

2020 Formulary

Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP)

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 11/24/2020. For more recent information or other questions, please contact Priority Health Medicare at toll-free 833.939.0983 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit priorityhealth.com/dsnp.

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 Priority Health. When it refers to “plan” or “our plan,” it means Priority Health Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Priority Health Medicare Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Priority Health Medicare Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **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 market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-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 Priority Health Medicare Formulary?"

Changes that will not affect you if you are currently taking the drug: Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of December 1, 2020. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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 9. 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 the page following the Drug List. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Priority Health Medicare 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:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30 day prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Priority Health Medicare 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, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Priority Health Medicare 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 Priority Health Medicare formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Priority Health Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Priority Health Medicare Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare 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, Priority Health Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary 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, utilization restriction exception. **When you request a formulary 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 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.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 800.MEDICARE (800.633.4227) 24 hours a day, seven days a week. TTY users should call 877.486.2048. Or, visit *medicare.gov*.

Priority Medicare D-SNP Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lower-case italics (e.g., *losartan potassium*).

The information in the Requirements/Limits column tells you if Priority Health Medicare has any special requirements for coverage of your drug.

List of Abbreviations

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending upon your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

EA: Each

GM: Grams

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 833.939.0983, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 833.939.0983, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

ML: Milliliters

PA: Prior Authorization. Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one month or three-month supply.

ST: Step Therapy. In some cases, Priority Health Medicare 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, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

Drug Name	Drug Tiers	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA	1	
<i>celecoxib oral</i>	1	
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium transdermal gel 3 %</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	
<i>diflunisal oral</i>	1	
<i>etodolac er</i>	1	
<i>etodolac oral</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	
<i>ketoprofen oral</i>	1	
<i>mefenamic acid oral</i>	1	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium er</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>salsalate oral</i>	1	
<i>sulindac oral</i>	1	
ZIPSOR	1	
Opioid Analgesics, Long-Acting		
BELBUCA	1	ST; QL (60 EA per 30 days)
<i>buprenorphine hcl injection</i>	1	QL (266 ML per 30 days)
<i>buprenorphine transdermal</i>	1	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 EA per 30 days)
<i>hydrocodone bitartrate er</i>	1	PA; QL (60 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg</i>	1*	QL (60 EA per 30 days)

Tier 1 = Generic and Brand Drugs

* = 30-day supply only

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary are available via mail order. You can find information on what the abbreviations mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	1*	QL (60 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 80 MG	1*	PA; QL (30 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG	1	PA; QL (30 EA per 30 days)
<i>methadone hcl injection</i>	1	QL (150 ML per 30 days)
<i>methadone hcl oral concentrate</i>	1	QL (200 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	QL (90 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>morphine sulfate er beads</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (120 EA per 30 days)
<i>morphine sulfate intramuscular</i>	1	QL (83 ML per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 60 mg</i>	1	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	1*	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	1	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG	1*	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	1*	QL (60 EA per 30 days)
<i>oxymorphone hcl er</i>	1	QL (90 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Opioid Analgesics, Short-Acting		
ABSTRAL	1*	PA; QL (120 EA per 30 days)
acetaminophen-codeine #3	1	QL (360 EA per 30 days)
acetaminophen-codeine oral solution	1	QL (4500 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	1	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (180 EA per 30 days)
apap-caff-dihydrocodeine oral capsule	1	QL (300 EA per 30 days)
butorphanol tartrate injection solution 1 mg/ml	1	QL (857 ML per 30 days)
butorphanol tartrate injection solution 2 mg/ml	1	QL (428 ML per 30 days)
butorphanol tartrate nasal	1	QL (10 ML per 28 days)
codeine sulfate oral tablet 30 mg, 60 mg	1	QL (180 EA per 30 days)
duramorph injection solution 0.5 mg/ml	1	QL (4000 ML per 30 days)
duramorph injection solution 1 mg/ml	1	QL (2000 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (360 EA per 30 days)
fentanyl citrate (pf) injection solution cartridge	1	QL (400 ML per 30 days)
fentanyl citrate buccal lozenge on a handle	1*	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	QL (5550 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 EA per 30 days)
hydromorphone hcl injection solution 1 mg/ml	1	QL (300 ML per 30 days)
hydromorphone hcl injection solution 2 mg/ml	1	QL (1200 ML per 30 days)
hydromorphone hcl injection solution 4 mg/ml	1	QL (75 ML per 30 days)
hydromorphone hcl oral liquid	1	QL (2400 ML per 30 days)
hydromorphone hcl oral tablet	1	QL (180 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	1	QL (240 ML per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL (900 ML per 30 days)
morphine sulfate (pf) injection solution 0.5 mg/ml	1	QL (4000 ML per 30 days)
morphine sulfate (pf) injection solution 1 mg/ml	1	QL (2000 ML per 30 days)
morphine sulfate injection solution 10 mg/ml	1	QL (120 ML per 30 days)
morphine sulfate injection solution 5 mg/ml	1	QL (540 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>morphine sulfate intravenous solution 1 mg/ml</i>	1	QL (2000 ML per 30 days)
<i>morphine sulfate intravenous solution 150 mg/30ml</i>	1	QL (400 ML per 30 days)
<i>morphine sulfate oral solution</i>	1	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	1	QL (180 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml</i>	1	QL (200 ML per 30 days)
<i>nalbuphine hcl injection solution 20 mg/ml</i>	1	QL (100 ML per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	1	QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-ibuprofen</i>	1	QL (28 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	1	QL (360 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
PRIMLEV	1	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>	1	QL (240 EA per 30 days)
VICODIN ES ORAL TABLET 7.5-300 MG	1	QL (360 EA per 30 days)
VICODIN HP ORAL TABLET 10-300 MG	1	QL (360 EA per 30 days)
VICODIN ORAL TABLET 5-300 MG	1	QL (360 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment</i>	1	
<i>lidocaine external patch 5 %</i>	1	PA
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	1	
<i>lidocaine hcl external solution</i>	1	
<i>lidocaine hcl injection solution 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium</i>	1	
<i>disulfiram oral</i>	1	
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	PA; QL (90 EA per 30 days)
<i>naltrexone hcl oral</i>	1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	1	PA; QL (60 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	1	PA; QL (30 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
NARCAN	1	QL (2 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det)</i>	1	
CHANTIX	1	
CHANTIX CONTINUING MONTH PAK	1	
CHANTIX STARTING MONTH PAK	1	
NICOTROL	1	
NICOTROL NS	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 1 gm/4ml</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	HI
ARIKAYCE	1*	PA; QL (235.2 ML per 28 days)
GENTAK OPHTHALMIC OINTMENT	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	HI
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>paromomycin sulfate oral</i>	1	
<i>streptomycin sulfate intramuscular</i>	1	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1*	B/D
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	HI
TOBREX OPHTHALMIC OINTMENT	1	
Antibacterials, Other		
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>bacitracin ophthalmic</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>chloramphenicol sod succinate</i>	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	1	
CLEOCIN VAGINAL SUPPOSITORY	1	
<i>clindamycin hcl oral capsule 150 mg</i>	1	
<i>clindamycin hcl oral capsule 300 mg</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>colistimethate sodium (cba)</i>	1	HI
CORTISPORIN EXTERNAL	1	
DALVANCE	1*	
<i>daptomycin</i>	1*	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>firvanq</i>	1	
<i>fosfomycin tromethamine</i>	1	
IMPAVIDO	1*	PA
LINCOCIN	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1*	PA
<i>linezolid oral suspension reconstituted</i>	1*	PA
<i>linezolid oral tablet</i>	1	PA
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate oral</i>	1	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal</i>	1	
MONUROL	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QL (360 EA per 365 days)
<i>nitrofurantoin monohyd macro</i>	1	QL (180 EA per 365 days)
NUVESSA	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>silver sulfadiazine external</i>	1	
SIVEXTRO ORAL	1*	PA; QL (6 EA per 30 days)
<i>ssd</i>	1	
SULFAMYLON EXTERNAL CREAM	1	
SYNERCID	1*	
<i>tigecycline</i>	1	HI
<i>trimethoprim oral</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	HI
<i>vancomycin hcl oral capsule 125 mg</i>	1	
<i>vancomycin hcl oral capsule 250 mg</i>	1*	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	1	
XIFAXAN ORAL TABLET 200 MG	1	QL (30 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	1*	PA; QL (60 EA per 30 days)
Beta-Lactam, Cephalosporins		
AVYCAZ	1*	
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	HI
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	HI
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	1	
<i>cefoxitin sodium</i>	1	HI
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	HI
<i>ceftriaxone sodium in dextrose intravenous solution 40 mg/ml</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	HI
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	HI
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet 250 mg</i>	1	
<i>cephalexin oral tablet 500 mg</i>	1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	1	
SUPRAX ORAL TABLET CHEWABLE	1	
<i>tazicef injection</i>	1	HI
TEFLARO	1	
ZERBAXA	1*	
Beta-Lactam, Other		
AZACTAM	1	HI
CAYSTON	1*	PA; LA
<i>imipenem-cilastatin</i>	1	
<i>meropenem intravenous solution reconstituted 500 mg</i>	1	
MERREM	1	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	HI
<i>ampicillin sodium injection solution reconstituted 2 gm, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	1	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	HI
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML	1	
BICILLIN C-R	1	
BICILLIN C-R 900/300	1	
BICILLIN L-A	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm, 2 gm</i>	1	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	1	HI
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm</i>	1	
<i>oxacillin sodium intravenous</i>	1	HI
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	HI
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	HI
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	1	HI
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 2.25 (2-0.25) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM	1	
Macrolides		
AZASITE	1	
<i>azithromycin intravenous</i>	1	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
DIFICID	1*	ST; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET	1	
E.E.S. GRANULES	1	
<i>ery</i>	1	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
<i>erythromycin external</i>	1	
<i>erythromycin ophthalmic</i>	1	
Quinolones		
CILOXAN OPHTHALMIC OINTMENT	1	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	HI
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin hcl ophthalmic</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>moxifloxacin hcl oral</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl oral</i>	1	
DOXY 100	1	B/D
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	1	
<i>morgidox oral</i>	1	
<i>tetracycline hcl oral</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	1*	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
APTIOM ORAL TABLET 600 MG	1*	ST; QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS	1*	ST
BRIVIACT ORAL SOLUTION	1*	ST
BRIVIACT ORAL TABLET	1*	ST; QL (60 EA per 30 days)
EPIDIOLEX	1*	PA; QL (500 ML per 30 days)
FINTEPLA	1*	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	1*	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1*	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	1	QL (30 EA per 30 days)
<i>levetiracetam er</i>	1	
<i>levetiracetam in nacl</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet 1000 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	1	
ROWEEPRA	1	
ROWEEPRA XR	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG	1	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	1	QL (60 EA per 30 days)
XCOPRI (250 MG DAILY DOSE)	1*	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	1*	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	1*	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG	1*	QL (60 EA per 28 days)
XCOPRI ORAL TABLET 200 MG	1*	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	1*	QL (28 EA per 365 days)
Calcium Channel Modifying Agents		
CELONTIN	1	
<i>ethosuximide oral</i>	1	
<i>zonisamide oral capsule 100 mg, 50 mg</i>	1	
<i>zonisamide oral capsule 25 mg</i>	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	1*	PA; QL (480 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	1*	PA; QL (60 EA per 30 days)
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet dispersible</i>	1	
<i>diazepam rectal</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet</i>	1	
NAYZILAM	1	QL (4 EA per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	1	
<i>primidone oral</i>	1	
SYMPAZAN	1*	PA; QL (60 EA per 30 days)
<i>tiagabine hcl</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution</i>	1	
VALTOCO 10 MG DOSE	1	QL (4 EA per 30 days)
VALTOCO 15 MG DOSE	1	QL (8 EA per 30 days)
VALTOCO 20 MG DOSE	1	QL (8 EA per 30 days)
VALTOCO 5 MG DOSE	1	QL (4 EA per 30 days)
<i>vigabatrin</i>	1*	LA
<i>vigadrone</i>	1*	
Glutamate Reducing Agents		
<i>felbamate</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine oral tablet 25 mg</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>topiramate er</i>	1	ST
<i>topiramate oral capsule sprinkle 15 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg</i>	1	
<i>topiramate oral tablet 25 mg, 50 mg</i>	1	
Sodium Channel Agents		
BANZEL	1*	PA
<i>carbamazepine er</i>	1	
<i>carbamazepine oral</i>	1	
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	1	
<i>epitol</i>	1	
<i>oxcarbazepine</i>	1	
PEGANONE	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
VIMPAT INTRAVENOUS	1	
VIMPAT ORAL SOLUTION	1	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1*	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral</i>	1	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	1	
<i>donepezil hcl oral tablet dispersible</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>rivastigmine</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>rivastigmine tartrate</i>	1	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er</i>	1	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	
Antidepressants		
Antidepressants, Other		
ABILIFY MYCITE	1*	PA; QL (30 EA per 30 days)
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	1	
<i>bupropion hcl oral</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible</i>	1	
Monoamine Oxidase Inhibitors		
EMSAM	1*	ST
MARPLAN	1	QL (180 EA per 30 days)
<i>phenelzine sulfate oral</i>	1	
<i>tranylcypromine sulfate</i>	1	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	1	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine er</i>	1	ST; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er</i>	1	ST; QL (30 EA per 30 days)
DRIZALMA SPRINKLE	1	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 EA per 30 days)

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<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate</i>	1	
FETZIMA	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION	1	ST; QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	1	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	
<i>maprotiline hcl</i>	1	
<i>nefazodone hcl</i>	1	
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine mesylate</i>	1	QL (30 EA per 30 days)
PAXIL ORAL SUSPENSION	1	
<i>sertraline hcl oral</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	1	
TRINTELLIX	1	ST; QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	
VIIBRYD ORAL TABLET	1	ST; QL (30 EA per 30 days)
VIIBRYD STARTER PACK	1	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Tricyclics		
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl oral</i>	1	
<i>desipramine hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>imipramine hcl oral</i>	1	PA
<i>imipramine pamoate</i>	1	PA
<i>nortriptyline hcl oral capsule</i>	1	
<i>nortriptyline hcl oral solution</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate oral</i>	1	PA
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet</i>	1	
PHENADOZ	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	
<i>scopolamine</i>	1	
Emetogenic Therapy Adjuncts		
ANZEMET ORAL	1	B/D; QL (20 EA per 30 days)
<i>aprepitant</i>	1	B/D; QL (6 EA per 30 days)
<i>dronabinol</i>	1	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	1	B/D; QL (3 EA per 30 days)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
<i>granisetron hcl oral</i>	1	B/D
<i>ondansetron</i>	1	B/D
<i>ondansetron hcl injection solution 4 mg/2ml</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>ondansetron hcl oral</i>	1	B/D
SANCUSO	1*	QL (4 EA per 28 days)
Antifungals		
Antifungals		
<i>amphotericin b intravenous</i>	1	B/D
ANCOBON	1*	
<i>caspofungin acetate</i>	1*	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
CRESEMBA	1*	
<i>econazole nitrate external</i>	1	QL (90 GM per 30 days)
ERAXIS	1	
EXELDERM EXTERNAL CREAM	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	HI
<i>fluconazole oral</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral</i>	1	
<i>miconazole sodium intravenous solution reconstituted 100 mg</i>	1*	
<i>miconazole sodium intravenous solution reconstituted 50 mg</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
NATACYN	1	
NOXAFIL ORAL SUSPENSION	1*	
NYAMYC	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystatin-triamcinolone</i>	1	
NYSTOP	1	
<i>posaconazole</i>	1*	
<i>terbinafine hcl oral</i>	1	
<i>terconazole</i>	1	
<i>voriconazole intravenous</i>	1	
<i>voriconazole oral</i>	1*	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral</i>	1	
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	
COLCRYS	1	
<i>febuxostat</i>	1	
MITIGARE	1	
<i>probenecid oral</i>	1	
Anti-Inflammatory Agents		
Glucocorticoids		
EPIFOAM	1	
Nonsteroidal Anti-Inflammatory Drugs		
<i>diclofenac epolamine</i>	1	PA
<i>fenoprofen calcium oral tablet</i>	1	
<i>flurbiprofen oral</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ketoprofen er</i>	1	
<i>naproxen oral suspension</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam oral</i>	1	
<i>tolmetin sodium oral capsule</i>	1	
<i>tolmetin sodium oral tablet 600 mg</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal</i>	1	QL (12 ML per 30 days)
<i>ergotamine-caffeine</i>	1	
Prophylactic		
AIMOVIG	1	PA; QL (1 ML per 30 days)
AJOVY	1	PA; QL (1.5 ML per 30 days)
EMGALITY	1	PA
EMGALITY (300 MG DOSE)	1	PA; QL (3 ML per 30 days)
<i>topiramate oral capsule sprinkle 25 mg</i>	1	
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>almotriptan malate</i>	1	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	ST; QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL (18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL (12 EA per 30 days)
ONZETRA XSAIL	1	ST
<i>rizatriptan benzoate</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan-naproxen sodium</i>	1	ST; QL (18 EA per 30 days)
TREXIMET ORAL TABLET 10-60 MG	1	QL (18 EA per 30 days)
<i>zolmitriptan oral</i>	1	QL (12 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	1	ST; QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral</i>	1	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral</i>	1	
<i>rifabutin</i>	1	
Antituberculars		
CAPASTAT SULFATE	1	
<i>cycloserine oral</i>	1	
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	
PASER	1	
PRETOMANID	1	PA; QL (30 EA per 30 days)
PRIFTIN	1	
<i>pyrazinamide oral</i>	1	
RIFAMATE	1	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
RIFATER	1	
SIRTURO	1*	
TRECTOR	1	
Antineoplastics		
Alkylating Agents		
BICNU	1	B/D
<i>carboplatin intravenous solution 150 mg/15ml</i>	1	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 50 mg/50ml</i>	1	B/D
<i>cyclophosphamide injection</i>	1	B/D
<i>cyclophosphamide oral capsule</i>	1	B/D
<i>dacarbazine intravenous</i>	1	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
IFEX	1	B/D
<i>ifosfamide intravenous solution reconstituted</i>	1	B/D
KISQALI FEMARA (400 MG DOSE)	1*	PA
KISQALI FEMARA (600 MG DOSE)	1*	PA
KISQALI FEMARA(200 MG DOSE)	1*	PA

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Drug Name	Drug Tiers	Requirements/Limits
LEUKERAN	1	
MATULANE	1*	PA
<i>melphalan</i>	1	
<i>melphalan hcl</i>	1	B/D
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	1	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	1	B/D
<i>thiotepa injection solution reconstituted 15 mg</i>	1	B/D
VALCHLOR	1*	PA; LA; QL (60 GM per 30 days)
ZANOSAR	1	B/D
Antiandrogens		
<i>bicalutamide</i>	1	
ERLEADA	1*	PA; QL (120 EA per 30 days)
<i>flutamide</i>	1	
NILANDRON	1*	
<i>nilutamide</i>	1*	
NUBEQA	1*	PA; QL (120 EA per 30 days)
XTANDI	1*	PA; LA
YONSA	1*	PA
ZYTIGA ORAL TABLET 500 MG	1*	PA; LA
Antiangiogenic Agents		
POMALYST	1*	PA; LA; QL (21 EA per 28 days)
REVLIMID	1*	PA; LA; QL (30 EA per 30 days)
THALOMID	1*	PA
Antiestrogens/Modifiers		
EMCYT	1	
SOLTAMOX	1	
<i>toremifene citrate</i>	1*	
Antimetabolites		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	1	B/D
<i>cladribine intravenous solution 10 mg/10ml</i>	1	B/D
<i>cytarabine (pf) injection solution 100 mg/ml</i>	1	B/D
<i>cytarabine injection solution</i>	1	B/D
DROXIA	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>fluorouracil intravenous solution 2.5 gm/50ml, 5 gm/100ml</i>	1	B/D
<i>hydroxyurea oral</i>	1	
INQOVI	1*	PA
LONSURF	1*	PA
<i>mercaptopurine oral</i>	1	
PURIXAN	1*	
SIKLOS	1*	PA
TABLOID	1*	
Antineoplastics, Other		
<i>abiraterone acetate</i>	1*	PA
ADRIAMYCIN INTRAVENOUS SOLUTION	1	B/D
<i>bleomycin sulfate</i>	1	B/D
<i>bortezomib</i>	1	B/D
BRAFTOVI ORAL CAPSULE 75 MG	1*	PA
COMETRIQ (100 MG DAILY DOSE)	1*	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE)	1*	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	1*	PA; QL (84 EA per 28 days)
COPIKTRA	1*	PA; QL (60 EA per 30 days)
COTELLIC	1*	PA; LA
DAURISMO	1*	PA; QL (30 EA per 30 days)
<i>doxorubicin hcl intravenous solution</i>	1	B/D
<i>doxorubicin hcl liposomal</i>	1	B/D
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	1	B/D
ERIVEDGE	1*	PA; LA
FARYDAK	1*	PA
<i>fludarabine phosphate intravenous solution reconstituted</i>	1	B/D
GAVRETO	1*	PA; QL (120 EA per 30 days)
IBRANCE	1*	PA; QL (21 EA per 28 days)
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	1	B/D
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	1	B/D
JAKAFI	1*	PA; LA
KISQALI (200 MG DOSE)	1*	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	1*	PA; QL (63 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
KISQALI (600 MG DOSE)	1*	PA; QL (63 EA per 28 days)
<i>leucovorin calcium oral</i>	1	
LORBRENA	1*	PA
LYNPARZA ORAL TABLET 100 MG	1*	PA; QL (120 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	1*	PA
MEKINIST ORAL TABLET 0.5 MG	1*	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1*	PA; QL (30 EA per 30 days)
MEKTOVI	1*	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	1	B/D
NERLYNX	1*	PA; QL (180 EA per 30 days)
NINLARO	1*	QL (3 EA per 28 days)
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 300 mg/50ml</i>	1	B/D
PICATO	1*	ST
RUBRACA	1*	PA; QL (120 EA per 30 days)
RYDAPT	1*	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1*	PA
SYNRIBO	1*	PA
TALZENNA	1*	PA; QL (30 EA per 30 days)
VELCADE INJECTION	1	B/D
VERZENIO	1*	PA
<i>vinblastine sulfate intravenous solution</i>	1	B/D
<i>vincristine sulfate intravenous</i>	1	B/D
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	1	B/D
VITRAKVI ORAL CAPSULE 100 MG	1*	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1*	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	1*	PA; QL (300 ML per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	1*	PA; QL (20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	1*	PA; QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	1*	PA; QL (16 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	1*	PA; QL (12 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY)	1*	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY)	1*	PA; QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	1*	PA; QL (32 EA per 28 days)
ZEJULA	1*	PA; QL (90 EA per 30 days)
ZYKADIA	1*	PA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral</i>	1	
<i>exemestane</i>	1	
<i>letrozole oral</i>	1	
Enzyme Inhibitors		
BALVERSA	1*	PA
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	1	B/D
PIQRAY (200 MG DAILY DOSE)	1*	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	1*	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	1*	PA; QL (56 EA per 28 days)
QINLOCK	1*	PA
RETEVMO	1*	PA
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML	1	B/D
TUKYSA	1*	PA
ZOLINZA	1*	PA
ZYDELIG	1*	PA; QL (60 EA per 30 days)
Molecular Target Inhibitors		
AFINITOR DISPERZ	1*	PA
AFINITOR ORAL TABLET 10 MG	1*	PA
ALECENSA	1*	PA
ALUNBRIG	1*	PA
AYVAKIT	1*	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	1*	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1*	PA; QL (30 EA per 30 days)
BRUKINSA	1*	PA; QL (120 EA per 30 days)
CABOMETYX	1*	PA
CALQUENCE	1*	PA; QL (60 EA per 30 days)
CAPRELSA	1*	PA; LA

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Drug Name	Drug Tiers	Requirements/Limits
<i>erlotinib hcl</i>	1*	PA
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1*	PA
GILOTRIF	1*	PA; QL (30 EA per 30 days)
ICLUSIG	1*	PA
IDHIFA	1*	PA; QL (30 EA per 30 days)
<i>imatinib mesylate</i>	1*	PA
IMBRUVICA	1*	PA; QL (30 EA per 30 days)
INLYTA	1*	PA; LA
INREBIC	1*	PA; QL (120 EA per 30 days)
IRESSA	1*	PA
KOSELUGO	1*	PA
<i>lapatinib ditosylate</i>	1*	PA
LENVIMA (10 MG DAILY DOSE)	1*	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	1*	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	1*	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	1*	PA; LA; QL (105 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	1*	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	1*	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	1*	PA; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	1*	PA; LA; QL (70 EA per 30 days)
NEXAVAR	1*	PA; LA
ODOMZO	1*	PA; LA; QL (30 EA per 30 days)
PEMAZYRE	1*	PA
ROZLYTREK	1*	PA; QL (90 EA per 30 days)
SPRYCEL	1*	PA
STIVARGA	1*	PA; LA; QL (84 EA per 28 days)
SUTENT	1*	PA
TABRECTA	1*	PA
TAFINLAR	1*	PA; QL (120 EA per 30 days)
TAGRISSE	1*	PA; LA; QL (30 EA per 30 days)
TASIGNA	1*	PA
TAZVERIK	1*	PA; QL (120 EA per 30 days)
TIBSOVO	1*	PA
TURALIO	1*	PA; QL (120 EA per 30 days)
TYKERB	1*	PA; LA

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Drug Name	Drug Tiers	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	1	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	1*	PA
VENCLEXTA STARTING PACK	1*	PA
VIZIMPRO	1*	PA
VOTRIENT	1*	PA
XALKORI	1*	PA; LA; QL (60 EA per 30 days)
XOSPATA	1*	PA
ZELBORAF	1*	PA; LA; QL (240 EA per 30 days)
Monoclonal Antibody/Antibody-Drug Conjugate		
POTELIGEO	1*	B/D
Retinoids		
<i>bexarotene</i>	1*	
PANRETIN	1*	
TARGRETIN	1*	PA
<i>tretinoin oral</i>	1*	PA
Treatment Adjuncts		
ELITEK	1	
Antiparasitics		
Anthelmintics		
<i>albendazole oral</i>	1	
<i>ivermectin oral</i>	1	
<i>praziquantel oral</i>	1	
Antiprotozoals		
ALINIA	1*	
<i>atovaquone oral</i>	1*	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate oral</i>	1	
COARTEM	1	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral</i>	1	
KRINTAFEL	1	QL (2 EA per 365 days)
<i>mefloquine hcl</i>	1	
MEPRON	1*	
PENTAM	1	
<i>pentamidine isethionate inhalation</i>	1	PA

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Drug Name	Drug Tiers	Requirements/Limits
<i>primaquine phosphate oral</i>	1	
<i>pyrimethamine oral</i>	1	
<i>quinine sulfate oral</i>	1	
Pediculicides/Scabicides		
<i>lindane external shampoo</i>	1	
<i>malathion external</i>	1	
<i>permethrin external cream</i>	1	
SKLICE	1	QL (117 GM per 14 days)
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral</i>	1	
<i>diphenhydramine hcl injection</i>	1	
<i>trihexyphenidyl hcl</i>	1	
Antiparkinson Agents, Other		
<i>entacapone</i>	1	
<i>tolcapone</i>	1*	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	1*	
<i>bromocriptine mesylate oral</i>	1	
KYNMOBI	1*	QL (150 EA per 30 days)
NEUPRO	1	ST; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole hcl er</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>ropinirole hcl oral tablet 5 mg</i>	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i>	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>carbidopa-levodopa oral tablet dispersible</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral</i>	1	
<i>selegiline hcl oral</i>	1	
Antipsychotics		
1St Generation/Typical		
ADASUVE	1*	PA
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	1	
<i>chlorpromazine hcl oral</i>	1	
COMPRO	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet 1 mg</i>	1	
<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol oral</i>	1	
<i>loxapine succinate oral</i>	1	
<i>molindone hcl</i>	1	
<i>perphenazine oral</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hcl oral</i>	1	
<i>thiothixene oral</i>	1	
<i>trifluoperazine hcl oral</i>	1	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	1*	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1*	
<i>aripiprazole oral solution</i>	1	PA
<i>aripiprazole oral tablet</i>	1	PA; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	1*	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ARISTADA	1*	
ARISTADA INITIO	1*	
CAPLYTA	1*	PA; QL (30 EA per 30 days)
<i>clozapine</i>	1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	1*	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 4 MG	1	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK	1	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	1*	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML, 78 MG/0.5ML	1	
LATUDA	1*	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	1*	PA
NUPLAZID ORAL TABLET 10 MG	1*	PA
<i>olanzapine intramuscular</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 2.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	1	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	ST; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	ST; QL (60 EA per 30 days)
PERSERIS	1*	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	1	PA; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 25 mg</i>	1	
REXULTI	1*	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	1	

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Drug Name	Drug Tiers	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	1*	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	1*	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>risperidone oral tablet 4 mg</i>	1	
<i>risperidone oral tablet dispersible</i>	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG	1*	ST; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	1	ST; QL (60 EA per 30 days)
SECUADO	1*	ST; QL (30 EA per 30 days)
VERSACLOZ	1*	
VRAYLAR ORAL CAPSULE	1*	ST
VRAYLAR ORAL CAPSULE THERAPY PACK	1	ST
<i>ziprasidone hcl</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	
ZYPREXA INTRAMUSCULAR	1	QL (30 EA per 30 days)
ZYPREXA RELPREVV	1*	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	1	
<i>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral</i>	1	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>ganciclovir sodium intravenous solution reconstituted</i>	1	B/D
PREVYMIS ORAL	1*	PA

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Drug Name	Drug Tiers	Requirements/Limits
VALCYTE ORAL TABLET	1*	
<i>valganciclovir hcl oral tablet</i>	1*	
ZIRGAN	1	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil</i>	1*	
BARACLUDE ORAL SOLUTION	1	QL (600 ML per 30 days)
<i>entecavir</i>	1	
EPIVIR HBV ORAL SOLUTION	1	
HEPSERA	1*	
INTRON A	1*	B/D
<i>lamivudine oral tablet 100 mg</i>	1	
VEMLIDY	1*	
Anti-Hepatitis C (Hcv) Agents, Direct Acting Agents		
DAKLINZA ORAL TABLET 30 MG, 60 MG	1*	PA
EPCLUSA ORAL TABLET 400-100 MG	1*	PA
HARVONI ORAL PACKET 33.75-150 MG	1*	PA; QL (28 EA per 28 days)
HARVONI ORAL TABLET	1*	PA; QL (28 EA per 28 days)
MAVYRET	1*	PA; QL (84 EA per 28 days)
SOVALDI ORAL PACKET 150 MG	1*	PA; QL (30 EA per 30 days)
SOVALDI ORAL TABLET	1*	PA; QL (30 EA per 30 days)
ZEPATIER	1*	PA
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	1*	
PEGASYS SUBCUTANEOUS SOLUTION	1*	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	1*	
<i>ribasphere oral capsule</i>	1	
<i>ribasphere oral tablet 600 mg</i>	1	
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
Antitherpetic Agents		
<i>acyclovir external ointment</i>	1	QL (30 GM per 30 days)
<i>acyclovir oral</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	B/D

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Drug Name	Drug Tiers	Requirements/Limits
DENAVIR	1	QL (5 GM per 30 days)
<i>famciclovir oral</i>	1	
<i>trifluridine ophthalmic</i>	1	
<i>valacyclovir hcl oral</i>	1	
XERESE	1	QL (5 GM per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY	1*	QL (30 EA per 30 days)
DELSTRIGO	1*	QL (30 EA per 30 days)
DOVATO	1*	QL (30 EA per 30 days)
GENVOYA	1*	QL (30 EA per 30 days)
ISENTRESS ORAL PACKET	1	
JULUCA	1*	QL (30 EA per 30 days)
STRIBILD	1*	
TIVICAY ORAL TABLET 10 MG	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1*	QL (30 EA per 30 days)
TIVICAY PD	1	QL (180 EA per 30 days)
TRIUMEQ	1*	QL (30 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
ATRIPLA	1*	
COMPLERA	1*	QL (30 EA per 30 days)
EDURANT	1	QL (30 EA per 30 days)
<i>efavirenz</i>	1	
<i>efavirenz-emtricitab-tenofovir</i>	1*	
<i>efavirenz-lamivudine-tenofovir</i>	1*	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	1*	
INTELENCE ORAL TABLET 25 MG	1	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 EA per 30 days)
ODEFSEY	1*	QL (30 EA per 30 days)
PIFELTRO	1*	QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	1	

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Drug Name	Drug Tiers	Requirements/Limits
SYMFI	1*	QL (30 EA per 30 days)
SYMFI LO	1*	QL (30 EA per 30 days)
VIRAMUNE ORAL SUSPENSION	1	QL (1200 ML per 30 days)
VIRAMUNE ORAL TABLET	1*	QL (60 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	1	
<i>abacavir sulfate oral tablet</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1*	
<i>cimduo</i>	1*	QL (30 EA per 30 days)
DESCOVY	1*	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df</i>	1*	
EMTRIVA ORAL SOLUTION	1	
EPZICOM	1*	
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	1	
RETROVIR INTRAVENOUS	1	
<i>stavudine oral capsule</i>	1	
TEMIXYS	1*	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	1	
TRIZIVIR	1*	
TRUVADA	1*	
VIDEX	1	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	1	
VIREAD ORAL POWDER	1*	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1*	
<i>zidovudine</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1*	
ISENTRESS HD	1*	
ISENTRESS ORAL TABLET	1*	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	1*	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	1	
RUKOBIA	1*	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	1*	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	1*	
SELZENTRY ORAL TABLET 25 MG	1	
TIVICAY ORAL TABLET 50 MG	1*	QL (60 EA per 30 days)
TYBOST	1	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	1*	
APTIVUS ORAL SOLUTION	1	
<i>atazanavir sulfate</i>	1*	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
EVOTAZ	1*	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	1*	
INVIRASE ORAL TABLET	1*	
KALETRA ORAL SOLUTION	1*	
KALETRA ORAL TABLET 100-25 MG	1	
KALETRA ORAL TABLET 200-50 MG	1*	
LEXIVA ORAL SUSPENSION	1	
<i>lopinavir-ritonavir</i>	1*	
NORVIR ORAL PACKET	1	
NORVIR ORAL SOLUTION	1	
PREZCOBIX	1*	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	1*	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
PREZISTA ORAL TABLET 600 MG, 800 MG	1*	
REYATAZ ORAL PACKET	1*	
<i>ritonavir</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
SYMTUZA	1*	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	1	
Anti-Influenza Agents		
<i>amantadine hcl oral</i>	1	
<i>oseltamivir phosphate oral</i>	1	
RELENZA DISKHALER	1	
<i>rimantadine hcl</i>	1	
XOFLUZA (40 MG DOSE)	1	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE)	1	QL (2 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	1	
<i>alprazolam intensol</i>	1	
<i>alprazolam oral tablet 0.25 mg, 1 mg</i>	1	
<i>alprazolam xr</i>	1	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>buspirone hcl oral tablet 5 mg</i>	1	
DIAZEPAM INTENSOL	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>estazolam</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet 0.5 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral tablet</i>	1	
LORAZEPAM INTENSOL	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>oxazepam</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	
Bipolar Agents		
Mood Stabilizers		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	1	
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral</i>	1	
ADLYXIN	1	
ADLYXIN STARTER PACK	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	1	
BYDUREON BCISE	1	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	1	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
CYCLOSET	1	
FARXIGA	1	QL (30 EA per 30 days)
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	
<i>glipizide-metformin hcl</i>	1	
GLYXAMBI	1	QL (30 EA per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	1	QL (0.4 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	1	QL (0.8 ML per 30 days)
INVOKAMET	1	ST
INVOKAMET XR	1	ST; QL (60 EA per 30 days)
INVOKANA	1	ST; QL (30 EA per 30 days)
JANUMET	1	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	1	QL (60 EA per 30 days)
JANUVIA	1	QL (30 EA per 30 days)
JARDIANCE	1	
JENTADUETO	1	QL (60 EA per 30 days)
JENTADUETO XR	1	QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	1	ST; QL (30 EA per 30 days)
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
ONGLYZA	1	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE)	1	ST
OZEMPIC (1 MG/DOSE)	1	ST
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
QTERN ORAL TABLET 10-5 MG	1	QL (30 EA per 30 days)
<i>repaglinide</i>	1	
<i>repaglinide-metformin hcl</i>	1	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG	1	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	1	ST; QL (120 EA per 30 days)
STEGLATRO	1	ST; QL (30 EA per 30 days)
STEGLUJAN	1	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1*	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	ST; QL (12 ML per 30 days)
SYNJARDY	1	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	1	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 EA per 30 days)
TRULICITY	1	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	ST
XIGDUO XR	1	
Glycemic Agents		
BAQSIMI TWO PACK	1	QL (2 EA per 30 days)
CLINIMIX E/DEXTROSE (2.75/5)	1	B/D
CLINIMIX E/DEXTROSE (4.25/5)	1	B/D
CLINIMIX/DEXTROSE (5/15)	1	B/D
CLINIMIX/DEXTROSE (5/20)	1	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %</i>	1	
<i>diazoxide oral</i>	1	
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	1	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	1	QL (0.8 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>kcl-lactated ringers-d5w</i>	1	
Insulins		
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	1	ST
APIDRA	1	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	ST
FIASP	1	ST
FIASP FLEXTOUCH	1	ST
FIASP PENFILL	1	ST
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	
HUMULIN 70/30	1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	
HUMULIN N	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1*	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1*	
<i>insulin asp prot & asp flexpen</i>	1	ST
<i>insulin aspart</i>	1	ST
<i>insulin aspart flexpen</i>	1	ST
<i>insulin aspart penfill</i>	1	ST
<i>insulin aspart prot & aspart</i>	1	ST

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LANTUS	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
LYUMJEV	1	
LYUMJEV KWIKPEN	1	
NOVOLIN 70/30	1	ST
NOVOLIN 70/30 FLEXPEN	1	ST
NOVOLIN N	1	ST
NOVOLIN N FLEXPEN	1	ST
NOVOLIN R	1	ST
NOVOLIN R FLEXPEN	1	ST
SOLIQUA	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
XULTOPHY	1	QL (15 ML per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN ORAL	1	
ELIQUIS	1	QL (74 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK	1	QL (74 EA per 30 days)
<i>enoxaparin sodium injection</i>	1	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1*	QL (60 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (48 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	QL (18 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	QL (24 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1*	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1*	QL (12 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1*	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 7500 UNIT/0.3ML	1*	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	
<i>heparin (porcine) in nacl injection solution 100-0.45 unit/ml-%</i>	1	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	HI
<i>jantoven</i>	1	
PRADAXA	1	QL (60 EA per 30 days)
SAVAYSA	1	QL (30 EA per 30 days)
<i>warfarin sodium oral</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK	1	
Blood Formation Modifiers		
<i>anagrelide hcl</i>	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML	1*	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	1	B/D
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	1*	B/D
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	B/D
FULPHILA	1*	

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Drug Name	Drug Tiers	Requirements/Limits
GRANIX	1*	
LEUKINE INJECTION SOLUTION RECONSTITUTED	1*	
LEUKINE INTRAVENOUS	1*	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	1	QL (0.6 ML per 28 days)
MOZOBIL	1*	B/D
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	1*	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML	1	B/D
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	1*	B/D
PROCRIT INJECTION SOLUTION 4000 UNIT/ML	1	B/D
PROMACTA	1*	PA; LA
UDENYCA	1*	QL (1.2 ML per 28 days)
ZARXIO	1*	
ZIEXTENZO	1*	QL (1.2 ML per 28 days)
Hemostasis Agents		
BRILINTA ORAL TABLET 90 MG	1	QL (60 EA per 30 days)
RETACRIT	1	B/D
<i>tranexamic acid oral</i>	1	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	1	
BRILINTA ORAL TABLET 60 MG	1	QL (60 EA per 30 days)
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>prasugrel hcl</i>	1	
ZONTIVITY	1	ST; QL (30 EA per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hcl oral</i>	1	
<i>midodrine hcl</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral</i>	1	
<i>prazosin hcl oral</i>	1	
<i>terazosin hcl oral</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium oral</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>captopril oral</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>enalapril maleate oral</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>ramipril oral capsule 2.5 mg</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil hcl er</i>	1	
Antiarrhythmics		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	1	
<i>amiodarone hcl oral</i>	1	
<i>disopyramide phosphate oral</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl oral</i>	1	
MULTAQ	1	
<i>pacerone oral tablet 100 mg</i>	1	
PACERONE ORAL TABLET 200 MG	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate oral</i>	1	
RYTHMOL SR	1	
SORINE	1	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl oral</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	1	
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>betaxolol hcl oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
BYSTOLIC	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
INNOPRAN XL	1	
<i>labetalol hcl intravenous solution</i>	1	
<i>labetalol hcl oral</i>	1	
<i>metoprolol succinate er</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral</i>	1	
<i>propranolol-hctz</i>	1	
<i>timolol maleate oral</i>	1	
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	1	
<i>cartia xt</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet 30 mg</i>	1	
<i>dilt-xr</i>	1	

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<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl oral</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine oral</i>	1	
<i>nisoldipine er</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
<i>taztia xt</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>verapamil hcl er</i>	1	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil hcl oral tablet 40 mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate</i>	1	
CORLANOR	1	ST
DEMSER	1	
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral</i>	1	
ENTRESTO	1	QL (60 EA per 30 days)
<i>metyrosine</i>	1	
NEXLETOL	1	PA; QL (30 EA per 30 days)
NEXLIZET	1	PA; QL (30 EA per 30 days)
NORTHERA	1*	PA
<i>pentoxifylline er</i>	1	
<i>ranolazine er</i>	1	
REPATHA	1	PA; QL (3 ML per 30 days)
REPATHA PUSHTRONEX SYSTEM	1	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK	1	PA; QL (3 ML per 30 days)
TAKHZYRO	1*	PA; LA
TEKTURNA HCT	1	
VECAMYL	1*	

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Drug Name	Drug Tiers	Requirements/Limits
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral</i>	1	
<i>acetazolamide sodium</i>	1	
<i>methazolamide oral tablet 50 mg</i>	1	
Diuretics, Loop		
<i>bumetanide oral</i>	1	
<i>ethacrynic acid oral</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide oral tablet 10 mg, 20 mg</i>	1	
<i>toremide oral tablet 100 mg, 5 mg</i>	1	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	
<i>spironolactone oral tablet 25 mg</i>	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene oral</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide oral</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>indapamide oral</i>	1	
<i>methyclothiazide oral</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>gemfibrozil oral</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ALTOPREV	1	
<i>atorvastatin calcium oral tablet 10 mg</i>	1	
<i>atorvastatin calcium oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>fluvastatin sodium</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin oral tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	1	
<i>cholestyramine oral</i>	1	
<i>colesevelam hcl</i>	1	
COLESTID FLAVORED ORAL PACKET	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
<i>prevalite</i>	1	
VASCEPA	1	PA
Vasodilators, Direct-Acting Arterial/Venous		
BIDIL	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 20 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	

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Drug Name	Drug Tiers	Requirements/Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	1	
NITROLINGUAL	1	
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	1	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	1	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
VYVANSE	1	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>clonidine hcl er</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
DAYTRANA	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd)</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la)</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 36 mg, 54 mg, 72 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 36 mg, 54 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 27 mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (1500 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (3000 ML per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	1	
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	1*	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	1*	PA; QL (240 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	1*	PA; QL (150 EA per 30 days)
INGREZZA	1*	PA; QL (30 EA per 30 days)
NUEDEXTA	1*	PA; QL (60 EA per 30 days)
<i>riluzole</i>	1	
<i>tetrabenazine</i>	1*	PA; QL (60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	1*	
<i>dalfampridine er</i>	1*	PA; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	1*	
<i>glatiramer acetate</i>	1*	

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Drug Name	Drug Tiers	Requirements/Limits
GLATOPA	1*	
MAVENCLAD (10 TABS)	1*	PA; QL (40 EA per 365 days)
MAVENCLAD (4 TABS)	1*	PA; QL (20 EA per 365 days)
MAVENCLAD (5 TABS)	1*	PA; QL (20 EA per 365 days)
MAVENCLAD (6 TABS)	1*	PA; QL (24 EA per 365 days)
MAVENCLAD (7 TABS)	1*	PA; QL (28 EA per 365 days)
MAVENCLAD (8 TABS)	1*	PA; QL (20 EA per 365 days)
MAVENCLAD (9 TABS)	1*	PA; QL (20 EA per 365 days)
MAYZENT ORAL TABLET 0.25 MG	1*	QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	1*	QL (30 EA per 30 days)
MAYZENT STARTER PACK	1*	
PLEGRIDY	1*	QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	1*	QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1*	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1*	
ZEPOSIA	1*	QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	1*	QL (14 EA per 365 days)
ZEPOSIA STARTER KIT	1*	QL (74 EA per 365 days)
Dental And Oral Agents		
<i>Dental And Oral Agents</i>		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate mouth/throat</i>	1	
DENTA 5000 PLUS	1	
KEPIVANCE	1*	
<i>pilocarpine hcl oral</i>	1	QL (120 EA per 30 days)
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
Dermatological Agents		
<i>Dermatological Agents</i>		
<i>acitretin</i>	1	
<i>adapalene external gel 0.1 %</i>	1	
<i>adapalene external gel 0.3 %</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>ammonium lactate external</i>	1	
<i>amnesteem</i>	1	
<i>azelaic acid external</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>beser external lotion</i>	1	
<i>calcipotriene external cream</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	1	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	1	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	1	
CALCITRENE	1	
<i>calcitriol external</i>	1	ST
<i>claravis</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	
<i>clotrimazole-betamethasone external lotion</i>	1	
COSENTYX (300 MG DOSE)	1*	PA
COSENTYX SENSOREADY (300 MG)	1*	PA
<i>diclofenac sodium transdermal gel 1 %</i>	1	
<i>diclofenac sodium transdermal solution</i>	1	
<i>doxepin hcl external</i>	1	QL (90 GM per 365 days)
DUPIXENT	1*	PA
ENSTILAR	1*	
<i>fluocinolone acetonide otic</i>	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	1	
<i>imiquimod external</i>	1	
<i>imiquimod pump</i>	1*	
<i>isotretinoin oral</i>	1	
<i>ivermectin external</i>	1	
<i>methoxsalen rapid</i>	1*	
MIRVASO	1	PA
<i>neuac external gel</i>	1	
OXSORALEN ULTRA	1*	
<i>pimecrolimus</i>	1	
<i>podofilox external</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
PROCTOFOAM HC RECTAL	1	
RECTIV	1	QL (30 GM per 30 days)
RHOFADE	1	PA; QL (30 GM per 30 days)
SANTYL	1	QL (60 GM per 30 days)
<i>selenium sulfide external lotion</i>	1	
SILIQ	1*	PA; QL (3 ML per 28 days)
SKYRIZI (150 MG DOSE)	1*	PA; QL (2 EA per 84 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	1*	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1*	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	PA
<i>tacrolimus external ointment</i>	1	QL (100 GM per 30 days)
TALTZ	1*	PA
<i>tazarotene external</i>	1	
TOLAK	1	
TREMFYA	1*	PA
<i>tretinoin external cream</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin external gel 0.05 %</i>	1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	1	
ULESFIA	1	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
CARBAGLU	1*	PA; LA
CLINIMIX E/DEXTROSE (4.25/10)	1	B/D
CLINIMIX E/DEXTROSE (5/15)	1	B/D
CLINIMIX E/DEXTROSE (5/20)	1	B/D
CLINIMIX/DEXTROSE (4.25/10)	1	B/D
CLINIMIX/DEXTROSE (4.25/5)	1	B/D
<i>dextrose 5%/electrolyte #48</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.9 %</i>	1	
DOJOLVI	1*	PA

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Drug Name	Drug Tiers	Requirements/Limits
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	1	
KLOR-CON 10	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
<i>klor-con oral packet 20 meq</i>	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 8 MEQ	1	
KLOR-CON/EF	1	
<i>lactated ringers intravenous</i>	1	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	1	
<i>magnesium sulfate intravenous solution 20 gm/500ml, 4 gm/50ml</i>	1	
NORMOSOL-M IN D5W	1	
NORMOSOL-R	1	
NORMOSOL-R PH 7.4	1	
PHOSLYRA	1	ST
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	HI
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er</i>	1	
PROCALAMINE	1	B/D
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules</i>	1*	
<i>deferasirox oral tablet</i>	1*	
<i>deferasirox oral tablet soluble 125 mg</i>	1	
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	1*	
KIONEX ORAL SUSPENSION	1	
LOKELMA ORAL PACKET 10 GM	1	QL (90 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	1	QL (30 EA per 30 days)
SAMSCA	1*	PA
<i>sodium polystyrene sulfonate oral</i>	1	
SPS	1	
<i>trientine hcl</i>	1	
VELTASSA	1	QL (30 EA per 30 days)
Phosphate Binders		
AURYXIA	1*	PA
<i>calcium acetate (phos binder)</i>	1	
<i>lanthanum carbonate</i>	1*	
<i>sevelamer carbonate oral packet</i>	1*	
<i>sevelamer carbonate oral tablet</i>	1	
VELPHORO	1*	ST
Vitamins		
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA	1	
<i>dicyclomine hcl oral</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine bromide oral</i>	1	
<i>propantheline bromide oral</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Gastrointestinal Agents, Other		
CHOLBAM	1*	PA
<i>diphenoxylate-atropine</i>	1	
GATTEX	1*	PA
<i>loperamide hcl oral capsule</i>	1	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
MOVANTIK	1	ST; QL (30 EA per 30 days)
OCALIVA	1*	PA; QL (30 EA per 30 days)
<i>opium</i>	1	QL (118 ML per 30 days)
RELISTOR ORAL	1*	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	1	PA
SYMPROIC	1	ST; QL (30 EA per 30 days)
<i>ursodiol oral</i>	1	
XERMELO	1*	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral</i>	1	
<i>famotidine intravenous solution 20 mg/2ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule</i>	1	
<i>ranitidine hcl oral capsule</i>	1	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
Irritable Bowel Syndrome Agents		
<i>alosetron hcl</i>	1*	
AMITIZA	1	
LINZESS	1	QL (30 EA per 30 days)
Laxatives		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	
KRISTALOSE	1	
<i>lactulose encephalopathy</i>	1	
<i>lactulose oral packet</i>	1*	
<i>lactulose oral solution 10 gm/15ml</i>	1	
<i>peg 3350/electrolytes</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
PREPOPIK	1	
SUPREP BOWEL PREP KIT	1	
<i>trilyte</i>	1	
Protectants		
<i>misoprostol oral</i>	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release</i>	1	ST
<i>lansoprazole oral capsule delayed release</i>	1	
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	1	
<i>omeprazole oral capsule delayed release 20 mg</i>	1	
<i>omeprazole-sodium bicarbonate</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	
<i>rabeprazole sodium oral tablet delayed release</i>	1	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN	1*	
ALDURAZYME	1*	
CERDELGA	1*	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	1*	
CREON	1	
CYSTADANE	1	LA
CYSTAGON	1	LA
ELAPRASE	1*	
ELELYSO	1*	
FABRAZYME	1*	
GALAFOLD	1*	PA; QL (14 EA per 28 days)
KUVAN	1*	LA
LUMIZYME	1*	
<i>miglustat</i>	1*	
NAGLAZYME	1*	
<i>nitisinone</i>	1*	
ORFADIN ORAL CAPSULE 20 MG	1*	LA
ORFADIN ORAL SUSPENSION	1*	LA
PANCREAZE	1	ST
PROCYSBI	1*	
RAVICTI	1*	PA
RUZURGI	1*	PA; QL (300 EA per 30 days)
<i>sapropterin dihydrochloride</i>	1*	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	1*	
<i>sodium phenylbutyrate oral tablet</i>	1*	
SUCRAID	1*	LA
VIOKACE	1	
VPRIV	1*	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	1	ST
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE PUMP	1	

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GELNIQUE TRANSDERMAL GEL 10 %	1	
MYRBETRIQ	1	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride oral</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl oral</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>bethanechol chloride oral tablet 5 mg</i>	1	
ELMIRON	1	
MESNEX ORAL	1*	
<i>penicillamine oral capsule</i>	1*	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1	QL (60 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>betamethasone dipropionate aug external ointment</i>	1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external lotion</i>	1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate e</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external cream</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	1	
<i>clobetasol propionate external lotion</i>	1	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	1	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	1	
CORTIFOAM RECTAL	1	
<i>cortisone acetate oral</i>	1	
<i>desonide external cream</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	1	
<i>fludrocortisone acetate oral</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halobetasol propionate external cream</i>	1	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment</i>	1	QL (50 GM per 30 days)
<i>hydrocortisone butyr lipo base</i>	1	
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone valerate external cream</i>	1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	1	
ISTURISA ORAL TABLET 1 MG	1*	PA; QL (120 EA per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	1*	PA; QL (60 EA per 30 days)
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
<i>millipred oral tablet</i>	1	
<i>mometasone furoate external</i>	1	
NOLIX EXTERNAL LOTION	1	
<i>prednicarbate</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISONO INTENSOL	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
<i>procto-med hc</i>	1	
PROCTO-PAK	1	
PROCTOSOL HC	1	
PROCTOZONE-HC	1	
<i>triamcinolone acetanide external cream</i>	1	
<i>triamcinolone acetanide external lotion</i>	1	
<i>triamcinolone acetanide external ointment 0.025 % , 0.1 % , 0.5 %</i>	1	
TRIDERM EXTERNAL CREAM 0.1 %	1	
UCERIS RECTAL	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	
GENOTROPIN	1*	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	1*	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG	1*	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 6 MG	1	PA
INCRELEX	1*	LA
NORDITROPIN FLEXPPO	1*	PA
NUTROPIN AQ NUSPIN 10	1*	PA

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Drug Name	Drug Tiers	Requirements/Limits
NUTROPIN AQ NUSPIN 20	1*	PA
NUTROPIN AQ NUSPIN 5	1*	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1*	PA; LA
TEGSEDI	1*	PA; QL (6 ML per 28 days)
VYNDAMAX	1*	PA; QL (30 EA per 30 days)
VYNDAQEL	1*	PA; QL (120 EA per 30 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	1*	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	1	PA
ZORBTIVE	1*	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	1*	
<i>misoprostol oral tablet 200 mcg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	1	
<i>oxandrolone oral</i>	1	
Androgens		
AVEED	1	PA
<i>danazol oral</i>	1	
<i>methyltestosterone oral</i>	1*	PA
STRIANT	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution</i>	1	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA

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Drug Name	Drug Tiers	Requirements/Limits
<i>testosterone transdermal solution</i>	1	PA
XYOSTED	1	PA
Estrogens		
ALORA	1	
ALTAVERA	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
AMETHIA	1	
AMETHIA LO	1	
APRI	1	
ARANELLE	1	
AVIANE	1	
BALZIVA	1	
BEYAZ	1	
CAMRESE	1	
CAMRESE LO	1	
CAZANT	1	
CHATEAL	1	
CLIMARA PRO	1	
COMBIPATCH	1	
CRYSSELLE-28	1	
CYCLAFEM 1/35	1	
CYCLAFEM 7/7/7	1	
DASETTA 1/35	1	
DASETTA 7/7/7	1	
DEPO-ESTRADIOL	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	1	
<i>dotti</i>	1	
ELESTRIN	1	
EMOQUETTE	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	1	
<i>ethynodiol diac-eth estradiol</i>	1	
EVAMIST	1	
FALMINA	1	
FAYOSIM	1	
FEMRING	1	
FEMYNOR	1	
FYAVOLV	1	
GIANVI	1	
ISIBLOOM	1	
JINTELI	1	
JOLESSA	1	
JUNEL 1.5/30	1	
JUNEL 1/20	1	
JUNEL FE 1.5/30	1	
JUNEL FE 1/20	1	
KARIVA	1	
KELNOR 1/35	1	
<i>kelnor 1/50</i>	1	
KURVELO	1	
LARIN FE 1.5/30	1	
LARIN FE 1/20	1	
LARISSIA	1	
LEENA	1	
LESSINA	1	
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	
LEVORA 0.15/30 (28)	1	
LORYNA	1	
LOW-OGESTREL	1	
LUTERA	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
MENOSTAR	1	
MIBELAS 24 FE	1	
MICROGESTIN 1.5/30	1	
MICROGESTIN 1/20	1	
MICROGESTIN FE 1.5/30	1	
MICROGESTIN FE 1/20	1	
MIMVEY	1	
NATAZIA	1	
NECON 0.5/35 (28)	1	
NECON 1/35 (28)	1	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	1	
<i>norethindrone-eth estradiol</i>	1	
<i>norethin-eth estradiol-fe</i>	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7	1	
NUVARING	1	
OCELLA	1	
ORSYTHIA	1	
PIRMELLA 1/35	1	

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Drug Name	Drug Tiers	Requirements/Limits
PIRMELLA 7/7/7	1	
PORTIA-28	1	
PREMARIN VAGINAL	1	
PREVIFEM	1	
QUARTETTE	1	
RECLIPSEN	1	
RIVELSA	1	
SPRINTEC 28	1	
SRONYX	1	
<i>syeda</i>	1	
TAYTULLA	1	
<i>tri-estarylla</i>	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-SPRINTEC	1	
TRI-PREVIFEM	1	
TRI-SPRINTEC	1	
TRIVORA (28)	1	
<i>tri-vylibra</i>	1	
<i>tydemy</i>	1	
VELIVET	1	
<i>vylibra</i>	1	
XULANE	1	
YUVAFEM	1	
ZARAH	1	
ZOVIA 1/35E (28)	1	
Progesterone Agonists/Antagonists		
ELLA	1	
Progestins		
CAMILA	1	
CRINONE VAGINAL GEL 8 %	1	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	

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Drug Name	Drug Tiers	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	
ERRIN	1	
JOLIVETTE	1	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet</i>	1	
NORA-BE	1	
<i>norethindrone acetate oral</i>	1	
<i>progesterone micronized oral</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>clomiphene citrate oral</i>	1	PA
<i>raloxifene hcl</i>	1	
<i>tamoxifen citrate oral</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox</i>	1	
<i>levothyroxine sodium oral</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium oral</i>	1	
SYNTHROID	1	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	1	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	1	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	1	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	1	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	1	
TIROSINT	1	

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Drug Name	Drug Tiers	Requirements/Limits
TIROSINT-SOL	1	
TYMLOS	1*	PA; QL (1.56 ML per 30 days)
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	1	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	1	
ELIGARD	1	
FIRMAGON (240 MG DOSE)	1*	B/D
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	1*	B/D
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	B/D
<i>leuprolide acetate injection</i>	1	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	1	QL (1 EA per 90 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	1	QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH)	1*	
LUPRON DEPOT (3-MONTH)	1*	
LUPRON DEPOT (4-MONTH)	1*	
LUPRON DEPOT (6-MONTH)	1*	
LUPRON DEPOT-PED (1-MONTH)	1*	
LUPRON DEPOT-PED (3-MONTH)	1*	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	1*	
SANDOSTATIN LAR DEPOT	1*	
SIGNIFOR	1*	PA
SOMATULINE DEPOT	1*	
SOMAVERT	1*	LA
SYNAREL	1*	
TRELSTAR MIXJECT	1*	B/D

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Drug Name	Drug Tiers	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
Immunological Agents		
Angioedema Agents		
BERINERT	1*	PA; LA
<i>icatibant acetate</i>	1*	PA
Immune Suppressants		
ASTAGRAF XL	1	B/D
AZASAN	1	B/D
<i>azathioprine oral</i>	1	B/D
BENLYSTA SUBCUTANEOUS	1*	PA
CELLCEPT ORAL CAPSULE	1*	B/D
CELLCEPT ORAL SUSPENSION RECONSTITUTED	1	B/D
CELLCEPT ORAL TABLET	1*	B/D
CIMZIA PREFILLED	1*	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1*	PA
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine oral capsule</i>	1	B/D
<i>enbrel mini</i>	1*	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1*	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	1*	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1*	PA
ENVARUSUS XR	1	B/D
<i>everolimus oral tablet 0.25 mg</i>	1	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	1*	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D
GENGRAF ORAL SOLUTION	1	B/D
HUMIRA PEDIATRIC CROHNS START	1*	PA

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Drug Name	Drug Tiers	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	1*	PA; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER	1*	PA
HUMIRA PEN-PS/UV/ADOL HS START	1*	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	1*	PA; QL (2 EA per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	PA
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>mycophenolate mofetil</i>	1	B/D
<i>mycophenolate sodium</i>	1	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	1	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	1*	B/D
ORENCIA CLICKJECT	1*	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	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	1	ST
<i>penicillamine oral tablet</i>	1	
PROGRAF ORAL PACKET	1	B/D
RAPAMUNE ORAL SOLUTION	1*	B/D
RAPAMUNE ORAL TABLET 0.5 MG	1	B/D
RAPAMUNE ORAL TABLET 1 MG, 2 MG	1*	B/D
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	1	ST
RINVOQ	1*	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
SANDIMMUNE ORAL SOLUTION	1	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1*	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	PA
<i>sirolimus oral solution</i>	1*	B/D
<i>sirolimus oral tablet 0.5 mg</i>	1	B/D
<i>sirolimus oral tablet 1 mg</i>	1	B/D
<i>sirolimus oral tablet 2 mg</i>	1*	B/D
<i>tacrolimus oral</i>	1	B/D
TREXALL	1	B/D
XATMEP	1	PA
ZORTRESS ORAL TABLET 1 MG	1*	B/D
Immunizing Agents, Passive		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	1*	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	1*	PA
GAMMAGARD S/D LESS IGA	1*	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1*	PA
PANZYGA	1*	PA
Immunomodulators		
ACTEMRA ACTPEN	1*	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS	1*	PA; QL (3.6 ML per 28 days)
ACTIMMUNE	1*	PA
ARCALYST	1*	LA
AVONEX	1*	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	1*	
<i>kevezara subcutaneous solution auto-injector</i>	1*	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	PA; QL (2.28 ML per 28 days)
<i>leflunomide oral</i>	1	
OLUMIANT ORAL TABLET 1 MG	1*	PA; QL (30 EA per 30 days)
OLUMIANT ORAL TABLET 2 MG	1*	PA
OTEZLA	1*	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	
RIDAURA	1	
TECFIDERA	1*	
XELJANZ ORAL TABLET 10 MG	1*	PA; QL (120 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	1*	PA
XELJANZ XR	1*	PA
Vaccines		
ACTHIB	1	
ADACEL	1	
<i>bcg vaccine</i>	1	
BEXSERO	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt</i>	1	
ENGERIX-B INJECTION	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HIBERIX INJECTION	1	
IMOVAX RABIES	1	
INFANRIX	1	
IPOL	1	
IXIARO	1	
KINRIX	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
M-M-R II	1	
PEDIARIX	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PENTACEL	1	

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Drug Name	Drug Tiers	Requirements/Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX	1	
TENIVAC	1	
TRUMENBA	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	
YF-VAX	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO	1	
<i>balsalazide disodium</i>	1	
DIPENTUM	1	
<i>mesalamine er</i>	1	
<i>mesalamine oral</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine-cleanser</i>	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	1	QL (120 EA per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	
<i>sulfasalazine oral</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	1*	QL (30 EA per 30 days)
<i>budesonide oral</i>	1	
COLOCORT	1	
<i>methylprednisolone oral tablet 16 mg</i>	1	
UCERIS ORAL	1*	QL (30 EA per 30 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium</i>	1	
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
<i>cinacalcet hcl oral tablet 30 mg</i>	1	B/D
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	1*	B/D
<i>doxercalciferol</i>	1	
<i>etidronate disodium oral tablet 200 mg</i>	1	
EVENITY	1*	PA; QL (2.34 ML per 30 days)
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	1*	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	1*	PA
<i>ibandronate sodium intravenous</i>	1	QL (3 ML per 90 days)
<i>ibandronate sodium oral</i>	1	
MIACALCIN INJECTION	1	
NATPARA	1*	PA
<i>pamidronate disodium intravenous solution</i>	1	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral capsule 1 mcg</i>	1	
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	1	
PROLIA	1	PA
RAYALDEE	1*	PA
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>risedronate sodium oral tablet delayed release</i>	1	
TERIPARATIDE (RECOMBINANT)	1*	PA
<i>zoledronic acid intravenous concentrate</i>	1	B/D
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	1	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	1	B/D
AMINOSYN-PF	1	B/D
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
CVS GAUZE STERILE PAD 2"X2"	1	
<i>deferiprone</i>	1*	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIRDAPSE	1*	PA; QL (240 EA per 30 days)
<i>global alcohol prep ease</i>	1	
INTRALIPID	1	B/D
KEVEYIS	1*	PA
<i>lactated ringers irrigation</i>	1	
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>methylergonovine maleate oral</i>	1	
MYALEPT	1*	PA
NEPHRAMINE	1	B/D
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	1	B/D
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
TROPHAMINE	1	B/D
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
VISTOGARD	1*	QL (20 EA per 5 days)

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Drug Name	Drug Tiers	Requirements/Limits
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>bimatoprost ophthalmic</i>	1	
<i>latanoprost ophthalmic</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	ST
RHOPRESSA	1	
<i>travoprost (bak free)</i>	1	ST
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
CEQUA	1	QL (60 EA per 30 days)
CYSTARAN	1*	QL (60 ML per 28 days)
LACRISERT	1	
OXERVATE	1*	PA
RESTASIS	1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	1	QL (5.5 ML per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>	1	
XIIDRA	1	QL (60 EA per 30 days)
Ophthalmic Anti-Allergy Agents		
ALOCRIL	1	
<i>azelastine hcl ophthalmic</i>	1	
<i>cromolyn sodium ophthalmic</i>	1	
<i>epinastine hcl</i>	1	
LASTACFT	1	
<i>olopatadine hcl ophthalmic</i>	1	
PAZEO	1	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
<i>apraclonidine hcl</i>	1	
AZOPT	1	
<i>betaxolol hcl ophthalmic</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	

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<i>carteolol hcl</i>	1	
COMBIGAN	1	
<i>dorzolamide hcl ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg</i>	1	
PHOSPHOLINE IODIDE	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
ROCKLATAN	1	
SIMBRINZA	1	
<i>timolol maleate ophthalmic gel forming solution</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Anti-Inflammatories		
ALOMIDE	1	
BLEPHAMIDE	1	
BLEPHAMIDE S.O.P.	1	
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	1	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
DUREZOL	1	ST
FLAREX	1	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	1	
FML FORTE	1	
INVELTYS	1	
<i>ketorolac tromethamine ophthalmic</i>	1	
LOTEMAX OPHTHALMIC GEL	1	ST
LOTEMAX OPHTHALMIC OINTMENT	1	ST
LOTEMAX SM	1	ST
<i>loteprednol etabonate</i>	1	ST

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Drug Name	Drug Tiers	Requirements/Limits
MAXIDEX	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
NEVANAC	1	
PRED MILD	1	
PRED-G	1	
PRED-G S.O.P.	1	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	1	
<i>tobramycin-dexamethasone</i>	1	
Otic Agents		
Otic Agents		
<i>acetic acid otic</i>	1	
CIPRO HC	1	
CIPRODEX	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
CLARINEX ORAL SYRUP	1	ST
CLARINEX-D 12 HOUR	1	ST
<i>cyproheptadine hcl oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>levocetirizine dihydrochloride oral</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>olopatadine hcl nasal</i>	1	QL (30.5 GM per 30 days)
SEMPREX-D	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	1	
BECONASE AQ	1	
<i>budesonide inhalation</i>	1	B/D
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	
<i>mometasone furoate nasal</i>	1	
OMNARIS	1	
PULMICORT FLEXHALER	1	
QNASL	1	QL (10.6 GM per 30 days)
QVAR REDHALER	1	
Antileukotrienes		
<i>montelukast sodium oral</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1*	QL (120 EA per 30 days)
Bronchodilators, Anticholinergic		
ANORO ELLIPTA	1	QL (60 EA per 30 days)
ATROVENT HFA	1	
COMBIVENT RESPIMAT	1	
INCRUSE ELLIPTA	1	
<i>ipratropium bromide inhalation</i>	1	B/D
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	B/D
SPIRIVA HANDIHALER	1	
SPIRIVA RESPIMAT	1	QL (8 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	1	QL (1 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	

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<i>albuterol sulfate inhalation</i>	1	B/D
<i>albuterol sulfate oral</i>	1	
ARCAPTA NEOHALER	1	QL (30 EA per 30 days)
BEVESPI AEROSPHERE	1	
BROVANA	1*	B/D
DULERA INHALATION AEROSOL 50-5 MCG/ACT	1	QL (13 GM per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (4 EA per 30 days)
<i>levalbuterol hcl inhalation</i>	1	B/D
<i>levalbuterol tartrate</i>	1	
<i>metaproterenol sulfate oral</i>	1	
ORKAMBI ORAL PACKET	1*	PA; QL (120 EA per 30 days)
PERFOROMIST	1*	B/D
PROAIR HFA	1	
PROAIR RESPICLICK	1	
SEREVENT DISKUS	1	
STRIVERDI RESPIMAT	1	QL (4 GM per 30 days)
SYMJEPI	1	QL (4 EA per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	
UTIBRON NEOHALER	1	
VENTOLIN HFA	1	
Cystic Fibrosis Agents		
KALYDECO ORAL PACKET	1*	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	1*	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	1*	PA; QL (120 EA per 30 days)
PULMOZYME	1*	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1*	PA
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	1*	PA; QL (30 EA per 30 days)
TRIKAFTA	1*	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation</i>	1	B/D
<i>cromolyn sodium oral</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous</i>	1	
DALIRESP	1	PA; QL (30 EA per 30 days)
ELIXOPHYLLIN	1	
<i>theophylline er</i>	1	
Pulmonary Antihypertensives		
ADCIRCA	1*	PA
ADEMPAS	1*	PA; LA; QL (90 EA per 30 days)
<i>ambrisentan</i>	1*	LA
<i>bosentan</i>	1*	
LETAIRIS	1*	LA
OPSUMIT	1*	PA; LA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1*	PA
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA
<i>tadalafil (pah)</i>	1*	PA
TRACLEER ORAL TABLET SOLUBLE	1*	LA; QL (112 EA per 28 days)
TYVASO	1*	B/D
TYVASO REFILL	1*	B/D
TYVASO STARTER	1*	B/D
UPTRAVI ORAL TABLET	1*	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	1*	PA
VENTAVIS	1*	B/D
Pulmonary Fibrosis Agents		
<i>esbriet oral tablet 267 mg</i>	1*	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	1*	PA; QL (90 EA per 30 days)
OFEV	1*	PA; LA; QL (60 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation</i>	1	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1*	PA; LA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	1	

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ESBRIET ORAL CAPSULE	1*	PA; QL (270 EA per 30 days)
FASENRA	1*	PA
FASENRA PEN	1*	PA
GLASSIA	1*	PA; LA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1*	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	1*	PA; LA
STIOLTO RESPIMAT	1	QL (4 GM per 30 days)
SYMBICORT	1	
TRELEGY ELLIPTA	1	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1*	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	1*	PA; LA
ZEMAIRA	1*	PA; LA
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate injection</i>	1	
Sleep Disorder Agents		
<i>Gaba Receptor Modulators</i>		
<i>eszopiclone</i>	1	QL (90 EA per 365 days)
<i>flurazepam hcl</i>	1	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	1	
<i>triazolam</i>	1	QL (10 EA per 30 days)
<i>zaleplon</i>	1	QL (90 EA per 365 days)
<i>zolpidem tartrate</i>	1	QL (90 EA per 365 days)
<i>zolpidem tartrate er</i>	1	QL (90 EA per 365 days)
Sleep Disorders, Other		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	1	PA; QL (30 EA per 30 days)
HETLIOZ	1*	PA

Tier 1 = Generic and Brand Drugs

* = 30-day supply only

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary are available via mail order. You can find information on what the abbreviations mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
<i>modafinil</i>	1	QL (60 EA per 30 days)
<i>phenobarbital oral elixir</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 30 mg</i>	1	PA
<i>ramelteon</i>	1	
XYREM	1*	PA; LA; QL (540 ML per 30 days)

Tier 1 = Generic and Brand Drugs

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Notice of Nondiscrimination and Language Assistance Services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

Priority Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health customer service by calling the number at the back of your membership ID card (TTY users call 711).

To file a civil rights grievance

If you believe that Priority Health 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:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health 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 ocrportal.hhs.gov or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.389.6648 (TTY : 711)。

ملاحظة: إذا كنت تتحدث لغة غير اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.888.389.6648 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.888.389.6648 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.389.6648 (TTY: 711)번으로 전화해 주십시오.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮.৩৮৯.৬৬৪৮ (TTY: ৭১১)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.389.6648 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.888.389.6648 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.389.6648 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.888.389.6648 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.389.6648 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.888.389.6648 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.888.389.6648 (TTY: 711).



This formulary was updated on 11/24/2020. For more recent information or other questions, please contact Priority Health Medicare at toll-free 833.939.0983 or, for TTY users, 711, 8 a.m. – 8 p.m., seven days a week, or visit priorityhealth.com/dsnp. The Formulary, may change at any time. You will receive notice when necessary.

The pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Priority Health Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 833.939.0983, TTY users should call 711, or consult the online pharmacy directory at priorityhealth.com/dsnp.

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