-300 MG	3	PA; QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	1	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (120 EA per 30 days)

Drug Name	Tier	Requirements
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	3	NDS; QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule</i>	3	PA; NDS; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule</i>	1	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	1	PA; NDS; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	1	NDS; QL (8 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	3	NDS; QL (4 EA per 28 days)
CAMBIA ORAL PACKET	3	ST
CELEBREX ORAL CAPSULE	3	ST
<i>celecoxib oral capsule</i>	1	
<i>codeine sulfate oral tablet</i>	3	NDS; QL (180 EA per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; NDS; QL (30 EA per 30 days)
DAYPRO ORAL TABLET	3	
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	PA; NDS
<i>diclofenac epolamine external patch</i>	3	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	
<i>diclofenac sodium oral tablet delayed release</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	
<i>diflunisal oral tablet</i>	1	
DILAUDID ORAL LIQUID	3	ST; NDS; QL (1500 ML per 30 days)
DILAUDID ORAL TABLET 2 MG	3	ST; NDS; QL (240 EA per 30 days)
DILAUDID ORAL TABLET 4 MG, 8 MG	3	PA; NDS; QL (240 EA per 30 days)
DUEXIS ORAL TABLET	3	PA
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	NDS; QL (240 EA per 30 days)
ESGIC ORAL TABLET	3	PA; QL (180 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour</i>	3	
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
FELDENE ORAL CAPSULE	3	
<i>fenoprofen calcium oral capsule 400 mg</i>	3	
<i>fenoprofen calcium oral tablet</i>	3	

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

Drug Name	Tier	Requirements
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	3	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	3	NDS; QL (180 EA per 30 days)
<i>levorphanol tartrate oral tablet 3 mg</i>	3	PA; NDS; QL (120 EA per 30 days)
LICART EXTERNAL PATCH 24 HOUR	3	PA; QL (30 EA per 30 days)
LODINE ORAL TABLET	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL (60 EA per 30 days)
<i>meclofenamate sodium oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
<i>meloxicam oral capsule</i>	3	
<i>meloxicam oral tablet</i>	1	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	PA; NDS
<i>meperidine hcl oral solution</i>	1	PA; NDS; QL (2000 ML per 30 days)
<i>meperidine hcl oral tablet</i>	1	PA; NDS; QL (180 EA per 30 days)
<i>methadone hcl oral solution</i>	3	PA; NDS
<i>methadone hcl oral tablet</i>	3	PA; NDS
MOBIC ORAL TABLET	3	ST
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	NDS; QL (150 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	3	PA; NDS; QL (30 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	3	NDS; QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	3	NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg</i>	3	PA; NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; NDS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	1	NDS; QL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>	1	NDS; QL (1000 ML per 30 days)
<i>morphine sulfate oral tablet</i>	1	NDS; QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	3	PA; NDS; QL (90 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	ST; NDS; QL (90 EA per 30 days)
<i>nabumetone oral tablet</i>	1	
NALFON ORAL CAPSULE 400 MG	3	
NALFON ORAL TABLET	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	

Drug Name	Tier	Requirements
<i>naproxen oral suspension</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>naproxen-esomeprazole oral tablet delayed release</i>	3	PA; QL (60 EA per 30 days)
<i>norgesic forte oral tablet</i>	3	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; NDS; QL (60 EA per 30 days)
NUCYNTA ORAL TABLET 100 MG, 75 MG	3	PA; NDS; QL (180 EA per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	ST; NDS; QL (180 EA per 30 days)
<i>oxaprozin oral tablet</i>	1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	1	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	NDS; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	1	NDS; QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	1	PA; NDS; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg</i>	3	ST; NDS; QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	NDS; QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	3	PA; NDS; QL (180 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	3	NDS; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	1	PA; NDS
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	ST; NDS; QL (240 EA per 30 days)
<i>piroxicam oral capsule</i>	1	
<i>pregabalin er oral tablet extended release 24 hour</i>	3	PA; QL (60 EA per 30 days)
PROLATE ORAL TABLET	3	ST; NDS; QL (240 EA per 30 days)
RELAFEN DS ORAL TABLET	3	ST
ROXICODONE ORAL TABLET 15 MG, 5 MG	3	ST; NDS; QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	PA; NDS; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
SPRIX NASAL SOLUTION	3	PA; QL (5 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	3	QL (120 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (90 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID	3	PA; QL (120 EA per 30 days)
<i>sulindac oral tablet</i>	1	
TENCON ORAL TABLET 50-325 MG	3	PA; QL (180 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	3	NDS; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	NDS; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	NDS; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	NDS; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NDS; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	NDS; QL (240 EA per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	NDS; QL (180 EA per 30 days)
ULTRACET ORAL TABLET	3	NDS; QL (240 EA per 30 days)
ULTRAM ORAL TABLET	3	NDS; QL (240 EA per 30 days)
VIMOVO ORAL TABLET DELAYED RELEASE	3	PA; QL (60 EA per 30 days)
VIVLODEX ORAL CAPSULE	3	
VTOL LQ ORAL SOLUTION	3	PA; QL (2700 ML per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	2	PA; NDS; QL (60 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; QL (180 EA per 30 days)
ZIPSOR ORAL CAPSULE	3	ST
ZORVOLEX ORAL CAPSULE	3	ST
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG	3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG	3	QL (120 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	3	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	3	QL (60 EA per 30 days)
<b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	ST; QL (60 EA per 30 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE	3	ST; QL (450 ML per 30 days)

Drug Name	Tier	Requirements
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	ST; QL (30 EA per 30 days)
<i>amphetamine er oral suspension extended release</i>	3	ST; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet</i>	1	PA; QL (180 EA per 30 days)
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	3	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	1	QL (60 EA per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
<i>armodafinil oral tablet</i>	3	PA
AZSTARYS ORAL CAPSULE	3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	3	ST; QL (120 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 54 MG	3	ST; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	3	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	3	ST; QL (90 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	3	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	3	ST; QL (180 EA per 30 days)
DAYTRANA TRANSDERMAL PATCH	3	ST; QL (30 EA per 30 days)
DESOXYN ORAL TABLET	3	ST; QL (150 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	ST; QL (180 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	3	ST; QL (120 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3	ST; QL (90 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	3	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	3	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (150 EA per 30 days)



Drug Name	Tier	Requirements
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	ST; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG	3	PA; QL (90 EA per 30 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG	3	PA; QL (60 EA per 30 days)
EVEKEO ORAL TABLET	3	PA; QL (180 EA per 30 days)
FOCALIN ORAL TABLET	3	ST; QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
<i>methamphetamine hcl oral tablet</i>	1	QL (150 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5ML	3	ST; QL (900 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5ML	3	ST; QL (1800 ML per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	3	QL (180 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg</i>	3	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	3	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 27 mg, 54 mg, 72 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	1	QL (180 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET	3	PA
PROCENTRA ORAL SOLUTION	3	QL (1800 ML per 30 days)
PROVIGIL ORAL TABLET 100 MG	3	PA; QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG	3	ST; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG	3	ST; QL (30 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	ST; QL (360 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE	3	QL (30 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG	3	ST; QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	3	ST; QL (30 EA per 30 days)
RITALIN ORAL TABLET 10 MG	3	ST; QL (180 EA per 30 days)
RITALIN ORAL TABLET 20 MG, 5 MG	3	ST; QL (90 EA per 30 days)
SUNOSI ORAL TABLET	3	PA; QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	3	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET	3	PA; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG	3	ST; QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 7.5 MG	3	ST; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 30 MG	3	ST; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	3	ST; QL (150 EA per 30 days)
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	
<i>carbamazepine oral suspension</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet chewable</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
CELONTIN ORAL CAPSULE	3	

Drug Name	Tier	Requirements
<i>clobazam oral suspension</i>	3	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	3	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (270 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (270 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT ORAL CAPSULE	3	PA
DIACOMIT ORAL PACKET	3	PA
DIASTAT ACUDIAL RECTAL GEL	3	
DIASTAT PEDIATRIC RECTAL GEL	3	
<i>diazepam rectal gel</i>	1	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE	3	
DILANTIN ORAL SUSPENSION	3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
EPIDIOLEX ORAL SOLUTION	3	PA
EPITOL ORAL TABLET	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	3	
<i>felbamate oral tablet</i>	3	
FELBATOL ORAL SUSPENSION	3	
FELBATOL ORAL TABLET	3	
FINTEPLA ORAL SOLUTION	3	PA
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet</i>	1	
GABITRIL ORAL TABLET	3	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA

Drug Name	Tier	Requirements
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	ST; QL (270 EA per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	ST; QL (300 EA per 30 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>lamotrigine er oral tablet extended release 24 hour</i>	1	
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	1	
<i>lamotrigine starter kit-blue oral kit</i>	1	
<i>lamotrigine starter kit-green oral kit</i>	1	
<i>lamotrigine starter kit-orange oral kit</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
MYSOLINE ORAL TABLET	3	
NAYZILAM NASAL SOLUTION	3	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL SOLUTION	3	
NEURONTIN ORAL TABLET	3	
ONFI ORAL SUSPENSION	3	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

Drug Name	Tier	Requirements
PHENYTEK ORAL CAPSULE	3	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
ROWEEPRA ORAL TABLET 500 MG	1	
<i>rufinamide oral suspension</i>	1	
<i>rufinamide oral tablet</i>	1	
SABRIL ORAL PACKET	3	
SABRIL ORAL TABLET	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
SYMPAZAN ORAL FILM	3	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>tiagabine hcl oral tablet</i>	3	
TOPAMAX ORAL TABLET	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	3	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	
<i>topiramate oral capsule sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	1	
<i>vigabatrin oral tablet</i>	1	
VIGADRONE ORAL PACKET	1	

Drug Name	Tier	Requirements
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	ST
XCOPRI ORAL TABLET	3	ST
XCOPRI ORAL TABLET THERAPY PACK	3	ST
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
ZONEGRAN ORAL CAPSULE	3	
<i>zonisamide oral capsule</i>	1	
<b>Antimanic Agents</b>		
<i>lithium carbonate er oral tablet extended release</i>	1	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>almotriptan malate oral tablet</i>	1	QL (8 EA per 30 days)
AMERGE ORAL TABLET	3	ST; QL (8 EA per 30 days)
CAFERGOT ORAL TABLET	3	
<i>eletriptan hydrobromide oral tablet</i>	1	QL (6 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	ST; QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	1	QL (12 EA per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT	3	ST; QL (8 EA per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	3	ST; QL (32 EA per 30 days)
IMITREX ORAL TABLET	3	ST; QL (8 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	ST; QL (8 ML per 30 days)

Drug Name	Tier	Requirements
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	ST; QL (8 ML per 30 days)
MAXALT ORAL TABLET 10 MG	3	ST; QL (12 EA per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL (12 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY	1	
<i>naratriptan hcl oral tablet</i>	1	QL (8 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	3	ST; QL (18 EA per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER	3	ST; QL (8 EA per 30 days)
RELPAX ORAL TABLET	3	ST; QL (6 EA per 30 days)
REYVOW ORAL TABLET 100 MG	3	ST; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	3	ST; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/lact</i>	3	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/lact</i>	3	QL (32 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	QL (8 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	3	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	3	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	1	QL (10 EA per 30 days)
TOSYMRA NASAL SOLUTION	3	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL (10 EA per 30 days)
UBRELVY ORAL TABLET	3	ST; QL (16 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (4 ML per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION	3	ST; QL (8 EA per 30 days)
ZOMIG ORAL TABLET	3	ST; QL (6 EA per 30 days)
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	
AZILECT ORAL TABLET	3	
<i>benztropine mesylate oral tablet</i>	1	
<i>bromocriptine mesylate oral capsule</i>	1	
<i>bromocriptine mesylate oral tablet</i>	1	
<i>cabergoline oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	

Drug Name	Tier	Requirements
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
COMTAN ORAL TABLET	3	
DUOPA ENTERAL SUSPENSION	3	
EMSAM TRANSDERMAL PATCH 24 HOUR	3	PA
<i>entacapone oral tablet</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
INBRIJA INHALATION CAPSULE	3	PA
KYNMOBI SUBLINGUAL FILM	3	PA; QL (150 EA per 30 days)
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
ONGENTYS ORAL CAPSULE 25 MG	3	PA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	3	PA
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	
<i>pramipexole dihydrochloride oral tablet</i>	1	
<i>rasagiline mesylate oral tablet</i>	3	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	
<i>ropinirole hcl oral tablet</i>	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET 100 MG	3	



Drug Name	Tier	Requirements
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl hcl oral solution</i>	1	
<i>trihexyphenidyl hcl oral tablet</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE	3	
<b>Anxiolytics, Sedatives, And Hypnotics</b>		
<i>alprazolam er oral tablet extended release 24 hour</i>	3	QL (30 EA per 30 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90 EA per 30 days)
<i>alprazolam oral tablet dispersible 2 mg</i>	3	QL (150 EA per 30 days)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG	3	PA; QL (30 EA per 30 days)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 6.25 MG	3	QL (30 EA per 30 days)
AMBIEN ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
AMBIEN ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	ST; QL (90 EA per 30 days)
ATIVAN ORAL TABLET 2 MG	3	ST; QL (150 EA per 30 days)
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
<i>bupirone hcl oral tablet</i>	1	
<i>chlordiazepoxide hcl oral capsule</i>	3	PA; QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	1	QL (90 EA per 30 days)
DAYVIGO ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>diazepam oral concentrate</i>	1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	1	QL (120 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	PA; QL (30 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	3	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 3 mg</i>	3	PA; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	3	PA; QL (30 EA per 30 days)
HALCION ORAL TABLET	3	QL (10 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION	3	PA
HETLIOZ ORAL CAPSULE	3	PA
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	

Drug Name	Tier	Requirements
LORAZEPAM INTENSOL ORAL CONCENTRATE	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG	3	QL (30 EA per 30 days)
LUNESTA ORAL TABLET 3 MG	3	PA; QL (30 EA per 30 days)
<i>meprobamate oral tablet</i>	1	PA; QL (90 EA per 30 days)
<i>oxazepam oral capsule</i>	1	QL (120 EA per 30 days)
<i>phenobarbital oral elixir</i>	1	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet</i>	1	QL (90 EA per 30 days)
<i>ramelteon oral tablet</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	3	ST; QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE 7.5 MG	3	ST; QL (60 EA per 30 days)
ROZEREM ORAL TABLET	3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	3	QL (60 EA per 30 days)
TRANXENE-T ORAL TABLET 7.5 MG	3	ST; QL (90 EA per 30 days)
<i>triazolam oral tablet</i>	1	QL (10 EA per 30 days)
VALIUM ORAL TABLET	3	ST; QL (120 EA per 30 days)
VISTARIL ORAL CAPSULE	3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	ST; QL (90 EA per 30 days)
XANAX ORAL TABLET 2 MG	3	ST; QL (150 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 3.5 mg</i>	3	PA; QL (30 EA per 30 days)
ZOLPIMIST ORAL SOLUTION	3	QL (7.7 ML per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<b>Central Nervous System Agents, Misc</b>		
<i>acamprosate calcium oral tablet delayed release</i>	1	
<i>atomoxetine hcl oral capsule</i>	3	QL (30 EA per 30 days)
EXSERVAN ORAL FILM	3	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet</i>	1	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLET	3	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
NOURIANZ ORAL TABLET	3	PA
NUEDEXTA ORAL CAPSULE	2	PA; QL (60 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	ST; QL (60 EA per 30 days)
RILUTEK ORAL TABLET	3	
<i>riluzole oral tablet</i>	1	
STRATTERA ORAL CAPSULE	3	QL (30 EA per 30 days)
TIGLUTIK ORAL SUSPENSION	3	
XYREM ORAL SOLUTION	3	PA
<b>Fibromyalgia Agents</b>		
SAVELLA ORAL TABLET	3	ST
SAVELLA TITRATION PACK ORAL	3	ST
<b>Multiple Sclerosis Agents</b>		
<i>dimethyl fumarate starter pack oral</i>	1	QL (120 EA per 365 days)
<b>Opiate Antagonists</b>		
KLOXXADO NASAL LIQUID	3	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naltrexone hcl oral tablet</i>	1	
NARCAN NASAL LIQUID	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
<b>Psychotherapeutic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	

Drug Name	Tier	Requirements
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	3	PA; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	3	PA; QL (60 EA per 30 days)
ABILIFY ORAL TABLET	3	ST
<i>amitriptyline hcl oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	
<i>aripiprazole oral tablet dispersible</i>	1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	
BRISDELLE ORAL CAPSULE	3	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	
<i>bupropion hcl oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	ST
CELEXA ORAL TABLET	3	ST
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1	
<i>chlorpromazine hcl oral concentrate</i>	1	
<i>chlorpromazine hcl oral tablet</i>	1	
<i>citalopram hydrobromide oral solution</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
<i>clomipramine hcl oral capsule</i>	3	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible</i>	3	
CLOZARIL ORAL TABLET	3	
COMPRO RECTAL SUPPOSITORY	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>desipramine hcl oral tablet</i>	1	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	3	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	1	

Drug Name	Tier	Requirements
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>doxepin hcl oral tablet</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	ST
<i>duloxetine hcl oral capsule delayed release particles</i>	1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
FANAPT ORAL TABLET	3	ST
FANAPT TITRATION PACK ORAL TABLET	3	ST
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST
<i>fluoxetine hcl (pmdd) oral tablet</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1	
<i>fluvoxamine maleate oral tablet</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
GEODON ORAL CAPSULE	3	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	

Drug Name	Tier	Requirements
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	3	QL (1 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	3	
LATUDA ORAL TABLET	3	ST
LEXAPRO ORAL TABLET	3	ST
<i>loxapine succinate oral capsule</i>	1	
MARPLAN ORAL TABLET	3	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet dispersible</i>	1	
<i>molindone hcl oral tablet</i>	1	
NARDIL ORAL TABLET	3	
<i>nefazodone hcl oral tablet</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline hcl oral capsule</i>	1	
<i>nortriptyline hcl oral solution</i>	1	
NUPLAZID ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	1	
<i>olanzapine oral tablet</i>	1	
<i>olanzapine oral tablet dispersible</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule</i>	3	
<i>paliperidone er oral tablet extended release 24 hour</i>	1	
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	3	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine mesylate oral capsule</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	ST
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	
PEXEVA ORAL TABLET	3	ST
<i>phenelzine sulfate oral tablet</i>	1	

Drug Name	Tier	Requirements
<i>pimozide oral tablet</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
<i>protriptyline hcl oral tablet</i>	1	
PROZAC ORAL CAPSULE	3	ST
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	
<i>quetiapine fumarate oral tablet</i>	1	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
REXULTI ORAL TABLET	3	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet dispersible</i>	3	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	ST
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST
SEROQUEL ORAL TABLET	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
SILENOR ORAL TABLET	3	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>thioridazine hcl oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranylcypromine sulfate oral tablet</i>	1	
<i>trazodone hcl oral tablet</i>	1	
<i>trifluoperazine hcl oral tablet</i>	1	
<i>trimipramine maleate oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	
<i>venlafaxine hcl oral tablet</i>	1	
VERSACLOZ ORAL SUSPENSION	3	

Drug Name	Tier	Requirements
VIIBRYD ORAL TABLET	3	ST
VIIBRYD STARTER PACK ORAL KIT	3	ST
VRAYLAR ORAL CAPSULE	3	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL (14 EA per 365 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>ziprasidone hcl oral capsule</i>	1	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1	
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET	3	ST
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ZYPREXA ORAL TABLET	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	3	
<b>Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 EA per 365 days)
<i>tetrabenazine oral tablet</i>	3	PA
XENAZINE ORAL TABLET	3	PA
<b>Dermatological Agents - Drugs Used To Treat Skin Disorders</b>		
<b>Dermatological Agents, Other</b>		
<i>fluorouracil external cream 0.5 %</i>	3	
<b>Pediculicides/Scabicides</b>		
<i>ivermectin external lotion</i>	1	
<b>Devices</b>		
<b>Devices</b>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	
<i>cvs gauze sterile pad 2"x2"</i>	2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	
<i>global alcohol prep ease pad</i>	2	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	



Drug Name	Tier	Requirements
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
<i>deferiprone oral tablet</i>	1	PA
<i>tolvaptan oral tablet 15 mg</i>	3	PA
<b>Electrolytic, Caloric, And Water Balance</b>		
<b><i>Alkalinizing Agents</i></b>		
<i>potassium citrate er oral tablet extended release</i>	1	
UROKIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROKIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROKIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
<b><i>Ammonia Detoxicants</i></b>		
BUPHENYL ORAL POWDER 3 GM/TSP	1	
BUPHENYL ORAL TABLET	3	
CARBAGLU ORAL TABLET	3	PA
<i>constulose oral solution</i>	1	
<i>enulose oral solution</i>	1	
<i>generlac oral solution</i>	1	
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gml/15ml</i>	1	
LITHOSTAT ORAL TABLET	3	
RAVICTI ORAL LIQUID	3	PA
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	1	
<i>sodium phenylbutyrate oral tablet</i>	3	
<b><i>Caloric Agents</i></b>		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	3	PA
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	PA
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	PA
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	PA

Drug Name	Tier	Requirements
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	PA
CLINISOL SF INTRAVENOUS SOLUTION	3	PA
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
DOJOLVI ORAL LIQUID	3	PA
INTRALIPID INTRAVENOUS EMULSION	1	PA
NUTRILIPID INTRAVENOUS EMULSION	1	PA
PLENAMINE INTRAVENOUS SOLUTION	3	PA
PREMASOL INTRAVENOUS SOLUTION 10 %	3	PA
PROCALAMINE INTRAVENOUS SOLUTION	3	PA
PROSOL INTRAVENOUS SOLUTION	3	PA
TRAVASOL INTRAVENOUS SOLUTION	3	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	PA
<b>Diuretics</b>		
<i>amiloride hcl oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	3	
EDECRIN ORAL TABLET	3	
<i>ethacrynic acid oral tablet</i>	3	
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
JYNARQUE ORAL TABLET	3	PA
JYNARQUE ORAL TABLET THERAPY PACK	3	PA
LASIX ORAL TABLET	3	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
<i>metolazone oral tablet</i>	1	
SAMSCA ORAL TABLET	3	PA
THALITONE ORAL TABLET	3	
<i>tolvaptan oral tablet 30 mg</i>	3	PA
<i>torseamide oral tablet</i>	1	
<i>triamterene oral capsule</i>	1	

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

Drug Name	Tier	Requirements
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
<i>potassium chloride crys er oral tablet extended release</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er oral tablet extended release</i>	1	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	
<b>Uricosuric Agents</b>		
<i>colchicine-probenecid oral tablet</i>	1	
<i>probenecid oral tablet</i>	1	
<b>Enzymes</b>		
<b>Enzymes</b>		
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SUCRAID ORAL SOLUTION	3	
<b>Eye, Ear, Nose Throat Preparations</b>		
<b>Anti-Inflammatory Agents</b>		
<i>ciprofloxacin-dexamethasone otic suspension</i>	1	
<b>Eye, Ear, Nose &amp; Throat Preparations</b>		
<b>Antiallergic Agents</b>		
ALOCRILOPHthalmic SOLUTION	3	
ALOMIDOPHthalmic SOLUTION	3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
<i>azelastine hcl ophthalmic solution</i>	1	
<i>azelastine-fluticasone nasal suspension</i>	1	ST
<i>bepotastine besilate ophthalmic solution</i>	3	
BEPREVEOPHthalmic SOLUTION	3	
<i>cromolyn sodium ophthalmic solution</i>	1	
DYMISTANASAL SUSPENSION	3	ST
<i>epinastine hcl ophthalmic solution</i>	1	
LASTACAFtopHthalmic SOLUTION	3	

Drug Name	Tier	Requirements
<i>olopatadine hcl nasal solution</i>	1	
<i>olopatadine hcl ophthalmic solution</i>	1	
PATANASE NASAL SOLUTION	3	
ZERVIATE OPHTHALMIC SOLUTION	3	ST
<b>Antiglaucoma Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	
<i>acetazolamide oral tablet</i>	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT OPHTHALMIC SUSPENSION	2	
<i>betaxolol hcl ophthalmic solution</i>	3	
BETIMOL OPHTHALMIC SOLUTION	3	
BETOPTIC-S OPHTHALMIC SUSPENSION	3	
<i>bimatoprost ophthalmic solution</i>	1	
<i>brimonidine tartrate ophthalmic solution</i>	1	
<i>brinzolamide ophthalmic suspension</i>	1	
<i>carteolol hcl ophthalmic solution</i>	1	
COMBIGAN OPHTHALMIC SOLUTION	2	
COSOPT OPHTHALMIC SOLUTION	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
<i>dorzolamide hcl ophthalmic solution</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1	
ISOPTO CARPINE OPHTHALMIC SOLUTION	3	
ISTALOL OPHTHALMIC SOLUTION	3	
<i>latanoprost ophthalmic solution</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
<i>methazolamide oral tablet</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
ROCKLATAN OPHTHALMIC SOLUTION	3	ST
SIMBRINZA OPHTHALMIC SUSPENSION	3	
<i>timolol maleate (once-daily) ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic gel forming solution</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf ophthalmic solution</i>	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	3	
TRAVATAN Z OPHTHALMIC SOLUTION	3	ST
<i>travoprost (bak free) ophthalmic solution</i>	1	

Drug Name	Tier	Requirements
TRUSOPT OPHTHALMIC SOLUTION	3	
VYZULTA OPHTHALMIC SOLUTION	3	ST
XALATAN OPHTHALMIC SOLUTION	3	ST
XELPROS OPHTHALMIC EMULSION	3	ST
ZIOPTAN OPHTHALMIC SOLUTION	3	ST
<b>Anti-Infectives</b>		
AZASITE OPHTHALMIC SOLUTION	3	
<i>bacitracin ophthalmic ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION	3	
BLEPH-10 OPHTHALMIC SOLUTION	3	
CETRAXAL OTIC SOLUTION	3	
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	
<i>ciprofloxacin hcl otic solution</i>	1	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	3	
<i>erythromycin ophthalmic ointment</i>	1	
<i>gatifloxacin ophthalmic solution</i>	1	
GENTAK OPHTHALMIC OINTMENT	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>levofloxacin ophthalmic solution</i>	1	
MOXEZA OPHTHALMIC SOLUTION	3	
<i>moxifloxacin hcl ophthalmic solution</i>	1	
NATACYN OPHTHALMIC SUSPENSION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
OCUFLOX OPHTHALMIC SOLUTION	3	
<i>ofloxacin ophthalmic solution</i>	1	
<i>ofloxacin otic solution</i>	1	
OTOVEL OTIC SOLUTION	3	
PERIOGARD MOUTH/THROAT SOLUTION	1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
POLYTRIM OPHTHALMIC SOLUTION	3	
<i>sulfacetamide sodium ophthalmic ointment</i>	1	
<i>sulfacetamide sodium ophthalmic solution</i>	1	

Drug Name	Tier	Requirements
<i>tobramycin ophthalmic solution</i>	1	
TOBEX OPHTHALMIC OINTMENT	3	
TOBEX OPHTHALMIC SOLUTION	3	
<i>trifluridine ophthalmic solution</i>	1	
VIGAMOX OPHTHALMIC SOLUTION	3	
ZIRGAN OPHTHALMIC GEL	3	
ZYMAXID OPHTHALMIC SOLUTION	3	
<b>Anti-Inflammatory Agents</b>		
ACULAR LS OPHTHALMIC SOLUTION	3	
ACULAR OPHTHALMIC SOLUTION	3	
ACUVAIL OPHTHALMIC SOLUTION	3	
ALREX OPHTHALMIC SUSPENSION	3	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	
BECONASE AQ NASAL SUSPENSION	3	ST
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1	
BROMSITE OPHTHALMIC SOLUTION	3	
CEQUA OPHTHALMIC SOLUTION	3	ST; QL (60 EA per 30 days)
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	3	
DERMOTIC OTIC OIL	3	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
<i>diclofenac sodium ophthalmic solution</i>	1	
<i>difluprednate ophthalmic emulsion</i>	3	
DUREZOL OPHTHALMIC EMULSION	3	
EYSUVIS OPHTHALMIC SUSPENSION	3	PA
FLAC OTIC OIL	1	
FLAREX OPHTHALMIC SUSPENSION	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluocinolone acetonide otic oil</i>	1	
<i>fluorometholone ophthalmic suspension</i>	1	
<i>flurbiprofen sodium ophthalmic solution</i>	1	
<i>fluticasone propionate nasal suspension</i>	1	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
<i>hydrocortisone-acetic acid otic solution</i>	1	
ILEVRO OPHTHALMIC SUSPENSION	3	
INVELTYS OPHTHALMIC SUSPENSION	3	

Drug Name	Tier	Requirements
<i>ketorolac tromethamine ophthalmic solution</i>	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
LOTEMAX SM OPHTHALMIC GEL	3	
<i>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate ophthalmic suspension</i>	1	
MAXIDEX OPHTHALMIC SUSPENSION	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION	3	
<i>mometasone furoate nasal suspension</i>	3	
NASONEX NASAL SUSPENSION	3	ST
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
NEVANAC OPHTHALMIC SUSPENSION	3	
OMNARIS NASAL SUSPENSION	3	ST
PRED FORTE OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	3	
PRED-G OPHTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
<i>prednisolone acetate ophthalmic suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	
PROLENSA OPHTHALMIC SOLUTION	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	ST
QNASL NASAL AEROSOL SOLUTION	3	ST
RESTASIS OPHTHALMIC EMULSION	2	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	3	
XHANCE NASAL EXHALER SUSPENSION	3	ST
XIIDRA OPHTHALMIC SOLUTION	3	ST; QL (60 EA per 30 days)
ZETONNA NASAL AEROSOL SOLUTION	3	ST
ZYLET OPHTHALMIC SUSPENSION	3	



Drug Name	Tier	Requirements
<b>Eent Drugs, Miscellaneous</b>		
<i>acetic acid otic solution</i>	1	
<i>apraclonidine hcl ophthalmic solution</i>	1	
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL (60 ML per 28 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
LACRISERT OPHTHALMIC INSERT	3	
OXERVATE OPHTHALMIC SOLUTION	3	PA
RHOPRESSA OPHTHALMIC SOLUTION	3	ST
<b>Mydriatics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<b>Gastrointestinal Agents - Drugs Used To Treat Conditions Associated With The Digestive System (E.G., Stomach, Intestine)</b>		
<b>Gastrointestinal Agents, Other</b>		
GIMOTI NASAL SOLUTION	3	ST; QL (19.6 ML per 180 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1	
<b>Gastrointestinal Drugs</b>		
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate-atropine oral liquid</i>	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
MYTESI ORAL TABLET DELAYED RELEASE	3	PA
XERMELO ORAL TABLET	3	PA
<b>Antiemetics</b>		
ANTIVERT ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg</i>	1	PA; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	1	PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	1	PA; QL (12 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE	3	
DICLEGIS ORAL TABLET DELAYED RELEASE	3	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1	
<i>dronabinol oral capsule</i>	3	PA
EMEND ORAL CAPSULE 80 MG	3	PA; QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL (6 EA per 30 days)
EMEND TRI-PACK ORAL CAPSULE	3	PA; QL (12 EA per 30 days)
<i>granisetron hcl oral tablet</i>	1	PA; QL (60 EA per 30 days)
MARINOL ORAL CAPSULE	3	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>ondansetron hcl oral solution</i>	1	PA

Drug Name	Tier	Requirements
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; QL (45 EA per 30 days)
<i>ondansetron oral tablet dispersible</i>	1	PA; QL (45 EA per 30 days)
SANCUSO TRANSDERMAL PATCH	3	ST; QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	1	
SYNDROS ORAL SOLUTION	3	PA
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
<i>trimethobenzamide hcl oral capsule</i>	1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
<b>Anti-Inflammatory Agents</b>		
<i>alosetron hcl oral tablet</i>	1	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ASACOL HD ORAL TABLET DELAYED RELEASE	3	
<i>balsalazide disodium oral capsule</i>	1	
CANASA RECTAL SUPPOSITORY	3	
COLAZAL ORAL CAPSULE	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	
DIPENTUM ORAL CAPSULE	3	
LIALDA ORAL TABLET DELAYED RELEASE	3	
LOTRONEX ORAL TABLET	3	
<i>mesalamine er oral capsule extended release 24 hour</i>	1	
<i>mesalamine oral capsule delayed release</i>	1	
<i>mesalamine oral tablet delayed release</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	3	
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	
ROWASA RECTAL KIT	3	
<b>Ant ulcer Agents And Acid Suppressants</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	ST; QL (30 EA per 30 days)
<i>amoxicill-clarithro-lansopraz oral</i>	3	QL (112 EA per 180 days)
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	
DEXILANT ORAL CAPSULE DELAYED RELEASE	3	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	3	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet</i>	3	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
HELIDAC THERAPY ORAL	3	
<i>lansoprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	3	QL (60 EA per 30 days)
<i>misoprostol oral tablet</i>	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	ST; QL (60 EA per 30 days)
NEXIUM ORAL PACKET	3	ST; QL (30 EA per 30 days)
<i>nizatidine oral capsule</i>	1	
<i>nizatidine oral solution</i>	1	
OMECLAMOX-PAK ORAL	3	QL (80 EA per 180 days)
<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	ST; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	3	ST; QL (30 EA per 30 days)
<i>pantoprazole sodium oral packet</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	
PEPCID ORAL TABLET	3	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	ST; QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	ST; QL (60 EA per 30 days)
PRILOSEC ORAL PACKET	3	ST; QL (60 EA per 30 days)
PROTONIX ORAL PACKET	3	ST; QL (60 EA per 30 days)
PROTONIX ORAL TABLET DELAYED RELEASE	3	ST
PYLERA ORAL CAPSULE	3	
<i>rabeprazole sodium oral tablet delayed release</i>	3	ST; QL (30 EA per 30 days)
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	QL (168 EA per 180 days)
ZEGERID ORAL CAPSULE	3	ST; QL (30 EA per 30 days)
ZEGERID ORAL PACKET	3	ST; QL (30 EA per 30 days)
<b>Cathartics And Laxatives</b>		
CLENPIQ ORAL SOLUTION	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Requirements
OSMOPREP ORAL TABLET	3	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted</i>	1	
PLENVU ORAL SOLUTION RECONSTITUTED	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION	3	
SUTAB ORAL TABLET	3	ST
<b>Cholelitholytic Agents</b>		
CHENODAL ORAL TABLET	3	
RELTONE ORAL CAPSULE	3	ST
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
<b>Digestants</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
VIOKACE ORAL TABLET	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
<b>Gi Drugs, Miscellaneous</b>		
AMITIZA ORAL CAPSULE	2	
CHOLBAM ORAL CAPSULE	3	PA
GATTEX SUBCUTANEOUS KIT	3	PA
LINZESS ORAL CAPSULE	2	
<i>lubiprostone oral capsule</i>	2	
MOTEGRITY ORAL TABLET	3	ST
MOVANTIK ORAL TABLET	3	
OICALIVA ORAL TABLET	3	PA
RELISTOR ORAL TABLET	3	ST
RELISTOR SUBCUTANEOUS SOLUTION	3	
SYMPROIC ORAL TABLET	3	ST
TRULANCE ORAL TABLET	3	ST
VIBERZI ORAL TABLET	3	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
<b>Prokinetic Agents</b>		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
REGLAN ORAL TABLET	3	
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>sapropterin dihydrochloride oral packet</i>	1	
<i>sapropterin dihydrochloride oral tablet</i>	1	
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA ORAL CAPSULE	3	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET ORAL CAPSULE	3	
CUPRIMINE ORAL CAPSULE 250 MG	3	ST
<i>deferasirox granules oral packet</i>	1	PA
<i>deferasirox oral tablet</i>	1	PA
<i>deferasirox oral tablet soluble</i>	1	PA
DEPEN TITRATABS ORAL TABLET	3	
EXJADE ORAL TABLET SOLUBLE	3	PA
FERRIPROX ORAL SOLUTION	3	PA
FERRIPROX ORAL TABLET	3	PA
JADENU ORAL TABLET	3	PA
JADENU SPRINKLE ORAL PACKET	3	PA
<i>penicillamine oral capsule</i>	1	
<i>penicillamine oral tablet</i>	1	
SYPRINE ORAL CAPSULE	3	
<i>trientine hcl oral capsule</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Corticosteroid Drugs That Can Be Used For A Variety Of Conditions Such As Inflammation</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	
HEMADY ORAL TABLET	3	

Drug Name	Tier	Requirements
<b>Hormones And Synthetic Substitutes</b>		
<b>Adrenals</b>		
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (1 EA per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION	3	ST
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL (1 EA per 30 days)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST
ASMANEX HFA INHALATION AEROSOL	3	ST
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
BREZTRI AEROSPHERE INHALATION AEROSOL	3	ST; QL (10.7 GM per 30 days)
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide inhalation suspension</i>	1	PA
<i>budesonide oral capsule delayed release particles</i>	1	
<i>budesonide-formoterol fumarate inhalation aerosol</i>	3	QL (13.8 GM per 30 days)
CORTEF ORAL TABLET	3	
<i>dexabliss oral tablet therapy pack</i>	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
DULERA INHALATION AEROSOL	3	QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	3	PA
EMFLAZA ORAL TABLET	3	PA
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (120 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days)
<i>fludrocortisone acetate oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	

Drug Name	Tier	Requirements
INTRAROSA VAGINAL INSERT	3	PA
MEDROL ORAL TABLET	3	PA
MEDROL ORAL TABLET THERAPY PACK	3	
<i>methylprednisolone oral tablet</i>	1	PA
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	PA
ORAPRED ODT ORAL TABLET DISPERSIBLE	3	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISONO INTENSOL ORAL CONCENTRATE	1	PA
<i>prednisone oral solution</i>	1	PA
<i>prednisone oral tablet</i>	1	PA
<i>prednisone oral tablet therapy pack</i>	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST
PULMICORT INHALATION SUSPENSION	3	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	3	ST
RAYOS ORAL TABLET DELAYED RELEASE	3	PA
SYMBICORT INHALATION AEROSOL	2	QL (13.8 GM per 30 days)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	QL (60 EA per 30 days)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	ST
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	ST
ANDROGEL TRANSDERMAL GEL	3	ST
AVEED INTRAMUSCULAR SOLUTION	3	PA
<i>danazol oral capsule</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
FORTESTA TRANSDERMAL GEL	3	ST
JATENZO ORAL CAPSULE	3	PA

Drug Name	Tier	Requirements
<i>methitest oral tablet</i>	3	
<i>methyltestosterone oral capsule</i>	1	
NATESTO NASAL GEL	3	ST
<i>oxandrolone oral tablet</i>	1	
TESTIM TRANSDERMAL GEL	3	ST
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution</i>	1	PA
VOGELXO PUMP TRANSDERMAL GEL	3	ST
VOGELXO TRANSDERMAL GEL	3	ST
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET ORAL TABLET	3	QL (90 EA per 30 days)
ACTOS ORAL TABLET	3	QL (30 EA per 30 days)
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	3	ST; QL (6 ML per 28 days)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (6 ML per 28 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
ADMELOG SUBCUTANEOUS SOLUTION	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PA
<i>alogliptin benzoate oral tablet</i>	3	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	3	QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet</i>	3	QL (30 EA per 30 days)
AMARYL ORAL TABLET 1 MG, 2 MG	3	QL (120 EA per 30 days)
AMARYL ORAL TABLET 4 MG	3	QL (60 EA per 30 days)
APIDRA INJECTION SOLUTION	3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (2.4 ML per 30 days)



Drug Name	Tier	Requirements
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	3	QL (180 EA per 30 days)
DUETACT ORAL TABLET	3	QL (30 EA per 30 days)
FARXIGA ORAL TABLET	3	ST; QL (30 EA per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
FIASP SUBCUTANEOUS SOLUTION	3	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3	ST; QL (60 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (180 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	3	QL (60 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG, 5 MG	3	QL (120 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3	PA; QL (60 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3	PA; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet</i>	1	QL (120 EA per 30 days)
GLYNASE ORAL TABLET 1.5 MG	3	QL (240 EA per 30 days)
GLYNASE ORAL TABLET 3 MG	3	QL (120 EA per 30 days)
GLYNASE ORAL TABLET 6 MG	3	QL (60 EA per 30 days)
GLYXAMBI ORAL TABLET	2	QL (30 EA per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST

Drug Name	Tier	Requirements
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	ST
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	ST
HUMALOG SUBCUTANEOUS SOLUTION	3	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	ST
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST
HUMULIN N SUBCUTANEOUS SUSPENSION	3	ST
HUMULIN R INJECTION SOLUTION	3	ST
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector</i>	3	ST
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	3	ST
<i>insulin aspart penfill subcutaneous solution cartridge</i>	3	ST
<i>insulin aspart prot &amp; aspart subcutaneous suspension</i>	3	ST
<i>insulin aspart subcutaneous solution</i>	3	ST
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	3	ST
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	ST
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>	3	ST
<i>insulin lispro subcutaneous solution</i>	3	ST
INVOKAMET ORAL TABLET	2	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	QL (60 EA per 30 days)
INVOKANA ORAL TABLET	2	QL (30 EA per 30 days)
JANUMET ORAL TABLET	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	2	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
JARDIANCE ORAL TABLET	2	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	3	ST; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
KAZANO ORAL TABLET	3	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	3	ST; QL (30 EA per 30 days)
KORLYM ORAL TABLET	3	PA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	
LYUMJEV INJECTION SOLUTION	3	ST
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	3	PA; QL (60 EA per 30 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	3	PA; QL (120 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	3	ST; QL (60 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	3	ST; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution</i>	1	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol oral tablet</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 ORAL TABLET	3	ST; QL (30 EA per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	2	

Drug Name	Tier	Requirements
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R INJECTION SOLUTION	2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
NOVOLOG SUBCUTANEOUS SOLUTION	2	
ONGLYZA ORAL TABLET	3	ST; QL (30 EA per 30 days)
OSENI ORAL TABLET	3	ST; QL (30 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
<i>pioglitazone hcl oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	QL (90 EA per 30 days)
QTERN ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (360 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RIOMET ORAL SOLUTION	3	QL (765 ML per 30 days)
RYBELSUS ORAL TABLET	2	QL (30 EA per 30 days)
SEGLUROMET ORAL TABLET	3	ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (18 ML per 28 days)
STEGLATRO ORAL TABLET	3	ST
STEGLUJAN ORAL TABLET	3	ST
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	2	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	2	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	2	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	2	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRADJENTA ORAL TABLET	3	ST; QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG	3	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	ST; QL (60 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (15 ML per 30 days)
<b>Antihypoglycemic Agents</b>		
BAQSIMI TWO PACK NASAL POWDER	2	
<i>diazoxide oral suspension</i>	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	
<i>glucagon emergency injection kit</i>	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
PROGLYCEM ORAL SUSPENSION	3	
<b>Contraceptives</b>		
ALTAVERA ORAL TABLET	1	
<i>alyacen 1/35 oral tablet</i>	1	
AMETHIA ORAL TABLET	1	
ANNOVERA VAGINAL RING	3	QL (1 EA per 365 days)
APRI ORAL TABLET	1	
ARANELLE ORAL TABLET	1	
ASHLYNA ORAL TABLET	1	
AUBRA EQ ORAL TABLET	1	
AVIANE ORAL TABLET	1	
BALCOLTRA ORAL TABLET	3	

Drug Name	Tier	Requirements
BALZIVA ORAL TABLET	1	
BEYAZ ORAL TABLET	3	
BLISOVI 24 FE ORAL TABLET	1	
BLISOVI FE 1.5/30 ORAL TABLET	1	
<i>briellyn oral tablet</i>	1	
CAMILA ORAL TABLET	1	
CAMRESE LO ORAL TABLET	1	
CAZIAN ORAL TABLET	1	
CRYSSELLE-28 ORAL TABLET	1	
CYCLAFEM 1/35 ORAL TABLET	1	
CYCLAFEM 7/7/7 ORAL TABLET	1	
CYRED EQ ORAL TABLET	1	
DEBLITANE ORAL TABLET	1	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
DOLISHALE ORAL TABLET	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	
ELURYNG VAGINAL RING	1	
EMOQUETTE ORAL TABLET	1	
ENPRESSE-28 ORAL TABLET	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ERRIN ORAL TABLET	1	
ESTARYLLA ORAL TABLET	1	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1	
FALMINA ORAL TABLET	1	
FEMYNOR ORAL TABLET	1	
GEMMILY ORAL CAPSULE	1	
GENERESS FE ORAL TABLET CHEWABLE	3	
HAILEY 24 FE ORAL TABLET	1	
ICLEVIA ORAL TABLET	1	
INCASSIA ORAL TABLET	1	
INTROVALE ORAL TABLET	1	
ISIBLOOM ORAL TABLET	1	
JASMIEL ORAL TABLET	1	
JULEBER ORAL TABLET	1	
JUNEL 1.5/30 ORAL TABLET	1	
JUNEL 1/20 ORAL TABLET	1	
JUNEL FE 1.5/30 ORAL TABLET	1	
JUNEL FE 1/20 ORAL TABLET	1	

Drug Name	Tier	Requirements
JUNEL FE 24 ORAL TABLET	1	
KAITLIB FE ORAL TABLET CHEWABLE	1	
KARIVA ORAL TABLET	1	
KELNOR 1/35 ORAL TABLET	1	
KELNOR 1/50 ORAL TABLET	1	
KURVELO ORAL TABLET	1	
LARIN 1.5/30 ORAL TABLET	1	
LARIN 1/20 ORAL TABLET	1	
LARIN FE 1.5/30 ORAL TABLET	1	
LARIN FE 1/20 ORAL TABLET	1	
LARISSIA ORAL TABLET	1	
LAYOLIS FE ORAL TABLET CHEWABLE	1	
LEENA ORAL TABLET	1	
LESSINA ORAL TABLET	1	
LEVONEST ORAL TABLET	1	
<i>levonorgest-eth est &amp; eth est oral tablet</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
LEVORA 0.15/30 (28) ORAL TABLET	1	
LO LOESTRIN FE ORAL TABLET	3	
LOESTRIN 1.5/30 (21) ORAL TABLET	3	
LOESTRIN 1/20 (21) ORAL TABLET	3	
LOESTRIN FE 1.5/30 ORAL TABLET	3	
LOESTRIN FE 1/20 ORAL TABLET	3	
LORYNA ORAL TABLET	1	
LOSEASONIQUE ORAL TABLET	3	
LOW-OGESTREL ORAL TABLET	1	
LUTERA ORAL TABLET	1	
LYLEQ ORAL TABLET	1	
LYZA ORAL TABLET	1	
<i>marlissa oral tablet</i>	1	
MERZEE ORAL CAPSULE	1	
MIBELAS 24 FE ORAL TABLET CHEWABLE	1	
MICROGESTIN 1.5/30 ORAL TABLET	1	
MICROGESTIN 1/20 ORAL TABLET	1	
MICROGESTIN FE 1.5/30 ORAL TABLET	1	
MICROGESTIN FE 1/20 ORAL TABLET	1	
MILI ORAL TABLET	1	

Drug Name	Tier	Requirements
MINASTRIN 24 FE ORAL TABLET CHEWABLE	3	
NATAZIA ORAL TABLET	3	
NECON 0.5/35 (28) ORAL TABLET	1	
NEXTSTELLIS ORAL TABLET	3	
NIKKI ORAL TABLET	1	
NORA-BE ORAL TABLET	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone oral tablet</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic oral tablet</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET	1	
NORTREL 1/35 (21) ORAL TABLET	1	
NORTREL 1/35 (28) ORAL TABLET	1	
NORTREL 7/7/7 ORAL TABLET	1	
NUVARING VAGINAL RING	3	
NYLIA 7/7/7 ORAL TABLET	1	
NYMYO ORAL TABLET	1	
OCELLA ORAL TABLET	1	
ORSYTHIA ORAL TABLET	1	
PIMTREA ORAL TABLET	1	
PIRMELLA 1/35 ORAL TABLET	1	
PORTIA-28 ORAL TABLET	1	
PREVIFEM ORAL TABLET	1	
QUARTETTE ORAL TABLET	3	
RECLIPSEN ORAL TABLET	1	
RIVELSA ORAL TABLET	1	
SAFYRAL ORAL TABLET	3	
SEASONIQUE ORAL TABLET	3	
SETLAKIN ORAL TABLET	1	
SHAROBEL ORAL TABLET	1	
SLYND ORAL TABLET	3	
SPRINTEC 28 ORAL TABLET	1	
SRONYX ORAL TABLET	1	
SYEDA ORAL TABLET	1	
TARINA 24 FE ORAL TABLET	1	
TARINA FE 1/20 EQ ORAL TABLET	1	
TILIA FE ORAL TABLET	1	



Drug Name	Tier	Requirements
TRI-ESTARYLLA ORAL TABLET	1	
TRI-LEGEST FE ORAL TABLET	1	
TRI-LO-ESTARYLLA ORAL TABLET	1	
TRI-LO-SPRINTEC ORAL TABLET	1	
TRI-MILI ORAL TABLET	1	
TRI-NYMYO ORAL TABLET	1	
TRI-PREVIFEM ORAL TABLET	1	
TRI-SPRINTEC ORAL TABLET	1	
TRIVORA (28) ORAL TABLET	1	
TRI-VYLIBRA LO ORAL TABLET	1	
TRI-VYLIBRA ORAL TABLET	1	
TYDEMY ORAL TABLET	1	
VELIVET ORAL TABLET	1	
VESTURA ORAL TABLET	1	
VIENVA ORAL TABLET	1	
VYFEMLA ORAL TABLET	1	
VYLIBRA ORAL TABLET	1	
WYMZYA FE ORAL TABLET CHEWABLE	1	
XULANE TRANSDERMAL PATCH WEEKLY	1	
YASMIN 28 ORAL TABLET	3	
YAZ ORAL TABLET	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY	1	
ZARAH ORAL TABLET	1	
ZOVIA 1/35E (28) ORAL TABLET	1	
<b>Estrogens And Antiestrogens</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA
AMABELZ ORAL TABLET	1	PA
<i>anastrozole oral tablet</i>	1	
ANGELIQ ORAL TABLET	3	PA
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
BIJUVA ORAL CAPSULE	3	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	PA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	PA
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	3	PA
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	1	PA
DUAVEE ORAL TABLET	3	

Drug Name	Tier	Requirements
ELESTRIN TRANSDERMAL GEL	3	PA
ESTRACE ORAL TABLET	3	PA
ESTRACE VAGINAL CREAM	3	
<i>estradiol oral tablet</i>	1	PA
<i>estradiol transdermal patch twice weekly</i>	1	PA
<i>estradiol transdermal patch weekly</i>	1	PA
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	PA
ESTRING VAGINAL RING	3	
ESTROGEL TRANSDERMAL GEL	3	PA
EVAMIST TRANSDERMAL SOLUTION	3	PA
EVISTA ORAL TABLET	3	
<i>exemestane oral tablet</i>	1	
FARESTON ORAL TABLET	3	
FEMARA ORAL TABLET	3	
FEMHRT ORAL TABLET	3	PA
FEMRING VAGINAL RING	3	
FYAVOLV ORAL TABLET	1	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	PA
IMVEXXY STARTER PACK VAGINAL INSERT	3	PA
JINTELI ORAL TABLET	1	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (91 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (91 EA per 28 days)
<i>letrozole oral tablet</i>	1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	1	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA
MIMVEY ORAL TABLET	1	PA
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	PA
<i>norethindrone-eth estradiol oral tablet</i>	1	PA
OSPHENA ORAL TABLET	3	PA
PREFEST ORAL TABLET	3	PA
PREMARIN ORAL TABLET	2	PA
PREMARIN VAGINAL CREAM	2	

Drug Name	Tier	Requirements
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>raloxifene hcl oral tablet</i>	1	
SOLTAMOX ORAL SOLUTION	3	
<i>tamoxifen citrate oral tablet</i>	1	
<i>toremifene citrate oral tablet</i>	1	
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	PA
YUVAFEM VAGINAL TABLET	1	
<b>Gonadotropins And Antigonadotropins</b>		
ELIGARD SUBCUTANEOUS KIT	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	
<i>leuprolide acetate injection kit</i>	1	
LUPANETA PACK COMBINATION KIT	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	
MYFEMBREE ORAL TABLET	3	PA; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	3	PA
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA
ORLISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA
<b>Leptins</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
<b>Parathyroid And Antiparathyroid Agents</b>		
<i>calcitonin (salmon) nasal solution</i>	1	
<i>cinacalcet hcl oral tablet</i>	1	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; QL (2.4 ML per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA
SENSIPAR ORAL TABLET	2	
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	3	PA; QL (2.48 ML per 28 days)

Drug Name	Tier	Requirements
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
<b>Pituitary</b>		
ACTHAR INJECTION GEL	3	PA
DDAVP ORAL TABLET	3	
<i>desmopressin ace spray refrig nasal solution</i>	1	
<i>desmopressin acetate oral tablet</i>	1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	3	
<b>Progestins</b>		
AYGESTIN ORAL TABLET	3	
CRINONE VAGINAL GEL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet</i>	1	
<i>norethindrone acetate oral tablet</i>	1	
<i>progesterone oral capsule</i>	1	
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	
<b>Somatostatin Agonists And Antagonists</b>		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; QL (60 ML per 30 days)
<b>Somatotropin Agonists And Antagonists</b>		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	3	PA
INCRELEX SUBCUTANEOUS SOLUTION	3	PA

Drug Name	Tier	Requirements
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	3	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
<b>Thyroid And Antithyroid Agents</b>		
CYTOMEL ORAL TABLET	3	
EUTHYROX ORAL TABLET	1	
LEVO-T ORAL TABLET	1	
<i>levothyroxine sodium oral capsule</i>	3	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL ORAL TABLET	1	
<i>liothyronine sodium oral tablet</i>	1	
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SYNTHROID ORAL TABLET	2	
THYQUIDITY ORAL SOLUTION	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
UNITHROID ORAL TABLET	1	
<b>Immunological Agents - Drugs That Work With The Immune System To Manage A Variety Of Medical Conditions</b>		
<b>Vaccines</b>		
MENQUADFI INTRAMUSCULAR SOLUTION	2	

Drug Name	Tier	Requirements
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
AVODART ORAL CAPSULE	3	
<i>dutasteride oral capsule</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule</i>	3	
<i>finasteride oral tablet 5 mg</i>	1	
JALYN ORAL CAPSULE	3	
PROSCAR ORAL TABLET	3	
<b>Alcohol Deterrents</b>		
<i>disulfiram oral tablet</i>	1	
<b>Antidotes</b>		
<i>acetylcysteine inhalation solution</i>	1	PA
<i>leucovorin calcium oral tablet</i>	1	
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	1	
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	3	
COLCRYS ORAL TABLET	3	
<i>febuxostat oral tablet</i>	1	ST
GLOPERBA ORAL SOLUTION	3	ST
MITIGARE ORAL CAPSULE	3	
ULORIC ORAL TABLET	3	ST
ZYLOPRIM ORAL TABLET	3	ST
<b>Antisense Oligonucleotides</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<b>Bone Resorption Inhibitors</b>		
ACTONEL ORAL TABLET 150 MG	3	ST; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; QL (4 EA per 28 days)
<i>alendronate sodium oral solution</i>	1	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE	3	ST; QL (4 EA per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT	3	ST; QL (4 EA per 28 days)
BONIVA ORAL TABLET 150 MG	3	ST; QL (1 EA per 30 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet</i>	1	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA

Drug Name	Tier	Requirements
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	3	PA
<b>Carbonic Anhydrase Inhibitors</b>		
KEVEYIS ORAL TABLET	3	PA
<b>Cariostatic Agents</b>		
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
<b>Complement Inhibitors</b>		
BERINERT INTRAVENOUS KIT	3	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
FIRAZYR SUBCUTANEOUS SOLUTION	3	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
<i>icatibant acetate subcutaneous solution</i>	1	PA; QL (27 ML per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA
<b>Disease-Modifying Antirheumatic Drugs</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ARAVA ORAL TABLET	3	
CIMZIA PREFILLED SUBCUTANEOUS KIT	3	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	2	PA; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	2	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA; QL (6 EA per 365 days)

Drug Name	Tier	Requirements
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA; QL (4 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; QL (12 EA per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	PA; QL (6 EA per 365 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; QL (6 EA per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA; QL (8 EA per 365 days)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	PA; QL (6 EA per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	2	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>leflunomide oral tablet</i>	1	
OLUMIANT ORAL TABLET	3	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
OTEZLA ORAL TABLET	3	PA
OTEZLA ORAL TABLET THERAPY PACK	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XELJANZ ORAL SOLUTION	2	PA
XELJANZ ORAL TABLET	2	PA



Drug Name	Tier	Requirements
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
<b>Immunomodulatory Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	
AUBAGIO ORAL TABLET	3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	QL (1 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	3	ST; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	3	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	ST; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	ST; QL (12 ML per 28 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	QL (60 EA per 30 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
EXTAVIA SUBCUTANEOUS KIT	3	ST; QL (15 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	3	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	1	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (6 ML per 365 days)
MAYZENT ORAL TABLET	3	ST
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	ST
PONVORY ORAL TABLET	3	ST; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	3	ST; QL (28 EA per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (8.4 ML per 365 days)

Drug Name	Tier	Requirements
TECFIDERA ORAL	3	QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	3	QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	3	QL (60 EA per 30 days)
THALOMID ORAL CAPSULE	3	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	ST
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	ST
ZEPOSIA ORAL CAPSULE	3	ST
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	3	ST
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
AZASAN ORAL TABLET	3	PA
<i>azathioprine oral tablet 50 mg</i>	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
CELLCEPT ORAL CAPSULE	3	PA
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	PA
CELLCEPT ORAL TABLET	3	PA
<i>cyclosporine modified oral capsule</i>	1	PA
<i>cyclosporine modified oral solution</i>	1	PA
<i>cyclosporine oral capsule</i>	1	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	PA
GENGRAF ORAL SOLUTION	1	PA
IMURAN ORAL TABLET	3	PA
LUPKYNIS ORAL CAPSULE	3	PA; QL (180 EA per 30 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	ST
<i>mycophenolate mofetil oral capsule</i>	1	PA

Drug Name	Tier	Requirements
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	PA
<i>mycophenolate mofetil oral tablet</i>	1	PA
<i>mycophenolate sodium oral tablet delayed release</i>	1	PA
MYFORTIC ORAL TABLET DELAYED RELEASE	3	PA
NEORAL ORAL CAPSULE	3	PA
NEORAL ORAL SOLUTION	3	PA
PROGRAF ORAL CAPSULE	3	PA
PROGRAF ORAL PACKET	3	PA
RAPAMUNE ORAL SOLUTION	3	PA
RAPAMUNE ORAL TABLET	3	PA
SANDIMMUNE ORAL CAPSULE	3	PA
SANDIMMUNE ORAL SOLUTION	3	PA
<i>sirolimus oral solution</i>	1	PA
<i>sirolimus oral tablet</i>	1	PA
<i>tacrolimus oral capsule</i>	1	PA
ZORTRESS ORAL TABLET	3	PA
<b>Miscellaneous Therapeutic Agents</b>		
ORLADEYO ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
<b>Other Miscellaneous Therapeutic Agents</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL (60 EA per 30 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CERDELGA ORAL CAPSULE	3	PA
CYSTADANE ORAL POWDER	3	
CYSTAGON ORAL CAPSULE	3	
<i>dalfampridine er oral tablet extended release 12 hour</i>	1	PA; QL (60 EA per 30 days)
DEMSEER ORAL CAPSULE	3	
ELMIRON ORAL CAPSULE	3	
ENDARI ORAL PACKET	3	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2.34 ML per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA
FIRDAPSE ORAL TABLET	3	PA
GALAFOLD ORAL CAPSULE	3	PA; QL (14 EA per 28 days)
ISTURISA ORAL TABLET 1 MG	3	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	3	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	3	PA; QL (60 EA per 30 days)
KUVAN ORAL PACKET	3	

Drug Name	Tier	Requirements
KUVAN ORAL TABLET	3	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>metyrosine oral capsule</i>	3	
<i>miglustat oral capsule</i>	1	PA
<i>nitisinone oral capsule</i>	1	
NITYR ORAL TABLET	3	
ORFADIN ORAL CAPSULE	3	
ORFADIN ORAL SUSPENSION	3	
PROCYSBI ORAL PACKET	3	PA
REZUROCK ORAL TABLET	3	
RUZURGI ORAL TABLET	3	PA
THIOLA EC ORAL TABLET DELAYED RELEASE	3	
THIOLA ORAL TABLET	3	
<i>tiopronin oral tablet</i>	3	
TYBOST ORAL TABLET	2	QL (30 EA per 30 days)
XURIDEN ORAL PACKET	3	
ZAVESCA ORAL CAPSULE	3	PA
<b>Protective Agents</b>		
MESNEX ORAL TABLET	3	
<b>Ophthalmic Agents - Drugs Used In The Eye To Treat Eye Conditions</b>		
<b>Ophthalmic Agents, Other</b>		
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; QL (20 ML per 28 days)
<b>Respiratory Tract Agents</b>		
<b>Antifibrotic Agents</b>		
ESBRIET ORAL CAPSULE	3	PA
ESBRIET ORAL TABLET	3	PA
OFEV ORAL CAPSULE	3	PA
<b>Anti-Inflammatory Agents</b>		
ACCOLATE ORAL TABLET	3	QL (60 EA per 30 days)
<i>cromolyn sodium inhalation nebulization solution</i>	1	PA
<i>cromolyn sodium oral concentrate</i>	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
GASTROCROM ORAL CONCENTRATE	3	
<i>montelukast sodium oral packet</i>	1	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<i>montelukast sodium oral tablet</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	1	QL (30 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SINGULAIR ORAL PACKET	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET CHEWABLE	3	QL (30 EA per 30 days)
<i>zafirlukast oral tablet</i>	1	QL (60 EA per 30 days)
<i>zileuton er oral tablet extended release 12 hour</i>	1	QL (120 EA per 30 days)
ZYFLO ORAL TABLET	3	QL (120 EA per 30 days)
<b><i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i></b>		
KALYDECO ORAL PACKET	3	PA
KALYDECO ORAL TABLET	3	PA
ORKAMBI ORAL PACKET	3	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	3	PA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK	3	PA
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA
<b><i>Mucolytic Agents</i></b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	PA
<b><i>Phosphodiesterase Type 4 Inhibitors</i></b>		
DALIRESP ORAL TABLET	3	
<b><i>Respiratory Tract Agents, Miscellaneous</i></b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA
BRONCHITOL INHALATION CAPSULE	3	PA; QL (560 EA per 28 days)
GLASSIA INTRAVENOUS SOLUTION	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
<b><i>Vasodilating Agents</i></b>		
ADEMPAS ORAL TABLET	3	PA
<i>ambrisentan oral tablet</i>	1	PA
<i>bosentan oral tablet</i>	1	PA
LETAIRIS ORAL TABLET	3	PA

Drug Name	Tier	Requirements
OPSUMIT ORAL TABLET	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA
TRACLEER ORAL TABLET	3	PA
TRACLEER ORAL TABLET SOLUBLE	3	PA
UPTRAVI ORAL TABLET	3	PA
UPTRAVI ORAL TABLET THERAPY PACK	3	PA
VENTAVIS INHALATION SOLUTION	3	PA; QL (270 ML per 30 days)

### Respiratory Tract/Pulmonary Agents - Drugs Used To Manage Conditions In The Lungs

#### Respiratory Tract Agents, Other

TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH	2	QL (60 EA per 30 days)
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### Skin And Mucous Membrane Preparations

#### Anti-Infectives

ACANYA EXTERNAL GEL	3	
<i>acyclovir external cream</i>	1	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	1	QL (30 GM per 30 days)
ALTABAX EXTERNAL OINTMENT	3	ST
AMZEEQ EXTERNAL FOAM	3	
BENZACLIN WITH PUMP EXTERNAL GEL	3	
BENZAMYCIN EXTERNAL GEL	3	
<i>benzoyl peroxide-erythromycin external gel</i>	1	
<i>ciclopirox external gel</i>	1	
<i>ciclopirox external shampoo</i>	1	
<i>ciclopirox external solution</i>	1	
<i>ciclopirox olamine external cream</i>	1	
<i>ciclopirox olamine external suspension</i>	1	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLEOCIN-T EXTERNAL LOTION	3	
CLINDACIN-P EXTERNAL SWAB	1	
CLINDAGEL EXTERNAL GEL	3	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external foam</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate vaginal cream</i>	1	

Drug Name	Tier	Requirements
CLINDESSE VAGINAL CREAM	3	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
<i>clotrimazole-betamethasone external lotion</i>	1	
DENAVIR EXTERNAL CREAM	3	QL (5 GM per 30 days)
<i>econazole nitrate external cream</i>	3	
ERTACZO EXTERNAL CREAM	3	
<i>ery external pad</i>	1	
ERYGEL EXTERNAL GEL	3	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
EVOCLIN EXTERNAL FOAM	3	
EXTINA EXTERNAL FOAM	3	
<i>gentamicin sulfate external cream</i>	1	
<i>gentamicin sulfate external ointment</i>	1	
GYNAZOLE-1 VAGINAL CREAM	1	
<i>ivermectin external cream</i>	1	
JUBLIA EXTERNAL SOLUTION	3	
KERYDIN EXTERNAL SOLUTION	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
KETODAN EXTERNAL FOAM	1	
KLARON EXTERNAL LOTION	3	
<i>lindane external shampoo</i>	1	
LOPROX EXTERNAL CREAM	3	
LOPROX EXTERNAL SHAMPOO	3	
<i>luliconazole external cream</i>	3	
LUZU EXTERNAL CREAM	3	
<i>mafenide acetate external packet</i>	1	
<i>malathion external lotion</i>	3	
MENTAX EXTERNAL CREAM	3	
METROCREAM EXTERNAL CREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION EXTERNAL LOTION	3	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole external lotion</i>	1	

Drug Name	Tier	Requirements
<i>metronidazole vaginal gel</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mupirocin calcium external cream</i>	3	
<i>mupirocin external ointment</i>	1	
<i>naftifine hcl external cream</i>	1	
NAFTIN EXTERNAL GEL	3	
NATROBA EXTERNAL SUSPENSION	3	
NEUAC EXTERNAL GEL	1	
NORITATE EXTERNAL CREAM	3	
NYAMYC EXTERNAL POWDER	1	
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
<i>nystatin external powder</i>	1	
NYSTOP EXTERNAL POWDER	1	
ONEXTON EXTERNAL GEL	3	
ORAVIG BUCCAL TABLET	3	
OVIDE EXTERNAL LOTION	3	
<i>oxiconazole nitrate external cream</i>	1	
OXISTAT EXTERNAL CREAM	3	
OXISTAT EXTERNAL LOTION	3	
<i>permethrin external cream</i>	1	
<i>selenium sulfide external lotion</i>	1	
SILVADENE EXTERNAL CREAM	3	
<i>silver sulfadiazine external cream</i>	1	
SOOLANTRA EXTERNAL CREAM	3	
<i>spinosad external suspension</i>	1	
SSD EXTERNAL CREAM	1	
<i>sulfacetamide sodium (acne) external lotion</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
SULFAMYLON EXTERNAL PACKET	3	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
VANAZOLE VAGINAL GEL	1	
XEPI EXTERNAL CREAM	3	ST
XERESE EXTERNAL CREAM	3	
XOLEGEL EXTERNAL GEL	3	
ZILXI EXTERNAL FOAM	3	
ZOVIRAX EXTERNAL CREAM	3	QL (5 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT	3	QL (30 GM per 30 days)



Drug Name	Tier	Requirements
<b>Anti-Inflammatory Agents</b>		
ALA SCALP EXTERNAL LOTION	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate external cream</i>	1	
<i>alclometasone dipropionate external ointment</i>	1	
<i>amcinonide external cream</i>	1	
<i>amcinonide external lotion</i>	1	
<i>amcinonide external ointment</i>	1	
ANUSOL-HC EXTERNAL CREAM	3	
APEXICON E EXTERNAL CREAM	1	
BESER EXTERNAL LOTION	1	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external foam</i>	3	
<i>betamethasone valerate external lotion</i>	1	
<i>betamethasone valerate external ointment</i>	1	
BRYHALI EXTERNAL LOTION	3	
<i>calcipotriene-betameth diprop external ointment</i>	3	
<i>calcipotriene-betameth diprop external suspension</i>	3	
CAPEX EXTERNAL SHAMPOO	3	
<i>clobetasol propionate e external cream</i>	1	
<i>clobetasol propionate emulsion external foam</i>	3	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external foam</i>	3	
<i>clobetasol propionate external gel</i>	1	
<i>clobetasol propionate external liquid</i>	3	
<i>clobetasol propionate external lotion</i>	3	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX EXTERNAL LOTION	3	
CLOBEX EXTERNAL SHAMPOO	3	
CLOBEX SPRAY EXTERNAL LIQUID	3	
<i>clocortolone pivalate external cream</i>	1	

Drug Name	Tier	Requirements
CLODRAN EXTERNAL SHAMPOO	1	
CLODERM EXTERNAL CREAM	3	
CORDRAN EXTERNAL CREAM	3	
CORDRAN EXTERNAL LOTION	3	
CORDRAN EXTERNAL OINTMENT	3	
CORDRAN EXTERNAL TAPE	3	
CUTIVATE EXTERNAL LOTION	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	3	
DESONATE EXTERNAL GEL	3	
<i>desonide external cream</i>	1	
<i>desonide external gel</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
DESOWEN EXTERNAL CREAM	3	
<i>desoximetasone external cream</i>	1	
<i>desoximetasone external gel</i>	3	
<i>desoximetasone external liquid</i>	3	
<i>desoximetasone external ointment</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	3	PA
<i>diclofenac sodium external solution</i>	3	
<i>diflorasone diacetate external cream</i>	3	
<i>diflorasone diacetate external ointment</i>	3	
DIPROLENE EXTERNAL OINTMENT	3	
DUOBRII EXTERNAL LOTION	3	
ENSTILAR EXTERNAL FOAM	3	
EUCRISA EXTERNAL OINTMENT	3	PA
<i>fluocinolone acetonide external cream</i>	1	
<i>fluocinolone acetonide external ointment</i>	1	
<i>fluocinolone acetonide external solution</i>	1	
<i>fluocinolone acetonide scalp external oil</i>	1	
<i>fluocinonide emulsified base external cream</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.1 %</i>	3	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide external cream</i>	3	
<i>flurandrenolide external lotion</i>	3	
<i>flurandrenolide external ointment</i>	3	

Drug Name	Tier	Requirements
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external lotion</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halcinonide external cream</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external foam</i>	3	
<i>halobetasol propionate external ointment</i>	1	
HALOG EXTERNAL CREAM	3	
HALOG EXTERNAL OINTMENT	3	
HALOG EXTERNAL SOLUTION	3	
<i>hydrocortisone butyrate external cream</i>	3	
<i>hydrocortisone butyrate external lotion</i>	3	
<i>hydrocortisone butyrate external ointment</i>	3	
<i>hydrocortisone butyrate external solution</i>	3	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone valerate external cream</i>	1	
<i>hydrocortisone valerate external ointment</i>	1	
IMPEKLO EXTERNAL LOTION	3	
KENALOG EXTERNAL AEROSOL SOLUTION	3	
LEXETTE EXTERNAL FOAM	3	
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM EXTERNAL CREAM	3	
LUXIQ EXTERNAL FOAM	3	
<i>mometasone furoate external cream</i>	1	
<i>mometasone furoate external ointment</i>	1	
<i>mometasone furoate external solution</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
NOLIX EXTERNAL CREAM	3	
NOLIX EXTERNAL LOTION	3	
<i>nystatin-triamcinolone external cream</i>	3	
<i>nystatin-triamcinolone external ointment</i>	1	
OLUX EXTERNAL FOAM	3	
OLUX-E EXTERNAL FOAM	3	
PANDEL EXTERNAL CREAM	3	
PENNSAID EXTERNAL SOLUTION	3	
<i>prednicarbate external ointment</i>	1	
PROCTO-MED HC EXTERNAL CREAM	1	

Drug Name	Tier	Requirements
PROCTO-PAK EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
<i>psorcon external cream</i>	3	
SYNALAR EXTERNAL CREAM	3	
TACLONEX EXTERNAL OINTMENT	3	
TACLONEX EXTERNAL SUSPENSION	3	
TEMOVATE EXTERNAL CREAM	3	
TEXACORT EXTERNAL SOLUTION	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY EXTERNAL LIQUID	3	
TOVET EXTERNAL FOAM	3	
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment</i>	1	
<i>triamcinolone acetonide mouth/throat paste</i>	1	
TRIANEX EXTERNAL OINTMENT	1	
TRIDERM EXTERNAL CREAM	1	
UCERIS RECTAL FOAM	3	
ULTRAVATE EXTERNAL LOTION	3	
VANOS EXTERNAL CREAM	3	
VERDESO EXTERNAL FOAM	3	
<b>Antipruritics And Local Anesthetics</b>		
<i>doxepin hcl external cream</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>lidocaine external ointment 5 %</i>	3	
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	1	
<i>lidocaine viscous hcl mouth/throat solution</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDODERM EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
PLIAGLIS EXTERNAL CREAM	3	
PRUDOXIN EXTERNAL CREAM	3	
ZONALON EXTERNAL CREAM	3	
ZTLIDO EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
<b>Cell Stimulants And Proliferants</b>		
ALTRENO EXTERNAL LOTION	3	PA
ATRALIN EXTERNAL GEL	3	PA

Drug Name	Tier	Requirements
AVITA EXTERNAL CREAM	1	PA
AVITA EXTERNAL GEL	1	PA
RETIN-A EXTERNAL CREAM	3	PA
RETIN-A EXTERNAL GEL	3	PA
RETIN-A MICRO EXTERNAL GEL	3	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA
<i>tretinoin external cream</i>	1	PA
<i>tretinoin external gel</i>	1	PA
<i>tretinoin microsphere external gel</i>	3	PA
<b>Depigmenting And Pigmenting Agents</b>		
<i>methoxsalen rapid oral capsule</i>	1	
<b>Emollients, Demulcents, And Protectants</b>		
<i>ammonium lactate external cream</i>	1	
<i>ammonium lactate external lotion</i>	1	
<b>Skin And Mucous Membrane Agents, Misc</b>		
ABSORICA LD ORAL CAPSULE	3	
ABSORICA ORAL CAPSULE	3	
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	3	
<i>acitretin oral capsule</i>	3	
ACZONE EXTERNAL GEL	3	
<i>adapalene external cream</i>	3	PA
<i>adapalene external gel</i>	3	PA
<i>adapalene external pad</i>	3	PA
<i>adapalene external solution</i>	1	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	PA
AKLIEF EXTERNAL CREAM	3	PA
ALDARA EXTERNAL CREAM	3	
AMNESTEEM ORAL CAPSULE	3	
ARAZLO EXTERNAL LOTION	3	
<i>azelaic acid external gel</i>	1	
AZELEX EXTERNAL CREAM	3	
<i>calcipotriene external cream</i>	3	
<i>calcipotriene external foam</i>	3	
<i>calcipotriene external ointment</i>	3	
<i>calcipotriene external solution</i>	3	
<i>calcitriol external ointment</i>	1	
CARAC EXTERNAL CREAM	3	
CLARAVIS ORAL CAPSULE	3	
<i>clindamycin-tretinoin external gel</i>	1	PA
CONDYLOX EXTERNAL GEL	3	

Drug Name	Tier	Requirements
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	2	PA
<i>dapsone external gel</i>	1	
DIFFERIN EXTERNAL CREAM	3	PA
DIFFERIN EXTERNAL GEL 0.3 %	3	PA
DIFFERIN EXTERNAL LOTION	3	PA
DOVONEX EXTERNAL CREAM	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA
EFUDEX EXTERNAL CREAM	3	
ELIDEL EXTERNAL CREAM	3	
EPIDUO EXTERNAL GEL	3	PA
EPIDUO FORTE EXTERNAL GEL	3	PA
FABIOR EXTERNAL FOAM	3	
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	3	
FLUOROPLEX EXTERNAL CREAM	3	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>imiquimod external cream</i>	1	
<i>isotretinoin oral capsule</i>	3	
KLISYRI EXTERNAL OINTMENT	3	PA
MIRVASO EXTERNAL GEL	3	
MYORISAN ORAL CAPSULE	3	
ORACEA ORAL CAPSULE DELAYED RELEASE	3	ST
PANRETIN EXTERNAL GEL	3	
<i>pimecrolimus external cream</i>	1	
<i>podofilox external solution</i>	1	
PROTOPIC EXTERNAL OINTMENT	3	
QBREXZA EXTERNAL PAD	3	PA; QL (30 EA per 30 days)
RECTIV RECTAL OINTMENT	3	
REGRANEX EXTERNAL GEL	3	
RHOFADE EXTERNAL CREAM	3	

Drug Name	Tier	Requirements
SANTYL EXTERNAL OINTMENT	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
SORILUX EXTERNAL FOAM	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>tacrolimus external ointment</i>	3	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TARGRETIN EXTERNAL GEL	3	PA
<i>tazarotene external cream</i>	1	
<i>tazarotene external foam</i>	3	
TAZORAC EXTERNAL CREAM	3	
TAZORAC EXTERNAL GEL	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VALCHLOR EXTERNAL GEL	3	PA
VECTICAL EXTERNAL OINTMENT	3	
VELTIN EXTERNAL GEL	3	PA
VEREGEN EXTERNAL OINTMENT	3	
ZENATANE ORAL CAPSULE	3	
ZIANA EXTERNAL GEL	3	PA
ZYCLARA PUMP EXTERNAL CREAM	3	
<b>Sleep Disorder Agents - Drugs Used To Manage Sleep Disorders</b>		
<b><i>Wakefulness Promoting Agents</i></b>		
XYWAV ORAL SOLUTION	3	PA
<b>Smooth Muscle Relaxants</b>		
<b><i>Genitourinary Smooth Muscle Relaxants</i></b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	

Drug Name	Tier	Requirements
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST
DETROL ORAL TABLET	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	ST
<i>flavoxate hcl oral tablet</i>	1	
GELNIQUE TRANSDERMAL GEL 10 %	3	ST
GEMTESA ORAL TABLET	3	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	ST
<i>solifenacin succinate oral tablet</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	3	
<i>tolterodine tartrate oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>tropium chloride er oral capsule extended release 24 hour</i>	1	
<i>tropium chloride oral tablet</i>	1	
VESICARE LS ORAL SUSPENSION	3	
VESICARE ORAL TABLET	3	
<b>Respiratory Smooth Muscle Relaxants</b>		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour</i>	1	
<i>theophylline oral solution</i>	1	
<b>Vitamins</b>		
<b>Multivitamin Preparations</b>		
<i>prenatal oral tablet 27-1 mg</i>	1	
<b>Vitamin D</b>		
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	
<i>paricalcitol oral capsule</i>	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	



Drug Name	Tier	Requirements
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## Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Persian (Farsi):

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

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

### Urdu:

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

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

## Discrimination is Against the Law

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

This Plan provides:

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

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto: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 12/1/2021. For more recent information or other questions, please contact Keystone 65 Rx at 1-844-352-1699; Personal Choice 65 Rx at 1-888-879-4293; Select Option Rx at 1-888-678-7009; or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit [www.ibxmedicare.com](http://www.ibxmedicare.com).

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