

Keystone 65 Rx and Personal Choice 65SM Rx 2024 Formulary

(List of Covered Drugs)

PLEASE READ:

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

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This formulary was updated on **11/19/2024**. For more recent information or other questions, please contact Keystone 65 Rx at **1-800-645-3965** or Personal Choice 65 Rx at **1-888-718-3333** (TTY users should call **711**), seven days a week, 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 **ibxmedicare.com/formulary**.



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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Basic Rx HMO, Keystone 65 Select Rx HMO, Keystone 65 Preferred Rx HMO, Keystone 65 Focus Rx HMO-POS, Personal Choice 65 Rx PPO, Personal Choice 65 Prime Rx PPO, Personal Choice 65 Elite Rx PPO, or Personal Choice 65 Saver Rx PPO.

This document includes a list of the drugs (formulary) for our plan which is current as of **11/19/2024**. 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, 2025, and from time to time during the year.

What is the Keystone 65 Rx/Personal Choice 65 Rx Formulary?

A formulary is a list of covered drugs selected by Keystone 65 Rx and Personal Choice 65 Rx, 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 Keystone 65 Rx or Personal Choice 65 Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Keystone 65 Rx and Personal Choice 65 Rx, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

Changes that can affect you this year

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

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

Drugs removed from the market

If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception and you can also find information in the section below entitled “How do I request an exception to the Keystone 65 Rx and Personal Choice 65 Rx Formulary?”

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List each new benefit year for any changes to drug coverage.

The enclosed formulary is current as of **11/19/2024**. To get updated information about the drugs covered by Keystone 65 Rx and Personal Choice 65 Rx, please contact us. Our contact information appears on the front and back cover pages. In the event of a midyear non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 120. 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 that page and find the name of your drug in the first column of the list.

What are generic drugs?

Keystone 65 Rx and Personal Choice 65 Rx 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:** Keystone 65 Rx and Personal Choice 65 Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Keystone 65 Rx or Personal Choice 65 Rx before you fill your prescriptions. If you don't get approval, Keystone 65 Rx and Personal Choice 65 Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Keystone 65 Rx and Personal Choice 65 Rx limits the amount of the drug that Keystone 65 Rx and Personal Choice 65 Rx will cover. For example, Keystone 65 Rx and Personal Choice 65 Rx provides 60 tablets per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Keystone 65 Rx and Personal Choice 65 Rx 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, Keystone 65 Rx and Personal Choice 65 Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Keystone 65 Rx and Personal Choice 65 Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization 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 Keystone 65 Rx or Personal Choice 65 Rx to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the Keystone 65 Rx and Personal Choice 65 Rx's Formulary?" on page 4 for more 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 them to prescribe a similar drug that is covered by the Keystone 65 Rx and Personal Choice 65 Rx.
- You can ask Keystone 65 Rx or Personal Choice 65 Rx to make an exception and cover your drug. See below for more information about how to request an exception.

How do I request an exception to the Keystone 65 Rx/Personal Choice 65 Rx formulary?

You can ask Keystone 65 Rx and Personal Choice 65 Rx to make the following types of exceptions 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 pre-determined 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, unless the drug is 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, Keystone 65 Rx and Personal Choice 65 Rx 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, Keystone 65 Rx or Personal Choice 65 Rx will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. 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 for 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 change in 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 prescribed 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 Keystone 65 Rx or Personal Choice 65 Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Keystone 65 Rx or Personal Choice 65 Rx, please contact us. Our contact information, along with the date we last updated this formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week.

TTY users should call **1-877-486-2048**. Or, visit **medicare.gov**.

Keystone 65 Rx/Personal Choice 65 Rx Formulary

This formulary provides information about the drugs covered by Keystone 65 Rx and Personal Choice 65 Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 120.

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 Keystone 65 Rx or Personal Choice 65 Rx 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 covers 60 tablets per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the plan requires you to try certain drugs to treat your medical condition first 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. OptumRx® Home Delivery requires you to use 90 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.
- **Non-Formulary (NF):** If your drug has a "Non-Formulary" status, this means that your drug is not covered under your plan. In this case, you may request a Formulary Exception.

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

Drug Name	Tier	Requirements
Antihistamine Drugs		
First Generation Antihistamines		
<i>carbinoxamine maleate oral solution</i>	NF	
<i>carbinoxamine maleate oral tablet</i>	NF	
<i>clemastine fumarate oral syrup</i>	5	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	NF	
<i>cyproheptadine hcl oral syrup</i>	2	
<i>cyproheptadine hcl oral tablet</i>	2	
<i>promethazine hcl oral solution</i>	2	PA
<i>promethazine hcl oral tablet</i>	2	PA
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	PA
<i>promethazine vc oral syrup</i>	NF	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	PA
RYCLORA ORAL SOLUTION	NF	
RYVENT ORAL TABLET	NF	
Second Generation Antihistamines		
<i>cetirizine hcl oral solution 5 mg/5ml</i>	NF	
CLARINEX ORAL TABLET	NF	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible</i>	NF	
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
Anti-Infective Agents		
Anthelmintics		
<i>albendazole oral tablet</i>	5	
BILTRICIDE ORAL TABLET	NF	
EMVERM ORAL TABLET CHEWABLE	NF	
<i>ivermectin oral tablet</i>	2	
<i>praziquantel oral tablet</i>	2	
STROMECTOL ORAL TABLET	NF	
Antibacterials		
AEMCOLO ORAL TABLET DELAYED RELEASE	4	QL (12 EA per 30 days)
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	

Drug Name	Tier	Requirements
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
ARIKAYCE INHALATION SUSPENSION	5	PA
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	NF	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	NF	
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	5	
AZACTAM INJECTION SOLUTION RECONSTITUTED	NF	
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet</i>	2	
<i>aztreonam injection solution reconstituted 1 gm</i>	3	
<i>aztreonam injection solution reconstituted 2 gm</i>	5	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	NF	
AZULFIDINE ORAL TABLET	NF	
BACTRIM DS ORAL TABLET	NF	
BACTRIM ORAL TABLET	NF	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	NF	
BAXDELA ORAL TABLET	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION	5	PA
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
<i>cefaclor er oral tablet extended release 12 hour</i>	2	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	

Drug Name	Tier	Requirements
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	3	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	3	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	3	
<i>cefpodoxime proxetil oral tablet</i>	3	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	3	
<i>ceftazidime intravenous solution reconstituted</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>cephalexin oral tablet</i>	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	NF	
CIPRO ORAL TABLET 250 MG, 500 MG	NF	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	3	
<i>clarithromycin oral suspension reconstituted</i>	3	
<i>clarithromycin oral tablet</i>	2	
CLEOCIN ORAL CAPSULE	NF	
CLEOCIN ORAL SOLUTION RECONSTITUTED	NF	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	NF	

Drug Name	Tier	Requirements
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	5	
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	NF	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>daptomycin intravenous solution reconstituted</i>	5	
<i>demeclocycline hcl oral tablet</i>	2	
<i>dicloxacillin sodium oral capsule</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	QL (408 ML per 30 days)
DIFICID ORAL TABLET	5	QL (60 EA per 30 days)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	NF	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet</i>	3	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule</i>	3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	3	
<i>doxycycline monohydrate oral tablet</i>	3	
E.E.S. 400 ORAL TABLET	NF	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	NF	
<i>ertapenem sodium injection solution reconstituted</i>	4	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	NF	
ERY-TAB ORAL TABLET DELAYED RELEASE	NF	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	5	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral tablet delayed release</i>	3	

Drug Name	Tier	Requirements
FIRVANQ ORAL SOLUTION RECONSTITUTED	NF	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	3	
INVANZ INJECTION SOLUTION RECONSTITUTED	NF	
KITABIS PAK INHALATION NEBULIZATION SOLUTION	NF	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	QL (1680 ML per 28 days)
<i>linezolid oral tablet</i>	3	QL (56 EA per 28 days)
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	NF	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>neomycin sulfate oral tablet</i>	2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
NUZYRA ORAL TABLET	5	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	5	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	

Drug Name	Tier	Requirements
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	NF	
SEYSARA ORAL TABLET	NF	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET	5	PA; QL (6 EA per 30 days)
<i>streptomycin sulfate intramuscular solution reconstituted</i>	5	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	2	
TARGADOX ORAL TABLET	NF	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>tetracycline hcl oral capsule</i>	2	
<i>tigecycline intravenous solution reconstituted</i>	5	
TOBI INHALATION NEBULIZATION SOLUTION	NF	
TOBI PODHALER INHALATION CAPSULE	5	PA
<i>tobramycin inhalation nebulization solution</i>	5	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	NF	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	NF	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	NF	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	NF	
VANCOCIN ORAL CAPSULE	NF	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	4	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
ZEMDRI INTRAVENOUS SOLUTION	5	PA
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	NF	

Drug Name	Tier	Requirements
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	NF	
ZITHROMAX ORAL PACKET	NF	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NF	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NF	
ZITHROMAX TRI-PAK ORAL TABLET	NF	
ZITHROMAX Z-PAK ORAL TABLET	NF	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	NF	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	NF	
ZYVOX ORAL SUSPENSION RECONSTITUTED	NF	
ZYVOX ORAL TABLET	NF	
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA
<i>amphotericin b intravenous solution reconstituted</i>	2	PA
<i>amphotericin b liposome intravenous suspension reconstituted</i>	5	PA
ANCOBON ORAL CAPSULE	NF	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	NF	
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	3	
CRESEMBA ORAL CAPSULE	5	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	NF	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	NF	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	5	
<i>ketoconazole oral tablet</i>	2	

Drug Name	Tier	Requirements
<i>miconazole sodium intravenous solution reconstituted 100 mg</i>	3	
<i>miconazole sodium intravenous solution reconstituted 50 mg</i>	5	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	
NOXAFIL ORAL PACKET	5	PA
NOXAFIL ORAL SUSPENSION	5	PA
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>posaconazole oral suspension</i>	5	PA
<i>posaconazole oral tablet delayed release</i>	5	PA
SPORANOX ORAL CAPSULE	NF	
SPORANOX ORAL SOLUTION	NF	
<i>terbinafine hcl oral tablet</i>	2	
<i>tolsura oral capsule</i>	5	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	NF	
VFEND ORAL SUSPENSION RECONSTITUTED	NF	
VFEND ORAL TABLET	NF	
VIVJOA ORAL CAPSULE THERAPY PACK	NF	
<i>voriconazole intravenous solution reconstituted</i>	5	PA
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	4	
Antimycobacterials		
<i>cycloserine oral capsule</i>	5	
<i>dapsone oral tablet</i>	2	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	
<i>isoniazid oral tablet</i>	2	
MYCOBUTIN ORAL CAPSULE	NF	
<i>pretomanid oral tablet</i>	4	PA
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifabutin oral capsule</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	PA
TRECATOR ORAL TABLET	4	
Antiprotozoals		
<i>atovaquone oral suspension</i>	5	
<i>atovaquone-proguanil hcl oral tablet</i>	3	

Drug Name	Tier	Requirements
<i>benznidazole oral tablet</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	
COARTEM ORAL TABLET	4	
DARAPRIM ORAL TABLET	NF	
FLAGYL ORAL CAPSULE	NF	
HUMATIN ORAL CAPSULE	NF	
<i>hydroxychloroquine sulfate oral tablet</i>	2	
IMPAVIDO ORAL CAPSULE	5	QL (84 EA per 28 days)
KRINTAFEL ORAL TABLET	4	
LAMPIT ORAL TABLET	4	
MALARONE ORAL TABLET	NF	
<i>mefloquine hcl oral tablet</i>	2	
MEPRON ORAL SUSPENSION	NF	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	NF	
<i>nitazoxanide oral tablet</i>	5	
PENTAM INJECTION SOLUTION RECONSTITUTED	NF	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	PA
<i>pentamidine isethionate injection solution reconstituted</i>	2	
PLAQUENIL ORAL TABLET	NF	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet</i>	5	
QUALAQUIN ORAL CAPSULE	NF	
<i>quinine sulfate oral capsule</i>	2	PA
SOLOSEC ORAL PACKET	NF	
SOVUNA ORAL TABLET	NF	
<i>tinidazole oral tablet</i>	2	
Antivirals		
<i>abacavir sulfate oral solution</i>	2	
<i>abacavir sulfate oral tablet</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	2	QL (30 EA per 30 days)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	PA
<i>adefovir dipivoxil oral tablet</i>	4	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	4	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
BARACLUDE ORAL SOLUTION	NF	
BARACLUDE ORAL TABLET	NF	
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	5	
COMBIVIR ORAL TABLET	NF	
COMPLERA ORAL TABLET	5	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET	5	
EDURANT ORAL TABLET	5	QL (30 EA per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	
<i>emtricitabine oral capsule</i>	2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	NF	
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	3	QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (84 EA per 365 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (84 EA per 365 days)
EPIVIR ORAL SOLUTION	NF	
EPIVIR ORAL TABLET	NF	
EPZICOM ORAL TABLET	NF	
<i>etravirine oral tablet 100 mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet</i>	4	
<i>fosamprenavir calcium oral tablet</i>	5	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 EA per 30 days)
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days)
HARVONI ORAL PACKET 33.75-150 MG	5	PA; QL (168 EA per 365 days)

Drug Name	Tier	Requirements
HARVONI ORAL PACKET 45-200 MG	5	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (168 EA per 365 days)
INTELENCE ORAL TABLET 100 MG	5	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	
JULUCA ORAL TABLET	5	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	NF	
KALETRA ORAL TABLET 100-25 MG	NF	
KALETRA ORAL TABLET 200-50 MG	5	QL (120 EA per 30 days)
LAGEVRIO ORAL CAPSULE	4	QL (40 EA per 5 days)
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days)
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA; QL (168 EA per 365 days)
LEXIVA ORAL TABLET	NF	
LIVTENCITY ORAL TABLET	5	PA; QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
<i>maraviroc oral tablet</i>	5	
MAVYRET ORAL PACKET	5	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET	5	PA; QL (336 EA per 365 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	
NORVIR ORAL TABLET	NF	
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (60 EA per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	3	QL (540 ML per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	4	\$0 Copay; QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	4	\$0 Copay; QL (30 EA per 5 days)

Drug Name	Tier	Requirements
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PIFELTRO ORAL TABLET	5	
PREVYMIS ORAL TABLET	5	
PREZCOBIX ORAL TABLET	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 600 MG, 800 MG	NF	
PREZISTA ORAL TABLET 75 MG	4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 EA per 180 days)
RETROVIR ORAL CAPSULE	NF	
RETROVIR ORAL SYRUP	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	NF	
REYATAZ ORAL PACKET	5	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine hcl oral tablet</i>	2	
<i>ritonavir oral tablet</i>	3	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	4	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET	5	PA
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 28 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (5 EA per 28 days)
SYMFI LO ORAL TABLET	5	
SYMFI ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TAMIFLU ORAL CAPSULE	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NF	
<i>tenofovir disoproxil fumarate oral tablet</i>	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
TIVICAY PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days)
<i>trumeq pd oral tablet soluble</i>	5	QL (180 EA per 30 days)
TRUVADA ORAL TABLET	5	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	3	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	3	QL (60 EA per 30 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	NF	
VALCYTE ORAL TABLET	NF	
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	3	
VALTREX ORAL TABLET	NF	
VEMLIDY ORAL TABLET	5	
VIRACEPT ORAL TABLET 250 MG	5	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI ORAL TABLET	5	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	QL (2 EA per 28 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (1 EA per 28 days)
ZEPATIER ORAL TABLET	5	PA; QL (112 EA per 365 days)
ZIAGEN ORAL SOLUTION	NF	
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	QL (60 EA per 30 days)
Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet</i>	2	
HIPREX ORAL TABLET	NF	
MACROBID ORAL CAPSULE	NF	
MACRODANTIN ORAL CAPSULE	NF	
<i>methenamine hippurate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/5ml</i>	5	
<i>trimethoprim oral tablet</i>	2	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA

Drug Name	Tier	Requirements
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA
AFINITOR ORAL TABLET	5	PA
AKEEGA ORAL TABLET	5	PA
ALECENSA ORAL CAPSULE	5	PA
ALUNBRIG ORAL TABLET	5	PA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA
AUGTYRO ORAL CAPSULE 40 MG	5	PA
AYVAKIT ORAL TABLET	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>bexarotene oral capsule</i>	5	PA
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE	5	PA
BOSULIF ORAL TABLET	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	5	PA
CABOMETYX ORAL TABLET	5	PA
CALQUENCE ORAL CAPSULE	5	PA
CALQUENCE ORAL TABLET	5	PA
CAPRELSA ORAL TABLET	5	PA
CASODEX ORAL TABLET	NF	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA
COPIKTRA ORAL CAPSULE	5	PA
COTELLIC ORAL TABLET	5	PA
<i>cyclophosphamide oral capsule</i>	2	PA
<i>cyclophosphamide oral tablet</i>	4	PA
<i>dasatinib oral tablet</i>	5	PA
DAURISMO ORAL TABLET	5	PA
DROXIA ORAL CAPSULE	4	
ERIVEDGE ORAL CAPSULE	5	PA
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	4	PA
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA

Drug Name	Tier	Requirements
<i>everolimus oral tablet soluble</i>	5	PA
FOTIVDA ORAL CAPSULE	5	PA
FRUZAQLA ORAL CAPSULE	5	PA
GAVRETO ORAL CAPSULE	5	PA
<i>gefitinib oral tablet</i>	5	PA
GILOTRIF ORAL TABLET	5	PA
GLEEVEC ORAL TABLET	5	PA
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	PA
GLEOSTINE ORAL CAPSULE 100 MG	5	PA
HYDREA ORAL CAPSULE	NF	
<i>hydroxyurea oral capsule</i>	2	
IBRANCE ORAL CAPSULE	5	PA
IBRANCE ORAL TABLET	5	PA
ICLUSIG ORAL TABLET	5	PA
IDHIFA ORAL TABLET	5	PA
<i>imatinib mesylate oral tablet</i>	3	PA
IMBRUVICA ORAL CAPSULE	5	PA
IMBRUVICA ORAL SUSPENSION	5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA
INLYTA ORAL TABLET	5	PA
INQOVI ORAL TABLET	5	PA
INREBIC ORAL CAPSULE	5	PA
IRESSA ORAL TABLET	NF	
IWILFIN ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	PA
JAYPIRCA ORAL TABLET	5	PA
JYLAMVO ORAL SOLUTION	4	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE	5	PA
KRAZATI ORAL TABLET	5	PA
<i>lapatinib ditosylate oral tablet</i>	5	PA
LAZCLUZE ORAL TABLET	5	PA
<i>lenalidomide oral capsule</i>	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA

Drug Name	Tier	Requirements
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LEUKERAN ORAL TABLET	5	
LONSURF ORAL TABLET	5	PA
LORBRENA ORAL TABLET	5	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA
LYNPARZA ORAL TABLET	5	PA
LYSODREN ORAL TABLET	5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
MATULANE ORAL CAPSULE	5	
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA
MEKINIST ORAL TABLET	5	PA
MEKTOVI ORAL TABLET	5	PA
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet</i>	2	PA
NERLYNX ORAL TABLET	5	PA
NEXAVAR ORAL TABLET	5	PA
NILANDRON ORAL TABLET	NF	
<i>nilutamide oral tablet</i>	5	
NINLARO ORAL CAPSULE	5	PA
NUBEQA ORAL TABLET	5	PA
ODOMZO ORAL CAPSULE	5	PA
OGSIVEO ORAL TABLET	5	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA
OJEMDA ORAL TABLET	5	PA

Drug Name	Tier	Requirements
OJJAARA ORAL TABLET	5	PA
ONUREG ORAL TABLET	5	PA
ORSERDU ORAL TABLET	5	PA
<i>pazopanib hcl oral tablet</i>	5	PA
PEMAZYRE ORAL TABLET	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
POMALYST ORAL CAPSULE	5	PA
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA
RETEVMO ORAL CAPSULE	5	PA
RETEVMO ORAL TABLET	5	PA
REVLIMID ORAL CAPSULE	5	PA
REZLIDHIA ORAL CAPSULE	5	PA
ROZLYTREK ORAL CAPSULE	5	PA
ROZLYTREK ORAL PACKET	5	PA
RUBRACA ORAL TABLET	5	PA
RYDAPT ORAL CAPSULE	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA
SIKLOS ORAL TABLET 100 MG	4	
SIKLOS ORAL TABLET 1000 MG	5	
<i>sorafenib tosylate oral tablet</i>	5	PA
SPRYCEL ORAL TABLET	5	PA
STIVARGA ORAL TABLET	5	PA
<i>sunitinib malate oral capsule</i>	5	PA
SUTENT ORAL CAPSULE	5	PA
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA
TAFINLAR ORAL CAPSULE	5	PA
TAFINLAR ORAL TABLET SOLUBLE	5	PA
TAGRISSE ORAL TABLET	5	PA
TALZENNA ORAL CAPSULE	5	PA
TARGRETIN ORAL CAPSULE	NF	
TASIGNA ORAL CAPSULE	5	PA

Drug Name	Tier	Requirements
TAZVERIK ORAL TABLET	5	PA
TEPMETKO ORAL TABLET	5	PA
TIBSOVO ORAL TABLET	5	PA
TORPENZ ORAL TABLET	NF	
<i>tretinoin oral capsule</i>	5	
TREXALL ORAL TABLET	4	PA
TRUQAP ORAL TABLET	5	PA
TUKYSA ORAL TABLET	5	PA
TURALIO ORAL CAPSULE 125 MG	5	PA
TYKERB ORAL TABLET	5	PA
VANFLYTA ORAL TABLET	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 365 days)
VERZENIO ORAL TABLET	5	PA
VITRAKVI ORAL CAPSULE	5	PA
VITRAKVI ORAL SOLUTION	5	PA
VIZIMPRO ORAL TABLET	5	PA
VONJO ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET	5	PA
VOTRIENT ORAL TABLET	5	PA
WELIREG ORAL TABLET	5	PA
XALKORI ORAL CAPSULE	5	PA
XALKORI ORAL CAPSULE SPRINKLE	5	PA
XATMEP ORAL SOLUTION	4	PA
XOSPATA ORAL TABLET	5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA

Drug Name	Tier	Requirements
XTANDI ORAL CAPSULE	5	PA
XTANDI ORAL TABLET	5	PA
YONSA ORAL TABLET	5	PA
ZEJULA ORAL TABLET	5	PA
ZELBORAF ORAL TABLET	5	PA
ZOLINZA ORAL CAPSULE	5	PA
ZYDELIG ORAL TABLET	5	PA
ZYKADIA ORAL TABLET	5	PA
ZYTIGA ORAL TABLET	5	PA
Antitoxins, Immune Globulins, Toxoids, And Vaccines		
Allergenic Extracts		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	4	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	4	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	PA
Antitoxins And Immune Globulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PANZYGA INTRAVENOUS SOLUTION	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	2	
INFANRIX INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

Drug Name	Tier	Requirements
TDVAX INTRAMUSCULAR SUSPENSION	3	
TENIVAC INTRAMUSCULAR INJECTABLE	3	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
<i>bcg vaccine injection solution reconstituted</i>	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	3	PA
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOLE INJECTION INJECTABLE	3	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	3	PA

Drug Name	Tier	Requirements
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION	3	PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	PA
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
VAQTA INTRAMUSCULAR SUSPENSION	3	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION	4	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	NF	
<i>chlordiazepoxide-clidinium oral capsule</i>	4	PA
CUVPOSA ORAL SOLUTION	NF	
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	5	QL (2 EA per 30 days)
GLYCATTE ORAL TABLET	NF	
<i>glycopyrrolate oral solution</i>	2	

Drug Name	Tier	Requirements
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	PA
<i>ipratropium bromide nasal solution</i>	2	
LIBRAX ORAL CAPSULE	5	PA
<i>methscopolamine bromide oral tablet</i>	2	
ROBINUL ORAL TABLET	NF	
ROBINUL-FORTE ORAL TABLET	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule</i>	NF	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
YUPELRI INHALATION SOLUTION	5	PA
Autonomic Drugs, Miscellaneous		
NICOTROL INHALATION INHALER	4	
NICOTROL NS NASAL SOLUTION	4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	
Parasympathomimetic (Cholinergic) Agents		
ADLARITY TRANSDERMAL PATCH WEEKLY	NF	
ARICEPT ORAL TABLET	NF	
<i>bethanechol chloride oral tablet</i>	2	
<i>cevimeline hcl oral capsule</i>	3	
<i>donepezil hcl oral tablet</i>	2	
<i>donepezil hcl oral tablet dispersible</i>	2	
EVOXAC ORAL CAPSULE	NF	
EXELON TRANSDERMAL PATCH 24 HOUR	NF	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	3	
<i>galantamine hydrobromide oral solution</i>	2	
<i>galantamine hydrobromide oral tablet</i>	2	
MESTINON ORAL SOLUTION	NF	
MESTINON ORAL TABLET	NF	
MESTINON ORAL TABLET EXTENDED RELEASE	NF	
<i>pilocarpine hcl oral tablet</i>	2	
<i>pyridostigmine bromide er oral tablet extended release</i>	4	

Drug Name	Tier	Requirements
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet</i>	3	
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	4	
SALAGEN ORAL TABLET	NF	
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>baclofen oral solution 10 mg/5ml</i>	5	ST
<i>baclofen oral suspension</i>	NF	
<i>baclofen oral tablet</i>	2	
<i>carisoprodol oral tablet</i>	2	PA
<i>chlorzoxazone oral tablet</i>	NF	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	2	PA
<i>cyclobenzaprine hcl oral tablet</i>	2	PA
DANTRIUM ORAL CAPSULE 25 MG	NF	
<i>dantrolene sodium oral capsule</i>	2	
FEXMID ORAL TABLET	NF	
FLEQSUVY ORAL SUSPENSION	NF	
LORZONE ORAL TABLET	NF	
LYVISPAH ORAL PACKET	NF	
<i>metaxalone oral tablet</i>	4	PA
<i>methocarbamol oral tablet 1000 mg</i>	5	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	NF	
OZOBAX DS ORAL SOLUTION	5	ST
SOMA ORAL TABLET	NF	
TANLOR ORAL TABLET	NF	
<i>tizanidine hcl oral capsule</i>	2	
<i>tizanidine hcl oral tablet</i>	2	
ZANAFLEX ORAL CAPSULE	NF	
ZANAFLEX ORAL TABLET	NF	
Smoking Cessation Agents		
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	2	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	
DIBENZYLINE ORAL CAPSULE	NF	
<i>dihydroergotamine mesylate nasal solution</i>	4	QL (8 ML per 28 days)
<i>ergoloid mesylates oral tablet</i>	2	
FLOMAX ORAL CAPSULE	NF	

Drug Name	Tier	Requirements
MIGRANAL NASAL SOLUTION	NF	
<i>phenoxybenzamine hcl oral capsule</i>	5	
RAPAFLO ORAL CAPSULE	NF	
<i>silodosin oral capsule</i>	4	
<i>tamsulosin hcl oral capsule</i>	2	
TRUDHESA NASAL AEROSOL SOLUTION	5	QL (12 ML per 28 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
Sympathomimetic (Adrenergic) Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NF	
ADVAIR HFA INHALATION AEROSOL	3	QL (12 GM per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
AIRSUPRA INHALATION AEROSOL	NF	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	NF	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	2	
<i>arformoterol tartrate inhalation nebulization solution</i>	4	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	4	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	NF	
BROVANA INHALATION NEBULIZATION SOLUTION	5	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
<i>droxidopa oral capsule</i>	5	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector</i>	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	

Drug Name	Tier	Requirements
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	NF	
<i>fluticasone-salmeterol inhalation aerosol</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	4	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	4	PA
<i>ipratropium-albuterol inhalation solution</i>	2	PA
<i>levalbuterol hcl inhalation nebulization solution</i>	2	PA
<i>levalbuterol tartrate inhalation aerosol</i>	4	QL (30 GM per 30 days)
<i>lofexidine hcl oral tablet</i>	5	QL (480 EA per 30 days)
LUCEMYRA ORAL TABLET	5	QL (480 EA per 30 days)
<i>midodrine hcl oral tablet</i>	2	
NEFFY NASAL SOLUTION	NF	
NORTHERA ORAL CAPSULE	5	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	NF	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	5	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	NF	
<i>terbutaline sulfate oral tablet</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	NF	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
XOPENEX HFA INHALATION AEROSOL	NF	
Blood Formation,Coagulation & Thrombosis Agents		
Antithrombotic Agents		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	4	
Hematopoietic Agents		
ALVAIZ ORAL TABLET	NF	
XOLREMDI ORAL CAPSULE	NF	
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>tranexamic acid oral tablet</i>	2	
Antithrombotic Agents		
AGRYLIN ORAL CAPSULE	NF	
<i>anagrelide hcl oral capsule</i>	2	

Drug Name	Tier	Requirements
ARIXTRA SUBCUTANEOUS SOLUTION	NF	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	3	
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	5	QL (30 EA per 30 days)
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	4	
EFFIENT ORAL TABLET	NF	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
JANTOVEN ORAL TABLET	2	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NF	
PLAVIX ORAL TABLET 75 MG	NF	
PRADAXA ORAL CAPSULE	NF	
<i>prasugrel hcl oral tablet</i>	3	
SAVAYSA ORAL TABLET	NF	
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	QL (102 EA per 365 days)
ZONTIVITY ORAL TABLET	4	

Drug Name	Tier	Requirements
Blood Formation, Coagulation, And Thrombosis Agents, Misc.		
PYRUKYND ORAL TABLET	5	PA; QL (60 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days)
TAVALISSE ORAL TABLET	5	PA
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
DOPTELET ORAL TABLET	5	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML	NF	
EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
GRANIX SUBCUTANEOUS SOLUTION	5	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
MULPLETA ORAL TABLET	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (2.4 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	
NIVESTYM INJECTION SOLUTION	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA

Drug Name	Tier	Requirements
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 EA per 30 days)
<i>releuko subcutaneous solution prefilled syringe</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
Hemorrhologic Agents		
<i>pentoxifylline er oral tablet extended release</i>	2	
Blood Formation,Coagulation + Thrombosis		
Antithrombotic Agents		
PRADAXA ORAL PACKET	NF	
Hematopoietic Agents		
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (2.4 ML per 28 days)
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET	NF	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>doxazosin mesylate oral tablet</i>	2	
<i>prazosin hcl oral capsule</i>	2	
<i>terazosin hcl oral capsule</i>	1	
Antilipemic Agents		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
ATORVALIQ ORAL SUSPENSION	NF	
<i>atorvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral packet</i>	2	

Drug Name	Tier	Requirements
<i>cholestyramine oral packet</i>	3	
<i>colesevelam hcl oral packet</i>	NF	
<i>colesevelam hcl oral tablet</i>	3	
COLESTID ORAL TABLET	NF	
<i>colestipol hcl oral packet</i>	3	
<i>colestipol hcl oral tablet</i>	3	
CRESTOR ORAL TABLET	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	NF	
<i>ezetimibe oral tablet</i>	2	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, 134 mg, 200 mg, 43 mg, 67 mg</i>	3	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	3	
FENOGLIDE ORAL TABLET	NF	
<i>flolipid oral suspension</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	
<i>fluvastatin sodium oral capsule</i>	1	
<i>gemfibrozil oral tablet</i>	2	
<i>icosapent ethyl oral capsule</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
LIPITOR ORAL TABLET	NF	
LIPOFEN ORAL CAPSULE	NF	
LIVALO ORAL TABLET	3	
LOPID ORAL TABLET	NF	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA ORAL CAPSULE	NF	
NEXLETOL ORAL TABLET	4	PA
NEXLIZET ORAL TABLET	4	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	4	
<i>omega-3-acid ethyl esters oral capsule</i>	2	
<i>pitavastatin calcium oral tablet</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	2	

Drug Name	Tier	Requirements
QUESTRAN LIGHT ORAL POWDER	NF	
QUESTRAN ORAL POWDER	NF	
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)
<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)
TRILIPIX ORAL CAPSULE DELAYED RELEASE	NF	
VASCEPA ORAL CAPSULE	3	
VYTORIN ORAL TABLET	NF	
WELCHOL ORAL PACKET	NF	
WELCHOL ORAL TABLET	NF	
ZETIA ORAL TABLET	NF	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NF	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NF	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	2	
BETAPACE AF ORAL TABLET	NF	
<i>betaxolol hcl oral tablet</i>	2	
<i>bisoprolol fumarate oral tablet</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
BYSTOLIC ORAL TABLET	NF	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	3	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
COREG ORAL TABLET	NF	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>labetalol hcl oral tablet</i>	2	
LOPRESSOR ORAL TABLET	NF	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2	

Drug Name	Tier	Requirements
<i>metoprolol tartrate oral tablet</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet</i>	2	
<i>pindolol oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	3	
<i>propranolol hcl oral solution</i>	2	
<i>propranolol hcl oral tablet</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG	2	
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
SOTYLIZE ORAL SOLUTION	NF	
TENORETIC 100 ORAL TABLET	NF	
TENORETIC 50 ORAL TABLET	NF	
TENORMIN ORAL TABLET	NF	
<i>timolol maleate oral tablet</i>	2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>levamlodipine maleate oral tablet</i>	NF	
Calcium-Channel Blocking Agents		
<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	NF	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NF	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NF	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	

Drug Name	Tier	Requirements
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	NF	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr oral capsule extended release 24 hour</i>	2	
EXFORGE HCT ORAL TABLET	NF	
EXFORGE ORAL TABLET	NF	
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>isradipine oral capsule</i>	2	
KATERZIA ORAL SUSPENSION	NF	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NF	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
<i>nicardipine hcl oral capsule</i>	2	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nifedipine oral capsule</i>	2	
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine er oral tablet extended release 24 hour</i>	NF	
NORLIQVA ORAL SOLUTION	NF	
NORVASC ORAL TABLET	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML	5	
<i>olmesartan-amlodipine-hctz oral tablet</i>	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NF	
<i>telmisartan-amlodipine oral tablet</i>	1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	
TRIBENZOR ORAL TABLET	NF	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	3	
<i>verapamil hcl er oral tablet extended release</i>	2	

Drug Name	Tier	Requirements
<i>verapamil hcl oral tablet</i>	2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
Cardiac Drugs		
<i>amiodarone hcl oral tablet</i>	2	
CAMZYOS ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION	4	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)
<i>digoxin oral solution</i>	2	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	4	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide oral capsule</i>	3	
<i>flecainide acetate oral tablet</i>	2	
<i>ivabradine hcl oral tablet</i>	4	PA; QL (60 EA per 30 days)
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	NF	
<i>mexiletine hcl oral capsule</i>	2	
MULTAQ ORAL TABLET	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	
NORPACE ORAL CAPSULE	NF	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	4	
<i>propafenone hcl oral tablet</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>ranolazine er oral tablet extended release 12 hour</i>	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	NF	
TIKOSYN ORAL CAPSULE	NF	
VYNDAMAX ORAL CAPSULE	5	PA
VYNDAQEL ORAL CAPSULE	5	PA
Hypotensive Agents		
<i>clonidine er oral tablet extended release 24 hour</i>	NF	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	QL (120 EA per 30 days)
<i>clonidine hcl oral tablet</i>	2	
<i>clonidine transdermal patch weekly</i>	3	
<i>guanfacine hcl oral tablet</i>	2	
<i>hydralazine hcl oral tablet</i>	2	

Drug Name	Tier	Requirements
<i>minoxidil oral tablet</i>	2	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
VECAMYL ORAL TABLET	5	PA
Renin-Angiotensin-Aldosterone Sys Inhib		
ALDACTONE ORAL TABLET	NF	
<i>aliskiren fumarate oral tablet</i>	2	QL (30 EA per 30 days)
ALTACE ORAL CAPSULE	NF	
ATACAND HCT ORAL TABLET	NF	
ATACAND ORAL TABLET	NF	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NF	
AVAPRO ORAL TABLET	NF	
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	NF	
BENICAR ORAL TABLET	NF	
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
CAROSPIR ORAL SUSPENSION	NF	
COZAAR ORAL TABLET	NF	
DIOVAN HCT ORAL TABLET	NF	
DIOVAN ORAL TABLET	NF	
EDARBI ORAL TABLET	NF	
EDARBYCLOR ORAL TABLET	NF	
<i>enalapril maleate oral solution</i>	NF	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>eplerenone oral tablet</i>	3	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	1	
HYZAAR ORAL TABLET	NF	
INSPRA ORAL TABLET	NF	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	

Drug Name	Tier	Requirements
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NF	
MICARDIS HCT ORAL TABLET	NF	
MICARDIS ORAL TABLET	NF	
<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	
QBRELIS ORAL SOLUTION	NF	
<i>quinapril hcl oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>spironolactone oral suspension</i>	NF	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	2	
TEKTURNA ORAL TABLET	NF	
<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 solution</i>	NF	
<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	NF	
VASOTEC ORAL TABLET	NF	
ZESTORETIC ORAL TABLET	NF	
ZESTRIL ORAL TABLET	NF	
Sodium-Glucose (Sglt) Cotransporter Inhibitor		
INPEFA ORAL TABLET 400 MG	NF	
Vasodilating Agents		
ADCIRCA ORAL TABLET	5	PA
ALYQ ORAL TABLET	5	PA
BIDIL ORAL TABLET	NF	
CIALIS ORAL TABLET 2.5 MG, 5 MG	NF	
<i>dipyridamole oral tablet</i>	2	PA

Drug Name	Tier	Requirements
ISORDIL TITRADOSE ORAL TABLET	NF	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	
<i>isosorbide mononitrate oral tablet</i>	2	
LIQREV ORAL SUSPENSION	NF	
NITRO-BID TRANSDERMAL OINTMENT	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	NF	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
NITROLINGUAL TRANSLINGUAL SOLUTION	NF	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	4	
REVATIO ORAL TABLET	NF	
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (360 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	5	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
TADLIQ ORAL SUSPENSION	5	PA
VERQUVO ORAL TABLET	4	

Central Nervous System Agents

Analgesics And Antipyretics

<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NDS; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	NDS; QL (180 EA per 30 days)
ALLZITAL ORAL TABLET	NF	
<i>apap-caff-dihydrocodeine oral capsule</i>	2	NDS; QL (300 EA per 30 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE	NF	
ASCOMP-CODEINE ORAL CAPSULE	NF	NDS
BELBUCA BUCCAL FILM	NF	NDS
BUPAP ORAL TABLET 50-300 MG	NF	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 EA per 30 days)

Drug Name	Tier	Requirements
<i>buprenorphine transdermal patch weekly</i>	4	NDS; QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule</i>	4	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	4	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule</i>	4	PA; NDS; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	NF	NDS
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	2	NDS; QL (7.5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	NF	NDS
CAMBIA ORAL PACKET	NF	
CELEBREX ORAL CAPSULE	NF	
<i>celecoxib oral capsule</i>	2	
<i>codeine sulfate oral tablet</i>	NF	NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	NDS
DAYPRO ORAL TABLET	NF	
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	NF	NDS
<i>diclofenac epolamine external patch</i>	4	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral capsule</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	5	ST
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac potassium(migraine) oral packet</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	
<i>diclofenac sodium oral tablet delayed release</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral tablet</i>	2	
DILAUDID ORAL LIQUID	NF	NDS
DILAUDID ORAL TABLET	NF	NDS
ELYXYB ORAL SOLUTION	4	ST; QL (144 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NF	NDS
ESGIC ORAL TABLET	NF	
<i>etodolac er oral tablet extended release 24 hour</i>	4	
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>fenoprofen calcium oral capsule 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet</i>	NF	
<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</i>	2	PA; NDS; QL (15 EA per 30 days)

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

Drug Name	Tier	Requirements
<i>levorphanol tartrate oral tablet</i>	NF	NDS
LICART EXTERNAL PATCH 24 HOUR	NF	
LODINE ORAL TABLET	NF	
LOFENA ORAL TABLET	5	ST
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>meclofenamate sodium oral capsule</i>	NF	
<i>mefenamic acid oral capsule</i>	NF	
<i>meloxicam oral capsule</i>	NF	
<i>meloxicam oral tablet</i>	1	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	NF	NDS
<i>meperidine hcl oral solution</i>	NF	NDS
<i>meperidine hcl oral tablet 50 mg</i>	NF	NDS
<i>methadone hcl oral solution</i>	4	PA; NDS
<i>methadone hcl oral tablet</i>	4	PA; NDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	NDS; QL (150 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	4	PA; NDS; QL (30 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	4	NDS; QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg</i>	4	NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg</i>	4	PA; NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>	2	NDS; QL (1000 ML per 30 days)
<i>morphine sulfate oral tablet</i>	3	NDS; QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE	NF	NDS
<i>nabumetone oral tablet</i>	2	
NALFON ORAL CAPSULE 400 MG	NF	
NALFON ORAL TABLET	NF	
<i>nalocet oral tablet</i>	NF	NDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NF	
NAPROSYN ORAL SUSPENSION	NF	
<i>naproxen dr oral tablet delayed release 500 mg</i>	2	
<i>naproxen oral suspension</i>	5	
<i>naproxen oral tablet</i>	2	

Drug Name	Tier	Requirements
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	4	
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	NF	
<i>naproxen-esomeprazole mg oral tablet delayed release</i>	5	PA; QL (60 EA per 30 days)
<i>norgesic forte oral tablet</i>	NF	
NORGESIC ORAL TABLET	5	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	NDS
NUCYNTA ORAL TABLET	NF	NDS
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	5	PA
<i>oxaprozin oral tablet</i>	2	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	4	NDS; QL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	3	NDS; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	NDS; QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	3	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	3	PA; NDS; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	NF	NDS
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	NDS; QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	NF	NDS
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	4	NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	4	PA; NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	4	PA; NDS; QL (180 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	4	NDS; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	NF	NDS
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NF	NDS
<i>piroxicam oral capsule</i>	2	
<i>pregabalin er oral tablet extended release 24 hour</i>	NF	
PROLATE ORAL SOLUTION	5	ST; NDS; QL (900 ML per 30 days)
PROLATE ORAL TABLET	NF	NDS
QDOLO ORAL SOLUTION	5	ST; QL (2400 ML per 30 days)

Drug Name	Tier	Requirements
RELAFEN DS ORAL TABLET	5	ST
ROXICODONE ORAL TABLET 15 MG, 30 MG	NF	NDS
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	NF	NDS
SEGLENTIS ORAL TABLET	NF	NDS
SPRIX NASAL SOLUTION	NF	
SUBOXONE SUBLINGUAL FILM	NF	
<i>sulindac oral tablet</i>	2	
TENCON ORAL TABLET 50-325 MG	NF	
TOLECTIN 600 ORAL TABLET	NF	
<i>tolmetin sodium oral capsule</i>	NF	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	NDS
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	NF	NDS
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	NDS; QL (30 EA per 30 days)
<i>tramadol hcl oral solution</i>	NF	NDS
<i>tramadol hcl oral tablet 100 mg</i>	2	NDS; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 25 mg</i>	2	QL (480 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	NDS; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	NDS; QL (240 EA per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	NF	NDS
VIMOVO ORAL TABLET DELAYED RELEASE	5	PA; QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; NDS; QL (60 EA per 30 days)
ZIPSOR ORAL CAPSULE	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG	4	QL (120 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	4	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	4	QL (60 EA per 30 days)
Anorexigenic Agents And Respiratory And Cns Stimulants		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	NF	
<i>amphetamine sulfate oral tablet</i>	2	PA; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (60 EA per 30 days)
<i>amphet-dextroamphetamine 3-bead er oral capsule extended release 24 hour</i>	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
AZSTARYS ORAL CAPSULE	NF	
CONCERTA ORAL TABLET EXTENDED RELEASE	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	NF	
DAYTRANA TRANSDERMAL PATCH	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	NF	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	NF	
<i>dexmethylphenidate hcl oral tablet</i>	NF	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	NF	
<i>dextroamphetamine sulfate oral solution</i>	2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (150 EA per 30 days)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	NF	
EVEKEO ORAL TABLET	NF	
FOCALIN ORAL TABLET	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>lisdexamfetamine dimesylate oral capsule</i>	NF	
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	NF	
METADATE CD ORAL CAPSULE EXTENDED RELEASE	NF	
<i>methamphetamine hcl oral tablet</i>	NF	
METHYLIN ORAL SOLUTION	NF	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	NF	

Drug Name	Tier	Requirements
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release</i>	NF	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	NF	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	NF	
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	2	QL (180 EA per 30 days)
<i>methylphenidate transdermal patch</i>	NF	
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
NUVIGIL ORAL TABLET	NF	
PROCENTRA ORAL SOLUTION	NF	
PROVIGIL ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	NF	
RITALIN ORAL TABLET	NF	
SUNOSI ORAL TABLET	NF	
VYVANSE ORAL CAPSULE	NF	
VYVANSE ORAL TABLET CHEWABLE	NF	
WAKIX ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH	NF	
ZENZEDI ORAL TABLET	NF	
Anticonvulsants		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	
BRIVIACT ORAL SOLUTION	5	

Drug Name	Tier	Requirements
BRIVIACT ORAL TABLET	5	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	NF	
CELONTIN ORAL CAPSULE	NF	
<i>clobazam oral suspension</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NF	
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL PACKET	5	PA
<i>diazepam rectal gel</i>	2	
DILANTIN INFATABS ORAL TABLET CHEWABLE	NF	
DILANTIN ORAL CAPSULE	4	
DILANTIN ORAL SUSPENSION	NF	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
EPIDIOLEX ORAL SOLUTION	5	PA
EPITOL ORAL TABLET	2	
EPRONTIA ORAL SOLUTION	4	ST
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	5	
<i>felbamate oral tablet</i>	4	
FELBATOL ORAL TABLET	NF	
FINTEPLA ORAL SOLUTION	5	PA

Drug Name	Tier	Requirements
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE	NF	
KEPPRA ORAL SOLUTION	NF	
KEPPRA ORAL TABLET	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
KLONOPIN ORAL TABLET	NF	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide oral tablet</i>	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	
LAMICTAL ORAL TABLET	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NF	
LAMICTAL STARTER ORAL KIT	NF	
LAMICTAL XR ORAL KIT	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg</i>	NF	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine oral tablet dispersible</i>	2	
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	5	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet</i>	2	
LIBERVANT BUCCAL FILM	4	PA; QL (10 EA per 30 days)
LYRICA ORAL CAPSULE	NF	
LYRICA ORAL SOLUTION	NF	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
<i>methsuximide oral capsule</i>	4	

Drug Name	Tier	Requirements
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
MYSOLINE ORAL TABLET	NF	
NAYZILAM NASAL SOLUTION	5	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE	NF	
NEURONTIN ORAL SOLUTION	NF	
NEURONTIN ORAL TABLET	NF	
ONFI ORAL SUSPENSION	5	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	QL (60 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	4	
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	5	
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	5	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	NF	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	
SABRIL ORAL PACKET	NF	
SABRIL ORAL TABLET	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
SUBVENITE ORAL TABLET	2	
SUBVENITE STARTER KIT-BLUE ORAL KIT	2	
SUBVENITE STARTER KIT-GREEN ORAL KIT	5	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	NF	
TEGRETOL ORAL TABLET	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
<i>tiagabine hcl oral tablet</i>	4	
TOPAMAX ORAL TABLET	NF	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	NF	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	4	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	5	
<i>topiramate oral capsule sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
TRILEPTAL ORAL SUSPENSION	NF	
TRILEPTAL ORAL TABLET	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	5	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	NF	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	5	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	5	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	5	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	5	
<i>vigabatrin oral tablet</i>	5	
VIGADRONE ORAL PACKET	5	
VIGADRONE ORAL TABLET	5	
VIGAFYDE ORAL SOLUTION	5	ST
VIGPODER ORAL PACKET	5	
VIMPAT ORAL SOLUTION	5	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	
VIMPAT ORAL TABLET 50 MG	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	ST
XCOPRI ORAL TABLET	5	ST

Drug Name	Tier	Requirements
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	ST
ZARONTIN ORAL CAPSULE	NF	
ZARONTIN ORAL SOLUTION	NF	
ZONEGRAN ORAL CAPSULE	NF	
ZONISADE ORAL SUSPENSION	4	ST
<i>zonisamide oral capsule</i>	2	
ZTALMY ORAL SUSPENSION	5	PA
Antimanic Agents		
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	
<i>lithium oral solution</i>	2	
LITHOBID ORAL TABLET EXTENDED RELEASE	NF	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>almotriptan malate oral tablet</i>	2	QL (8 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	2	QL (6 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 30 days)
<i>ergotamine-caffeine oral tablet</i>	2	
FROVA ORAL TABLET	NF	
<i>frovatriptan succinate oral tablet</i>	2	QL (12 EA per 30 days)
IMITREX ORAL TABLET	NF	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	NF	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	NF	
MAXALT ORAL TABLET 10 MG	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NF	
MIGERGOT RECTAL SUPPOSITORY	5	
<i>naratriptan hcl oral tablet</i>	2	QL (8 EA per 30 days)

Drug Name	Tier	Requirements
NURTEC ORAL TABLET DISPERSIBLE	5	PA; QL (18 EA per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER	NF	
QULIPTA ORAL TABLET	NF	
RELPAX ORAL TABLET	NF	
REYVOW ORAL TABLET	NF	
<i>rizatriptan benzoate oral tablet</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	QL (32 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (8 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	2	QL (10 EA per 30 days)
TOSYMRA NASAL SOLUTION	4	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	NF	
UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
<i>zolmitriptan nasal solution 5 mg</i>	NF	
<i>zolmitriptan oral tablet</i>	2	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	2	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	NF	
ZOMIG ORAL TABLET	NF	
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
<i>apomorphine hcl subcutaneous solution cartridge</i>	5	PA
AZILECT ORAL TABLET	NF	
<i>benztropine mesylate oral tablet</i>	2	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	
<i>cabergoline oral tablet</i>	2	
<i>carbidopa oral tablet</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	

Drug Name	Tier	Requirements
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	
COMTAN ORAL TABLET	NF	
DHIVY ORAL TABLET 25-100 MG	NF	
DUOPA ENTERAL SUSPENSION	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	5	PA; QL (30 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	5	PA
<i>entacapone oral tablet</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
INBRIJA INHALATION CAPSULE	5	PA
LODOSYN ORAL TABLET	NF	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
ONGENTYS ORAL CAPSULE	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	NF	
PARLODEL ORAL CAPSULE	NF	
PARLODEL ORAL TABLET	NF	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>rasagiline mesylate oral tablet</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	
<i>ropinirole hcl oral tablet</i>	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE	NF	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NF	
STALEVO 100 ORAL TABLET	NF	
STALEVO 125 ORAL TABLET	NF	
STALEVO 150 ORAL TABLET	NF	
STALEVO 200 ORAL TABLET	NF	
STALEVO 50 ORAL TABLET	NF	
STALEVO 75 ORAL TABLET	NF	
TASMAR ORAL TABLET 100 MG	NF	
<i>tolcapone oral tablet</i>	5	
<i>trihexyphenidyl hcl oral solution</i>	2	

Drug Name	Tier	Requirements
<i>trihexyphenidyl hcl oral tablet</i>	2	
ZELAPAR ORAL TABLET DISPERSIBLE	5	
Anxiolytics, Sedatives, And Hypnotics		
<i>alprazolam er oral tablet extended release 24 hour</i>	NF	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam oral tablet dispersible</i>	NF	
AMBIEN CR ORAL TABLET EXTENDED RELEASE	NF	
AMBIEN ORAL TABLET	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG	5	ST; QL (90 EA per 30 days)
ATIVAN ORAL TABLET 2 MG	5	ST; QL (150 EA per 30 days)
BELSOMRA ORAL TABLET	3	QL (30 EA per 30 days)
<i>buspirone hcl oral tablet</i>	2	
<i>chlordiazepoxide hcl oral capsule</i>	NF	
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
DAYVIGO ORAL TABLET	4	PA; QL (30 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	2	QL (120 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	NF	
<i>estazolam oral tablet</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	4	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 3 mg</i>	4	PA; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	NF	
HALCION ORAL TABLET	NF	
HETLIOZ LQ ORAL SUSPENSION	5	PA
HETLIOZ ORAL CAPSULE	5	PA
<i>hydroxyzine hcl oral syrup</i>	NF	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate oral capsule</i>	NF	
LORAZEPAM INTENSOL ORAL CONCENTRATE	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	NF	
LUNESTA ORAL TABLET	NF	
<i>meprobamate oral tablet</i>	NF	
<i>oxazepam oral capsule</i>	2	QL (120 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	QL (1500 ML per 30 days)

Drug Name	Tier	Requirements
<i>phenobarbital oral tablet</i>	2	QL (90 EA per 30 days)
QUVIVIQ ORAL TABLET	NF	
<i>ramelteon oral tablet</i>	2	
RESTORIL ORAL CAPSULE	NF	
ROZEREM ORAL TABLET	NF	
<i>tasimelteon oral capsule</i>	5	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	QL (60 EA per 30 days)
<i>triazolam oral tablet</i>	2	QL (10 EA per 30 days)
VALIUM ORAL TABLET	NF	
VISTARIL ORAL CAPSULE 25 MG	NF	
XANAX ORAL TABLET	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>zaleplon oral capsule</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral capsule</i>	NF	
<i>zolpidem tartrate oral tablet 10 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	NF	
Central Nervous System Agents, Misc		
<i>acamprosate calcium oral tablet delayed release</i>	2	
<i>atomoxetine hcl oral capsule</i>	4	QL (30 EA per 30 days)
DAYBUE ORAL SOLUTION	5	PA; QL (3600 ML per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
LUMRYZ ORAL PACKET	5	PA; QL (30 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet</i>	2	
NAMENDA TITRATION PAK ORAL TABLET	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NOURIANZ ORAL TABLET	5	PA
NUEDEXTA ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA

Drug Name	Tier	Requirements
<i>riluzole oral tablet</i>	2	
<i>sodium oxybate oral solution</i>	5	PA; QL (540 ML per 30 days)
STRATTERA ORAL CAPSULE	NF	
TEGLUTIK ORAL SUSPENSION	5	
VEOZAH ORAL TABLET	NF	
XYREM ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
Fibromyalgia Agents		
SAVELLA ORAL TABLET	4	ST
SAVELLA TITRATION PACK ORAL	4	ST
Opiate Antagonists		
KLOXXADO NASAL LIQUID	NF	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet</i>	2	
OPVEE NASAL SOLUTION	NF	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	NF	
Opioid Antagonists		
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	2	
Psychotherapeutic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	5	PA
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG	5	PA; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG, 5 MG	5	PA; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (30 EA per 30 days)
ABILIFY ORAL TABLET	4	ST
<i>amitriptyline hcl oral tablet</i>	2	
<i>amoxapine oral tablet</i>	2	
ANAFRANIL ORAL CAPSULE	NF	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST
<i>aripiprazole oral solution</i>	2	

Drug Name	Tier	Requirements
<i>aripiprazole oral tablet</i>	3	
<i>aripiprazole oral tablet dispersible</i>	5	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	
<i>asenapine maleate sublingual tablet sublingual</i>	4	
AUVELITY ORAL TABLET EXTENDED RELEASE	4	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	3	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	
<i>bupropion hcl oral tablet</i>	2	
CAPLYTA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
CELEXA ORAL TABLET	NF	
<i>chlordiazepoxide-amitriptyline oral tablet</i>	NF	
<i>chlorpromazine hcl oral concentrate</i>	2	
<i>chlorpromazine hcl oral tablet</i>	4	
<i>citalopram hydrobromide oral capsule</i>	4	ST
<i>citalopram hydrobromide oral solution</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
<i>clomipramine hcl oral capsule</i>	4	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	
<i>clozapine oral tablet dispersible 200 mg</i>	5	
CLOZARIL ORAL TABLET 100 MG, 25 MG	NF	
COMPRO RECTAL SUPPOSITORY	2	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	NF	
<i>desipramine hcl oral tablet</i>	2	
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	2	
<i>doxepin hcl oral capsule</i>	2	
<i>doxepin hcl oral concentrate</i>	2	
<i>doxepin hcl oral tablet</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	ST
<i>duloxetine hcl oral capsule delayed release particles</i>	2	

Drug Name	Tier	Requirements
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	2	
FANAPT ORAL TABLET	5	ST
FANAPT TITRATION PACK ORAL TABLET	4	ST
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST
<i>fluoxetine hcl (pmd) oral tablet</i>	2	
<i>fluoxetine hcl oral capsule</i>	2	
<i>fluoxetine hcl oral capsule delayed release</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	2	
<i>fluoxetine hcl oral tablet</i>	2	
<i>fluphenazine decanoate injection solution</i>	2	
<i>fluphenazine hcl injection solution</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	
<i>fluvoxamine maleate oral tablet</i>	2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	NF	
GEODON ORAL CAPSULE	NF	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	NF	
<i>haloperidol decanoate intramuscular solution</i>	2	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	2	
<i>imipramine pamoate oral capsule</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	NF	

Drug Name	Tier	Requirements
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (1 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	QL (60 EA per 30 days)
LEXAPRO ORAL TABLET	NF	
<i>loxapine succinate oral capsule</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet dispersible</i>	2	
<i>molindone hcl oral tablet</i>	2	
NARDIL ORAL TABLET	NF	
<i>nefazodone hcl oral tablet</i>	2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	NF	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	2	
NUPLAZID ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	2	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet dispersible</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule</i>	4	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	3	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	3	QL (60 EA per 30 days)
PAMELOR ORAL CAPSULE	NF	
PARNATE ORAL TABLET	NF	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
<i>paroxetine mesylate oral capsule</i>	2	

Drug Name	Tier	Requirements
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
PAXIL ORAL SUSPENSION	NF	
PAXIL ORAL TABLET	NF	
<i>perphenazine oral tablet</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	
<i>phenelzine sulfate oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	2	
<i>protriptyline hcl oral tablet</i>	2	
PROZAC ORAL CAPSULE	NF	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	
<i>quetiapine fumarate oral tablet</i>	2	
REMERON ORAL TABLET 15 MG, 30 MG	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	NF	
REXULTI ORAL TABLET	5	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	5	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	
RISPERDAL ORAL SOLUTION	NF	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NF	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	4	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	5	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet dispersible</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	NF	
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST
SEROQUEL ORAL TABLET	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	

Drug Name	Tier	Requirements
<i>sertraline hcl oral capsule</i>	4	ST
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
SILENOR ORAL TABLET	NF	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	NF	
<i>thioridazine hcl oral tablet</i>	2	
<i>thiothixene oral capsule</i>	2	
<i>tranylcypromine sulfate oral tablet</i>	2	
<i>trazodone hcl oral tablet</i>	2	
<i>trifluoperazine hcl oral tablet</i>	2	
<i>trimipramine maleate oral capsule</i>	2	
TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	ST; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	ST; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	ST; QL (0.42 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	ST; QL (0.56 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	ST; QL (0.7 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	ST; QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	ST; QL (0.21 ML per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	4	ST; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	
<i>venlafaxine hcl oral tablet</i>	2	
VERSACLOZ ORAL SUSPENSION	5	
VIIBRYD ORAL TABLET	NF	
<i>vilazodone hcl oral tablet</i>	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST
<i>ziprasidone hcl oral capsule</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	2	
ZOLOFT ORAL CONCENTRATE	NF	
ZOLOFT ORAL TABLET	NF	

Drug Name	Tier	Requirements
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (30 EA per 30 days)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	NF	
ZYPREXA ORAL TABLET	NF	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	NF	
Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (56 EA per 365 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; QL (84 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days)
<i>tetrabenazine oral tablet</i>	4	PA
XENAZINE ORAL TABLET	NF	
Contraceptives		
Contraceptives		
PHEXXI VAGINAL GEL	NF	
Devices		
Devices		
BD INSULIN SYRINGE 29G X 1/2" 1 ML	3	
<i>gauze pads pad 2"x2"</i>	3	
<i>global alcohol prep ease pad</i>	3	
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml</i>	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
<i>qc pen needles 29g x 12mm</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	

Drug Name	Tier	Requirements
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>potassium citrate er oral tablet extended release</i>	2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	NF	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	NF	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	NF	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	NF	
BUPHENYL ORAL TABLET	NF	
CARBAGLU ORAL TABLET SOLUBLE	5	PA
<i>carglumic acid oral tablet soluble</i>	5	PA
<i>constulose oral solution</i>	2	
<i>enulose oral solution</i>	2	
<i>generlac oral solution</i>	2	
KRISTALOSE ORAL PACKET	NF	
<i>lactulose oral packet</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LITHOSTAT ORAL TABLET	4	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	NF	
PHEBURANE ORAL PELLET	5	QL (600 GM per 30 days)
RAVICTI ORAL LIQUID	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	NF	
Caloric Agents		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	PA

Drug Name	Tier	Requirements
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	PA
CLINISOL SF INTRAVENOUS SOLUTION	4	PA
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
DOJOLVI ORAL LIQUID	5	PA
INTRALIPID INTRAVENOUS EMULSION	4	PA
NUTRILIPID INTRAVENOUS EMULSION	4	PA
PLENAMINE INTRAVENOUS SOLUTION	4	PA
PREMASOL INTRAVENOUS SOLUTION 10 %	4	PA
PROSOL INTRAVENOUS SOLUTION	4	PA
TRAVASOL INTRAVENOUS SOLUTION	4	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	PA
Diuretics		
<i>amiloride hcl oral tablet</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL ORAL SUSPENSION	4	
DYRENIUM ORAL CAPSULE	NF	
EDECRIN ORAL TABLET	NF	
<i>ethacrynic acid oral tablet</i>	4	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	5	
<i>furosemide injection solution</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet</i>	2	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
JYNARQUE ORAL TABLET	5	PA
JYNARQUE ORAL TABLET THERAPY PACK	5	PA
LASIX ORAL TABLET	NF	
<i>metolazone oral tablet</i>	2	
SAMSCA ORAL TABLET	5	PA
SOAANZ ORAL TABLET	NF	
THALITONE ORAL TABLET	NF	
<i>tolvaptan oral tablet</i>	5	PA
<i>torsemide oral tablet</i>	2	

Drug Name	Tier	Requirements
<i>triamterene oral capsule</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
Ion-Removing Agents		
AURYXIA ORAL TABLET	5	PA
FOSRENOL ORAL PACKET	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NF	
KIONEX COMBINATION SUSPENSION	NF	
<i>lanthanum carbonate oral tablet chewable</i>	5	
LOKELMA ORAL PACKET	4	
REVELA ORAL PACKET	NF	
REVELA ORAL TABLET	NF	
<i>sevelamer carbonate oral packet</i>	4	
<i>sevelamer carbonate oral tablet</i>	2	
<i>sevelamer hcl oral tablet</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	2	
VELPHORO ORAL TABLET CHEWABLE	NF	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	5	
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	2	
Replacement Preparations		
<i>calcium acetate (phos binder) oral capsule</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/lI-%-%, 20-5-0.2 meq/lI-%-%, 20-5-0.45 meq/lI-%-%, 20-5-0.9 meq/lI-%-%, 30-5-0.45 meq/lI-%-%, 40-5-0.45 meq/lI-%-%, 40-5-0.9 meq/lI-%-%</i>	2	
<i>kcl-lactated ringers-d5w intravenous solution</i>	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	

Drug Name	Tier	Requirements
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	NF	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	3	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	3	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	
Uricosuric Agents		
<i>colchicine-probenecid oral tablet</i>	2	
<i>probenecid oral tablet</i>	2	
Enzymes		
Enzymes		
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
REVCovi INTRAMUSCULAR SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
ALOMIDE OPHTHALMIC SOLUTION	NF	
<i>azelastine hcl nasal solution 0.1 %</i>	3	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	2	ST
<i>bepotastine besilate ophthalmic solution</i>	NF	
BEPREVE OPHTHALMIC SOLUTION	NF	
<i>cromolyn sodium ophthalmic solution</i>	2	
DYMISTA NASAL SUSPENSION	NF	
<i>epinastine hcl ophthalmic solution</i>	2	
<i>olopatadine hcl nasal solution</i>	3	

Drug Name	Tier	Requirements
RYALTRIS NASAL SUSPENSION	NF	
ZERVIAE OPHTHALMIC SOLUTION	NF	
Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	
<i>acetazolamide oral tablet</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	NF	
AZOPT OPHTHALMIC SUSPENSION	NF	
<i>betaxolol hcl ophthalmic solution</i>	4	
BETIMOL OPHTHALMIC SOLUTION	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION	NF	
<i>bimatoprost ophthalmic solution</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	
<i>brinzolamide ophthalmic suspension</i>	2	
<i>carteolol hcl ophthalmic solution</i>	2	
COMBIGAN OPHTHALMIC SOLUTION	NF	
COSOPT OPHTHALMIC SOLUTION	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NF	
<i>dorzolamide hcl ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	
ISTALOL OPHTHALMIC SOLUTION	NF	
IYUZEH OPHTHALMIC SOLUTION	NF	
<i>latanoprost ophthalmic solution</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>methazolamide oral tablet</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION	3	
ROCKLATAN OPHTHALMIC SOLUTION	3	
SIMBRINZA OPHTHALMIC SUSPENSION	4	
<i>tafluprost (pf) ophthalmic solution</i>	NF	
<i>timolol maleate (once-daily) ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	

Drug Name	Tier	Requirements
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	NF	
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	NF	
TRAVATAN Z OPHTHALMIC SOLUTION	NF	
<i>travoprost (bak free) ophthalmic solution</i>	2	
VUITY OPHTHALMIC SOLUTION	4	PA
VYZULTA OPHTHALMIC SOLUTION	NF	
XALATAN OPHTHALMIC SOLUTION	NF	
XELPROS OPHTHALMIC EMULSION	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	NF	
Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	NF	
<i>bacitracin ophthalmic ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION	NF	
CETRAXAL OTIC SOLUTION	NF	
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
CILOXAN OPHTHALMIC OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>ciprofloxacin hcl otic solution</i>	2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	NF	
<i>erythromycin ophthalmic ointment</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	3	
NATACYN OPHTHALMIC SUSPENSION	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
NEO-POLYCIN OPHTHALMIC OINTMENT	2	
OCUFLOX OPHTHALMIC SOLUTION	NF	
<i>ofloxacin ophthalmic solution</i>	2	
<i>ofloxacin otic solution</i>	2	
OTOVEL OTIC SOLUTION	NF	
PERIOGARD MOUTH/THROAT SOLUTION	1	
POLYCIN OPHTHALMIC OINTMENT	2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	

Drug Name	Tier	Requirements
<i>sulfacetamide sodium ophthalmic ointment</i>	2	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>tobramycin ophthalmic solution</i>	2	
TOBREX OPHTHALMIC OINTMENT	4	
<i>trifluridine ophthalmic solution</i>	2	
VIGAMOX OPHTHALMIC SOLUTION	NF	
XDEMVIY OPHTHALMIC SOLUTION	NF	
ZIRGAN OPHTHALMIC GEL	4	
Anti-Inflammatory Agents		
ACULAR LS OPHTHALMIC SOLUTION	NF	
ACULAR OPHTHALMIC SOLUTION	NF	
ACUVAIL OPHTHALMIC SOLUTION	NF	
ALREX OPHTHALMIC SUSPENSION	NF	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	NF	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	NF	
BROMSITE OPHTHALMIC SOLUTION	NF	
CEQUA OPHTHALMIC SOLUTION	NF	
CIPRO HC OTIC SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>cyclosporine ophthalmic emulsion</i>	4	QL (60 EA per 30 days)
DERMOTIC OTIC OIL	NF	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>difluprednate ophthalmic emulsion</i>	4	
DUREZOL OPHTHALMIC EMULSION	NF	
EYSUVIS OPHTHALMIC SUSPENSION	4	PA
FLAC OTIC OIL	2	
FLAREX OPHTHALMIC SUSPENSION	NF	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluocinolone acetonide otic oil</i>	2	
<i>fluorometholone ophthalmic suspension</i>	3	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
<i>fluticasone propionate nasal suspension</i>	3	
FML FORTE OPHTHALMIC SUSPENSION	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION	NF	
<i>hydrocortisone-acetic acid otic solution</i>	2	
ILEVRO OPHTHALMIC SUSPENSION	4	
INVELTYS OPHTHALMIC SUSPENSION	NF	
<i>ketorolac tromethamine ophthalmic solution</i>	2	

Drug Name	Tier	Requirements
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX OPHTHALMIC SUSPENSION	NF	
LOTEMAX SM OPHTHALMIC GEL	4	
<i>loteprednol etabonate ophthalmic gel</i>	2	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
MAXIDEX OPHTHALMIC SUSPENSION	NF	
MAXITROL OPHTHALMIC OINTMENT	NF	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	NF	
<i>mometasone furoate nasal suspension</i>	4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension</i>	3	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	2	
NEVANAC OPHTHALMIC SUSPENSION	NF	
OMNARIS NASAL SUSPENSION	NF	
PRED FORTE OPHTHALMIC SUSPENSION	NF	
PRED MILD OPHTHALMIC SUSPENSION	NF	
<i>prednisolone acetate ophthalmic suspension</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	NF	
QNASL NASAL AEROSOL SOLUTION	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION	NF	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
VERKAZIA OPHTHALMIC EMULSION	NF	
VEVYE OPHTHALMIC SOLUTION	NF	
XHANCE NASAL EXHALER SUSPENSION	NF	
XIIDRA OPHTHALMIC SOLUTION	NF	
ZYLET OPHTHALMIC SUSPENSION	4	

Drug Name	Tier	Requirements
Eent Drugs, Miscellaneous		
<i>acetic acid otic solution</i>	2	
<i>apraclonidine hcl ophthalmic solution</i>	2	
CYSTADROPS OPHTHALMIC SOLUTION	5	PA; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION	5	PA; QL (60 ML per 28 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	NF	
MIEBO OPHTHALMIC SOLUTION	NF	
OXERVATE OPHTHALMIC SOLUTION	5	PA
TYRVAYA NASAL SOLUTION	NF	
Local Anesthetics		
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
Gastrointestinal Drugs		
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid</i>	NF	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
LOMOTIL ORAL TABLET	NF	
<i>loperamide hcl oral capsule</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE	NF	
XERMELO ORAL TABLET	5	PA
Antiemetics		
ANTIVERT ORAL TABLET 50 MG	NF	
ANTIVERT ORAL TABLET CHEWABLE	NF	
ANZEMET ORAL TABLET 50 MG	NF	
<i>aprepitant oral capsule 125 mg</i>	2	PA; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	2	PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	PA; QL (12 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE	NF	
DICLEGIS ORAL TABLET DELAYED RELEASE	NF	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	2	
<i>dronabinol oral capsule</i>	4	PA
EMEND ORAL CAPSULE 80 MG	NF	
EMEND ORAL SUSPENSION RECONSTITUTED	4	PA; QL (6 EA per 30 days)
EMEND TRI-PACK ORAL CAPSULE	NF	
<i>granisetron hcl oral tablet</i>	2	PA; QL (60 EA per 30 days)
MARINOL ORAL CAPSULE	NF	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>ondansetron hcl oral solution</i>	2	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA; QL (45 EA per 30 days)

Drug Name	Tier	Requirements
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	PA; QL (45 EA per 30 days)
SANCUSO TRANSDERMAL PATCH	5	ST; QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	2	
SYNDROS ORAL SOLUTION	5	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	NF	
<i>trimethobenzamide hcl oral capsule</i>	NF	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	PA
Anti-Inflammatory Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	
<i>alosetron hcl oral tablet 1 mg</i>	5	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>balsalazide disodium oral capsule</i>	3	
CANASA RECTAL SUPPOSITORY	5	
COLAZAL ORAL CAPSULE	NF	
DELZICOL ORAL CAPSULE DELAYED RELEASE	NF	
DIPENTUM ORAL CAPSULE	5	
LIALDA ORAL TABLET DELAYED RELEASE	NF	
LOTRONEX ORAL TABLET	NF	
<i>mesalamine er oral capsule extended release</i>	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	3	
<i>mesalamine oral capsule delayed release</i>	3	
<i>mesalamine oral tablet delayed release</i>	3	
<i>mesalamine rectal enema</i>	3	
<i>mesalamine rectal suppository</i>	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	NF	
ROWASA RECTAL KIT	NF	
Antulcer Agents And Acid Suppressants		
ACIPHEX ORAL TABLET DELAYED RELEASE	NF	
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	NF	
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	NF	
CARAFATE ORAL SUSPENSION	NF	
CARAFATE ORAL TABLET	NF	
<i>cimetidine oral tablet</i>	2	
CYTOTEC ORAL TABLET	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE	NF	
<i>dexlansoprazole oral capsule delayed release</i>	NF	

Drug Name	Tier	Requirements
<i>esomeprazole magnesium oral capsule delayed release</i>	4	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet</i>	4	QL (30 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
HELIDAC THERAPY ORAL	NF	
KONVOMEF ORAL SUSPENSION RECONSTITUTED	NF	
<i>lansoprazole oral capsule delayed release</i>	3	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	NF	
<i>misoprostol oral tablet</i>	2	
NEXIUM ORAL CAPSULE DELAYED RELEASE	NF	
NEXIUM ORAL PACKET	NF	
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet</i>	5	ST; QL (30 EA per 30 days)
<i>pantoprazole sodium oral packet</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
PEPCID ORAL TABLET	NF	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NF	
PRILOSEC ORAL PACKET	NF	
PROTONIX ORAL PACKET	NF	
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA ORAL CAPSULE	NF	
<i>rabeprazole sodium oral tablet delayed release</i>	4	ST; QL (30 EA per 30 days)
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	2	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	QL (168 EA per 180 days)
VOQUEZNA DUAL PAK ORAL THERAPY PACK	NF	
VOQUEZNA ORAL TABLET	NF	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	NF	
ZEGERID ORAL CAPSULE	NF	
Cathartics And Laxatives		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	2	

Drug Name	Tier	Requirements
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	NF	
MOVIPREP ORAL SOLUTION RECONSTITUTED	NF	
<i>na sulfate-k sulfate-mg sulf oral solution</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	2	
PLENVU ORAL SOLUTION RECONSTITUTED	NF	
SUFLAVE ORAL SOLUTION RECONSTITUTED	NF	
SUPREP BOWEL PREP KIT ORAL SOLUTION	NF	
SUTAB ORAL TABLET	3	
<i>Cholelitholytic Agents</i>		
CHENODAL ORAL TABLET	5	
IQIRVO ORAL TABLET	NF	
LIVDELZI ORAL CAPSULE	NF	
RELTONE ORAL CAPSULE	5	ST
URSO 250 ORAL TABLET	NF	
URSO FORTE ORAL TABLET	NF	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	5	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	3	
<i>Digestants</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	4	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT, 37000-97300 UNIT	5	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT	5	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT	4	
VIOKACE ORAL TABLET 10440-39150 UNIT	4	
VIOKACE ORAL TABLET 20880-78300 UNIT	5	
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, 60000-189600 UNIT	3	
<i>Gi Drugs, Miscellaneous</i>		
AMITIZA ORAL CAPSULE	NF	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA

Drug Name	Tier	Requirements
BYLVAY ORAL CAPSULE	5	PA
CHOLBAM ORAL CAPSULE	5	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days)
GATTEX SUBCUTANEOUS KIT	5	PA
IBSRELA ORAL TABLET	NF	
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL (90 ML per 30 days)
<i>lubiprostone oral capsule</i>	3	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET	NF	
MOVANTIK ORAL TABLET	NF	
OICALIVA ORAL TABLET	5	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
RELISTOR ORAL TABLET	5	ST
RELISTOR SUBCUTANEOUS SOLUTION	5	ST
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
SYMPROIC ORAL TABLET	NF	
TRULANCE ORAL TABLET	4	ST
VIBERZI ORAL TABLET	5	QL (60 EA per 30 days)
Immunomodulatory Agents		
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
Prokinetic Agents		
GIMOTI NASAL SOLUTION	5	ST
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	NF	
REGLAN ORAL TABLET	NF	
Gold Compounds		
Gold Compounds		
RIDAURA ORAL CAPSULE	NF	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE	5	
CUPRIMINE ORAL CAPSULE 250 MG	5	ST
CUVRIOR ORAL TABLET	NF	
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA

Drug Name	Tier	Requirements
<i>deferiasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>deferiprone oral tablet</i>	5	PA
DEPEN TITRATABS ORAL TABLET	5	
EXJADE ORAL TABLET SOLUBLE	NF	
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	5	PA
JADENU ORAL TABLET	5	PA
JADENU SPRINKLE ORAL PACKET	5	PA
<i>penicillamine oral capsule</i>	5	
<i>penicillamine oral tablet</i>	5	
SYPRINE ORAL CAPSULE	NF	
<i>trientine hcl oral capsule 250 mg</i>	5	
<i>trientine hcl oral capsule 500 mg</i>	NF	
Hormones And Synthetic Substitutes		
Adrenals		
AGAMREE ORAL SUSPENSION	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG	4	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 1 MG, 2 MG, 5 MG	5	
ALVESCO INHALATION AEROSOL SOLUTION	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	NF	
ASMANEX HFA INHALATION AEROSOL	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	
BREYNA INHALATION AEROSOL	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL	3	QL (23.6 GM per 28 days)
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide inhalation suspension</i>	2	PA; QL (120 ML per 30 days)
<i>budesonide oral capsule delayed release particles</i>	3	
<i>budesonide-formoterol fumarate inhalation aerosol</i>	NF	

Drug Name	Tier	Requirements
CORTEF ORAL TABLET	NF	
<i>deflazacort oral suspension</i>	5	PA
<i>deflazacort oral tablet</i>	5	PA
<i>dexabliss oral tablet therapy pack</i>	NF	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	NF	
DULERA INHALATION AEROSOL	4	QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	5	PA
EMFLAZA ORAL TABLET	5	PA
<i>fludrocortisone acetate oral tablet</i>	2	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NF	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated</i>	NF	
<i>fluticasone propionate hfa inhalation aerosol</i>	NF	
HEMADY ORAL TABLET	NF	
<i>hydrocortisone oral tablet</i>	2	
INTRAROSA VAGINAL INSERT	4	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	NF	
MEDROL ORAL TABLET THERAPY PACK	NF	
<i>methylprednisolone oral tablet</i>	2	PA
<i>methylprednisolone oral tablet therapy pack</i>	2	
ORAPRED ODT ORAL TABLET DISPERSIBLE	NF	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISON INTENSOL ORAL CONCENTRATE	2	PA
<i>prednisone oral solution</i>	2	PA
<i>prednisone oral tablet</i>	1	PA
<i>prednisone oral tablet therapy pack</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
PULMICORT INHALATION SUSPENSION	NF	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	NF	
RAYOS ORAL TABLET DELAYED RELEASE	NF	
SYMBICORT INHALATION AEROSOL	3	QL (13.8 GM per 30 days)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	NF	

Drug Name	Tier	Requirements
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
Androgens		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NF	
AVEED INTRAMUSCULAR SOLUTION	NF	
<i>danazol oral capsule</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA
JATENZO ORAL CAPSULE 237 MG	5	PA
<i>methitest oral tablet</i>	NF	
<i>methyltestosterone oral capsule</i>	5	
NATESTO NASAL GEL	NF	
TESTIM TRANSDERMAL GEL	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution</i>	2	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%)</i>	2	PA
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	PA
<i>testosterone transdermal solution</i>	2	PA
TLANDO ORAL CAPSULE	4	PA
VOGELXO PUMP TRANSDERMAL GEL	NF	
VOGELXO TRANSDERMAL GEL	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
Antidiabetic Agents		
<i>acarbose oral tablet</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	NF	
ACTOS ORAL TABLET	NF	
ADMELOG INJECTION SOLUTION	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	

Drug Name	Tier	Requirements
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NF	
<i>alogliptin benzoate oral tablet</i>	4	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	4	QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	4	QL (30 EA per 30 days)
APIDRA INJECTION SOLUTION	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	4	ST; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	4	QL (180 EA per 30 days)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour</i>	NF	
<i>dapagliflozin propanediol oral tablet</i>	NF	
DUETACT ORAL TABLET	NF	
FARXIGA ORAL TABLET	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
FIASP INJECTION SOLUTION	NF	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NF	
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (480 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, 5 MG	NF	

Drug Name	Tier	Requirements
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	5	PA; QL (60 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5	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)
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
HUMALOG INJECTION SOLUTION	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	NF	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION	NF	
HUMULIN R INJECTION SOLUTION	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	NF	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
INPEFA ORAL TABLET 200 MG	NF	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	NF	
<i>insulin aspart injection solution</i>	NF	
<i>insulin aspart penfill subcutaneous solution cartridge</i>	NF	
<i>insulin aspart prot & aspart subcutaneous suspension</i>	NF	

Drug Name	Tier	Requirements
<i>insulin degludec flextouch subcutaneous solution pen-injector</i>	NF	
<i>insulin degludec subcutaneous solution</i>	NF	
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	NF	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	NF	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	NF	
<i>insulin lispro injection solution</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	NF	
INVOKAMET ORAL TABLET	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
INVOKANA ORAL TABLET	NF	
JANUMET ORAL TABLET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
KAZANO ORAL TABLET	NF	
KORLYM ORAL TABLET	5	PA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LANTUS SUBCUTANEOUS SOLUTION	3	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR SUBCUTANEOUS SOLUTION	3	
<i>liraglutide subcutaneous solution pen-injector</i>	NF	
LYUMJEV INJECTION SOLUTION	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	

Drug Name	Tier	Requirements
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	4	PA; QL (60 EA per 30 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	4	PA; QL (120 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution</i>	2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 625 mg</i>	5	PA; QL (120 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA
<i>miglitol oral tablet</i>	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (2 ML per 28 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	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R INJECTION SOLUTION	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG INJECTION SOLUTION	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	ST; QL (3 ML per 28 days)

Drug Name	Tier	Requirements
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	ST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (3 ML per 28 days)
<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	NF	
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (360 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
RYBELSUS ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>saxagliptin hcl oral tablet</i>	NF	
<i>saxagliptin-metformin er oral tablet extended release 24 hour</i>	NF	
SEGLUROMET ORAL TABLET	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN- INJECTOR	NF	
<i>sitagliptin base-metformin hcl oral tablet</i>	NF	
<i>sitagliptin oral tablet</i>	NF	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
STEGLATRO ORAL TABLET	NF	
STEGLUJAN ORAL TABLET	NF	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	
TRADJENTA ORAL TABLET	NF	

Drug Name	Tier	Requirements
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (9 ML per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (60 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
ZITUVIO ORAL TABLET	NF	
Antihypoglycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	5	
<i>glucagon emergency injection kit</i>	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE KIT SUBCUTANEOUS SOLUTION	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
PROGLYCEM ORAL SUSPENSION	NF	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
Contraceptives		
ALTAVERA ORAL TABLET	2	
<i>alyacen 1/35 oral tablet</i>	2	
AMETHIA ORAL TABLET	2	
ANNOVERA VAGINAL RING	NF	
APRI ORAL TABLET	2	
ARANELLE ORAL TABLET	2	
ASHLYNA ORAL TABLET	2	
AUBRA EQ ORAL TABLET	2	
AVIANE ORAL TABLET	2	
AZURETTE ORAL TABLET	2	

Drug Name	Tier	Requirements
BALCOLTRA ORAL TABLET	NF	
BALZIVA ORAL TABLET	2	
BEYAZ ORAL TABLET	NF	
BLISOVI 24 FE ORAL TABLET	2	
BLISOVI FE 1.5/30 ORAL TABLET	2	
<i>briellyn oral tablet</i>	2	
CAMILA ORAL TABLET	2	
CAMRESE LO ORAL TABLET	2	
CRYSELLE-28 ORAL TABLET	2	
CYRED EQ ORAL TABLET	2	
DEBLITANE ORAL TABLET	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
DOLISHALE ORAL TABLET	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	
ELURYNG VAGINAL RING	2	
ENILLORING VAGINAL RING	2	
ENPRESSE-28 ORAL TABLET	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN ORAL TABLET	2	
ESTARYLLA ORAL TABLET	2	
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	
FALMINA ORAL TABLET	2	
FINZALA ORAL TABLET CHEWABLE	2	
GEMMILY ORAL CAPSULE	2	
HAILEY 24 FE ORAL TABLET	2	
HALOETTE VAGINAL RING	2	
HEATHER ORAL TABLET	2	
ICLEVIA ORAL TABLET	2	
INCASSIA ORAL TABLET	2	
INTROVALE ORAL TABLET	2	
ISIBLOOM ORAL TABLET	2	
JASMIEL ORAL TABLET	2	
JOYEAUX ORAL TABLET	NF	
JULEBER ORAL TABLET	2	
JUNEL 1.5/30 ORAL TABLET	2	
JUNEL 1/20 ORAL TABLET	2	
JUNEL FE 1.5/30 ORAL TABLET	2	
JUNEL FE 1/20 ORAL TABLET	2	

Drug Name	Tier	Requirements
JUNEL FE 24 ORAL TABLET	2	
KAITLIB FE ORAL TABLET CHEWABLE	2	
KARIVA ORAL TABLET	2	
KELNOR 1/35 ORAL TABLET	2	
KELNOR 1/50 ORAL TABLET	2	
KURVELO ORAL TABLET	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	4	
LARIN 1.5/30 ORAL TABLET	2	
LARIN 1/20 ORAL TABLET	2	
LARIN FE 1.5/30 ORAL TABLET	2	
LARIN FE 1/20 ORAL TABLET	2	
LAYOLIS FE ORAL TABLET CHEWABLE	2	
LEENA ORAL TABLET	2	
LESSINA ORAL TABLET	2	
LEVONEST ORAL TABLET	2	
<i>levonorgest-eth est & eth est oral tablet</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET	2	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	4	
LO LOESTRIN FE ORAL TABLET	NF	
LOESTRIN 1.5/30 (21) ORAL TABLET	NF	
LOESTRIN 1/20 (21) ORAL TABLET	NF	
LOESTRIN FE 1.5/30 ORAL TABLET	NF	
LOESTRIN FE 1/20 ORAL TABLET	NF	
LORYNA ORAL TABLET	2	
LOW-OGESTREL ORAL TABLET	2	
LUTERA ORAL TABLET	2	
LYLEQ ORAL TABLET	2	
LYZA ORAL TABLET	2	
<i>marlissa oral tablet</i>	2	
MERZEE ORAL CAPSULE	2	
MIBELAS 24 FE ORAL TABLET CHEWABLE	2	
MICROGESTIN 1.5/30 ORAL TABLET	2	
MICROGESTIN 1/20 ORAL TABLET	2	
MICROGESTIN 24 FE ORAL TABLET	2	
MICROGESTIN FE 1.5/30 ORAL TABLET	2	

Drug Name	Tier	Requirements
MICROGESTIN FE 1/20 ORAL TABLET	2	
MILI ORAL TABLET	2	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
NATAZIA ORAL TABLET	NF	
NECON 0.5/35 (28) ORAL TABLET	2	
NEXPLANON SUBCUTANEOUS IMPLANT	4	
NEXTSTELLIS ORAL TABLET	NF	
NIKKI ORAL TABLET	2	
NORA-BE ORAL TABLET	2	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	2	
<i>norethin ace-eth estrad-fe oral capsule</i>	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone oral tablet</i>	2	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	2	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET	2	
NORTREL 1/35 (21) ORAL TABLET	2	
NORTREL 1/35 (28) ORAL TABLET	2	
NORTREL 7/7/7 ORAL TABLET	2	
NUVARING VAGINAL RING	NF	
NYLIA 1/35 ORAL TABLET	2	
NYLIA 7/7/7 ORAL TABLET	2	
NYMYO ORAL TABLET	2	
OCELLA ORAL TABLET	2	
PIMTREA ORAL TABLET	2	
PORTIA-28 ORAL TABLET	2	
QUARTETTE ORAL TABLET	NF	
RECLIPSEN ORAL TABLET	2	
RIVELSA ORAL TABLET	2	
SAFYRAL ORAL TABLET	NF	
SETLAKIN ORAL TABLET	2	
SHAROBEL ORAL TABLET	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	4	
SLYND ORAL TABLET	NF	
SPRINTEC 28 ORAL TABLET	2	

Drug Name	Tier	Requirements
SRONYX ORAL TABLET	2	
SYEDA ORAL TABLET	2	
TARINA 24 FE ORAL TABLET	2	
TARINA FE 1/20 EQ ORAL TABLET	2	
TILIA FE ORAL TABLET	2	
TRI-ESTARYLLA ORAL TABLET	2	
TRI-LEGEST FE ORAL TABLET	2	
TRI-LO-ESTARYLLA ORAL TABLET	2	
TRI-LO-SPRINTEC ORAL TABLET	2	
TRI-MILI ORAL TABLET	2	
TRI-NYMYO ORAL TABLET	2	
TRI-SPRINTEC ORAL TABLET	2	
TRIVORA (28) ORAL TABLET	2	
TRI-VYLIBRA LO ORAL TABLET	2	
TRI-VYLIBRA ORAL TABLET	2	
TURQOZ ORAL TABLET	2	
TYBLUME ORAL TABLET CHEWABLE	2	
TYDEMY ORAL TABLET	2	
VELIVET ORAL TABLET	2	
VESTURA ORAL TABLET	2	
VIENVA ORAL TABLET	2	
VYFEMLA ORAL TABLET	2	
VYLIBRA ORAL TABLET	2	
WYMZYA FE ORAL TABLET CHEWABLE	2	
XULANE TRANSDERMAL PATCH WEEKLY	2	
YASMIN 28 ORAL TABLET	NF	
YAZ ORAL TABLET	NF	
ZAFEMY TRANSDERMAL PATCH WEEKLY	2	
ZOVIA 1/35 (28) ORAL TABLET	2	
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 1-0.5 MG	NF	
<i>anastrozole oral tablet</i>	2	
ANGELIQ ORAL TABLET	NF	
ARIMIDEX ORAL TABLET	NF	
AROMASIN ORAL TABLET	NF	
BIJUVA ORAL CAPSULE 1-100 MG	4	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA
CLIMARA TRANSDERMAL PATCH WEEKLY	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	PA

Drug Name	Tier	Requirements
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	NF	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DIVIGEL TRANSDERMAL GEL	NF	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	2	PA
DUAVEE ORAL TABLET	NF	
ELESTRIN TRANSDERMAL GEL	NF	
ESTRACE ORAL TABLET	NF	
ESTRACE VAGINAL CREAM	NF	
<i>estradiol oral tablet</i>	2	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	PA
<i>estradiol transdermal patch twice weekly</i>	2	PA
<i>estradiol transdermal patch weekly</i>	2	PA
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	PA
ESTRING VAGINAL RING 7.5 MCG/24HR	4	
ESTROGEL TRANSDERMAL GEL	NF	
EVAMIST TRANSDERMAL SOLUTION	NF	
EVISTA ORAL TABLET	NF	
<i>exemestane oral tablet</i>	3	
FARESTON ORAL TABLET	5	
FEMARA ORAL TABLET	NF	
FEMRING VAGINAL RING	4	
FYAVOLV ORAL TABLET	2	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	NF	
IMVEXXY STARTER PACK VAGINAL INSERT	NF	
JINTELI ORAL TABLET	2	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
<i>letrozole oral tablet</i>	2	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	2	PA
MENEST ORAL TABLET	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	PA

Drug Name	Tier	Requirements
MIMVEY ORAL TABLET	2	PA
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	NF	
<i>norethindrone-eth estradiol oral tablet</i>	2	PA
OSPHENA ORAL TABLET	4	PA
PREMARIN ORAL TABLET	3	PA
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
<i>raloxifene hcl oral tablet</i>	2	
SOLTAMOX ORAL SOLUTION	5	
<i>tamoxifen citrate oral tablet</i>	2	
<i>toremifene citrate oral tablet</i>	5	
VAGIFEM VAGINAL TABLET 10 MCG	NF	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	NF	
YUVAFEM VAGINAL TABLET	2	
Estrogens, Antiestrogens & Estrogen Agonist-Antagonists		
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	NF	
Estrogens, Antiestrogens + Estrogen Agonist-Antagonists		
BIJUVA ORAL CAPSULE 0.5-100 MG	4	PA
Gonadotropins And Antigonadotropins		
ELIGARD SUBCUTANEOUS KIT	4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
<i>leuprolide acetate (3 month) intramuscular injectable</i>	4	
<i>leuprolide acetate injection kit</i>	5	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	5	
MYFEMBREE ORAL TABLET	5	PA; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	5	PA
ORIAHNN ORAL CAPSULE THERAPY PACK	5	PA

Drug Name	Tier	Requirements
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA
Leptins		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Parathyroid And Antiparathyroid Agents		
<i>calcitonin (salmon) nasal solution</i>	3	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	
<i>cinacalcet hcl oral tablet 90 mg</i>	5	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; QL (2.4 ML per 28 days)
SENSIPAR ORAL TABLET	NF	
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
Pituitary		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	NF	
ACTHAR INJECTION GEL	5	PA
CORTROPHIN INJECTION GEL	5	PA
DDAVP ORAL TABLET	NF	
<i>desmopressin ace spray refrig nasal solution</i>	2	
<i>desmopressin acetate oral tablet</i>	2	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
SKYTROFA SUBCUTANEOUS CARTRIDGE	5	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
Progestins		
CRINONE VAGINAL GEL	NF	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NF	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	NF	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	

Drug Name	Tier	Requirements
<i>megestrol acetate oral suspension 625 mg/5ml</i>	3	
<i>megestrol acetate oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	
<i>progesterone oral capsule</i>	2	
PROMETRIUM ORAL CAPSULE	NF	
PROVERA ORAL TABLET	NF	
Somatostatin Agonists And Antagonists		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days)
Somatotropin Agonists And Antagonists		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
GENOTROPIN MINIQUECK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUECK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
HUMATROPE INJECTION CARTRIDGE	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	5	PA

Drug Name	Tier	Requirements
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA
Thyroid And Antithyroid Agents		
CYTOMEL ORAL TABLET	NF	
ERMEZA ORAL SOLUTION	NF	
EUTHYROX ORAL TABLET	1	
<i>levothyroxine sodium oral capsule</i>	4	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL ORAL TABLET	1	
<i>liothyronine sodium oral tablet</i>	2	
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	2	
REZDIFFRA ORAL TABLET	NF	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	4	
TIROSINT ORAL CAPSULE	4	
TIROSINT-SOL ORAL SOLUTION	4	
UNITHROID ORAL TABLET	1	
Immunomodulatory Agents		
Disease-Modifying Antirheumatic Drugs		
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
OTEZLA ORAL TABLET 20 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	5	PA
RINVOQ LQ ORAL SOLUTION	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	5	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART ORAL CAPSULE	NF	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	
ENTADFI ORAL CAPSULE	NF	
<i>finasteride oral tablet 5 mg</i>	2	
PROSCAR ORAL TABLET	NF	
Alcohol Deterrents		
<i>disulfiram oral tablet</i>	2	

Drug Name	Tier	Requirements
Antidotes		
<i>acetylcysteine inhalation solution</i>	2	PA
<i>leucovorin calcium oral tablet</i>	2	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	NF	
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	4	
COLCRYS ORAL TABLET	NF	
<i>febuxostat oral tablet</i>	3	ST
GLOPERBA ORAL SOLUTION	4	ST
MITIGARE ORAL CAPSULE	NF	
ULORIC ORAL TABLET	NF	
Antisense Oligonucleotides		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	NF	
<i>alendronate sodium oral solution</i>	1	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE	NF	
BINOSTO ORAL TABLET EFFERVESCENT	NF	
FOSAMAX ORAL TABLET 70 MG	NF	
FOSAMAX PLUS D ORAL TABLET	NF	
<i>ibandronate sodium oral tablet</i>	2	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>risedronate sodium oral tablet 150 mg</i>	3	QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	2	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	2	QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	5	PA
Carbonic Anhydrase Inhibitors		
KEVEYIS ORAL TABLET	5	PA
ORMALVI ORAL TABLET	5	PA

Drug Name	Tier	Requirements
Cariostatic Agents		
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	2	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	NF	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (27 ML per 30 days)
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
Disease-Modifying Antirheumatic Drugs		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	NF	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	NF	
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
<i>adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	NF	
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>	NF	

Drug Name	Tier	Requirements
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit</i>	NF	
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit</i>	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
ARAVA ORAL TABLET	NF	
CIBINQO ORAL TABLET	5	PA; QL (30 EA per 30 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA

Drug Name	Tier	Requirements
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 EA per 365 days)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (8 EA per 365 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 365 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>leflunomide oral tablet</i>	2	
OLUMIANT ORAL TABLET	5	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	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	4	PA

Drug Name	Tier	Requirements
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XELJANZ ORAL SOLUTION	5	PA
XELJANZ ORAL TABLET	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NF	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	NF	
Immunomodulatory Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	
AUBAGIO ORAL TABLET	5	ST; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	QL (1 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	ST; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	5	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	ST; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	ST; QL (12 ML per 28 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	4	QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	5	QL (120 EA per 365 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

Drug Name	Tier	Requirements
<i>fingolimod hcl oral capsule</i>	5	QL (30 EA per 30 days)
GILENYA ORAL CAPSULE	5	QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
JOENJA ORAL TABLET	5	PA; QL (60 EA per 30 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (6 ML per 365 days)
MAYZENT ORAL TABLET 0.25 MG	5	ST; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	ST; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	ST; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	ST; QL (14 EA per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (1 ML per 28 days)
PONVORY ORAL TABLET	5	ST; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	5	ST; QL (28 EA per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (8.4 ML per 365 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE	5	ST; QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	QL (60 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	5	QL (120 EA per 365 days)
<i>teriflunomide oral tablet</i>	4	QL (30 EA per 30 days)
THALOMID ORAL CAPSULE	5	PA
VELSIPITY ORAL TABLET	NF	

Drug Name	Tier	Requirements
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	ST
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; QL (56 EA per 365 days)
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA
AZASAN ORAL TABLET	NF	
<i>azathioprine oral tablet</i>	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
CELLCEPT ORAL CAPSULE	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	NF	
CELLCEPT ORAL TABLET	NF	
<i>cyclosporine modified oral capsule</i>	2	PA
<i>cyclosporine modified oral solution</i>	2	PA
<i>cyclosporine oral capsule</i>	2	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	PA
GENGRAF ORAL SOLUTION	2	PA
IMURAN ORAL TABLET	NF	
LUPKYNIS ORAL CAPSULE	5	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	ST
<i>mycophenolate mofetil oral capsule</i>	2	PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	PA
<i>mycophenolate mofetil oral tablet</i>	2	PA
<i>mycophenolate sodium oral tablet delayed release</i>	2	PA

Drug Name	Tier	Requirements
MYFORTIC ORAL TABLET DELAYED RELEASE	NF	
MYHIBBIN ORAL SUSPENSION	NF	
NEORAL ORAL CAPSULE	NF	
NEORAL ORAL SOLUTION	NF	
PROGRAF ORAL CAPSULE	NF	
PROGRAF ORAL PACKET	4	PA
RAPAMUNE ORAL SOLUTION	NF	
RAPAMUNE ORAL TABLET 1 MG, 2 MG	NF	
SANDIMMUNE ORAL CAPSULE	NF	
<i>sirolimus oral solution</i>	4	PA
<i>sirolimus oral tablet</i>	4	PA
<i>tacrolimus oral capsule</i>	2	PA
ZORTRESS ORAL TABLET	5	PA
Kallikrein-Kinin System Inhibitors		
FABHALTA ORAL CAPSULE	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VOYDEYA ORAL TABLET	NF	
VOYDEYA ORAL TABLET THERAPY PACK	NF	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
Other Miscellaneous Therapeutic Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA; QL (60 EA per 30 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
<i>betaine oral powder</i>	5	
CARNITOR ORAL SOLUTION	NF	
CARNITOR ORAL TABLET	NF	
CERDELGA ORAL CAPSULE	5	PA
CYSTADANE ORAL POWDER	5	
CYSTAGON ORAL CAPSULE	4	
<i>dalfampridine er oral tablet extended release 12 hour</i>	3	PA; QL (60 EA per 30 days)
DEMSEER ORAL CAPSULE	5	
DUVYZAT ORAL SUSPENSION	NF	
ELMIRON ORAL CAPSULE	5	
ENDARI ORAL PACKET	5	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2.34 ML per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA
FILSPARI ORAL TABLET	5	PA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
FIRDAPSE ORAL TABLET	5	PA
GALAFOLD ORAL CAPSULE	5	PA; QL (14 EA per 28 days)
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (60 EA per 30 days)
JAVYGTOR ORAL PACKET	5	
JAVYGTOR ORAL TABLET	5	
KUVAN ORAL PACKET	5	
KUVAN ORAL TABLET	5	
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>l-glutamine oral packet</i>	5	PA
LODOCO ORAL TABLET	NF	
<i>metyrosine oral capsule</i>	5	
<i>miglustat oral capsule</i>	5	PA
<i>nitisinone oral capsule</i>	5	
NITYR ORAL TABLET	5	
ORFADIN ORAL CAPSULE 10 MG, 5 MG	5	
ORFADIN ORAL CAPSULE 2 MG	4	
ORFADIN ORAL CAPSULE 20 MG	NF	
ORFADIN ORAL SUSPENSION	5	
PROCYSBI ORAL PACKET	5	PA
RECORLEV ORAL TABLET	5	PA; QL (240 EA per 30 days)
REZUROCK ORAL TABLET	5	PA; QL (30 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>sapropterin dihydrochloride oral packet</i>	5	
<i>sapropterin dihydrochloride oral tablet</i>	5	
SKYCLARYS ORAL CAPSULE	5	PA; QL (90 EA per 30 days)
SOHONOS ORAL CAPSULE	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE	5	
THIOLA ORAL TABLET	5	
<i>tiopronin oral tablet</i>	5	
<i>tiopronin oral tablet delayed release</i>	5	
TYBOST ORAL TABLET	3	QL (30 EA per 30 days)
VIJOICE ORAL PACKET	5	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (60 EA per 30 days)
VOWST ORAL CAPSULE	NF	

Drug Name	Tier	Requirements
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
XURIDEN ORAL PACKET	5	
YARGESA ORAL CAPSULE	NF	
ZAVESCA ORAL CAPSULE	NF	
ZOKINVY ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
Protective Agents		
MESNEX ORAL TABLET	5	
Respiratory Tract Agents		
Antifibrotic Agents		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA
<i>pirfenidone oral capsule</i>	5	PA
<i>pirfenidone oral tablet</i>	5	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium inhalation nebulization solution</i>	5	PA
<i>cromolyn sodium oral concentrate</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	5	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA
GASTROCROM ORAL CONCENTRATE	NF	
<i>montelukast sodium oral packet</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	2	QL (30 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SINGULAIR ORAL PACKET	NF	
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
<i>zafirlukast oral tablet</i>	2	QL (60 EA per 30 days)
<i>zileuton er oral tablet extended release 12 hour</i>	NF	
ZYFLO ORAL TABLET	NF	

Drug Name	Tier	Requirements
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
KALYDECO ORAL PACKET	5	PA
KALYDECO ORAL TABLET	5	PA
ORKAMBI ORAL PACKET	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK	5	PA
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA
TRIKAFTA ORAL THERAPY PACK	5	PA
<i>Dual Phosphodiesterase Inhibitors</i>		
OHTUVAYRE INHALATION SUSPENSION	NF	
<i>Mucolytic Agents</i>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA
<i>Phosphodiesterase Type 4 Inhibitors</i>		
DALIRESP ORAL TABLET	NF	
<i>roflumilast oral tablet</i>	4	
<i>Respiratory Tract Agents, Miscellaneous</i>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
BRONCHITOL INHALATION CAPSULE	5	
GLASSIA INTRAVENOUS SOLUTION	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
WINREVAIR SUBCUTANEOUS KIT	NF	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
<i>Vasodilating Agents</i>		
ADEMPAS ORAL TABLET	5	PA
<i>ambrisentan oral tablet</i>	5	PA
<i>bosentan oral tablet</i>	5	PA
LETAIRIS ORAL TABLET	5	PA
OPSUMIT ORAL TABLET	5	PA
OPSYNVI ORAL TABLET	NF	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA

Drug Name	Tier	Requirements
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
TRACLEER ORAL TABLET	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	5	PA; QL (224 EA per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; QL (112 EA per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; QL (504 EA per 365 days)
UPTRAVI ORAL TABLET 1000 MCG, 400 MCG, 800 MCG	5	PA
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 600 MCG	5	PA; QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	5	PA
Skin And Mucous Membrane Agents		
Anti-Infectives		
CABTREO EXTERNAL GEL	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	NF	
<i>clindamycin phosphate external gel 1 % (twice daily)</i>	3	
Anti-Inflammatory Agents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
<i>hydrocortisone external lotion 2 %</i>	NF	
KOURZEQ MOUTH/THROAT PASTE	2	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA
ZORYVE EXTERNAL CREAM 0.15 %	NF	
Antipruritics And Local Anesthetics		
LIDOCAN EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
TRIDACAINE II EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
Cell Stimulants And Proliferants		
<i>tretinoin microsphere pump external gel 0.08 %</i>	NF	

Drug Name	Tier	Requirements
Keratolytic Agents		
<i>tazarotene external cream 0.05 %</i>	4	
Skin And Mucous Membrane Agents, Misc		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
FILSUEVZ EXTERNAL GEL	NF	
LITFULO ORAL CAPSULE	NF	
<i>nitroglycerin rectal ointment</i>	4	
<i>podofilox external gel</i>	4	
ZORYVE EXTERNAL FOAM	NF	
Skin And Mucous Membrane Preparations		
Anti-Infectives		
ACANYA EXTERNAL GEL	NF	
<i>acyclovir external cream</i>	4	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
ALTABAX EXTERNAL OINTMENT	4	ST
AMZEEQ EXTERNAL FOAM	NF	
BENZAMYCIN EXTERNAL GEL	NF	
<i>benzoyl peroxide-erythromycin external gel</i>	2	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	3	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
CLEOCIN VAGINAL CREAM	NF	
CLEOCIN VAGINAL SUPPOSITORY	NF	
CLEOCIN-T EXTERNAL LOTION	NF	
CLINDACIN ETZ EXTERNAL SWAB	3	
CLINDACIN EXTERNAL FOAM	3	
CLINDAGEL EXTERNAL GEL	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %</i>	NF	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	3	
<i>clindamycin phosphate external foam</i>	3	
<i>clindamycin phosphate external gel 1 %</i>	3	
<i>clindamycin phosphate external lotion</i>	3	
<i>clindamycin phosphate external solution</i>	3	
<i>clindamycin phosphate external swab</i>	3	

Drug Name	Tier	Requirements
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM	NF	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CROTAN EXTERNAL LOTION	2	
DENAVIR EXTERNAL CREAM	4	QL (5 GM per 30 days)
<i>econazole nitrate external cream</i>	4	
EPSOLAY EXTERNAL CREAM	NF	
ERTACZO EXTERNAL CREAM	NF	
<i>ery external pad</i>	2	
ERYGEL EXTERNAL GEL	NF	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
EXELDERM EXTERNAL CREAM	NF	
EXELDERM EXTERNAL SOLUTION	NF	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
GYNAZOLE-1 VAGINAL CREAM	2	
<i>ivermectin external cream</i>	2	QL (45 GM per 30 days)
JUBLIA EXTERNAL SOLUTION	5	PA
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external foam</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
KETODAN EXTERNAL FOAM	2	
KLARON EXTERNAL LOTION	NF	
LOPROX EXTERNAL SHAMPOO	NF	
<i>luliconazole external cream</i>	NF	
LUZU EXTERNAL CREAM	NF	
<i>mafenide acetate external packet</i>	4	
<i>malathion external lotion</i>	4	
METROCREAM EXTERNAL CREAM	NF	
METROGEL EXTERNAL GEL	NF	
METROLOTION EXTERNAL LOTION	NF	
<i>metronidazole external cream</i>	3	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i>	3	
<i>metronidazole external lotion</i>	3	

Drug Name	Tier	Requirements
<i>metronidazole vaginal gel</i>	2	
<i>miconazole 3 vaginal suppository</i>	NF	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	QL (110 GM per 30 days)
<i>naftifine hcl external cream</i>	4	
<i>naftifine hcl external gel 2 %</i>	NF	
NAFTIN EXTERNAL GEL	NF	
NATROBA EXTERNAL SUSPENSION	NF	
NEUAC EXTERNAL GEL	NF	
NORITATE EXTERNAL CREAM	5	
NUVESSA VAGINAL GEL	NF	
NYAMYC EXTERNAL POWDER	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
NYSTOP EXTERNAL POWDER	2	
ONEXTON EXTERNAL GEL	NF	
OVIDE EXTERNAL LOTION	NF	
<i>oxiconazole nitrate external cream</i>	4	
OXISTAT EXTERNAL LOTION	NF	
<i>penciclovir external cream</i>	4	QL (5 GM per 30 days)
<i>permethrin external cream</i>	2	
<i>selenium sulfide external lotion</i>	2	
SILVADENE EXTERNAL CREAM	NF	
<i>silver sulfadiazine external cream</i>	2	
SOOLANTRA EXTERNAL CREAM	NF	
<i>spinosad external suspension</i>	2	
SSD EXTERNAL CREAM	2	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
SULFAMYLON EXTERNAL CREAM	NF	
<i>tavaborole external solution</i>	4	PA
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
VANDAZOLE VAGINAL GEL	2	
XACIATO VAGINAL GEL	NF	
XERESE EXTERNAL CREAM	NF	
ZILXI EXTERNAL FOAM	NF	
ZOVIRAX EXTERNAL CREAM	NF	
ZOVIRAX EXTERNAL OINTMENT	NF	

Drug Name	Tier	Requirements
Anti-Inflammatory Agents		
ALA SCALP EXTERNAL LOTION	NF	
<i>ala-cort external cream</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external cream</i>	2	
<i>amcinonide external ointment</i>	2	
ANUSOL-HC EXTERNAL CREAM	NF	
APEXICON E EXTERNAL CREAM	5	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	3	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	3	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	NF	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BRYHALI EXTERNAL LOTION	NF	
<i>budesonide rectal foam 2 mg</i>	NF	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	4	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate emulsion external foam</i>	4	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external foam</i>	4	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external liquid</i>	4	
<i>clobetasol propionate external lotion</i>	4	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
CLOBEX EXTERNAL LOTION	NF	
CLOBEX EXTERNAL SHAMPOO	NF	
CLOBEX SPRAY EXTERNAL LIQUID	NF	
<i>clocortolone pivalate external cream</i>	2	
CLODAN EXTERNAL SHAMPOO	4	
CORDRAN EXTERNAL CREAM 0.05 %	NF	

Drug Name	Tier	Requirements
CORDRAN EXTERNAL LOTION	NF	
CORDRAN EXTERNAL TAPE	NF	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	NF	
<i>desonide external cream</i>	2	
<i>desonide external gel</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
DESOWEN EXTERNAL CREAM	NF	
<i>desoximetasone external cream</i>	2	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment</i>	2	
<i>diclofenac sodium external gel 3 %</i>	4	PA
<i>diclofenac sodium external solution 1.5 %</i>	4	
<i>diclofenac sodium external solution 2 %</i>	5	
<i>diflorasone diacetate external cream</i>	4	
<i>diflorasone diacetate external ointment</i>	4	
DIPROLENE EXTERNAL OINTMENT	NF	
DUOBRII EXTERNAL LOTION	5	
ENSTILAR EXTERNAL FOAM	NF	
EUCRISA EXTERNAL OINTMENT	4	PA
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>flurandrenolide external cream</i>	NF	
<i>flurandrenolide external lotion</i>	NF	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>halcinonide external cream</i>	2	
<i>halobetasol propionate external cream</i>	3	
<i>halobetasol propionate external foam</i>	NF	
<i>halobetasol propionate external ointment</i>	3	

Drug Name	Tier	Requirements
HALOG EXTERNAL CREAM	NF	
HALOG EXTERNAL OINTMENT	NF	
HALOG EXTERNAL SOLUTION	NF	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone butyrate external cream</i>	NF	
<i>hydrocortisone butyrate external lotion</i>	NF	
<i>hydrocortisone butyrate external ointment</i>	NF	
<i>hydrocortisone butyrate external solution</i>	NF	
<i>hydrocortisone external cream 1 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
KENALOG EXTERNAL AEROSOL SOLUTION	NF	
LEXETTE EXTERNAL FOAM	NF	
LOCOID EXTERNAL LOTION	NF	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
NEO-SYNALAR EXTERNAL CREAM	NF	
<i>nystatin-triamcinolone external cream</i>	4	
<i>nystatin-triamcinolone external ointment</i>	2	
PANDEL EXTERNAL CREAM	NF	
PENNSAID EXTERNAL SOLUTION	5	
PROCTO-MED HC EXTERNAL CREAM	2	
PROCTOSOL HC EXTERNAL CREAM	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
SYNALAR EXTERNAL CREAM	NF	
SYNALAR EXTERNAL OINTMENT	NF	
TACLONEX EXTERNAL SUSPENSION	NF	
TEXACORT EXTERNAL SOLUTION	NF	
TOPICORT EXTERNAL CREAM	NF	
TOPICORT EXTERNAL GEL	NF	
TOPICORT EXTERNAL OINTMENT 0.05 %	NF	
TOPICORT SPRAY EXTERNAL LIQUID	NF	
TOVET EXTERNAL FOAM	4	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	

Drug Name	Tier	Requirements
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external ointment 0.05 %</i>	4	
<i>triamcinolone acetonide mouth/throat paste</i>	2	
TRIDERM EXTERNAL CREAM	2	
UCERIS RECTAL FOAM	NF	
ULTRAVATE EXTERNAL LOTION	NF	
VANOS EXTERNAL CREAM	NF	
VERDESO EXTERNAL FOAM	NF	
Antipruritics And Local Anesthetics		
<i>doxepin hcl external cream</i>	4	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	NF	
<i>lidocaine external ointment 5 %</i>	4	QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	3	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	QL (30 GM per 30 days)
LIDODERM EXTERNAL PATCH	NF	
PLIAGLIS EXTERNAL CREAM	NF	
PROCTOFOAM HC EXTERNAL FOAM	NF	
PRUDOXIN EXTERNAL CREAM	NF	
ZONALON EXTERNAL CREAM	NF	
ZTLIDO EXTERNAL PATCH	NF	
Cell Stimulants And Proliferants		
ALTRENO EXTERNAL LOTION	NF	
ATRALIN EXTERNAL GEL	NF	
RETIN-A EXTERNAL CREAM	NF	
RETIN-A EXTERNAL GEL	NF	
RETIN-A MICRO EXTERNAL GEL	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	NF	
<i>tretinoin external cream</i>	4	PA
<i>tretinoin external gel</i>	4	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NF	
TWYNEO EXTERNAL CREAM	NF	
Depigmenting And Pigmenting Agents		
<i>methoxsalen rapid oral capsule</i>	5	
Emollients, Demulcents, And Protectants		
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
Skin And Mucous Membrane Agents, Misc		
ABSORICA LD ORAL CAPSULE	NF	

Drug Name	Tier	Requirements
ABSORICA ORAL CAPSULE	NF	
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
<i>acitretin oral capsule</i>	4	
ACZONE EXTERNAL GEL	NF	
<i>adapalene external cream</i>	4	PA
<i>adapalene external gel 0.3 %</i>	4	PA
<i>adapalene external pad</i>	5	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	PA
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	4	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AKLIEF EXTERNAL CREAM	NF	
AMNESTEEM ORAL CAPSULE	4	
ARAZLO EXTERNAL LOTION	NF	
<i>azelaic acid external gel</i>	2	
AZELEX EXTERNAL CREAM	4	
<i>bexarotene external gel</i>	5	PA
<i>brimonidine tartrate external gel</i>	NF	
<i>calcipotriene external cream</i>	4	
<i>calcipotriene external foam</i>	NF	
<i>calcipotriene external ointment</i>	4	
<i>calcipotriene external solution</i>	4	
<i>calcitriol external ointment</i>	2	
CARAC EXTERNAL CREAM	NF	
CLARAVIS ORAL CAPSULE	4	
<i>clindamycin-tretinoin external gel</i>	3	PA
CONDYLOX EXTERNAL GEL	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
<i>dapsone external gel</i>	4	
DIFFERIN EXTERNAL CREAM	NF	
DIFFERIN EXTERNAL GEL 0.3 %	NF	
DIFFERIN EXTERNAL LOTION	NF	
<i>doxycycline oral capsule delayed release</i>	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

Drug Name	Tier	Requirements
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA
EFUDEX EXTERNAL CREAM	NF	
ELIDEL EXTERNAL CREAM	NF	
EPIDUO EXTERNAL GEL	NF	
EPIDUO FORTE EXTERNAL GEL	NF	
FABIOR EXTERNAL FOAM	NF	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	NF	
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution</i>	4	
HYFTOR EXTERNAL GEL	5	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>imiquimod external cream 5 %</i>	2	
<i>imiquimod pump external cream</i>	5	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
KLISYRI EXTERNAL OINTMENT	5	
MIRVASO EXTERNAL GEL	NF	
OPZELURA EXTERNAL CREAM	5	PA; QL (240 GM per 28 days)
ORACEA ORAL CAPSULE DELAYED RELEASE	NF	
PANRETIN EXTERNAL GEL	5	
<i>pimecrolimus external cream</i>	4	
<i>podofilox external solution</i>	2	
QBREXZA EXTERNAL PAD	4	PA; QL (30 EA per 30 days)
RECTIV RECTAL OINTMENT	4	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	4	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SORILUX EXTERNAL FOAM	NF	
SOTYKTU ORAL TABLET	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tacrolimus external ointment</i>	4	

Drug Name	Tier	Requirements
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA
TARGRETIN EXTERNAL GEL	5	PA
<i>tazarotene external cream 0.1 %</i>	2	
<i>tazarotene external foam</i>	NF	
<i>tazarotene external gel</i>	4	
TAZORAC EXTERNAL CREAM 0.05 %	4	
TAZORAC EXTERNAL CREAM 0.1 %	NF	
TAZORAC EXTERNAL GEL	NF	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
VALCHLOR EXTERNAL GEL	5	PA
VECTICAL EXTERNAL OINTMENT	NF	
VELTIN EXTERNAL GEL	NF	
VEREGEN EXTERNAL OINTMENT	5	
VTAMA EXTERNAL CREAM	NF	
WINLEVI EXTERNAL CREAM	NF	
ZENATANE ORAL CAPSULE	4	
ZIANA EXTERNAL GEL	NF	
ZORYVE EXTERNAL CREAM 0.3 %	NF	
ZYCLARA PUMP EXTERNAL CREAM	NF	
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
DETROL ORAL TABLET	NF	
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	4	
<i>flavoxate hcl oral tablet</i>	NF	
GEMTESA ORAL TABLET	4	
<i>mirabegron er oral tablet extended release 24 hour</i>	NF	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	
<i>oxybutynin chloride oral solution</i>	1	

Drug Name	Tier	Requirements
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	NF	
<i>solifenacin succinate oral tablet</i>	3	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	4	
<i>tolterodine tartrate oral tablet</i>	3	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>tropium chloride er oral capsule extended release 24 hour</i>	2	
<i>tropium chloride oral tablet</i>	2	
VESICARE LS ORAL SUSPENSION	NF	
VESICARE ORAL TABLET	NF	
Respiratory Smooth Muscle Relaxants		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>theophylline er oral tablet extended release 12 hour</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>theophylline oral solution</i>	2	
Vitamins		
Multivitamin Preparations		
<i>prenatal oral tablet 27-1 mg</i>	2	
Vitamin B Complex		
<i>niacin (antihyperlipidemic) oral tablet</i>	4	
NIACOR ORAL TABLET	4	
Vitamin D		
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
<i>doxercalciferol oral capsule</i>	2	
<i>paricalcitol oral capsule</i>	2	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	
ROCALTROL ORAL CAPSULE	NF	
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LIVDELZI.....	77	LUPRON DEPOT-PED (3-		<i>mefenamic acid</i>	45
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LOMOTIL.....	74	DOSE).....	22	MEPRON.....	15
LONSURF.....	22	LYTGOBI (16 MG DAILY		<i>mercaptopurine</i>	22
<i>loperamide hcl</i>	74	DOSE).....	22	<i>meropenem</i>	11
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<i>lopinavir-ritonavir</i>	17	DOSE).....	22	<i>mesalamine</i>	75
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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-275-2583. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-275-2583. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-275-2583。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-275-2583。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-275-2583. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-275-2583. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-275-2583 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-275-2583. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-275-2583 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-275-2583. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-275-2583. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-275-2583 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-275-2583. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-275-2583. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-275-2583. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-275-2583. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますごさいます。通訳をご用命になるには、1-800-275-2583 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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Multi-language Interpreter Services

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે નિઃશુલ્ક દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-800-275-2583 પર કોલ કરો. ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક નિઃશુલ્ક સેવા છે.

Urdu: آپ کی صحت یا دوا کے متعلق کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمانی کی خدمات دستیاب ہیں۔ مترجم کی سہولت کے لیے، 1-800-275-2583 پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔

Khmer: យើងមានផ្តល់សេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ភាសាខ្មែរ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកប្រហែលជាមានអំពីកម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-800-275-2583 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេសអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Telugu: మా ఆరోగ్యం లేదా ఔషధ ప్రణాళిక గురించి మీకు ఏమైనా ప్రశ్నలకు సమాధానం ఇవ్వడానికి మాకు ఉచిత ఇంటర్ప్రీటర్ సర్వీసులు అందుబాటులో ఉన్నాయి. అనువాదకుడిని పొందడానికి, 1-800-275-2583 ద్వారా మాకు కాల్ చేయండి. తెలుగు మాట్లాడగలిగే ఎవరైనా మీకు సహాయం చేయగలరు. ఇది ఉచిత సర్వీస్.

Discrimination is Against the Law

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

This Plan provides:

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

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

You can file a grievance in the following ways:

- In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103
- By phone: 1-888-377-3933 (TTY: 711)
- By fax: 215-761-0245
- By email: civilrightscordinator@1901market.com

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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

This formulary was updated on **11/19/2024**. For more recent information or other questions, please contact Keystone 65 Rx at **1-800-645-3965** or Personal Choice 65 Rx at **1-888-718-3333** (TTY/TDD users should call **711**) seven days a week, 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 **ibxmedicare.com/formulary**.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

OptumRx is an Optum® company — an independent company that provides home delivery, specialty, and infusion pharmacy services.

