2023

Vermont Blue advantage

Vermont Blue Advantage Group PPO℠

Updated: 10/01/2022

Formulary 23527, Version 4

Comprehensive Formulary

(List of Covered Drugs)

Please read: this document contains information about the drugs we cover in this plan.

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact us, Vermont Blue Advantage Group PPO Customer Service, at 1-855-489-0646 or, for TTY users, 711, twenty-four hours a day, seven days a week. From October 1 through November 30, 2022, hours are from 8 a.m. to 8 p.m., Central time, seven days a week, or visit www.VermontBlueAdvantage.com/formularies.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Vermont Blue Advantage. When it refers to "plan" or "our plan," it means **Vermont Blue Advantage Group PPO**.

This document includes a list of the drugs (formulary) for our plan which is current as of October 1, 2022. 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, 2024 and from time to time during the year.

What is the Vermont Blue Advantage Group PPO Formulary?

A formulary is a list of covered drugs selected by **Vermont Blue Advantage Group PPO** 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. **Vermont Blue Advantage Group PPO** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Vermont Blue Advantage Group PPO** 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 the Medicare rules in making these changes.

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

- **New generic drugs**. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

  – If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the **Vermont Blue Advantage Group PPO** 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 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 **Vermont Blue Advantage Group PPO** Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of November 11, 2021. To get updated information about the drugs

covered by Vermont Blue Advantage Group PPO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 98. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Vermont Blue Advantage Group PPO 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: Vermont Blue Advantage Group PPO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Vermont Blue Advantage Group PPO before you fill your prescriptions. If you don't get approval, Vermont Blue Advantage Group PPO may not cover the drug.
- Quantity Limits: For certain drugs, Vermont Blue Advantage Group PPO limits the amount of the drug that Vermont Blue Advantage Group PPO will cover. For example, Vermont Blue Advantage Group PPO provides thirty tablets per prescription for *simvastatin*. This may be in addition to a standard one-month or three-month supply.
- Step Therapy: In some cases, Vermont Blue Advantage Group PPO 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, Vermont Blue Advantage Group PPO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Vermont Blue Advantage Group PPO 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 Vermont Blue Advantage Group PPO 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 Vermont Blue Advantage Group PPO formulary?" on page iii 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 Member Services and ask if your drug is covered.

If you learn that Vermont Blue Advantage Group PPO does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Vermont Blue Advantage Group PPO. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Vermont Blue Advantage Group PPO.
- You can ask Vermont Blue Advantage Group PPO 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 Vermont Blue Advantage Group PPO Formulary?

You can ask Vermont Blue Advantage Group PPO 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Vermont Blue Advantage Group PPO 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, Vermont Blue Advantage Group PPO will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your *Evidence of Coverage* or visit our website at www.VermontBlueAdvantage.com/transition.

For more information

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

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

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

Vermont Blue Advantage Group PPO Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Vermont Blue Advantage Group PPO. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

The first column of the chart lists the drug name.

Brand-name drugs are capitalized (e.g., ENTRESTO®) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Requirements/Limits column tells you if Vermont Blue Advantage Group PPO has any special requirements for coverage of your drug.

Tier Descriptions

Vermont Blue Advantage Group PPO Drug Tier Costs							
Tier	Drug Description	Up to a 30-day supply				Up to a 90-day supply*	
		Retail network pharmacy cost sharing	Mail-order cost sharing	Long-term care (LTC) cost sharing**	Out-of-network cost sharing	Standard retail cost sharing	Mail-order cost sharing
Tier 1	Generic *(includes specialty drugs limited to a 30-day supply)*	See your prescription benefits chart in your *Evidence of Coverage* for member cost share details.					
Tier 2	Preferred brand name *(includes specialty drugs limited to a 30-day supply)*						
Tier 3	Non-preferred brand name *(includes specialty drugs limited to a 30-day supply)*						

*See your prescription benefits chart for member cost share details.
**Long-term medication copays are based on a 31-day supply.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NDS: Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
CAMBIA	3	NDS
cataflam	3	NDS
CELEBREX	3	QL (60 EA per 30 days)
celecoxib capsule	1	QL (60 EA per 30 days)
diclofenac epolamine	1	QL (60 EA per 30 days) PA
diclofenac potassium tablet 50mg	1	
diclofenac potassium tablet 25mg	1	NDS
diclofenac sodium dr	1	
diclofenac sodium er	1	
diclofenac sodium gel 1%	1	QL (1000 GM per 30 days)
diclofenac sodium external solution 1.5%	1	PA
diclofenac sodium external solution 2%	1	PA NDS
DICLONA	3	NDS
diflunisal tablet 500mg	1	
DUEXIS	3	QL (90 EA per 30 days) PA NDS
ELYXYB	3	QL (19.2 ML per 30 days) PA
etodolac capsule, tablet	1	
FLECTOR	3	QL (60 EA per 30 days) PA
flurbiprofen tablet	1	
ibu	1	
ibuprofen lysine	1	NDS
ibuprofen/famotidine	1	QL (90 EA per 30 days) PA
ibuprofen tablet 400mg, 600mg, 800mg	1	
INDOCIN SUSPENSION	3	NDS
indocin suppository	3	NDS
indomethacin er	1	
indomethacin capsule 25mg, 50mg	1	
ketoprofen capsule 25mg	1	NDS
ketorolac tromethamine nasal solution 15.75mg/spray	1	QL (5 EA per 30 days) NDS
ketorolac tromethamine tablet 10mg	1	QL (20 EA per 30 days)
klofensaid ii	1	PA
LICART	3	QL (30 EA per 30 days) PA
lodine tablet 400mg	3	NDS
lofena	3	NDS
meloxicam tablet	1	
nabumetone tablet	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	NDS
NAPROSYN SUSPENSION	3	NDS
naproxen sodium cr	1	

Drug Name	Drug Tier	Requirements/Limits
naproxen sodium er tablet extended release 24 hour 375mg	1	
naproxen sodium tablet 275mg, 550mg	1	
naproxen/esomeprazole magnesium	1	QL (60 EA per 30 days) PA NDS
naproxen tablet delayed release	1	
naproxen tablet 250mg, 375mg, 500mg	1	
NEOPROFEN	3	NDS
oxaprozin	1	
PENNSAID SOLUTION	3	PA NDS
piroxicam capsule	1	
profeno	1	
relafen	3	NDS
relafen ds	3	NDS
SPRIX	3	QL (5 EA per 30 days) NDS
sulindac tablet	1	
VIMOVO	3	QL (60 EA per 30 days) PA NDS
VIVLODEX	3	NDS
VOLTAREN GEL	3	QL (1000 GM per 30 days)
ZIPSOR	3	NDS
Opioid Analgesics, Long-acting		
ARYMO ER	3	ST NDS
BELBUCA	3	QL (60 EA per 30 days) NDS
buprenorphine	1	QL (4 EA per 28 days) NDS
buprenorphine buccal	1	QL (60 EA per 30 days) NDS
BUTRANS	3	QL (4 EA per 28 days) NDS
CONZIP	3	PA NDS
DOLOPHINE TABLET	3	NDS
DURAGESIC	3	NDS
fentanyl	1	NDS
hydrocodone bitartrate er	1	NDS
hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg	1	NDS
hydromorphone hydrochloride er tablet extended release 24 hour 32mg	1	NDS
HYSINGLA ER	3	ST NDS
INFUMORPH 200	3	B/D NDS
INFUMORPH 500	3	B/D NDS
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 200MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	3	NDS
levorphanol tartrate tablet	1	NDS
methadone hcl injection, oral solution, tablet	1	NDS
methadone hydrochloride intensol	1	NDS
methadone hydrochloride concentrate	1	NDS
methadose sugar-free	1	NDS

Drug Name	Drug Tier	Requirements/Limits
methadose concentrate 10mg/ml	1	NDS
mitigo	1	B/D NDS
morphine sulfate er capsule extended release 24 hour, tablet extended release	1	NDS
MS CONTIN TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	3	NDS
oxycodone hcl er tablet er 12 hour abuse-deterrent	1	ST NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST NDS
oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg	1	NDS
oxymorphone hydrochlorideer	1	NDS
PROBUPHINE IMPLANT KIT	3	NDS
tramadol hcl er tablet extended release 24 hour	1	NDS
tramadol hcl er capsule extended release 24 hour	1	PA NDS
XTAMPZA ER	2	NDS
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR	3	ST NDS
Opioid Analgesics, Short-acting		
ABSTRAL TABLET SUBLINGUAL 400MCG, 600MCG, 800MCG	3	PA NDS
acetaminophen/caffeine/dihydrocodeine tablet	1	NDS
acetaminophen/caffeine/dihydrocodeine capsule	1	QL (300 EA per 30 days) NDS
acetaminophen/codeine	1	NDS
ACTIQ	3	PA NDS
APADAZ	3	NDS
ascomp/codeine	1	NDS
butalbital/acetaminophen/caffeine/codeine	1	NDS
butalbital/aspirin/caffeine/codeine	1	NDS
butorphanol tartrate	1	NDS
codeine sulfate tablet	1	NDS
DEMEROL INJECTION	3	PA NDS
DILAUDID LIQUID	3	NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS
duramorph	1	NDS
dvorah	1	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	NDS
fentanyl citrate oral transmucosal	1	PA NDS
fentanyl citrate tablet	1	PA NDS

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml	1	B/D NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA NDS
fioricet/codeine capsule 300mg; 50mg; 40mg; 30mg	3	NDS
FIORINAL/CODEINE #3	3	NDS
hydrocodone bitartrate/acetaminophen solution	1	NDS
hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	1	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	1	NDS
hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	1	NDS
hydromorphone hcl liquid, suppository, tablet	1	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	1	NDS
hydromorphone hydrochloride dosette	1	NDS
hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	1	NDS
IBUDONE TABLET 10MG; 200MG	3	NDS
ibudone tablet 5mg; 200mg	1	NDS
LAZANDA	3	PA NDS
lorcet	1	NDS
lorcet hd	1	NDS
lorcet plus tablet 325mg; 7.5mg	1	NDS
lortab elixir 300mg/15ml; 10mg/15ml	3	NDS
lortab tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	1	NDS
meperidine hcl oral solution	1	NDS
meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml	1	PA NDS
meperidine hcl tablet 50mg	1	NDS
morphine sulfate/sodium chloride injection 1mg/ml	1	NDS
morphine sulfate oral solution, suppository, tablet	1	NDS
morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml	1	B/D NDS
morphine sulfate injection 0.5mg/ml, 10mg/0.7ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml	1	NDS
nalbuphine hcl injection 10mg/ml, 20mg/ml	1	NDS
nalocet	3	NDS
norco	3	NDS
NUCYNTA	3	NDS
OPANA TABLET	3	NDS
OXAYDO	3	NDS
oxycodone and acetaminophen	1	NDS
oxycodone hcl capsule	1	NDS
oxycodone hydrochloride	1	NDS
oxycodone hydrochloride/acetaminophen	1	NDS

Drug Name	Drug Tier	Requirements/Limits
oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 2.5mg, 300mg; 5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	NDS
oxycodone/aspirin tablet 325mg; 4.835mg	1	NDS
oxycodone/ibuprofen	1	NDS
oxymorphone hydrochloride	1	NDS
pentazocine/naloxone hcl	1	NDS
percocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	NDS
primlev	1	NDS
prolate	3	NDS
QDOLO	3	NDS
reprexain tablet 10mg; 200mg	1	NDS
ROXICODONE TABLET	3	NDS
SEGLENTIS	3	QL (120 EA per 30 days) ST NDS
SUBSYS	3	PA NDS
tramadol hcl tablet	1	NDS
tramadol hydrochloride/acetaminophen	1	NDS
tramadol hydrochloride tablet 100mg	1	NDS
trezix capsule 320.5mg; 30mg; 16mg	3	QL (300 EA per 30 days) NDS
TYLENOL/CODEINE #3	3	NDS
TYLENOL/CODEINE #4	3	NDS
ULTRACET	3	NDS
ULTRAM	3	NDS
vicodin es tablet 300mg; 7.5mg	1	NDS
vicodin hp tablet 300mg; 10mg	1	NDS
vicodin tablet 300mg; 5mg	1	NDS
xylon	1	NDS
Anesthetics		
Local Anesthetics		
glydo	1	QL (30 ML per 30 days) PA
lidocaine and tetracaine cream	1	QL (30 GM per 30 days) PA
lidocaine hcl jelly	1	QL (30 ML per 30 days) PA
lidocaine hcl prefilled syringe 2%	1	QL (30 ML per 30 days) PA
lidocaine hcl external solution 4%	1	QL (250 ML per 30 days) PA
lidocaine-prilocaine-cream base cream	1	QL (30 GM per 30 days) PA
lidocaine/prilocaine cream	1	QL (30 GM per 30 days) PA
lidocaine/tetracaine cream 7%; 7%	1	QL (30 GM per 30 days) PA
lidocaine ointment 5%	1	QL (150 GM per 30 days) PA
lidocaine patch 5%	1	PA
LIDODERM	3	PA
PLIAGLIS CREAM	3	QL (30 GM per 30 days) PA
premium lidocaine	1	QL (150 GM per 30 days) PA
QUTENZA	3	QL (4 EA per 90 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
SYNERA	3	
ZTLIDO	3	QL (90 EA per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	1	
disulfiram tablet	1	
naltrexone hcl tablet	1	
VIVITROL	3	NDS
Opioid Dependence		
BUNAVAIL FILM 2.1MG; 0.3MG	3	QL (180 EA per 30 days) ST
BUNAVAIL FILM 6.3MG; 1MG	3	QL (60 EA per 30 days) ST
BUNAVAIL FILM 4.2MG; 0.7MG	3	QL (90 EA per 30 days) ST
BUPRENEX INJECTION 0.3MG/ML	3	NDS
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	1	QL (360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	1	QL (90 EA per 30 days)
buprenorphine hcl tablet sublingual	1	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	1	QL (60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	1	QL (90 EA per 30 days)
LUCEMYRA	3	QL (224 EA per 14 days) NDS
SUBLOCADE	3	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL (90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL (180 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL (360 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL (60 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL (90 EA per 30 days) ST
Opioid Reversal Agents		
EVZIO INJECTION 2MG/0.4ML	3	NDS
KLOXXADO	3	ST
naloxone hcl injection 2mg/2ml, 4mg/10ml	1	
naloxone hydrochloride liquid	1	
naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml	1	
ZIMHI	3	ST
Smoking Cessation Agents		
buproban	1	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	2	QL (504 EA per 365 days)
CHANTIX TABLET 0.5MG, 1MG	2	QL (504 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS	2	QL (360 ML per 365 days)
varenicline starting month box	1	QL (504 EA per 365 days)
varenicline tartrate	1	QL (504 EA per 365 days)
ZYBAN	3	QL (60 EA per 30 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	1	
ARIKAYCE	3	PA NDS
gentamicin sulfate pediatric	1	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate injection 40mg/ml	1	
gentamicin sulfate external ointment 0.1%	1	
humatin	3	
neomycin sulfate	1	
paromomycin sulfate	1	
streptomycin sulfate injection 1gm	1	NDS
tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml	1	
ZEMDRI	3	NDS
Antibacterials, Other		
AEMCOLO	3	PA
aztreonam	1	
clindacin etz pledgets	1	
clindamycin hcl capsule 150mg, 300mg	1	
clindamycin hydrochloride capsule	1	
clindamycin palmitate hcl	1	
clindamycin phosphate cream 2%	1	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate swab 1%	1	
colistimethate sodium	1	NDS
COLY-MYCIN M	3	NDS
CUBICIN	3	NDS
CUBICIN RF	3	NDS
DALVANCE	3	NDS
daptomycin	1	NDS
FURADANTIN	3	NDS
IMPAVIDO	3	NDS
KIMYRSA	3	NDS
lincomycin hcl injection	1	
linezolid suspension reconstituted	1	QL (1800 ML per 28 days) NDS
linezolid tablet	1	QL (56 EA per 28 days)
linezolid injection 600mg/300ml	1	

Drug Name	Drug Tier	Requirements/Limits
linezolid injection 600mg/300ml; 0.9%	1	NDS
methenamine hippurate	1	
metronidazole vaginal	1	
metronidazole injection 500mg/100ml	1	
metronidazole tablet 250mg, 500mg	1	
nitrofurantoin macrocrystals	1	
nitrofurantoin monohydrate/macrocrystals	1	
nitrofurantoin monohydrate capsule	1	
nitrofurantoin suspension	1	NDS
ORBACTIV	3	NDS
PRIMSOL	3	
SIVEXTRO	3	QL (6 EA per 30 days) NDS
SYNERCID INJECTION 350MG; 150MG	3	NDS
tigecycline	1	NDS
tinidazole	1	
trimethoprim tablet	1	
TYGACIL	3	NDS
VANCOCIN CAPSULE 125MG	3	QL (120 EA per 30 days)
VANCOCIN CAPSULE 250MG	3	QL (240 EA per 30 days) NDS
vancomycin hydrochloride capsule 125mg	1	QL (120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	1	QL (240 EA per 30 days)
vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg	1	
VIBATIV INJECTION 750MG	3	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XENLETA	3	NDS
ZYVOX SUSPENSION RECONSTITUTED	3	QL (1800 ML per 28 days) NDS
ZYVOX TABLET	3	QL (56 EA per 28 days) NDS
ZYVOX INJECTION 200MG/100ML	3	NDS
Beta-lactam, Cephalosporins		
AVYCAZ	3	NDS
cefaclor capsule	1	
cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
cefadroxil capsule, suspension reconstituted	1	
cefazolin sodium injection 1gm	1	
cefazolin injection 2gm	1	
cefdinir	1	
cefepime	1	
cefepime hydrochloride injection 100gm, 2gm	1	
cefixime capsule	1	
cefotaxime sodium injection 1gm, 2gm	1	
cefotetan injection 1gm, 2gm	1	

Drug Name	Drug Tier	Requirements/Limits
cefoxitin sodium injection 10gm, 1gm, 2gm	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection 1gm, 2gm, 6gm	1	
ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg	1	
cefuroxime axetil tablet	1	
cefuroxime sodium injection 1.5gm, 750mg	1	
cephalexin capsule, suspension reconstituted	1	
FETROJA	3	NDS
tazicef injection 1gm, 2gm, 6gm	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium	1	
amoxicillin/clavulanate potassium er	1	
amoxicillin capsule, suspension reconstituted, tablet	1	
amoxicillin tablet chewable 125mg, 250mg	1	
ampicillin sodium injection 1gm, 2gm, 500mg	1	
ampicillin-sulbactam	1	
ampicillin capsule 500mg	1	
AUGMENTIN SUSPENSION RECONSTITUTED 250MG/5ML; 62.5MG/5ML	3	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
dicloxacillin sodium	1	
nafcillin	1	NDS
nafcillin sodium injection 10gm, 1gm, 2gm	1	
oxacillin sodium injection 10gm, 1gm, 2gm	1	
oxacillin sodium injection 300mg/50ml; 2gm/50ml	1	NDS
penicillin g sodium	1	NDS
penicillin v potassium	1	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	1	
Carbapenems		
ertapenem	1	
ertapenem sodium	1	
imipenem/cilastatin	1	
meropenem	1	
meropenem/sodium chloride injection 1gm/50ml; 0.9%	1	
MERREM INJECTION 1GM	3	
RECARBRIO	3	NDS
VABOMERE	3	NDS
Macrolides		

Drug Name	Drug Tier	Requirements/Limits
azithromycin packet, suspension reconstituted, tablet	1	
azithromycin injection 500mg	1	
clarithromycin er	1	
clarithromycin suspension reconstituted, tablet	1	
DIFICID	3	NDS
ERYPED 400	3	NDS
erythromycin dr	1	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	1	
erythromycin ethylsuccinate suspension reconstituted 400mg/5ml	1	NDS
Quinolones		
BAXDELA	3	NDS
CIPRO SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	1	
levofloxacin in d5w	1	
levofloxacin injection 25mg/ml	1	
levofloxacin oral solution 25mg/ml	1	
levofloxacin tablet 250mg, 500mg, 750mg	1	
moxifloxacin hydrochloride/sodium hydrochloride	1	
moxifloxacin hydrochloride tablet 400mg	1	
ofloxacin tablet 300mg, 400mg	1	
Sulfonamides		
sulfadiazine tablet	1	
sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim suspension, tablet	1	
sulfatrim pediatric	1	
Tetracyclines		
demeclocycline hcl tablet	1	
DORYX TABLET DELAYED RELEASE 200MG, 80MG	3	NDS
doxy 100	1	
doxycycline hyclate capsule 100mg, 50mg	1	
doxycycline hyclate injection 100mg	1	
doxycycline hyclate tablet 100mg	1	
doxycycline monohydrate capsule 100mg, 50mg	1	
doxycycline monohydrate tablet 100mg, 50mg	1	
doxycycline suspension reconstituted	1	
LYMEPAK	3	NDS
MINOCIN INJECTION	3	NDS
MINOCIN CAPSULE 50MG	3	NDS
minocycline hcl capsule 75mg	1	
minocycline hydrochloride capsule 100mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
mondoxyne nl capsule 100mg, 50mg	1	
morgidox 1x100mg capsule	1	
morgidox 1x50mg	1	
morgidox 2x100mg capsule	1	
NUZYRA	3	NDS
okebo capsule 100mg	1	
SEYSARA	3	NDS
tetracycline hydrochloride capsule	1	
XERAVA	3	NDS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	3	PA NDS
ELEPSIA XR	3	NDS
EPIDIOLEX	3	PA NDS
EPRONTIA	3	
felbamate tablet	1	
felbamate suspension	1	NDS
FELBATOL	3	NDS
FINTEPLA	3	PA NDS
FYCOMPA SUSPENSION	3	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	NDS
KEPPRA XR	3	NDS
KEPPRA INJECTION, ORAL SOLUTION	3	NDS
KEPPRA TABLET 1000MG, 500MG, 750MG	3	NDS
LAMICTAL CHEWABLE DISPERSIBLE	3	NDS
LAMICTAL ODT KIT	3	NDS
LAMICTAL ODT TABLET DISINTEGRATING 50MG	3	
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG	3	NDS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	NDS
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	3	NDS
LAMICTAL TABLET	3	NDS
lamotrigine er	1	
lamotrigine odt	1	
lamotrigine starter kit/blue	1	
lamotrigine starter kit/green	1	NDS
lamotrigine starter kit/orange	1	
LAMOTRIGINE TITRATION	3	NDS
lamotrigine tablet chewable, tablet	1	
levetiracetam er	1	
levetiracetam solution, tablet	1	

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	3	QL (10 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	3	NDS
roweepra	1	
roweepra xr	1	
SPRITAM	3	
subvenite	1	
subvenite starter kit/blue	1	
subvenite starter kit/green	1	NDS
subvenite starter kit/orange	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	NDS
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	3	NDS
topiramate er capsule er 24 hour sprinkle 200mg	1	
topiramate er capsule er 24 hour sprinkle 150mg	1	NDS
topiramate capsule sprinkle, tablet	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG	3	NDS
XCOPRI TABLET	3	PA NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	3	PA NDS
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	
ethosuximide	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	1	
clonazepam odt tablet disintegrating 2mg	1	QL (300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL (90 EA per 30 days)
clonazepam tablet 2mg	1	QL (300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days)
DIACOMIT	3	PA NDS
diazepam rectal gel	1	
diazepam gel 10mg, 2.5mg, 20mg	1	
divalproex sodium dr	1	
divalproex sodium er	1	
divalproex sodium capsule delayed release sprinkle	1	
gabapentin capsule 400mg	1	QL (270 EA per 30 days)
gabapentin capsule 100mg, 300mg	1	QL (360 EA per 30 days)
gabapentin solution	1	QL (2160 ML per 30 days)
gabapentin tablet 800mg	1	QL (150 EA per 30 days)
gabapentin tablet 600mg	1	QL (180 EA per 30 days)
GABITRIL TABLET 12MG, 16MG, 2MG, 4MG	3	NDS
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days)
MYSOLINE TABLET	3	NDS
NEURONTIN SOLUTION	3	QL (2160 ML per 30 days)
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL (360 EA per 30 days)
NEURONTIN TABLET 800MG	3	QL (150 EA per 30 days) NDS
NEURONTIN TABLET 600MG	3	QL (180 EA per 30 days) NDS
ONFI SUSPENSION	3	NDS
ONFI TABLET 10MG, 20MG	3	NDS
phenobarbital sodium injection 130mg/ml, 65mg/ml	1	
phenobarbital elixir 20mg/5ml	1	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	1	
primidone tablet	1	
SABRIL	3	PA NDS
SYMPAZAN	3	NDS
tiagabine hydrochloride	1	
VALTOCO	3	QL (10 EA per 30 days) NDS
vigabatrin	1	PA NDS
vigadrone	1	PA NDS
Sodium Channel Agents		
APTIOM	3	NDS
BANZEL	3	NDS
carbamazepine er	1	
carbamazepine tablet chewable, suspension, tablet	1	
dilantin capsule 30mg	3	
epitol	1	
lacosamide	1	
oxcarbazepine	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
PEGANONE TABLET 250MG	3	
phenytoin infatabs	1	
phenytoin sodium extended	1	
phenytoin tablet chewable, suspension	1	
rufinamide suspension	1	NDS
rufinamide tablet 200mg	1	
rufinamide tablet 400mg	1	NDS
TRILEPTAL SUSPENSION	3	NDS
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	3	NDS
VIMPAT INJECTION, ORAL SOLUTION	3	NDS
VIMPAT TABLET 100MG, 150MG, 200MG	3	NDS
ZONEGRAN CAPSULE 100MG, 25MG	3	NDS

Drug Name	Drug Tier	Requirements/Limits
zonisamide	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	1	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL (56 EA per 365 days) ST
Cholinesterase Inhibitors		
ADLARITY	3	ST
donepezil hcl tablet disintegrating	1	
donepezil hcl tablet 10mg, 23mg	1	
donepezil hydrochloride odt	1	
donepezil hydrochloride tablet 5mg	1	
galantamine hydrobromide er	1	
galantamine hydrobromide solution, tablet	1	
rivastigmine tartrate	1	
rivastigmine transdermal system	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak	1	
memantine hydrochloride er	1	QL (30 EA per 30 days)
memantine hydrochloride tablet	1	
NAMENDA XR	3	QL (30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
APLENZIN	3	QL (30 EA per 30 days) ST NDS
bupropion hcl tablet 100mg	1	
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	1	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	1	QL (90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	1	QL (30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	1	QL (90 EA per 30 days)
bupropion hydrochloride tablet 75mg	1	
chlordiazepoxide/amitriptyline	1	
maprotiline hcl	1	
mirtazapine odt	1	
mirtazapine tablet	1	
olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg	1	QL (30 EA per 30 days)
olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg	1	QL (90 EA per 30 days)
perphenazine/amitriptyline	1	
SPRAVATO 56MG DOSE	3	PA NDS
SPRAVATO 84MG DOSE	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
SYMBYAX CAPSULE 50MG; 12MG, 50MG; 6MG	3	QL (30 EA per 30 days)
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL (90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL (60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL (90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL (30 EA per 30 days) NDS
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL (90 EA per 30 days) NDS
Monoamine Oxidase Inhibitors		
EMSAM	3	QL (30 EA per 30 days) ST NDS
MARPLAN	3	
PARNATE	3	NDS
phenelzine sulfate	1	
tranylcypromine sulfate	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
BRISDELLE	3	QL (30 EA per 30 days)
citalopram hydrobromide solution, tablet	1	
citalopram hydrobromide capsule	1	ST
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL (60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL (90 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 100mg	1	QL (120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 100mg	1	QL (120 EA per 30 days) ST
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	1	QL (30 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 50mg	1	QL (30 EA per 30 days) ST
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL (90 EA per 30 days)
duloxetine hcl capsule delayed release particles 30mg, 40mg	1	QL (90 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 20mg, 60mg	1	QL (60 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 30mg	1	QL (90 EA per 30 days)
escitalopram oxalate solution, tablet	1	
FETZIMA	3	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	3	QL (56 EA per 365 days) ST
fluoxetine hcl capsule 20mg	1	
fluoxetine hcl solution	1	
fluoxetine hydrochloride capsule 10mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hydrochloride tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL (60 EA per 30 days)
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) ST
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (30 EA per 30 days) ST
nefazodone hydrochloride	1	
paroxetine	1	QL (30 EA per 30 days)
paroxetine hcl er	1	
paroxetine hcl tablet 30mg, 40mg	1	
paroxetine hydrochloride suspension	1	
paroxetine hydrochloride tablet 10mg, 20mg	1	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL (30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	3	NDS
sertraline hcl concentrate	1	
sertraline hcl tablet 25mg, 50mg	1	
sertraline hydrochloride concentrate	1	
sertraline hydrochloride capsule	1	ST
sertraline hydrochloride tablet 100mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 50mg	1	
TRINTELLIX	3	QL (30 EA per 30 days)
venlafaxine hcl	1	
venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg	1	
venlafaxine hcl er tablet extended release 24 hour 37.5mg	1	
venlafaxine hydrochloride	1	
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	1	
venlafaxine hydrochloride er tablet extended release 24 hour 150mg, 225mg, 75mg	1	
VIIBRYD STARTER PACK	3	QL (60 EA per 365 days)
VIIBRYD TABLET	3	QL (30 EA per 30 days)
vilazodone hydrochloride	1	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	1	
amitriptyline hydrochloride tablet 10mg, 25mg, 50mg	1	
amoxapine	1	
ANAFRANIL	3	NDS
clomipramine hcl capsule	1	

Drug Name	Drug Tier	Requirements/Limits
clomipramine hydrochloride	1	
desipramine hydrochloride	1	
doxepin hcl capsule 75mg	1	
doxepin hcl concentrate	1	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	1	
imipramine hcl tablet 25mg, 50mg	1	
imipramine hydrochloride tablet 10mg	1	
nortriptyline hcl capsule 25mg, 75mg	1	
nortriptyline hcl solution	1	
nortriptyline hydrochloride capsule 10mg, 50mg	1	
PAMELOR CAPSULE	3	NDS
protriptyline hcl	1	
TOFRANIL TABLET	3	NDS
trimipramine maleate capsule	1	
Antiemetics		
Antiemetics, Other		
compro	1	
DICLEGIS	3	QL (120 EA per 30 days)
doxylamine succinate/pyridoxine hydrochloride	1	QL (120 EA per 30 days)
meclizine hcl tablet	1	
meclizine hydrochloride tablet 25mg	1	
phenadoz	1	
prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml	1	
prochlorperazine maleate tablet	1	
prochlorperazine suppository 25mg	1	
promethazine hcl suppository 12.5mg, 25mg	1	
promethazine hcl tablet 12.5mg	1	
promethazine hydrochloride tablet 25mg, 50mg	1	
promethegan	1	
scopolamine	1	
TIGAN CAPSULE 300MG	3	B/D
trimethobenzamide hydrochloride	1	B/D
Emetogenic Therapy Adjuncts		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL (2 EA per 30 days) B/D
ALOXI INJECTION 0.25MG/5ML	3	NDS
ANZEMET TABLET 50MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABLET 100MG	3	QL (5 EA per 30 days) B/D NDS
aprepitant capsule 40mg	1	QL (1 EA per 30 days) B/D
aprepitant capsule 125mg	1	QL (2 EA per 30 days) B/D
aprepitant capsule 0	1	QL (6 EA per 30 days) B/D
aprepitant capsule 80mg	1	QL (8 EA per 30 days) B/D
dronabinol	1	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
EMEND TRIPACK	3	QL (6 EA per 30 days) B/D
EMEND SUSPENSION RECONSTITUTED	3	QL (6 EA per 30 days) B/D
EMEND CAPSULE 40MG	3	QL (1 EA per 30 days) B/D
EMEND CAPSULE 125MG	3	QL (2 EA per 30 days) B/D
EMEND CAPSULE 80MG	3	QL (8 EA per 30 days) B/D
granisetron hydrochloride tablet	1	QL (30 EA per 30 days) B/D
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) PA
MARINOL CAPSULE 10MG, 5MG	3	QL (60 EA per 30 days) PA NDS
ondansetron hcl solution	1	QL (450 ML per 30 days) B/D
ondansetron hcl tablet 24mg	1	QL (14 EA per 28 days) B/D
ondansetron hydrochloride tablet	1	B/D
ondansetron hydrochloride injection 4mg/2ml	1	
ondansetron odt	1	B/D
palonosetron hydrochloride injection 0.25mg/5ml	1	
SANCUSO	3	QL (2 EA per 30 days) NDS
SUSTOL	3	QL (1.2 ML per 30 days) NDS
SYNDROS	3	QL (120 ML per 30 days) PA NDS
VARUBI TABLET THERAPY PACK	3	QL (4 EA per 30 days) B/D
ZOFRAN TABLET 4MG, 8MG	3	B/D NDS
ZUPLENZ FILM 4MG	3	B/D
ZUPLENZ FILM 8MG	3	B/D NDS
Antifungals		
Antifungals		
ABELCET	3	B/D
AMBISOME	3	B/D NDS
amphotericin b liposome	1	B/D NDS
amphotericin b injection	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
caspofungin acetate injection 50mg	1	NDS
clotrimazole cream, troche	1	
CRESEMBA INJECTION	3	NDS
CRESEMBA CAPSULE	3	PA NDS
DIFLUCAN TABLET 200MG	3	NDS
econazole nitrate cream	1	
ERAXIS	3	NDS
ERTACZO	3	NDS
EXTINA	3	NDS
fluconazole in sodium chloride	1	
fluconazole suspension reconstituted, tablet	1	
flucytosine capsule	1	NDS
griseofulvin microsize	1	
griseofulvin ultramicrosize tablet 125mg, 250mg	1	
itraconazole capsule	1	PA

Drug Name	Drug Tier	Requirements/Limits
itraconazole solution	1	PA NDS
JUBLIA	3	NDS
KERYDIN	3	PA
ketoconazole shampoo, tablet	1	
ketoconazole cream	1	QL (90 GM per 30 days)
micafungin injection 100mg	1	
micafungin injection 50mg	1	NDS
MYCAMINE	3	NDS
naftifine hydrochloride gel	1	
NOXAFIL	3	PA NDS
nyamyc	1	QL (120 GM per 30 days)
nyata powder	1	QL (120 GM per 30 days)
nystatin cream, ointment, suspension, tablet	1	
nystatin powder	1	QL (120 GM per 30 days)
nystop	1	QL (120 GM per 30 days)
ORAVIG	3	NDS
oxiconazole nitrate	1	QL (90 GM per 30 days)
OXISTAT CREAM	3	QL (90 GM per 30 days)
posaconazole dr	1	PA NDS
POSACONAZOLE SUSPENSION	3	PA NDS
posaconazole tablet delayed release	1	PA NDS
SPORANOX PULSEPAK	3	PA NDS
SPORANOX SOLUTION	3	PA
SPORANOX CAPSULE	3	PA NDS
sulconazole nitrate solution	1	
tavaborole	1	PA
terbinafine hcl tablet	1	QL (84 EA per 180 days)
terconazole cream	1	
TOLSURA	3	PA NDS
VFEND IV	3	PA
VFEND SUSPENSION RECONSTITUTED	3	NDS
VIVJOA	3	PA
voriconazole tablet	1	
voriconazole suspension reconstituted	1	NDS
voriconazole injection	1	PA
zazole cream 0.8%	1	
zazole suppository	1	
Antigout Agents		
Antigout Agents		
allopurinol tablet	1	
colchicine capsule	1	
colchicine tablet 0.6mg	1	
febuxostat	1	
GLOPERBA	3	ST

Drug Name	Drug Tier	Requirements/Limits
KRYSTEXXA	3	PA NDS
probenecid/colchicine	1	
probenecid tablet	1	
Antimigraine Agents		
Ergot Alkaloids		
cafergot tablet	3	QL (24 EA per 28 days)
D.H.E. 45	3	QL (24 ML per 28 days) PA NDS
dihydroergotamine mesylate injection	1	QL (24 ML per 28 days) PA NDS
dihydroergotamine mesylate nasal solution	1	QL (8 ML per 30 days) PA NDS
ergomar	3	NDS
ergotamine tartrate/caffeine	1	QL (24 EA per 28 days)
migergot	3	QL (20 EA per 28 days) NDS
MIGRANAL	3	QL (8 ML per 30 days) PA NDS
TRUDHESA	3	QL (12 ML per 28 days) PA NDS
Prophylactic		
AIMOVIG INJECTION 140MG/ML	3	QL (1 ML per 30 days) PA
AIMOVIG INJECTION 70MG/ML	3	QL (2 ML per 30 days) PA
AJOVY	3	QL (4.5 ML per 90 days) PA
EMGALITY INJECTION 120MG/ML	3	QL (1 ML per 30 days) PA
EMGALITY INJECTION 100MG/ML	3	QL (3 ML per 30 days) PA NDS
NURTEC	3	QL (18 EA per 30 days) PA NDS
QULIPTA	3	QL (30 EA per 30 days) PA NDS
timolol maleate tablet 10mg, 20mg, 5mg	1	
UBRELVY	3	QL (16 EA per 30 days) PA NDS
Serotonin (5-HT) Receptor Agonist		
almotriptan	1	QL (12 EA per 30 days)
almotriptan malate tablet 12.5mg	1	QL (12 EA per 30 days)
AMERGE	3	QL (9 EA per 30 days)
eletriptan hydrobromide	1	QL (12 EA per 30 days)
FROVA	3	QL (12 EA per 30 days) NDS
frovatriptan succinate	1	QL (12 EA per 30 days)
IMITREX STATDOSE REFILL	3	QL (5 ML per 30 days) NDS
IMITREX STATDOSE SYSTEM	3	QL (5 ML per 30 days) NDS
IMITREX NASAL SOLUTION	3	QL (12 EA per 30 days)
IMITREX INJECTION	3	QL (5 ML per 30 days) NDS
IMITREX TABLET	3	QL (9 EA per 30 days)
MAXALT-MLT	3	QL (18 EA per 30 days)
MAXALT TABLET 10MG	3	QL (18 EA per 30 days)
naratriptan hcl	1	QL (9 EA per 30 days)
ONZETRA XSAIL	3	QL (16 EA per 30 days) NDS
RELPAX	3	QL (12 EA per 30 days)
REYVOW TABLET 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABLET 100MG	3	QL (8 EA per 30 days) PA
rizatriptan benzoate	1	QL (18 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate odt	1	QL (18 EA per 30 days)
sumatriptan succinate refill	1	QL (5 ML per 30 days)
sumatriptan succinate injection	1	QL (5 ML per 30 days)
sumatriptan succinate tablet	1	QL (9 EA per 30 days)
sumatriptan/naproxen sodium	1	QL (9 EA per 30 days)
sumatriptan solution	1	QL (12 EA per 30 days)
TOSYMRA	3	QL (12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	3	QL (9 EA per 30 days) NDS
ZEMBRACE SYMTOUCH	3	QL (8 ML per 30 days) NDS
zolmitriptan odt tablet disintegrating 2.5mg	1	QL (12 EA per 30 days)
zolmitriptan odt tablet disintegrating 5mg	1	QL (9 EA per 30 days)
zolmitriptan tablet	1	QL (12 EA per 30 days)
zolmitriptan solution 5mg	1	QL (12 EA per 30 days)
ZOMIG ZMT TABLET DISINTEGRATING 2.5MG	3	QL (12 EA per 30 days) NDS
ZOMIG ZMT TABLET DISINTEGRATING 5MG	3	QL (9 EA per 30 days) NDS
ZOMIG TABLET	3	QL (12 EA per 30 days) NDS
ZOMIG SOLUTION 5MG	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	1	
MESTINON TIMESPAN	3	NDS
MESTINON SOLUTION, TABLET	3	NDS
pyridostigmine bromide solution	1	NDS
pyridostigmine bromide tablet 60mg	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	1	
MYCOBUTIN	3	NDS
rifabutin	1	
Antituberculars		
CAPASTAT SULFATE	3	NDS
cycloserine	1	NDS
ethambutol hydrochloride	1	
isoniazid injection, syrup, tablet	1	
paser	3	
PRIFTIN	3	
pyrazinamide tablet	1	
RIFADIN INJECTION	3	NDS
rifampin capsule, injection	1	
SIRTURO	3	NDS
TRECATOR	3	
Antineoplastics		
Alkylating Agents		
BELRAPZO	3	NDS

Drug Name	Drug Tier	Requirements/Limits
bendamustine hydrochloride	1	NDS
BENDEKA	3	NDS
BICNU	3	NDS
busulfan	1	NDS
BUSULFEX	3	NDS
carmustine	1	NDS
cisplatin injection 50mg	1	NDS
cyclophosphamide monohydrate injection	1	NDS
cyclophosphamide capsule, tablet	1	B/D
cyclophosphamide injection	1	NDS
EVOMELA	3	NDS
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	
ifosfamide injection 3gm	1	
LEUKERAN	3	NDS
MATULANE	3	NDS
oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg	1	NDS
PEPAXTO	3	PA NDS
TEMODAR INJECTION	3	NDS
TEPADINA	3	NDS
thiotepa injection 100mg, 15mg	1	NDS
TREANDA INJECTION 100MG, 25MG	3	NDS
VALCHLOR	3	PA NDS
YONDELIS	3	NDS
ZANOSAR	3	NDS
ZEPZELCA	3	PA NDS
Antiandrogens		
abiraterone acetate	1	PA NDS
bicalutamide	1	
CASODEX	3	NDS
ERLEADA	3	PA NDS
eulexin	3	NDS
flutamide	1	
NILANDRON TABLET 150MG	3	NDS
nilutamide	1	NDS
NUBEQA	3	PA NDS
XTANDI	3	PA NDS
YONSA	3	PA NDS
ZYTIGA	3	PA NDS
Antiangiogenic Agents		
FOTIVDA	3	PA NDS
lenalidomide	1	PA NDS
POMALYST	3	PA NDS
QINLOCK	3	PA NDS
REVLIMID	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
TABRECTA	3	QL (120 EA per 30 days) PA NDS
THALOMID	3	PA NDS
Antiestrogens/Modifiers		
EMCYT	3	NDS
FARESTON	3	NDS
FASLODEX INJECTION 250MG/5ML	3	NDS
fulvestrant	1	NDS
SOLTAMOX	3	NDS
tamoxifen citrate tablet	1	
toremifene citrate	1	NDS
Antimetabolites		
adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D
ALIMTA	3	NDS
ARRANON	3	NDS
cladribine	1	B/D NDS
clofarabine	1	NDS
CLOLAR	3	NDS
cytarabine aqueous	1	B/D
cytarabine injection 100mg/ml, 20mg/ml	1	B/D
DROXIA	3	
floxuridine injection	1	B/D NDS
fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D
FOLOTYN	3	PA NDS
gemcitabine hydrochloride injection 200mg/2ml	1	
gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 2gm/20ml	1	NDS
hydroxyurea capsule	1	
INFUGEM	3	NDS
mercaptopurine tablet	1	
nelarabine	1	NDS
NIPENT	3	NDS
pemetrexed injection 1gm/40ml, 850mg/34ml	1	
pemetrexed injection 1000mg, 100mg/4ml, 100mg, 1gm/40ml, 500mg/20ml, 500mg, 750mg	1	NDS
PEMFEXY	3	NDS
PURIXAN	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA NDS
TABLOID	3	
VYXEOS	3	PA NDS
Antineoplastics, Other		
ABRAXANE	3	NDS
adriamycin injection 10mg, 2mg/ml, 50mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
arsenic trioxide	1	NDS
ASPARLAS	3	NDS
azacitidine	1	NDS
BESREMI	3	PA NDS
bleomycin sulfate	1	B/D
bortezomib injection 1mg, 2.5mg	1	PA
bortezomib injection 3.5mg	1	PA NDS
COSMEGEN	3	NDS
DACOGEN	3	PA NDS
dactinomycin	1	NDS
decitabine	1	PA NDS
docetaxel injection 20mg/2ml	1	NDS
DOXIL	3	NDS
doxorubicin hcl injection 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal	1	NDS
doxorubicin hydrochloride injection 10mg	1	B/D
ELLENCE INJECTION 50MG/25ML	3	
ELZONRIS	3	PA NDS
ERWINASE	3	NDS
ERWINAZE	3	NDS
ETHYOL	3	NDS
fludarabine phosphate	1	NDS
FUSILEV	3	NDS
GAVRETO	3	PA NDS
HALAVEN	3	PA NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	PA NDS
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	NDS
idarubicin hcl	1	NDS
IDHIFA	3	QL (30 EA per 30 days) PA NDS
INREBIC	3	PA NDS
ISTODAX (OVERFILL)	3	PA NDS
IXEMPRA KIT	3	NDS
JEVTANA	3	PA NDS
KIMMTRAK	3	PA NDS
KISQALI FEMARA 200 DOSE	3	PA NDS
KISQALI FEMARA 400 DOSE	3	PA NDS
KISQALI FEMARA 600 DOSE	3	PA NDS
leucovorin calcium injection 500mg	1	
levoleucovorin injection 50mg	1	NDS
LONSURF	3	PA NDS
LUMAKRAS	3	PA NDS
MARQIBO	3	NDS
mitomycin injection 20mg, 40mg, 5mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
mutamycin	1	NDS
NINLARO	3	PA NDS
ONCASPAR	3	NDS
ONUREG	3	PA NDS
paclitaxel protein-bound particles	1	NDS
PEMAZYRE	3	QL (30 EA per 30 days) PA NDS
PHESGO	3	PA NDS
PHOTOFRIN	3	NDS
PROLEUKIN	3	NDS
RETEVMO	3	PA NDS
romidepsin	1	PA NDS
RYLAZE	3	NDS
SCEMBLIX TABLET 40MG	3	PA NDS
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA NDS
SYNRIBO	3	PA NDS
TAXOTERE INJECTION 20MG/ML, 80MG/4ML	3	NDS
TAZVERIK	3	PA NDS
teniposide	1	NDS
TICE BCG	3	
TRISENOX	3	NDS
TRUSELTIQ	3	PA NDS
TUKYSA	3	PA NDS
valrubicin	1	NDS
VALSTAR	3	NDS
VELCADE	3	PA NDS
VIDAZA	3	NDS
vinblastine sulfate injection 1mg/ml	1	B/D
vincasar pfs	1	B/D
vincristine sulfate	1	B/D
VONJO	3	PA NDS
XPOVIO	3	PA NDS
XPOVIO 100 MG ONCE WEEKLY	3	PA NDS
XPOVIO 40 MG ONCE WEEKLY	3	PA NDS
XPOVIO 40 MG TWICE WEEKLY	3	PA NDS
XPOVIO 60 MG ONCE WEEKLY	3	PA NDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NDS
XPOVIO 80 MG ONCE WEEKLY	3	PA NDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NDS
ZALTRAP	3	PA NDS
ZOLINZA	3	PA NDS
Antineoplastics		
OPDUALAG	3	PA NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	1	

Drug Name	Drug Tier	Requirements/Limits
ARIMIDEX	3	
AROMASIN	3	NDS
exemestane	1	
letrozole	1	
Enzyme Inhibitors		
ETOPOPHOS	3	NDS
HYCAMTIN INJECTION	3	NDS
KYPROLIS	3	PA NDS
ONIVYDE	3	NDS
topotecan hcl injection 4mg	1	NDS
Molecular Target Inhibitors		
AFINITOR	3	QL (30 EA per 30 days) PA NDS
AFINITOR DISPERZ	3	PA NDS
ALECENSA	3	PA NDS
ALIQOPA	3	PA NDS
ALUNBRIG TABLET THERAPY PACK	3	QL (60 EA per 365 days) PA NDS
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA NDS
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA NDS
AYVAKIT	3	QL (30 EA per 30 days) PA NDS
BALVERSA	3	PA NDS
BELEODAQ	3	PA NDS
BOSULIF	3	PA NDS
BRAFTOVI CAPSULE 75MG	3	PA NDS
BRUKINSA	3	PA NDS
CABOMETYX	3	PA NDS
CALQUENCE CAPSULE	3	PA NDS
CAPRELSA TABLET 300MG	3	PA NDS
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA NDS
COMETRIQ	3	PA NDS
COPIKTRA	3	PA NDS
COTELLIC	3	PA NDS
DAURISMO	3	PA NDS
ERIVEDGE	3	PA NDS
erlotinib hydrochloride	1	PA NDS
everolimus tablet soluble 2mg, 3mg, 5mg	1	PA NDS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	1	QL (30 EA per 30 days) PA NDS
EXKIVITY	3	PA NDS
FARYDAK	3	PA NDS
FYARRO	3	PA NDS
GILOTRIF	3	QL (30 EA per 30 days) PA NDS
GLEEVEC TABLET	3	PA NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	PA NDS
ICLUSIG TABLET 30MG, 45MG	3	PA NDS
ICLUSIG TABLET 10MG, 15MG	3	QL (30 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate	1	PA NDS
IMBRUVICA	3	PA NDS
INLYTA	3	PA NDS
INQOVI	3	PA NDS
IRESSA	3	PA NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	3	PA NDS
JAKAFI TABLET 10MG	3	QL (60 EA per 30 days) PA NDS
KISQALI	3	PA NDS
KOSELUGO	3	PA NDS
lapatinib ditosylate	1	PA NDS
LENVIMA 10 MG DAILY DOSE	3	PA NDS
LENVIMA 12MG DAILY DOSE	3	PA NDS
LENVIMA 14 MG DAILY DOSE	3	PA NDS
LENVIMA 18 MG DAILY DOSE	3	PA NDS
LENVIMA 20 MG DAILY DOSE	3	PA NDS
LENVIMA 24 MG DAILY DOSE	3	PA NDS
LENVIMA 4 MG DAILY DOSE	3	PA NDS
LENVIMA 8 MG DAILY DOSE	3	PA NDS
LORBRENA	3	PA NDS
LYNPARZA TABLET	3	PA NDS
MEKINIST	3	PA NDS
MEKTOVI	3	PA NDS
NERLYNX	3	QL (180 EA per 30 days) PA NDS
NEXAVAR	3	PA NDS
ODOMZO	3	PA NDS
PIQRAY 200MG DAILY DOSE	3	PA NDS
PIQRAY 250MG DAILY DOSE	3	PA NDS
PIQRAY 300MG DAILY DOSE	3	PA NDS
ROZLYTREK	3	PA NDS
RUBRACA	3	PA NDS
RYDAPT	3	PA NDS
sorafenib	1	PA NDS
sorafenib tosylate	1	PA NDS
SPRYCEL	3	PA NDS
STIVARGA	3	PA NDS
sunitinib malate	1	PA NDS
SUTENT	3	PA NDS
TAFINLAR	3	PA NDS
TAGRISSO TABLET 80MG	3	PA NDS
TAGRISSO TABLET 40MG	3	QL (30 EA per 30 days) PA NDS
TALZENNA	3	PA NDS
TARCEVA	3	PA NDS
TASIGNA	3	PA NDS
temsirolimus	1	NDS

Drug Name	Drug Tier	Requirements/Limits
TEPMETKO	3	PA NDS
TIBSOVO	3	PA NDS
TORISEL	3	NDS
TURALIO	3	PA NDS
TYKERB	3	PA NDS
UKONIQ	3	PA NDS
VENCLEXTA STARTING PACK	3	PA NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	3	PA NDS
VERZENIO	3	PA NDS
VITRAKVI	3	PA NDS
VIZIMPRO	3	PA NDS
VOTRIENT	3	PA NDS
WELIREG	3	PA NDS
XALKORI	3	PA NDS
XOSPATA	3	PA NDS
ZEJULA	3	PA NDS
ZELBORAF	3	PA NDS
ZYDELIG	3	PA NDS
ZYKADIA TABLET	3	PA NDS
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	3	PA NDS
ALYMSYS	3	PA NDS
ARZERRA	3	PA NDS
AVASTIN	3	PA NDS
BAVENCIO	3	PA NDS
BESPONSA	3	PA NDS
BLINCYTO	3	PA NDS
CYRAMZA	3	PA NDS
DANYELZA	3	PA NDS
DARZALEX	3	PA NDS
DARZALEX FASPRO	3	PA NDS
EMPLICITI	3	PA NDS
ENHERTU	3	PA NDS
ERBITUX	3	PA NDS
GAZYVA	3	PA NDS
HERCEPTIN HYLECTA	3	PA NDS
HERCEPTIN INJECTION 150MG	3	PA NDS
HERZUMA	3	PA NDS
IMFINZI	3	PA NDS
JEMPERLI	3	PA NDS
KADCYLA	3	PA NDS
KANJINTI	3	PA NDS
KEYTRUDA INJECTION 100MG/4ML	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
LARTRUVO	3	PA NDS
LIBTAYO	3	PA NDS
LUMOXITI	3	PA NDS
MARGENZA	3	PA NDS
MONJUVI	3	PA NDS
MVASI	3	PA NDS
MYLOTARG	3	PA NDS
OGIVRI INJECTION 1.1%; 420MG, 150MG	3	PA NDS
ONTRUZANT	3	PA NDS
OPDIVO	3	PA NDS
PADCEV	3	PA NDS
PERJETA	3	PA NDS
POLIVY	3	PA NDS
PORTRAZZA	3	PA NDS
POTELIGEO	3	PA NDS
RIABNI	3	PA NDS
RITUXAN	3	PA NDS
RITUXAN HYCELA	3	PA NDS
RUXIENCE	3	PA NDS
RYBREVANT	3	PA NDS
SARCLISA	3	PA NDS
TECENTRIQ	3	PA NDS
TIVDAK	3	PA NDS
TRAZIMERA	3	PA NDS
TRODELVY	3	PA NDS
TRUXIMA	3	PA NDS
UNITUXIN	3	NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	NDS
YERVOY	3	PA NDS
ZEVALIN Y-90	3	NDS
ZIRABEV	3	PA NDS
ZYNLONTA	3	PA NDS
Retinoids		
bexarotene	1	PA NDS
PANRETIN	3	NDS
TARGRETIN	3	PA NDS
tretinoin capsule 10mg	1	NDS
Treatment Adjuncts		
dexrazoxane	1	NDS
ELITEK	3	NDS
KHAPZORY	3	NDS
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	1	
MESNEX TABLET	3	NDS
TOTECT	3	NDS

Drug Name	Drug Tier	Requirements/Limits
VORAXAZE	3	NDS
ZINECARD	3	NDS
Antiparasitics		
Anthelmintics		
albendazole tablet	1	NDS
ALBENZA	3	NDS
emverm	3	NDS
ivermectin tablet 3mg	1	PA
praziquantel tablet	1	
STROMECTOL TABLET 3MG	3	PA
Antiprotozoals		
ALINIA	3	NDS
artesunate	1	NDS
atovaquone	1	NDS
atovaquone/proguanil hcl	1	
benznidazole	1	
chloroquine phosphate tablet	1	
COARTEM	3	
DARAPRIM	3	PA NDS
hydroxychloroquine sulfate tablet 100mg, 200mg	1	
mefloquine hcl	1	
MEPRON SUSPENSION	3	NDS
NEBUPENT	3	B/D
nitazoxanide	1	NDS
pentamidine isethionate injection	1	
pentamidine isethionate inhalation solution reconstituted	1	B/D
primaquine phosphate tablet	1	
pyrimethamine tablet	1	PA NDS
QUALAQUIN	3	PA
quinine sulfate capsule 324mg	1	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	1	
COGENTIN INJECTION	3	NDS
trihexyphenidyl hcl solution	1	
trihexyphenidyl hydrochloride	1	
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone	1	
COMTAN	3	
entacapone	1	
GOCOVRI	3	PA NDS
NOURIANZ	3	PA NDS
ONGENTYS	3	ST
OSMOLEX ER	3	PA

Drug Name	Drug Tier	Requirements/Limits
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	
STALEVO 200	3	NDS
TASMAR TABLET 100MG	3	QL (180 EA per 30 days) NDS
tolcapone	1	QL (180 EA per 30 days) NDS
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	3	QL (90 ML per 30 days) PA NDS
apomorphine hydrochloride injection	1	QL (90 ML per 30 days) PA NDS
bromocriptine mesylate capsule, tablet	1	
KYNMOBI	3	QL (150 EA per 30 days) PA NDS
KYNMOBI TITRATION KIT	3	QL (20 EA per 365 days) PA NDS
NEUPRO	3	ST
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG	3	NDS
ropinirole er	1	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tablet 0.25mg, 3mg	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	1	
carbidopa/levodopa er	1	
carbidopa/levodopa odt	1	
carbidopa tablet	1	
DUOPA	3	PA NDS
INBRIJA	3	PA NDS
LODOSYN	3	NDS
RYTARY	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	NDS
rasagiline mesylate tablet	1	
selegiline hcl capsule, tablet	1	
XADAGO	3	QL (30 EA per 30 days) ST NDS
ZELAPAR	3	NDS
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	1	
chlorpromazine hydrochloride concentrate	1	
fluphenazine decanoate injection	1	
fluphenazine hcl concentrate, injection, tablet	1	
fluphenazine hydrochloride elixir	1	
haloperidol decanoate injection	1	

Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate	1	
haloperidol concentrate, tablet	1	
loxapine	1	
loxapine succinate capsule 25mg, 50mg, 5mg	1	
molindone hydrochloride	1	
perphenazine tablet	1	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	1	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hcl tablet	1	
trifluoperazine hydrochloride tablet 1mg	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	NDS
ABILIFY MYCITE	3	QL (30 EA per 30 days) ST NDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL (30 EA per 30 days) ST NDS
ABILIFY MYCITE STARTER KIT	3	QL (60 EA per 365 days) ST NDS
ABILIFY TABLET	3	QL (30 EA per 30 days) NDS
aripiprazole odt	1	QL (60 EA per 30 days) NDS
aripiprazole tablet	1	QL (30 EA per 30 days)
aripiprazole solution	1	QL (750 ML per 30 days)
ARISTADA	3	NDS
ARISTADA INITIO	3	NDS
asenapine maleate sl	1	QL (60 EA per 30 days)
CAPLYTA CAPSULE 42MG	3	QL (30 EA per 30 days) PA NDS
FANAPT	3	QL (60 EA per 30 days) ST NDS
FANAPT TITRATION PACK	3	QL (8 EA per 180 days) ST
GEODON INJECTION	3	QL (60 EA per 30 days)
GEODON CAPSULE 20MG	3	QL (60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	3	QL (60 EA per 30 days) NDS
INVEGA HAFYERA	3	ST NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NDS
INVEGA TRINZA	3	NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL (30 EA per 30 days) NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) NDS
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) NDS
LATUDA TABLET 80MG	3	QL (60 EA per 30 days) NDS
LYBALVI	3	QL (30 EA per 30 days) ST NDS
NUPLAZID CAPSULE	3	PA NDS
NUPLAZID TABLET 10MG	3	PA NDS
olanzapine odt	1	QL (30 EA per 30 days)
olanzapine injection	1	
olanzapine tablet	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	1	QL (30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	1	QL (60 EA per 30 days)
PERSERIS	3	NDS
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	1	QL (60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	1	QL (90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	1	QL (60 EA per 30 days)
quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg	1	QL (90 EA per 30 days)
REXULTI	3	QL (30 EA per 30 days) NDS
RISPERDAL CONSTA INJECTION 12.5MG	3	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	3	NDS
RISPERDAL SOLUTION	3	QL (240 ML per 30 days)
RISPERDAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG	3	QL (60 EA per 30 days)
RISPERDAL TABLET 4MG	3	QL (60 EA per 30 days) NDS
risperidone odt	1	QL (60 EA per 30 days)
risperidone solution	1	QL (240 ML per 30 days)
risperidone tablet	1	QL (60 EA per 30 days)
SAPHRIS TABLET SUBLINGUAL 10MG	3	QL (60 EA per 30 days)
SAPHRIS TABLET SUBLINGUAL 2.5MG, 5MG	3	QL (60 EA per 30 days) NDS
SECUADO	3	QL (30 EA per 30 days) ST NDS
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL (60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days)
SEROQUEL TABLET 300MG	3	QL (60 EA per 30 days)
SEROQUEL TABLET 400MG	3	QL (60 EA per 30 days) NDS
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL (90 EA per 30 days)
VRAYLAR CAPSULE THERAPY PACK	3	QL (14 EA per 365 days) ST
VRAYLAR CAPSULE	3	QL (30 EA per 30 days) ST NDS
ziprasidone hcl	1	QL (60 EA per 30 days)
ziprasidone mesylate	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	3	NDS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL (30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	3	QL (30 EA per 30 days) NDS
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL (30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	3	QL (30 EA per 30 days) NDS
Treatment-Resistant		
clozapine odt tablet disintegrating 200mg	1	QL (120 EA per 30 days) NDS
clozapine odt tablet disintegrating 150mg	1	QL (180 EA per 30 days)
clozapine odt tablet disintegrating 100mg, 25mg	1	QL (270 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine odt tablet disintegrating 12.5mg	1	QL (90 EA per 30 days)
clozapine tablet 200mg	1	QL (120 EA per 30 days)
clozapine tablet 50mg	1	QL (180 EA per 30 days)
clozapine tablet 100mg, 25mg	1	QL (270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL (120 EA per 30 days) NDS
CLOZARIL TABLET 50MG	3	QL (180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL (270 EA per 30 days)
CLOZARIL TABLET 100MG	3	QL (270 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 25MG	3	QL (270 EA per 30 days)
FAZACLO TABLET DISINTEGRATING 100MG	3	QL (270 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 12.5MG	3	QL (90 EA per 30 days)
VERSACLOZ	3	QL (540 ML per 30 days) NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet	1	
baclofen injection 20000mcg/20ml, 500mcg/ml	1	B/D
baclofen injection 40mg/20ml, 50mcg/ml	1	B/D NDS
BOTOX	3	PA
DANTRIUM IV	3	NDS
dantrolene sodium capsule	1	
dantrolene sodium injection	1	NDS
DYSPORT	3	PA
FLEQSUVY	3	ST
GABLOFEN INJECTION 10000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	3	B/D NDS
LYVISPAH PACKET 20MG	3	QL (120 EA per 30 days) ST NDS
LYVISPAH PACKET 5MG	3	QL (270 EA per 30 days) ST
LYVISPAH PACKET 10MG	3	QL (90 EA per 30 days) ST
MYOBLOC	3	PA
OZOBAX	3	NDS
revonto	1	NDS
tizanidine hcl tablet 2mg	1	
tizanidine hydrochloride tablet 4mg	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	3	PA NDS
Antivirals		
Anti-cytomegalovirus (CMV) Agents		

Drug Name	Drug Tier	Requirements/Limits
cidofovir	1	NDS
CYTOVENE INJECTION	3	B/D NDS
foscarnet sodium injection 6000mg/250ml	1	B/D NDS
FOSCAVIR INJECTION 6000MG/250ML	3	B/D NDS
ganciclovir injection 500mg/10ml, 500mg	1	B/D
LIVTENCITY	3	NDS
PREVYMIS	3	NDS
VALCYTE	3	NDS
valganciclovir	1	
valganciclovir hydrochloride	1	NDS
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	1	
BARACLUDE TABLET	3	QL (30 EA per 30 days) NDS
BARACLUDE SOLUTION	3	QL (600 ML per 30 days) NDS
entecavir	1	QL (30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
HEPSERA	3	NDS
lamivudine tablet 100mg	1	
VEMLIDY	3	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	3	QL (168 EA per 365 days) PA NDS
EPCLUSA PACKET 150MG; 37.5MG	3	QL (84 EA per 365 days) PA NDS
EPCLUSA TABLET 200MG; 50MG	3	QL (168 EA per 365 days) PA NDS
EPCLUSA TABLET 400MG; 100MG	3	QL (84 EA per 365 days) PA NDS
HARVONI PACKET 33.75MG; 150MG	3	QL (168 EA per 365 days) PA NDS
HARVONI PACKET 45MG; 200MG	3	QL (336 EA per 365 days) PA NDS
HARVONI TABLET 90MG; 400MG	3	QL (168 EA per 365 days) PA NDS
HARVONI TABLET 45MG; 200MG	3	QL (336 EA per 365 days) PA NDS
ledipasvir/sofosbuvir	1	QL (168 EA per 365 days) PA NDS
MAVYRET TABLET	3	QL (336 EA per 365 days) PA NDS
MAVYRET PACKET	3	QL (560 EA per 365 days) PA NDS
moderiba tablet	1	
ribasphere capsule	1	
ribasphere tablet 200mg	1	
ribavirin tablet 200mg	1	
sofosbuvir/velpatasvir	1	QL (84 EA per 365 days) PA NDS
SOVALDI TABLET	3	QL (336 EA per 365 days) PA NDS
SOVALDI PACKET 150MG	3	QL (168 EA per 365 days) PA NDS
SOVALDI PACKET 200MG	3	QL (336 EA per 365 days) PA NDS
VIEKIRA PAK	3	QL (672 EA per 365 days) PA NDS
VOSEVI	3	QL (84 EA per 365 days) PA NDS
ZEPATIER	3	QL (112 EA per 365 days) PA NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	3	NDS

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY	3	QL (30 EA per 30 days) NDS
CABENUVA	3	NDS
DOVATO	3	QL (30 EA per 30 days) NDS
GENVOYA	3	QL (30 EA per 30 days) NDS
ISENTRESS HD	3	NDS
ISENTRESS PACKET, TABLET	3	NDS
ISENTRESS TABLET CHEWABLE 25MG	2	
ISENTRESS TABLET CHEWABLE 100MG	3	NDS
JULUCA	3	QL (30 EA per 30 days) NDS
STRIBILD	3	QL (30 EA per 30 days) NDS
TIVICAY PD	3	NDS
TIVICAY TABLET 10MG	3	
TIVICAY TABLET 25MG, 50MG	3	NDS
VOCABRIA	3	NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	3	QL (30 EA per 30 days) NDS
COMPLERA	3	QL (30 EA per 30 days) NDS
DELSTRIGO	3	QL (30 EA per 30 days) NDS
EDURANT	3	NDS
efavirenz	1	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	1	QL (30 EA per 30 days) NDS
efavirenz/lamivudine/tenofovir disoproxil fumarate	1	QL (30 EA per 30 days) NDS
etravirine	1	NDS
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	3	NDS
nevirapine	1	
nevirapine er	1	
PIFELTRO	3	NDS
SUSTIVA TABLET	3	NDS
SUSTIVA CAPSULE 200MG	3	NDS
SYMFI	3	QL (30 EA per 30 days) NDS
SYMFI LO	3	QL (30 EA per 30 days) NDS
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400MG	3	NDS
VIRAMUNE TABLET	3	NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	1	
abacavir sulfate/lamivudine	1	QL (30 EA per 30 days)
abacavir sulfate/lamivudine/zidovudine	1	QL (60 EA per 30 days) NDS
CIMDUO	3	QL (30 EA per 30 days) NDS
COMBIVIR	3	QL (60 EA per 30 days) NDS
DESCOVY	3	QL (30 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
didanosine capsule delayed release 200mg, 250mg, 400mg	1	
emtricitabine	1	
emtricitabine/tenofovir disoproxil	1	QL (30 EA per 30 days) NDS
emtricitabine/tenofovir disoproxil fumarate	1	QL (30 EA per 30 days) NDS
EMTRIVA SOLUTION	3	
EPZICOM	3	QL (30 EA per 30 days) NDS
lamivudine/zidovudine	1	QL (60 EA per 30 days)
lamivudine solution 10mg/ml	1	
lamivudine tablet 150mg, 300mg	1	
ODEFSEY	3	QL (30 EA per 30 days) NDS
RETROVIR IV INFUSION	3	
stavudine capsule	1	
TEMIXYS	3	QL (30 EA per 30 days) NDS
tenofovir disoproxil fumarate	1	
TRIUMEQ	3	QL (30 EA per 30 days) NDS
TRIUMEQ PD	3	QL (180 EA per 30 days) NDS
TRIZIVIR	3	QL (60 EA per 30 days) NDS
TRUVADA	3	QL (30 EA per 30 days) NDS
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	3	
VIREAD	3	NDS
zidovudine	1	
Anti-HIV Agents, Other		
FUZEON	3	NDS
maraviroc	1	NDS
RUKOBIA	3	NDS
SELZENTRY SOLUTION	3	NDS
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 150MG, 300MG, 75MG	3	NDS
TROGARZO	3	NDS
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	3	NDS
atazanavir	1	
atazanavir sulfate capsule 300mg	1	
EVOTAZ	3	QL (30 EA per 30 days) NDS
fosamprenavir calcium	1	NDS
INVIRASE TABLET	3	NDS
KALETRA SOLUTION	3	NDS
KALETRA TABLET 200MG; 50MG	3	NDS
LEXIVA SUSPENSION	3	
LEXIVA TABLET	3	NDS
lopinavir/ritonavir	1	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	3	QL (30 EA per 30 days) NDS

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSPENSION	3	NDS
PREZISTA TABLET 75MG	3	
PREZISTA TABLET 150MG, 600MG, 800MG	3	NDS
REYATAZ	3	NDS
ritonavir	1	
SYMTUZA	3	QL (30 EA per 30 days) NDS
VIRACEPT	3	NDS
Anti-influenza Agents		
amantadine hcl capsule, solution	1	
oseltamivir phosphate capsule 75mg	1	QL (110 EA per 365 days)
oseltamivir phosphate capsule 30mg	1	QL (168 EA per 365 days)
oseltamivir phosphate capsule 45mg	1	QL (84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	1	QL (1080 ML per 365 days)
RAPIVAB	3	NDS
RELENZA DISKHALER	3	QL (240 EA per 365 days)
rimantadine hydrochloride	1	
TAMIFLU CAPSULE 75MG	3	QL (110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL (84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	2	QL (2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	2	QL (4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	1	B/D
acyclovir capsule 200mg	1	
acyclovir suspension 200mg/5ml	1	
acyclovir tablet 400mg, 800mg	1	
famciclovir tablet	1	
SITAVIG	3	QL (2 EA per 30 days) NDS
valacyclovir hcl tablet 1gm	1	QL (120 EA per 30 days)
valacyclovir hydrochloride tablet 500mg	1	QL (120 EA per 30 days)
VALTREX	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg, 30mg	1	
buspirone hydrochloride tablet 10mg, 5mg, 7.5mg	1	
hydroxyzine pamoate capsule	1	
Benzodiazepines		
alprazolam er tablet extended release 24 hour 2mg	1	QL (150 EA per 30 days)
alprazolam er tablet extended release 24 hour 0.5mg, 1mg	1	QL (30 EA per 30 days)
alprazolam er tablet extended release 24 hour 3mg	1	QL (90 EA per 30 days)
alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg	1	QL (120 EA per 30 days)
alprazolam odt tablet disintegrating 2mg	1	QL (150 EA per 30 days)
alprazolam xr tablet extended release 24 hour 2mg	1	QL (150 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
alprazolam xr tablet extended release 24 hour 0.5mg, 1mg	1	QL (30 EA per 30 days)
alprazolam xr tablet extended release 24 hour 3mg	1	QL (90 EA per 30 days)
alprazolam tablet 0.25mg, 0.5mg, 1mg	1	QL (120 EA per 30 days)
alprazolam tablet 2mg	1	QL (150 EA per 30 days)
ATIVAN INJECTION	3	NDS
ATIVAN TABLET 2MG	3	QL (150 EA per 30 days) NDS
ATIVAN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) NDS
chlordiazepoxide hcl capsule 5mg	1	QL (120 EA per 30 days)
chlordiazepoxide hcl capsule 10mg	1	QL (900 EA per 30 days)
chlordiazepoxide hydrochloride capsule 25mg	1	QL (360 EA per 30 days)
clorazepate dipotassium tablet 15mg	1	QL (180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	1	QL (360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	1	QL (720 EA per 30 days)
diazepam intensol	1	
diazepam concentrate 5mg/ml	1	
diazepam injection 5mg/ml	1	
diazepam oral solution 5mg/5ml	1	
diazepam tablet 10mg	1	QL (120 EA per 30 days)
diazepam tablet 5mg	1	QL (240 EA per 30 days)
diazepam tablet 2mg	1	QL (300 EA per 30 days)
lorazepam intensol	1	
lorazepam tablet 2mg	1	QL (150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL (150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL (30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL (90 EA per 30 days)
midazolam hcl injection 5mg/ml	1	
oxazepam	1	QL (120 EA per 30 days)
TRANXENE T TABLET 7.5MG	3	QL (360 EA per 30 days)
VALIUM TABLET 10MG	3	QL (120 EA per 30 days)
VALIUM TABLET 5MG	3	QL (240 EA per 30 days)
VALIUM TABLET 2MG	3	QL (300 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL (30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL (120 EA per 30 days)
XANAX TABLET 2MG	3	QL (150 EA per 30 days) NDS
Bipolar Agents		
Mood Stabilizers		
DEPAKENE SOLUTION	3	NDS

Drug Name	Drug Tier	Requirements/Limits
lithium	1	
lithium carbonate er	1	
lithium carbonate capsule, tablet	1	
LITHOBID	3	
valproic acid capsule, solution	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	1	
ADLYXIN	3	QL (6 ML per 28 days) ST
ADLYXIN STARTER PACK	3	QL (12 ML per 365 days) ST
alogliptin	1	QL (30 EA per 30 days) ST
alogliptin/metformin hcl	1	ST
alogliptin/pioglitazone	1	ST
BYDUREON BCISE	3	QL (3.4 ML per 28 days) ST
BYDUREON PEN	3	QL (4 EA per 28 days) ST
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 28 days) ST
BYETTA INJECTION 5MCG/0.02ML	3	QL (4.8 ML per 28 days) ST
CYCLOSET	3	
FARXIGA	2	
FORTAMET	3	NDS
glimepiride	1	
glipizide er	1	
glipizide xl	1	
glipizide/metformin hydrochloride	1	
glipizide tablet	1	
GLUMETZA	3	PA NDS
glyburide/metformin hydrochloride	1	
glyburide tablet 1.25mg, 2.5mg, 5mg	1	
GLYXAMBI	3	ST
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL (30 EA per 30 days)
JARDIANCE	3	ST
JENTADUETO	3	ST
JENTADUETO XR	3	ST
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	1	
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
metformin hydrochloride tablet 625mg	1	PA NDS
miglitol	1	
nateglinide	1	
NESINA	3	QL (30 EA per 30 days) ST
ONGLYZA	3	QL (30 EA per 30 days) ST
OSENI	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) ST
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL (3 ML per 28 days) ST
pioglitazone hcl/metformin hcl	1	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
PRANDIN TABLET 2MG	3	NDS
QTERN TABLET 5MG; 5MG	2	
qtern tablet 10mg; 5mg	2	
repaglinide	1	
RYBELSUS TABLET 14MG, 7MG	2	QL (30 EA per 30 days) ST
RYBELSUS TABLET 3MG	2	QL (60 EA per 365 days) ST
SEGLUROMET	3	ST
SOLIQUA 100/33	2	
STEGLATRO	3	ST
STEGLUJAN	3	ST
SYMLINPEN 120	3	PA NDS
SYMLINPEN 60	3	PA NDS
SYNJARDY	3	ST
SYNJARDY XR	3	ST
tolbutamide	1	
TRADJENTA	3	QL (30 EA per 30 days) ST
TRIJARDY XR	3	ST
TRULICITY	2	QL (2 ML per 28 days) ST
VICTOZA	2	QL (9 ML per 30 days) ST
XIGDUO XR	2	
XULTOPHY 100/3.6	3	ST
ZEGALOGUE	3	ST
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide suspension	1	NDS
GLUCAGEN HYPOKIT	3	ST
glucagon emergency kit	1	
glucagon emergency kit for low blood sugar injection 1mg	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT	2	
GVOKE PFS	2	
Insulins		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0, 12UNIT	3	PA NDS
BASAGLAR KWIKPEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
insulin aspart protamine/insulin aspart flexpen	1	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
Anticoagulants		
argatroban/sodium chloride	1	NDS
argatroban injection 250mg/2.5ml, 50mg/50ml	1	NDS
ARIXTRA INJECTION 5MG/0.4ML	3	QL (14 ML per 90 days) NDS
ARIXTRA INJECTION 2.5MG/0.5ML	3	QL (17.5 ML per 90 days) NDS
ARIXTRA INJECTION 7.5MG/0.6ML	3	QL (21 ML per 90 days) NDS
ARIXTRA INJECTION 10MG/0.8ML	3	QL (28 ML per 90 days) NDS
BEVYXXA	3	QL (43 EA per 180 days)
CEPROTIN	3	NDS
DABIGATRAN ETEXILATE CAPSULE 150MG	3	QL (60 EA per 30 days)
dabigatran etexilate capsule 75mg	1	QL (60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	2	QL (90 EA per 30 days)
enoxaparin sodium injection 30mg/0.3ml	1	QL (10.5 ML per 90 days)
enoxaparin sodium injection 300mg/3ml	1	QL (105 ML per 90 days)
enoxaparin sodium injection 40mg/0.4ml	1	QL (14 ML per 90 days)
enoxaparin sodium injection 60mg/0.6ml	1	QL (21 ML per 90 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	1	QL (28 ML per 90 days)
enoxaparin sodium injection 100mg/ml, 150mg/ml	1	QL (35 ML per 90 days)
fondaparinux sodium injection 5mg/0.4ml	1	QL (14 ML per 90 days) NDS
fondaparinux sodium injection 2.5mg/0.5ml	1	QL (17.5 ML per 90 days)
fondaparinux sodium injection 7.5mg/0.6ml	1	QL (21 ML per 90 days) NDS
fondaparinux sodium injection 10mg/0.8ml	1	QL (28 ML per 90 days) NDS
FRAGMIN INJECTION 7500UNIT/0.3ML	3	QL (10.5 ML per 90 days) NDS
FRAGMIN INJECTION 12500UNIT/0.5ML	3	QL (17.5 ML per 90 days) NDS
FRAGMIN INJECTION 15000UNIT/0.6ML	3	QL (21 ML per 90 days) NDS
FRAGMIN INJECTION 95000UNIT/3.8ML	3	QL (22.8 ML per 90 days) NDS
FRAGMIN INJECTION 18000UNT/0.72ML	3	QL (25.3 ML per 90 days) NDS
FRAGMIN INJECTION 10000UNIT/ML	3	QL (35 ML per 90 days) NDS

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJECTION 2500UNIT/0.2ML	3	QL (7 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	3	QL (7 ML per 90 days) NDS
heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml	1	
heparin sodium injection 5000unit/ml	1	
jantoven	1	
LOVENOX INJECTION 30MG/0.3ML	3	QL (10.5 ML per 90 days)
LOVENOX INJECTION 300MG/3ML	3	QL (105 ML per 90 days) NDS
LOVENOX INJECTION 40MG/0.4ML	3	QL (14 ML per 90 days)
LOVENOX INJECTION 60MG/0.6ML	3	QL (21 ML per 90 days) NDS
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	3	QL (28 ML per 90 days) NDS
LOVENOX INJECTION 100MG/ML, 150MG/ML	3	QL (35 ML per 90 days) NDS
PRADAXA	3	QL (60 EA per 30 days)
TISSEEL KIT	3	NDS
warfarin sodium tablet	1	
XARELTO STARTER PACK	2	QL (102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL (600 ML per 30 days) NDS
XARELTO TABLET 10MG, 20MG	2	QL (30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
ADAKVEO	3	PA NDS
anagrelide hydrochloride	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	3	PA NDS
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJECTION 20000UNIT/ML	3	PA NDS
FULPHILA	3	PA NDS
GRANIX	3	ST NDS
LEUKINE INJECTION 250MCG	3	PA NDS
MOZOBIL	3	QL (38.4 ML per 365 days) PA NDS
MULPLETA	3	PA NDS
NEULASTA	3	PA NDS
NEULASTA ONPRO KIT	3	PA NDS
NEUPOGEN	3	ST NDS
NIVESTYM	3	ST NDS
NPLATE	3	PA NDS
NYVEPRIA	3	PA NDS
OXBRYTA TABLET	3	QL (150 EA per 30 days) PA NDS
OXBRYTA TABLET SOLUBLE	3	QL (240 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 40000UNIT/ML	3	PA NDS
PROMACTA	3	PA NDS
PYRUKYND TAPER PACK	3	QL (30 EA per 30 days) PA NDS
PYRUKYND TABLET 50MG	3	QL (120 EA per 30 days) PA NDS
PYRUKYND TABLET 20MG, 5MG	3	QL (60 EA per 30 days) PA NDS
REBLOZYL	3	PA NDS
RELEUKO	3	ST NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	3	PA NDS
UDENYCA	3	PA NDS
ZARXIO	3	NDS
ZIEXTENZO	3	PA NDS
Hemostasis Agents		
AMICAR SOLUTION, TABLET	3	NDS
aminocaproic acid solution, tablet	1	NDS
tranexamic acid tablet	1	
Platelet Modifying Agents		
aspirin/dipyridamole	1	
aspirin/dipyridamole er	1	
aspirin/omeprazole	1	QL (30 EA per 30 days)
BRILINTA	2	
CABLIVI	3	QL (30 EA per 30 days) PA NDS
cilostazol	1	
clopidogrel	1	
DOPTELET	3	PA NDS
eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml	1	NDS
INTEGRILIN	3	NDS
KENGREAL	3	NDS
prasugrel	1	
TAVALISSE	3	PA NDS
YOSPRALA	3	QL (30 EA per 30 days) NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl patch weekly	1	
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	1	
droxidopa	1	PA NDS
guanfacine hcl	1	
methyldopa tablet 250mg, 500mg	1	
midodrine hcl	1	
NORTHERA	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	3	PA NDS
phenoxybenzamine hydrochloride	1	PA NDS
prazosin hydrochloride capsule	1	
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
EDARBI	3	
eprosartan mesylate	1	
irbesartan	1	
losartan potassium tablet	1	
olmesartan medoxomil tablet	1	
telmisartan	1	
valsartan tablet	1	
valsartan solution	1	ST NDS
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 10mg, 40mg, 5mg	1	
benazepril hydrochloride tablet 20mg	1	
captopril tablet	1	
enalapril maleate solution, tablet	1	
EPANED SOLUTION	3	
fosinopril sodium	1	
lisinopril tablet	1	
moexipril hcl	1	
perindopril erbumine	1	
QBRELIS	3	NDS
quinapril hcl tablet 20mg, 40mg	1	
quinapril hydrochloride tablet 10mg, 5mg	1	
ramipril	1	
trandolapril	1	
VASOTEC TABLET 20MG	3	NDS
Antiarrhythmics		
amiodarone hydrochloride tablet	1	
BETAPACE AF TABLET 120MG	3	
BETAPACE AF TABLET 160MG	3	NDS
BETAPACE TABLET 120MG, 160MG, 80MG	3	NDS
digitek	1	
digox	1	
digoxin solution	1	
digoxin tablet 125mcg, 250mcg, 62.5mcg	1	
disopyramide phosphate capsule	1	
dofetilide	1	
flecainide acetate	1	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl injection 100mg/5ml, 50mg/5ml	1	
mexiletine hcl	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
pacerone tablet 100mg, 200mg, 400mg	1	
propafenone hcl	1	
propafenone hydrochloride er	1	
quinidine sulfate tablet	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG, 425MG	3	NDS
sorine	1	
sotalol hcl	1	
sotalol hcl (af) tablet 80mg	1	
sotalol hydrochloride (af)	1	
sotalol hydrochloride af	1	
sotalol hydrochloride injection	1	NDS
sotalol hydrochloride tablet 160mg, 80mg	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl capsule 400mg	1	
acebutolol hydrochloride	1	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	1	
bisoprolol fumarate	1	
carvedilol	1	
carvedilol phosphate er	1	
HEMANGEOL	3	NDS
INDERAL LA	3	NDS
INDERAL XL	3	NDS
INNOPRAN XL	3	NDS
labetalol hydrochloride tablet	1	
metoprolol succinate er	1	
metoprolol tartrate tablet	1	
nadolol tablet 20mg, 40mg, 80mg	1	
nebivolol hydrochloride	1	
nebivolol tablet 10mg, 20mg, 5mg	1	
pindolol tablet	1	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	1	
propranolol hcl tablet 40mg	1	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	1	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
afeditab cr	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tablet	1	
CLEVIPREX	3	NDS
felodipine er	1	
isradipine	1	
nicardipine hcl capsule	1	
nifedical xl	1	
nifedipine er	1	
nimodipine capsule	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 60MG/20ML, 6MG/ML	3	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 300MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180MG, 240MG, 360MG	3	NDS
CARDIZEM TABLET 120MG, 60MG	3	
cartia xt	1	
dilt-xr	1	
diltiazem hcl cd	1	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg	1	
diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour	1	
diltiazem hcl tablet	1	
diltiazem hydrochloride er	1	
matzim la	1	
taztia xt	1	
tiadylt er	1	
verapamil hcl er tablet extended release	1	
verapamil hcl sr capsule extended release 24 hour	1	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er tablet extended release 180mg	1	
verapamil hydrochloride tablet	1	
Cardiovascular Agents, Other		
acetazolamide	1	
acetazolamide sodium	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
aliskiren	1	
amiloride/hydrochlorothiazide	1	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	1	
amlodipine/olmesartan medoxomil	1	
ASPRUZYO SPRINKLE	3	QL (60 EA per 30 days) ST
atenolol/chlorthalidone	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg	1	
benazepril hydrochloride/hydrochlorothiazide	1	
bisoprolol fumarate/hydrochlorothiazide	1	
CAMZYOS	3	QL (30 EA per 30 days) PA NDS
candesartan cilexetil/hydrochlorothiazide	1	
captopril/hydrochlorothiazide	1	
CONSENSI	3	QL (30 EA per 30 days) NDS
CORLANOR SOLUTION	3	QL (450 ML per 30 days) PA
CORLANOR TABLET	3	QL (60 EA per 30 days) PA
DEFITELIO	3	NDS
DEMSER	3	PA NDS
dobutamine hcl/d5w injection 5%; 1mg/ml	1	B/D
dobutamine hcl injection 250mg/20ml	1	B/D
dobutamine hydrochloride/dextrose 5%	1	B/D
dopamine hydrochloride	1	B/D
dopamine hydrochloride/dextrose	1	B/D
dopamine/d5w injection 5%; 3.2mg/ml	1	B/D
EDARBYCLOR	3	
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO	2	QL (60 EA per 30 days)
EVKEEZA	3	PA NDS
fosinopril sodium/hydrochlorothiazide	1	
irbesartan/hydrochlorothiazide	1	
isosorbide dinitrate/hydralazine hydrochloride	1	
KERENDIA	3	QL (30 EA per 30 days) PA
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	3	NDS
metyrosine	1	PA NDS
milrinone lactate in dextrose	1	B/D
milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml	1	B/D
olmesartan medoxomil/hydrochlorothiazide	1	
pentoxifylline er	1	
quinapril/hydrochlorothiazide	1	
ranolazine er	1	
spironolactone/hydrochlorothiazide	1	
telmisartan/amlodipine	1	
telmisartan/hydrochlorothiazide	1	
trandolapril/verapamil hcl er	1	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements/Limits
vecamyl	3	NDS
VYNDAMAX	3	QL (30 EA per 30 days) PA NDS
Diuretics, Loop		
bumetanide injection, tablet	1	
EDECRIN TABLET 25MG	3	NDS
ethacrynate sodium	1	NDS
furosemide injection, oral solution, tablet	1	
SOAANZ TABLET 40MG, 60MG	3	ST
SODIUM EDECRIN	3	NDS
torsemide tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet	1	
eplerenone	1	
spironolactone tablet	1	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	1	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized	1	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	1	
fenofibric acid dr	1	
FENOGLIDE TABLET 120MG	3	NDS
gemfibrozil tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST NDS
atorvastatin calcium	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
fluvastatin	1	
fluvastatin sodium er	1	
LIVALO	2	ST
lovastatin tablet	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
SIMVASTATIN SUSPENSION	3	ST
simvastatin tablet	1	
ZYPITAMAG	3	ST
Dyslipidemics, Other		
cholestyramine light	1	
colesevelam hydrochloride tablet	1	
colestipol hcl	1	

Drug Name	Drug Tier	Requirements/Limits
ezetimibe	1	
ezetimibe/rosuvastatin	1	ST
ezetimibe/simvastatin	1	
icosapent ethyl	1	PA
JUXTAPID CAPSULE 10MG, 40MG, 5MG, 60MG	3	QL (30 EA per 30 days) PA NDS
JUXTAPID CAPSULE 20MG, 30MG	3	QL (60 EA per 30 days) PA NDS
LEQVIO	3	QL (3 ML per 180 days) PA
lovaza	3	
NEXLETOL	3	QL (30 EA per 30 days) PA
NEXLIZET	3	QL (30 EA per 30 days) PA
niacin er	1	
omega-3-acid ethyl esters	1	
PRALUENT	2	QL (2 ML per 28 days) PA
prevalite	1	
REPATHA	2	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	2	QL (7 ML per 28 days) PA
REPATHA SURECLICK	2	QL (3 ML per 28 days) PA
ROSZET	3	ST
VASCEPA	2	PA
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR	3	
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	3	NDS
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	1	
isosorbide dinitrate tablet 40mg	1	NDS
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitro-bid	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	
nitroglycerin lingual	1	
nitroglycerin transdermal	1	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	1	
VERQUVO	3	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl injection	1	
hydralazine hcl tablet 10mg	1	
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	1	
minoxidil tablet	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
adderall	3	QL (90 EA per 30 days)
ADDERALL XR	3	QL (60 EA per 30 days)
amphetamine/dextroamphetamine capsule extended release 24 hour	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine tablet	1	QL (90 EA per 30 days)
DESOXYN	3	QL (150 EA per 30 days) PA NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL (120 EA per 30 days) NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL (180 EA per 30 days) NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5MG	3	QL (60 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	1	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	1	QL (180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	1	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	1	QL (180 EA per 30 days)
dextroamphetamine sulfate tablet 30mg	1	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 15mg, 20mg, 5mg	1	QL (90 EA per 30 days)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE	3	QL (30 EA per 30 days)
methamphetamine hcl	1	QL (150 EA per 30 days) PA NDS
zenzedi tablet 10mg	3	QL (180 EA per 30 days)
zenzedi tablet 2.5mg, 7.5mg	3	QL (240 EA per 30 days)
zenzedi tablet 30mg	3	QL (60 EA per 30 days)
zenzedi tablet 15mg, 20mg, 5mg	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR	3	QL (30 EA per 30 days)
atomoxetine hydrochloride capsule 100mg, 18mg, 25mg	1	QL (30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	1	QL (60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg	1	QL (30 EA per 30 days)
atomoxetine capsule 10mg	1	QL (60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL (30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL (60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days)
dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	QL (30 EA per 30 days)
dexmethylphenidate hcl tablet 10mg, 5mg	1	QL (60 EA per 30 days)
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg	1	QL (30 EA per 30 days)
dexmethylphenidate hydrochloride capsule extended release 24 hour	1	QL (30 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FOCALIN	3	QL (60 EA per 30 days)
FOCALIN XR	3	QL (30 EA per 30 days)
guanfacine er	1	
guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg	1	
metadate er tablet extended release 20mg	1	QL (90 EA per 30 days)
methylphenidate hcl sr	1	QL (90 EA per 30 days)
methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er (la)	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er capsule extended release 24 hour	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 54mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 36mg	1	QL (60 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 10mg	1	QL (180 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg, 72mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 36mg	1	QL (60 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 20mg	1	QL (90 EA per 30 days)
methylphenidate hydrochloride solution	1	
methylphenidate hydrochloride tablet	1	QL (90 EA per 30 days)
methylphenidate hydrochloride tablet chewable 10mg	1	QL (180 EA per 30 days)
methylphenidate hydrochloride tablet chewable 2.5mg, 5mg	1	QL (90 EA per 30 days)
relexxii	1	QL (30 EA per 30 days)
RITALIN	3	QL (90 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL (30 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL (60 EA per 30 days)
Central Nervous System, Other		
allzital	3	
AUSTEDO	3	QL (120 EA per 30 days) PA NDS
bupap tablet 300mg; 50mg	3	NDS
butalbital/acetaminophen	1	
butalbital/aspirin/caffeine capsule	1	
caffeine citrate solution 60mg/3ml	1	NDS

Drug Name	Drug Tier	Requirements/Limits
clonidine hydrochloride injection 100mcg/ml, 500mcg/ml	1	B/D
DURACLON INJECTION 100MCG/ML	3	B/D
EXSERVAN	3	PA NDS
FIORINAL CAPSULE	3	
FIRDAPSE	3	QL (240 EA per 30 days) PA NDS
INGREZZA CAPSULE THERAPY PACK	3	QL (56 EA per 365 days) PA NDS
INGREZZA CAPSULE 60MG, 80MG	3	QL (30 EA per 30 days) PA NDS
INGREZZA CAPSULE 40MG	3	QL (60 EA per 30 days) PA NDS
marten-tab	1	
NUEDEXTA	3	PA NDS
PRIALT	3	B/D NDS
QUVIVIQ	3	QL (30 EA per 30 days) PA
RADICAVA	3	PA NDS
RADICAVA ORS	3	QL (50 ML per 28 days) PA NDS
RADICAVA ORS STARTER KIT	3	QL (140 ML per 365 days) PA NDS
RILUTEK	3	PA NDS
riluzole	1	PA
tencon tablet 325mg; 50mg	1	
tetrabenazine tablet 12.5mg	1	PA
tetrabenazine tablet 25mg	1	PA NDS
TIGLUTIK	3	PA NDS
vanatol lq	1	NDS
vanatol s	1	NDS
vtol lq	3	NDS
XENAZINE	3	PA NDS
ZTALMY	3	PA NDS
Fibromyalgia Agents		
LYRICA SOLUTION	3	QL (900 ML per 30 days)
LYRICA CAPSULE 300MG	3	QL (60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL (90 EA per 30 days)
pregabalin capsule 300mg	1	QL (60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	1	QL (90 EA per 30 days)
pregabalin solution	1	QL (900 ML per 30 days)
SAVELLA	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA	3	QL (60 EA per 30 days) PA NDS
AUBAGIO	3	QL (30 EA per 30 days) PA NDS
AVONEX PEN	3	QL (4 EA per 28 days) PA NDS
AVONEX INJECTION 30MCG/0.5ML	3	QL (4 EA per 28 days) PA NDS
BAFIERTAM	3	QL (120 EA per 30 days) PA NDS
BETASERON	3	QL (15 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJECTION 40MG/ML	3	QL (12 ML per 28 days) PA NDS
COPAXONE INJECTION 20MG/ML	3	QL (30 ML per 30 days) PA NDS
dalfampridine er	1	QL (60 EA per 30 days) PA
dimethyl fumarate	1	QL (60 EA per 30 days) PA NDS
dimethyl fumarate starterpack	1	QL (120 EA per 365 days) PA NDS
EXTAVIA	3	QL (15 EA per 30 days) PA NDS
GILENYA	3	QL (30 EA per 30 days) PA NDS
glatiramer acetate injection 40mg/ml	1	QL (12 ML per 28 days) PA NDS
glatiramer acetate injection 20mg/ml	1	QL (30 ML per 30 days) PA NDS
glatopa injection 40mg/ml	1	QL (12 ML per 28 days) PA NDS
glatopa injection 20mg/ml	1	QL (30 ML per 30 days) PA NDS
KESIMPTA	3	QL (0.4 ML per 28 days) PA NDS
MAVENCLAD	3	PA NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (24 EA per 365 days) PA NDS
MAYZENT TABLET 0.25MG	3	QL (120 EA per 30 days) PA NDS
MAYZENT TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA NDS
mitoxantrone hcl injection 2mg/ml	1	PA
OCREVUS	3	QL (40 ML per 365 days) PA NDS
PLEGRIDY	3	QL (1 ML per 28 days) PA NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL (2 ML per 365 days) PA NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL (4 ML per 365 days) PA NDS
PONVORY	3	QL (30 EA per 30 days) PA NDS
PONVORY 14-DAY STARTER PACK	3	QL (28 EA per 365 days) PA NDS
REBIF	3	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE	3	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE TITRATION PACK	3	QL (8.4 ML per 365 days) PA NDS
REBIF TITRATION PACK	3	QL (8.4 ML per 365 days) PA NDS
TECFIDERA	3	QL (60 EA per 30 days) PA NDS
TECFIDERA STARTER PACK	3	QL (120 EA per 365 days) PA NDS
TYSABRI	3	PA NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	3	QL (120 EA per 30 days) PA NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	3	QL (212 EA per 365 days) PA NDS
ZEPOSIA	3	QL (30 EA per 30 days) PA NDS
ZEPOSIA 7-DAY STARTER PACK	3	QL (14 EA per 365 days) PA NDS
ZEPOSIA STARTER KIT	3	QL (74 EA per 365 days) PA NDS
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN	3	NDS
chlorhexidine gluconate oral rinse	1	
chlorhexidine gluconate solution	1	
doxycycline hyclate tablet 20mg	1	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE	3	NDS
lidocaine hcl mouth/throat solution 4%	1	QL (250 ML per 30 days) PA
lidocaine viscous	1	
oralone dental paste	1	
paroex	1	
periogard	1	
pilocarpine hydrochloride	1	
triamcinolone acetonide dental paste	1	
Dermatological Agents		
Acne and Rosacea Agents		
ABSORICA	3	PA NDS
ABSORICA LD	3	PA NDS
accutane	1	PA
acitretin	1	
adapalene/benzoyl peroxide gel 0.3%; 2.5%	1	
adapalene/benzoyl peroxide pad	1	NDS
adapalene pad, solution	1	NDS
amnesteem	1	PA
ATRALIN	3	PA
AVITA	3	PA
azelaic acid	1	
benzolyl peroxide forte- hc	1	NDS
claravis	1	PA
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	1	
FINACEA FOAM	2	QL (50 GM per 30 days)
isotretinoin capsule	1	PA
metronidazole cream 0.75%	1	
metronidazole gel 0.75%, 1%	1	
MIRVASO	3	PA
myorisan	1	PA
NORITATE	3	NDS
RETIN-A	3	PA
RETIN-A MICRO PUMP GEL 0.1%	3	PA
RETIN-A MICRO PUMP GEL 0.04%, 0.08%	3	PA NDS
RETIN-A MICRO GEL 0.1%	3	PA
RETIN-A MICRO GEL 0.04%, 0.06%	3	PA NDS
rosadan	1	
SORIATANE CAPSULE 10MG, 25MG	3	NDS
tazarotene cream	1	
tretinoin microsphere	1	PA
tretinoin microsphere pump	1	PA
tretinoin cream 0.025%, 0.05%, 0.1%	1	PA
tretinoin gel 0.01%, 0.025%, 0.05%	1	PA
zenatane	1	PA

Drug Name	Drug Tier	Requirements/Limits
Dermatitis and Pruitus Agents		
ala-cort cream 2.5%	1	
alclometasone dipropionate	1	
amcinonide lotion	1	
ammonium lactate cream, lotion	1	
apexicon e	3	NDS
betamethasone dipropionate augmented cream, gel, ointment	1	
betamethasone dipropionate cream, lotion, ointment	1	
betamethasone valerate cream, lotion, ointment	1	
CIBINQO	3	QL (30 EA per 30 days) PA NDS
clobetasol propionate e	1	
clobetasol propionate gel, ointment, shampoo, solution	1	
CLOBEX LOTION, SHAMPOO	3	NDS
CORDRAN TAPE	3	
CORDRAN LOTION	3	NDS
CORDRAN CREAM 0.05%	3	NDS
CORDRAN OINTMENT 0.05%	3	
cormax scalp application	1	
CUTIVATE LOTION	3	NDS
desonide cream	1	
desonide ointment	1	QL (120 GM per 30 days)
desoximetasone cream	1	QL (100 GM per 30 days)
desoximetasone ointment 0.25%	1	
doxepin hydrochloride cream 5%	1	QL (90 GM per 30 days) PA
EUCRISA	3	PA
fluocinolone acetonide body	1	
fluocinolone acetonide scalp	1	
fluocinolone acetonide cream 0.01%, 0.025%	1	
fluocinolone acetonide ointment 0.025%	1	
fluocinolone acetonide solution 0.01%	1	
fluocinonide cream 0.05%	1	
fluocinonide cream 0.1%	1	QL (120 GM per 30 days)
fluocinonide gel, ointment, solution	1	
flurandrenolide ointment	1	
fluticasone propionate cream 0.05%	1	
fluticasone propionate ointment 0.005%	1	
HALOBETASOL PROPIONATE FOAM	3	NDS
halobetasol propionate cream, ointment	1	
hydrocortisone 1% in absorbase	1	QL (100 GM per 30 days)
hydrocortisone in absorbase	1	QL (100 GM per 30 days)
hydrocortisone valerate cream	1	QL (60 GM per 30 days)
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone ointment 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone ointment 1%	1	QL (100 GM per 30 days)
IMPOYZ	3	NDS
KENALOG AEROSOL SOLUTION	3	NDS
LEXETTE	3	NDS
LOCOID LOTION	3	NDS
lokara	1	
mometasone furoate cream 0.1%	1	
mometasone furoate ointment 0.1%	1	
mometasone furoate solution 0.1%	1	
OLUX-E	3	NDS
OPZELURA	3	QL (240 GM per 30 days) PA NDS
PANDEL	3	NDS
PRUDOXIN	3	QL (90 GM per 30 days) PA
selenium sulfide	1	
SERNIVO	3	NDS
tacrolimus ointment 0.03%, 0.1%	1	
topicort cream	3	QL (100 GM per 30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotion 0.025%, 0.1%	1	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	1	
triderm cream 0.1%	1	
ULTRAVATE LOTION	3	NDS
VANOS	3	QL (120 GM per 30 days) NDS
VERDESO	3	NDS
ZONALON	3	QL (90 GM per 30 days) PA
Dermatological Agents, Other		
calcipotriene/betamethasone dipropionate ointment	1	QL (400 GM per 30 days)
calcipotriene/betamethasone dipropionate suspension	1	QL (400 GM per 30 days) NDS
calcipotriene foam	1	
calcipotriene cream, ointment	1	QL (120 GM per 30 days)
calcipotriene solution	1	QL (60 ML per 30 days)
calcitrene	3	QL (120 GM per 30 days)
CARAC	3	NDS
clotrimazole/betamethasone dipropionate cream	1	
diclofenac sodium gel 3%	1	QL (300 GM per 30 days) ST
DOVONEX CREAM	3	QL (120 GM per 30 days) NDS
DUOBRII	3	PA NDS
EFUDEX CREAM	3	QL (40 GM per 30 days)
ENSTILAR	3	QL (420 GM per 28 days) NDS
FLUOROPLEX CREAM	3	NDS
fluorouracil cream 0.5%	1	NDS
fluorouracil cream 5%	1	QL (40 GM per 30 days)
fluorouracil external solution 2%, 5%	1	
hydrocortisone acetate/pramoxine hydrochloride suppository	1	NDS

Drug Name	Drug Tier	Requirements/Limits
imiquimod pump	1	NDS
imiquimod cream 5%	1	
imiquimod cream 3.75%	1	NDS
KLISYRI	3	ST NDS
methoxsalen capsule	1	NDS
neo-synalar	3	NDS
nystatin/triamcinolone	1	
nystatin/triamcinolone acetonide ointment	1	
OTEZLA TABLET 30MG	3	QL (60 EA per 30 days) PA NDS
OXSORALEN ULTRA	3	NDS
PICATO	3	ST NDS
podofilox	1	
RADIAURA	3	NDS
REGRANEX	3	PA NDS
SANTYL	3	
silver sulfadiazine	1	
SORILUX	3	
ssd	1	
TACLONEX	3	QL (400 GM per 30 days) NDS
urea lotion 40%	1	
UREVAZ	3	NDS
VECTICAL	3	
VEREGEN	3	NDS
VTAMA	3	PA NDS
WINLEVI	3	PA
WYNZORA	3	QL (420 GM per 28 days) NDS
XERESE	3	NDS
ZYCLARA	3	NDS
ZYCLARA PUMP	3	NDS
Dermatological Agents		
UVADEX	3	NDS
Pediculicides/Scabicides		
ivermectin cream 1%	1	QL (45 GM per 30 days)
malathion	1	
permethrin cream	1	
SOOLANTRA	3	QL (45 GM per 30 days)
Topical Anti-infectives		
acyclovir cream 5%	1	QL (5 GM per 30 days)
acyclovir ointment 5%	1	
ACZONE GEL 5%	3	NDS
benzoyl peroxide gel 6.5%	1	NDS
CENTANY OINTMENT	3	QL (110 GM per 30 days)
ciclodan cream	1	
ciclodan solution	1	PA

Drug Name	Drug Tier	Requirements/Limits
ciclopirox nail lacquer	1	PA
ciclopirox olamine	1	
ciclopirox gel, shampoo, suspension	1	
CLEOCIN-T LOTION	3	QL (75 ML per 30 days)
CLINDAGEL	3	NDS
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	QL (75 ML per 30 days)
clindamycin phosphate external solution 1%	1	QL (60 ML per 30 days)
dapsone gel 7.5%	1	
DENAVIR	3	NDS
EPSOLAY	3	PA
ery	1	
erythromycin gel 2%	1	
erythromycin pad 2%	1	
erythromycin solution 2%	1	
EVOCLIN	3	NDS
mafenide acetate	1	
mupirocin calcium	1	
mupirocin ointment	1	QL (110 GM per 30 days)
PENLAC NAIL LACQUER	3	PA NDS
SULFAMYLON PACKET 5%	3	NDS
ZOVIRAX OINTMENT	3	
ZOVIRAX CREAM	3	QL (5 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CARBAGLU	3	NDS
carglumic acid	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
clinisol sf 15%	1	B/D
dextrose 5%	1	
dextrose 5%/nacl 0.45%	1	
dextrose 5%/nacl 0.9%	1	
effer-k tablet effervescent 25meq	1	
FREAMINE HBC 6.9%	3	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
HEPATAMINE INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	B/D
k-sol solution 10%	1	
KABIVEN	3	B/D
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con sprinkle	1	
klor-con/ef	1	
magnesium sulfate injection 50%	1	
NEPHRAMINE	3	B/D
PERIKABIVEN	3	B/D NDS
plenamine	1	B/D
potassium chloride er	1	
potassium chloride sr tablet extended release 8meq	1	
potassium citrate er	1	
premasol injection 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
sodium bicarbonate/dextrose	1	
sodium bicarbonate injection 4.2%, 8.4%	1	
sodium chloride 0.45% injection	1	
sodium chloride injection 0.45%, 0.9%	1	
SYNTHAMIN 17	3	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	NDS
clovique	1	PA NDS
CUPRIMINE CAPSULE 250MG	3	PA NDS
deferasirox packet	1	PA NDS
deferasirox tablet soluble 500mg	1	PA
deferasirox tablet soluble 125mg, 250mg	1	PA NDS
deferasirox tablet 360mg, 90mg	1	PA
deferasirox tablet 180mg	1	PA NDS
deferiprone	1	PA NDS
DEPEN TITRATABS	3	NDS
EXJADE	3	PA NDS
FERRIPROX	3	PA NDS
FERRIPROX TWICE-A-DAY	3	PA NDS
JADENU	3	PA NDS
JADENU SPRINKLE	3	PA NDS
JYNARQUE TABLET	3	QL (120 EA per 30 days) PA NDS
JYNARQUE TABLET THERAPY PACK	3	QL (56 EA per 28 days) PA NDS
kionex powder 0	1	
penicillamine tablet	1	NDS
penicillamine capsule	1	PA NDS
SAMSCA TABLET 15MG	3	QL (30 EA per 30 days) PA NDS
SAMSCA TABLET 30MG	3	QL (60 EA per 30 days) PA NDS
sodium polystyrene sulfonate powder 0	1	
SYPRINE	3	PA NDS
tolvaptan tablet 15mg	1	QL (30 EA per 30 days) PA NDS
tolvaptan tablet 30mg	1	QL (60 EA per 30 days) PA NDS
trientine hydrochloride	1	PA NDS
Phosphate Binders		
AURYXIA	3	PA NDS
calcium acetate capsule	1	
FOSRENOL PACKET	3	NDS
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	3	NDS
lanthanum carbonate	1	
RENAGEL TABLET 800MG	3	NDS
RENVELA	3	NDS

Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate tablet	1	
sevelamer carbonate packet	1	NDS
VELPHORO	3	NDS
Potassium Binders		
kionex suspension 15gm/60ml	1	
LOKELMA	3	QL (90 EA per 30 days)
sodium polystyrene sulfonate suspension 15gm/60ml	1	
sps	1	
VELTASSA	3	NDS
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	2	QL (60 EA per 30 days)
constulose	1	
enulose	1	
generlac	1	
IBSRELA	3	QL (60 EA per 30 days) PA NDS
lactulose solution	1	
LINZESS	2	QL (30 EA per 30 days)
lubiprostone	1	QL (60 EA per 30 days)
MOTEGRITY	2	QL (30 EA per 30 days)
polyethylene glycol 3350 packet 17gm	1	
polyethylene glycol 3350 powder 17gm/scoop	1	
RELISTOR TABLET	3	QL (90 EA per 30 days) ST NDS
RELISTOR INJECTION 8MG/0.4ML	3	QL (12 ML per 30 days) ST NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL (18 ML per 30 days) ST NDS
TRULANCE	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hydrochloride	1	PA
diphenoxylate hydrochloride/atropine sulfate	1	
loperamide hcl capsule	1	
LOTRONEX	3	PA NDS
MYTESI	3	QL (60 EA per 30 days) NDS
VIBERZI	3	QL (60 EA per 30 days) PA NDS
XERMELO	3	QL (90 EA per 30 days) PA NDS
Antispasmodics, Gastrointestinal		
belladonna/opium	1	NDS
chlordiazepoxide hcl/clidinium bromide	1	
chlordiazepoxide hydrochloride/clidinium bromide	1	
CUVPOSA	3	PA
DARTISLA ODT	3	PA

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl solution	1	
dicyclomine hydrochloride capsule, tablet	1	
GLYCATE	3	PA
glycopyrrolate oral solution, tablet	1	PA
glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	1	
LIBRAX	3	NDS
ROBINUL FORTE	3	PA
ROBINUL TABLET	3	PA
Gastrointestinal Agents, Other		
ACTIGALL	3	
BYLVAY	3	PA NDS
BYLVAY (PELLETS)	3	PA NDS
calcium disodium versenate	1	NDS
chenodal	3	PA NDS
CLENPIQ	2	
GATTEX	3	PA NDS
gavilyte-c	1	
gavilyte-g	1	
gavilyte-h	1	
gavilyte-n/flavor pack	1	
GIMOTI	3	ST NDS
helidac therapy	3	NDS
metoclopramide hcl injection, oral solution	1	
metoclopramide hcl tablet 5mg	1	
metoclopramide hydrochloride tablet 10mg	1	
metoclopramide odt	1	
MYALEPT	3	PA NDS
OCALIVA	3	QL (30 EA per 30 days) PA NDS
peg 3350/electrolytes	1	
peg-3350/electrolytes	1	
peg-3350/nacl/na bicarbonate/kcl	1	
PYLERA	3	NDS
RECTIV	3	
reltone	3	NDS
sodium sulfate/potassium sulfate/magnesium sulfate	1	
SUPREP BOWEL PREP KIT	2	
trilyte	1	
ursodiol capsule 200mg, 400mg	1	NDS
ursodiol tablet	1	
XIFAXAN	3	PA NDS
ZELNORM TABLET 6MG	3	QL (60 EA per 30 days) PA
ZINPLAVA	3	NDS
ZORBTIVE	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
Histamine2 (H2) Receptor Antagonists		
famotidine suspension reconstituted	1	
famotidine tablet 20mg, 40mg	1	
nizatidine solution	1	
pepcid tablet 40mg	3	
Protectants		
misoprostol	1	
sucralfate suspension, tablet	1	
Proton Pump Inhibitors		
ACIPHEX	3	QL (60 EA per 30 days)
ACIPHEX SPRINKLE CAPSULE SPRINKLE 10MG	3	QL (60 EA per 30 days)
DEXILANT	2	QL (30 EA per 30 days)
dexlansoprazole	1	QL (30 EA per 30 days)
esomeprazole magnesium	1	QL (60 EA per 30 days)
lansoprazole capsule delayed release	1	QL (60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE	3	QL (60 EA per 30 days)
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL (60 EA per 30 days)
OMEPPI	3	QL (30 EA per 30 days) NDS
omeprazole dr capsule delayed release 10mg	1	QL (60 EA per 30 days)
omeprazole/sodium bicarbonate capsule	1	QL (30 EA per 30 days)
omeprazole/sodium bicarbonate packet	1	QL (30 EA per 30 days) NDS
omeprazole capsule delayed release 20mg, 40mg	1	QL (60 EA per 30 days)
pantoprazole sodium packet, tablet delayed release	1	QL (60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE	3	QL (60 EA per 30 days)
PROTONIX PACKET, TABLET DELAYED RELEASE	3	QL (60 EA per 30 days)
rabeprazole sodium	1	QL (60 EA per 30 days)
rabeprazole sodium dr sprinkle	1	QL (60 EA per 30 days)
ZEGERID	3	QL (30 EA per 30 days) NDS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	3	PA NDS
AMONDYS 45	3	PA NDS
AMVUTTRA	3	QL (0.5 ML per 90 days) PA NDS
ARALAST NP INJECTION 500MG	3	PA
ARALAST NP INJECTION 1000MG	3	PA NDS
betaine anhydrous	1	NDS
BUPHENYL	3	NDS
CERDELGA	3	PA NDS
CEREZYME	3	PA NDS
CHOLBAM	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
cromolyn sodium concentrate 100mg/5ml	1	
CRYSVITA	3	PA NDS
CYSTADANE	3	NDS
CYSTAGON	3	
ELAPRASE	3	PA NDS
ELELYSO	3	PA NDS
ENDARI	3	PA NDS
EVRYSDI	3	QL (240 ML per 30 days) PA NDS
EXONDYS 51	3	PA NDS
FABRAZYME	3	PA NDS
GALAFOLD	3	QL (14 EA per 28 days) PA NDS
GASTROCROM	3	NDS
GLASSIA	3	PA NDS
KANUMA	3	PA NDS
KEVEYIS	3	QL (120 EA per 30 days) PA NDS
KUVAN	3	PA NDS
LUMIZYME	3	PA NDS
MEPSEVII	3	PA NDS
miglustat	1	PA NDS
NAGLAZYME	3	PA NDS
NEXVIAZYME	3	PA NDS
nitisinone	1	NDS
NITYR	3	NDS
ONPATTRO	3	PA NDS
ORFADIN	3	NDS
PALYNZIQ INJECTION 10MG/0.5ML	3	QL (28 ML per 28 days) PA NDS
PALYNZIQ INJECTION 20MG/ML	3	QL (56 ML per 28 days) PA NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	3	QL (8 ML per 28 days) PA NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	3	ST NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT	3	ST

Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST NDS
PROCYSBI	3	PA NDS
PROLASTIN-C	3	PA NDS
RAVICTI	3	PA NDS
REVCOVI	3	PA NDS
sapropterin dihydrochloride	1	PA NDS
sodium phenylbutyrate powder, tablet	1	NDS
SPINRAZA	3	PA NDS
STRENSIQ	3	PA NDS
SUCRAID	3	NDS
TEGSEDI	3	PA NDS
VILTEPSO	3	PA NDS
VIMIZIM	3	PA NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	3	ST NDS
VPRIV	3	PA NDS
VYNDAQEL	3	QL (120 EA per 30 days) PA NDS
VYONDYS 53	3	PA NDS
XIAFLEX	3	PA NDS
XURIDEN	3	QL (120 EA per 30 days) PA NDS
ZAVESCA	3	PA NDS
ZEMAIRA	3	PA NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	1	
fesoterodine fumarate er	1	
flavoxate hcl	1	
GELNIQUE PUMP	3	
GEMTESA	3	ST
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride syrup, tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	

Drug Name	Drug Tier	Requirements/Limits
TOVIAZ	3	ST
trospium chloride	1	
trospium chloride er	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
CIALIS TABLET 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
doxazosin mesylate	1	
dutasteride capsule	1	
finasteride tablet	1	
silodosin	1	
tadalafil tablet 2.5mg, 5mg	1	QL (30 EA per 30 days) PA
tamsulosin hydrochloride	1	
Genitourinary Agents, Other		
acetic acid 0.25%	1	
bethanechol chloride tablet	1	
ELMIRON	3	NDS
LITHOSTAT	3	NDS
THIOLA	3	NDS
THIOLA EC	3	NDS
tiopronin	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	3	PA NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	3	NDS
baycadron	1	
cortisone acetate tablet 25mg	1	
CORTROPHIN	3	PA NDS
deltasone tablet 20mg	1	
dexamethasone elixir, solution	1	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	
EMFLAZA	3	PA NDS
fludrocortisone acetate tablet	1	
hydrocortisone tablet 10mg, 20mg, 5mg	1	
INTRAROSA	3	QL (28 EA per 28 days) PA
methylprednisolone dose pack tablet therapy pack	1	
methylprednisolone sodium succinate injection 500mg	1	
methylprednisolone tablet	1	
prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	
prednisolone solution	1	
prednisone solution, tablet therapy pack	1	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
RAYOS	3	PA NDS
TRIAMCINOLONE ACETONIDE INJECTION 10MG/ML	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin	1	PA
DDAVP NASAL SOLUTION	3	
DDAVP INJECTION 4MCG/ML	3	NDS
DDAVP TABLET 0.2MG	3	NDS
desmopressin acetate tablet	1	
desmopressin acetate injection	1	NDS
desmopressin acetate nasal solution 0.01%, 0.1mg/ml	1	
desmopressin acetate nasal solution 1.5mg/ml	1	NDS
EGRIFTA SV	3	QL (30 EA per 30 days) PA NDS
EGRIFTA INJECTION 2MG	3	QL (30 EA per 30 days) PA NDS
EGRIFTA INJECTION 1MG	3	QL (60 EA per 30 days) PA NDS
FENSOLVI	3	QL (1 EA per 168 days) PA NDS
GENOTROPIN	3	PA NDS
GENOTROPIN MINIQUICK	3	PA NDS
HUMATROPE COMBO PACK	3	PA NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA NDS
INCRELEX	3	PA NDS
NORDITROPIN FLEXPRO	3	PA NDS
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 10	3	PA NDS
NUTROPIN AQ NUSPIN 20	3	PA NDS
NUTROPIN AQ NUSPIN 5	3	PA NDS
OMNITROPE	3	PA NDS
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	3	PA NDS
SAIZEN CLICK.EASY	3	PA NDS
SAIZENPREP RECONSTITUTIONKIT	3	PA NDS
SEROSTIM	3	PA NDS
SKYTROFA	3	PA NDS
STIMATE SOLUTION	3	NDS
ZOMACTON INJECTION 5MG	3	PA
ZOMACTON INJECTION 10MG	3	PA NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
carboprost tromethamine	1	NDS
HEMABATE	3	NDS
KORLYM	3	QL (120 EA per 30 days) PA NDS
PROSTIN E2	3	NDS

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	3	PA NDS
oxandrolone tablet 2.5mg	1	QL (240 EA per 30 days) PA
oxandrolone tablet 10mg	1	QL (60 EA per 30 days) PA
Androgens		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	2	PA
ANDROGEL	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED	3	PA
danazol capsule	1	
depo-testosterone injection 100mg/ml, 200mg/ml	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA NDS
methitest	3	PA NDS
methyltestosterone capsule	1	PA NDS
NATESTO	3	PA
STRIANT	3	PA
TESTIM	3	PA
testosterone cypionate injection 100mg/ml, 200mg/ml	1	PA
testosterone enanthate injection	1	PA
testosterone pump	1	PA
testosterone topical solution	1	PA
testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	1	PA
testosterone solution	1	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
Estrogens		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amabelz	1	
amethia	1	QL (91 EA per 91 days)
amethia lo	1	QL (91 EA per 91 days)
amethyst	1	
ANNOVERA	3	QL (1 EA per 360 days)
ashlyna	1	QL (91 EA per 91 days)
aubra	1	
aubra eq	1	

Drug Name	Drug Tier	Requirements/Limits
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
bekyree	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	QL (91 EA per 91 days)
camrese lo	1	QL (91 EA per 91 days)
chateal	1	
chateal eq	1	
CLIMARA PRO	3	
cryselle-28	1	
cyclafem 1/35	1	
cyclafem 7/7/7	1	
cyred	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	QL (91 EA per 91 days)
delyla	1	
desogestrel/ethinyl estradiol	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
dolishale	1	
dotti	1	
elinest	1	
enpresse-28	1	
estarylla	1	
estradiol/norethindrone acetate	1	
estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet	1	
ESTRING	3	QL (1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol	1	
falmina	1	
fayosim	1	QL (91 EA per 91 days)
FEMRING	3	QL (1 EA per 90 days)
femynor	1	

Drug Name	Drug Tier	Requirements/Limits
fyavolv	1	
gildagia	1	
gildess 1.5/30	1	
gildess 1/20	1	
gildess 24 fe	1	
gildess fe 1.5/30	1	
gildess fe 1/20	1	
hailey 1.5/30	1	
hailey 24 fe	1	
iclevia	1	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
introvale	1	QL (91 EA per 91 days)
jevantique lo	1	
jinteli	1	
jolessa	1	QL (91 EA per 91 days)
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kimidess	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	
lessina	1	
levonest	1	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	1	
levonorgestrel and ethinyl estradiol tablet 0; 0	1	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	1	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	1	QL (91 EA per 91 days)
levora 0.15/30-28	1	
lillow	1	
lo-zumandimine	1	
lomedia 24 fe	1	

Drug Name	Drug Tier	Requirements/Limits
lopreeza	1	
LOSEASONIQUE	3	QL (91 EA per 91 days)
low-ogestrel	1	
lutera	1	
lyllana	1	
marlissa	1	
menest tablet 0.3mg, 0.625mg, 1.25mg	3	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	1	
mimvey lo	1	
mono-linyah	1	
mononessa	1	
myzilra	1	
necon 0.5/35-28	1	
necon 1/35	1	
necon 7/7/7	1	
norethindrone acetate/ethinyl estradiol	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	1	
norgestimate/ethinyl estradiol	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
orsythia	1	
philith	1	
pimtrea	1	
pirmella 1/35	1	
pirmella 7/7/7	1	
portia-28	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	
QUARTETTE	3	QL (91 EA per 91 days)
quasense	1	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/Limits
rivelsa	1	QL (91 EA per 91 days)
SEASONIQUE	3	QL (91 EA per 91 days)
setlakin	1	QL (91 EA per 91 days)
simliya	1	
simpesse	1	QL (91 EA per 91 days)
sprintec 28	1	
sronyx	1	
tarina 24 fe	1	
tarina fe 1/20	1	
tarina fe 1/20 eq	1	
tri femynor	1	
tri-estarylla	1	
tri-linyah	1	
tri-lo-mili	1	
tri-mili	1	
tri-previfem	1	
tri-sprintec	1	
tri-vylibra	1	
trinessa	1	
trinessa lo	1	
trivora-28	1	
vestura	1	
vienva	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	
yuvafem	1	
zenchent	1	
zenchent fe	1	
zovia 1/35	1	
zovia 1/35e	1	
zovia 1/50e	1	
Progestins		
camila	1	
CRINONE	3	PA
deblitane	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL (1 ML per 90 days)
DEPO-PROVERA INJECTION 400MG/ML	3	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 90 days)
ENDOMETRIN	3	PA
errin	1	
heather	1	
hydroxyprogesterone caproate injection	1	PA NDS

Drug Name	Drug Tier	Requirements/Limits
incassia	1	
jencycla	1	
jolivette	1	
lyleq	1	
lyza	1	
MAKENA	3	PA NDS
medroxyprogesterone acetate tablet	1	
medroxyprogesterone acetate injection	1	QL (1 ML per 90 days)
MEGACE ES	3	PA NDS
megestrol acetate suspension, tablet	1	PA
nora-be	1	
norethindrone acetate tablet	1	
norethindrone tablet	1	
norlyda	1	
norlyroc	1	
progesterone capsule	1	
sharobel	1	
SKYLA	3	
tulana	1	
Selective Estrogen Receptor Modifying Agents		
clomid	1	PA
clomiphene citrate tablet	1	PA
OSPHENA	2	QL (30 EA per 30 days) PA
raloxifene hydrochloride	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t	1	
levothyroxine sodium tablet	1	
levothyroxine sodium injection	1	NDS
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
liothyronine sodium tablet	1	
liothyronine sodium injection	1	NDS
SYNTHROID TABLET	3	
TRIOSTAT	3	NDS
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	3	PA NDS
LYSODREN	3	NDS
RECORLEV	3	QL (240 EA per 30 days) PA NDS
Hormonal Agents, Suppressant (Pituitary)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA PEN	3	PA NDS
cabergoline	1	
ELIGARD INJECTION 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJECTION 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJECTION 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJECTION 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJECTION 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	3	QL (4 EA per 365 days) PA NDS
lanreotide acetate	1	PA NDS
leuprolide acetate injection	1	PA NDS
LUPANETA PACK KIT 3.75MG; 5MG	3	QL (1 EA per 28 days) PA NDS
LUPANETA PACK KIT 11.25MG; 5MG	3	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (1-MONTH)	3	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT (3-MONTH)	3	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (4-MONTH)	3	QL (1 EA per 112 days) PA NDS
LUPRON DEPOT (6-MONTH)	3	QL (1 EA per 168 days) PA NDS
LUPRON DEPOT-PED (1-MONTH)	3	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT-PED (3-MONTH)	3	QL (1 EA per 84 days) PA NDS
MYCAPSSA	3	PA NDS
MYFEMBREE	3	QL (30 EA per 30 days) PA NDS
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	1	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	1	PA NDS
ORGOVYX	3	PA NDS
ORIAHNN	3	QL (56 EA per 28 days) PA NDS
ORILISSA TABLET 150MG	3	QL (30 EA per 30 days) PA NDS
ORILISSA TABLET 200MG	3	QL (60 EA per 30 days) PA NDS
SANDOSTATIN LAR DEPOT	3	PA NDS
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	3	PA NDS
SIGNIFOR	3	QL (60 ML per 30 days) PA NDS
SIGNIFOR LAR	3	QL (1 EA per 28 days) PA NDS
SOMATULINE DEPOT	3	PA NDS
SOMAVERT	3	PA NDS
SUPPRELIN LA	3	QL (1 EA per 365 days) PA NDS
SYNAREL	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL (1 EA per 168 days) PA NDS
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL (1 EA per 28 days) PA NDS
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL (1 EA per 84 days) PA NDS
TRELSTAR INJECTION 11.25MG	3	QL (1 EA per 84 days) PA NDS
TRIPTODUR	3	QL (1 EA per 168 days) PA NDS
VANTAS	3	QL (1 EA per 365 days) PA NDS
ZOLADEX INJECTION 3.6MG	3	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 10.8MG	3	QL (1 EA per 84 days) PA

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	1	
propylthiouracil tablet	1	
Immunological Agents		
Angioedema Agents		
BERINERT	3	PA NDS
CINRYZE	3	PA NDS
FIRAZYR	3	PA NDS
HAEGARDA	3	PA NDS
icatibant acetate	1	PA NDS
KALBITOR	3	PA NDS
RUCONEST	3	PA NDS
sajazir	1	PA NDS
TAKHZYRO	3	PA NDS
Immunoglobulins		
ASCENIV	3	PA NDS
ATGAM	3	NDS
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA NDS
CARIMUNE NANOFILTERED INJECTION 12GM, 6GM	3	PA NDS
CUTAQUIG	3	PA NDS
CUVITRU	3	PA NDS
CYTOGAM INJECTION 50MG/ML	3	PA NDS
FLEBOGAMMA DIF	3	PA NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	3	PA NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	3	PA NDS
GAMMAKED	3	PA NDS
GAMMAPLEX	3	PA NDS
GAMUNEX-C	3	PA NDS
HEPAGAM B	3	B/D NDS
HIZENTRA	3	PA NDS
HYPERHEP B	3	B/D
HYPERRAB	3	B/D
HYPERRAB S/D INJECTION 1500UNIT/10ML, 300UNIT/2ML	3	B/D
HYQVIA	3	PA NDS
IMOGAM RABIES-HT	3	B/D
KEDRAB	3	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D NDS
OCTAGAM	3	PA NDS
PANZYGA	3	PA NDS
PRIVIGEN	3	PA NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN	3	NDS
VARIZIG INJECTION 125UNIT/1.2ML	3	PA NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	NDS
XEMBIFY	3	PA NDS
Immunological Agents, Other		
ACTEMRA ACTPEN	3	PA NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA NDS
ACTEMRA INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA NDS
ADBRY	3	QL (4 ML per 28 days) PA NDS
ARCALYST	3	PA NDS
BENLYSTA INJECTION 200MG/ML	3	PA NDS
COSENTYX	3	PA NDS
COSENTYX SENSOREADY PEN	3	PA NDS
DUPIXENT INJECTION 100MG/0.67ML	3	QL (1.34 ML per 28 days) PA NDS
DUPIXENT INJECTION 200MG/1.14ML	3	QL (4.56 ML per 28 days) PA NDS
DUPIXENT INJECTION 300MG/2ML	3	QL (8 ML per 28 days) PA NDS
EMPAVELI	3	PA NDS
ENJAYMO	3	PA NDS
ENSPRYNG	3	PA NDS
ENTYVIO	3	PA NDS
GAMIFANT	3	PA NDS
ILARIS INJECTION 150MG/ML	3	QL (2 ML per 28 days) PA NDS
ILUMYA	3	PA NDS
KEVZARA	3	PA NDS
KINERET	3	PA NDS
LEMTRADA	3	PA NDS
OLUMIANT TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA NDS
ORENCIA CLICKJECT	3	QL (4 ML per 28 days) PA NDS
ORENCIA INJECTION 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML	3	PA NDS
OTEZLA TABLET THERAPY PACK 0	3	QL (110 EA per 365 days) PA NDS
RIDAURA	3	NDS
RINVOQ	3	QL (30 EA per 30 days) PA NDS
SAPHNELO	3	PA NDS
SILIQ	3	PA NDS
SIMULECT	3	NDS
SKYRIZI	3	PA NDS
SKYRIZI PEN	3	PA NDS
SOLIRIS	3	PA NDS
STELARA INJECTION 130MG/26ML	3	PA NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	3	QL (3 ML per 84 days) PA NDS
SYLVANT	3	PA NDS

Drug Name	Drug Tier	Requirements/Limits
TALTZ	3	PA NDS
TEPEZZA	3	PA NDS
TREMFYA	3	PA NDS
ULTOMIRIS	3	PA NDS
XELJANZ XR	3	QL (30 EA per 30 days) PA NDS
XELJANZ SOLUTION	3	QL (300 ML per 30 days) PA NDS
XELJANZ TABLET	3	QL (60 EA per 30 days) PA NDS
XOLAIR	3	PA NDS
Immunostimulants		
ACTIMMUNE	3	PA NDS
INTRON A	3	PA NDS
INTRON A W/DILUENT INJECTION 10MU	3	PA NDS
PEG-INTRON REDIPEN INJECTION 50MCG/0.5ML	3	PA NDS
PEGASYS	3	PA NDS
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	3	PA NDS
PEGINTRON INJECTION 50MCG/0.5ML	3	PA NDS
Immunosuppressants		
ARAVA TABLET 10MG, 20MG	3	NDS
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	3	B/D NDS
AVSOLA	3	PA NDS
azasan tablet 100mg	3	B/D
azasan tablet 75mg	3	B/D NDS
azathioprine tablet	1	B/D
azathioprine injection	1	B/D NDS
BENLYSTA INJECTION 120MG, 400MG	3	PA NDS
CELLCEPT	3	B/D NDS
CELLCEPT INTRAVENOUS	3	B/D NDS
CIMZIA	3	PA NDS
CIMZIA STARTER KIT	3	PA NDS
cyclosporine modified	1	B/D
cyclosporine capsule	1	B/D
cyclosporine injection	1	NDS
ENBREL	3	PA NDS
ENBREL MINI	3	PA NDS
ENBREL SURECLICK	3	PA NDS
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	3	B/D NDS
everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg	1	B/D NDS
gengraf	1	B/D

Drug Name	Drug Tier	Requirements/Limits
hecoria capsule 0.5mg, 1mg	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	PA NDS
HUMIRA PEN	3	PA NDS
HUMIRA PEN-CD/UC/HS STARTER	3	PA NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA NDS
HUMIRA PEN-PS/UV STARTER	3	PA NDS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML, 40MG/0.8ML	3	PA NDS
IMURAN TABLET	3	B/D
INFLECTRA	3	PA NDS
infliximab	1	PA NDS
leflunomide	1	
LUPKYNIS	3	QL (180 EA per 30 days) PA NDS
methotrexate sodium tablet	1	
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	1	
methotrexate tablet	1	
methotrexate injection 50mg/2ml	1	
mycophenolate mofetil capsule, tablet	1	B/D
mycophenolate mofetil injection, suspension reconstituted	1	B/D NDS
mycophenolic acid dr	1	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	3	B/D NDS
NEORAL	3	B/D
NULOJIX	3	NDS
ORENCIA INJECTION 250MG	3	PA NDS
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PROGRAF PACKET	3	B/D
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D
PROGRAF CAPSULE 5MG	3	B/D NDS
RAPAMUNE SOLUTION	3	B/D NDS
RAPAMUNE TABLET 0.5MG	3	B/D
RAPAMUNE TABLET 1MG, 2MG	3	B/D NDS
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL (1.2 ML per 28 days) PA
REDITREX INJECTION 10MG/0.4ML	3	QL (1.6 ML per 28 days) PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL (2 ML per 28 days) PA
REDITREX INJECTION 15MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL (2.8 ML per 28 days) PA
REDITREX INJECTION 20MG/0.8ML	3	QL (3.2 ML per 28 days) PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL (3.6 ML per 28 days) PA
REDITREX INJECTION 25MG/ML	3	QL (4 ML per 28 days) PA
REMICADE	3	PA NDS
RENFLEXIS	3	PA NDS
REZUROCK	3	QL (60 EA per 30 days) PA NDS
SANDIMMUNE ORAL SOLUTION	3	B/D
SANDIMMUNE INJECTION	3	NDS
SANDIMMUNE CAPSULE 25MG	3	B/D
SANDIMMUNE CAPSULE 100MG	3	B/D NDS
SIMPONI	3	PA NDS
SIMPONI ARIA	3	PA NDS
sirolimus solution	1	B/D NDS
sirolimus tablet 0.5mg, 1mg	1	B/D
sirolimus tablet 2mg	1	B/D NDS
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D
XATMEP	3	
ZORTRESS	3	B/D NDS
Vaccines		
ACTHIB INJECTION 0	2	
ADACEL	2	
BCG VACCINE INJECTION 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
diphtheria/tetanus toxoids adsorbed pediatric	1	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	2	B/D
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9	2	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLUTION	2	
SHINGRIX	2	
STAMARIL	2	
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VAXELIS	2	
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
ASACOL HD	3	
balsalazide disodium	1	
CANASA SUPPOSITORY 1000MG	3	NDS
COLAZAL	3	NDS
DIPENTUM	3	NDS
LIALDA	3	
mesalamine dr tablet delayed release	1	
mesalamine er capsule extended release 24 hour	1	
mesalamine enema, kit, suppository	1	
ROWASA KIT	3	NDS

Drug Name	Drug Tier	Requirements/Limits
SFROWASA	3	NDS
sulfasalazine tablet, tablet delayed release	1	
Glucocorticoids		
budesonide er	1	NDS
budesonide capsule delayed release particles 3mg	1	
colocort	1	
CORTIFOAM FOAM	3	
ENTOCORT EC	3	NDS
hydrocortisone cream 2.5%	1	
hydrocortisone enema 100mg/60ml	1	
ORTIKOS	3	NDS
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
TARPEYO	3	QL (120 EA per 30 days) PA NDS
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days)
alendronate sodium solution	1	
alendronate sodium tablet 10mg, 35mg, 5mg	1	
alendronate sodium tablet 70mg	1	QL (4 EA per 28 days)
ATELVIA	3	QL (4 EA per 28 days)
BINOSTO	3	QL (4 EA per 28 days)
BONIVA TABLET 150MG	3	QL (1 EA per 28 days)
calcitonin salmon injection	1	NDS
calcitonin-salmon solution	1	QL (3.7 ML per 30 days)
calcitriol capsule	1	
cinacalcet hydrochloride tablet 30mg	1	
cinacalcet hydrochloride tablet 60mg, 90mg	1	NDS
doxercalciferol capsule	1	
EVENITY	3	QL (2.34 ML per 28 days) PA NDS
FORTEO INJECTION 600MCG/2.4ML	3	PA NDS
FOSAMAX PLUS D	3	QL (4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL (4 EA per 28 days)
ibandronate sodium tablet	1	QL (1 EA per 28 days)
MIACALCIN INJECTION	3	NDS
NATPARA	3	QL (2 EA per 28 days) PA NDS
paricalcitol capsule	1	
PROLIA	3	QL (2 ML per 365 days)
RAYALDEE	3	NDS
risedronate sodium dr	1	QL (4 EA per 28 days)
risedronate sodium tablet 30mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tablet 150mg	1	QL (1 EA per 28 days)
risedronate sodium tablet 35mg	1	QL (4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	3	NDS
teriparatide	1	PA NDS
TYMLOS	3	PA NDS
XGEVA	3	PA NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
zoledronic acid injection 4mg/100ml	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACETADOTE	3	NDS
ALCOHOL PREP PADS	2	
AMMONUL	3	NDS
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL (200 EA per 30 days)
CLINOLIPID	3	B/D
COSELA	3	PA NDS
CURITY GAUZE PADS 2"X2"	2	
deferoxamine mesylate injection 2gm	1	B/D
deferoxamine mesylate injection 500mg	1	B/D NDS
DESFERAL INJECTION 500MG	3	B/D NDS
DOJOLVI	3	PA NDS
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL (200 EA per 30 days)
ELLA	2	
fomepizole injection 1.5gm/1.5ml	1	NDS
GIVLAARI	3	PA NDS
IGALMI	3	PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KORSUVA	3	PA NDS
LAGEVRIO	3	QL (40 EA per 5 days)
LIVMARLI	3	QL (90 ML per 30 days) PA NDS
methergine tablet	1	QL (56 EA per 365 days) NDS
methylergonovine maleate tablet	1	QL (56 EA per 365 days) NDS
METOPIRONE	3	NDS
NULIBRY	3	PA NDS
NUTRILIPID	3	B/D
ODACTRA	3	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
OMEGAVEN	3	B/D NDS
OMNIPOD 10 PACK	2	QL (30 EA per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (30 EA per 30 days)
ORLADEYO	3	QL (30 EA per 30 days) PA NDS
OXLUMO	3	PA NDS
PALFORZIA INITIAL DOSE ESCALATION	3	PA NDS
PALFORZIA LEVEL 1	3	PA NDS
PALFORZIA LEVEL 10	3	PA NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	3	PA NDS
PALFORZIA LEVEL 11 (TITRATION)	3	PA NDS
PALFORZIA LEVEL 2	3	PA NDS
PALFORZIA LEVEL 3	3	PA NDS
PALFORZIA LEVEL 4	3	PA NDS
PALFORZIA LEVEL 5	3	PA NDS
PALFORZIA LEVEL 6	3	PA NDS
PALFORZIA LEVEL 7	3	PA NDS
PALFORZIA LEVEL 8	3	PA NDS
PALFORZIA LEVEL 9	3	PA NDS
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 5 days)
remdesivir injection 150mg	1	NDS
remdesivir injection 100mg	1	QL (4 EA per 3 days) NDS
SMOFLIPID	3	B/D
sodium chloride 0.9%	1	
sodium phenylacetate/sodium benzoate	1	NDS
TACHOSIL	3	NDS
TAVNEOS	3	QL (180 EA per 30 days) PA NDS
THYROGEN INJECTION 0.9MG	3	PA NDS
TYRVAYA	3	QL (8.4 ML per 30 days) PA
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VEKLURY INJECTION 100MG	3	QL (4 EA per 3 days) NDS
VEKLURY INJECTION 100MG/20ML	3	QL (80 ML per 3 days) NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL (28 EA per 28 days) PA NDS
VIJOICE TABLET THERAPY PACK 0	3	QL (56 EA per 28 days) PA NDS
VISTOGARD	3	NDS
VOXZOGO	3	QL (30 EA per 30 days) PA NDS

Drug Name	Drug Tier	Requirements/Limits
VYVGART	3	PA NDS
XENICAL	3	PA
ZOKINVY	3	QL (120 EA per 30 days) PA NDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution	1	
bacitracin/polymyxin b	1	
BEOVU	3	PA NDS
brimonidine tartrate/timolol maleate	1	
BYOOVIZ	3	PA NDS
CEQUA	3	PA
COMBIGAN	2	
cyclosporine in klarity	1	PA NDS
CYSTADROPS	3	QL (20 ML per 28 days) PA NDS
CYSTARAN	3	QL (60 ML per 28 days) PA NDS
dorzolamide hcl/timolol maleate	1	
EYLEA	3	PA NDS
LUCENTIS	3	PA NDS
neo-polycin	1	
neo-polycin hc	1	
neomycin/bacitracin/polymyxin	1	
neomycin/polymyxin/bacitracin/hydrocortisone	1	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/dexamethasone	1	
neomycin/polymyxin/gramicidin	1	
OXERVATE	3	QL (56 ML per 28 days) PA NDS
polycin	1	
polymyxin b sulfate/trimethoprim sulfate	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL (2.5 ML per 25 days)
SIMBRINZA	2	
sulfacetamide sodium/prednisolone sodium phosphate	1	
SUSVIMO	3	PA NDS
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
tobramycin/dexamethasone	1	
VABYSMO	3	PA NDS
VERKAZIA	3	PA NDS
VISUDYNE	3	NDS
XIIDRA	3	QL (60 EA per 30 days)
ZYLET	3	
Ophthalmic Anti-allergy Agents		

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl ophthalmic solution 0.05%	1	
bepotastine besilate	1	
BEPREVE	3	
cromolyn sodium solution 4%	1	
epinastine hcl	1	
olopatadine hcl ophthalmic solution 0.1%	1	
olopatadine hydrochloride solution 0.2%	1	
Ophthalmic Anti-Infectives		
bacitracin	1	
BESIVANCE	3	
ciprofloxacin hydrochloride solution 0.3%	1	
erythromycin ointment 5mg/gm	1	
gatifloxacin	1	
gentak ointment	1	
gentamicin sulfate ophthalmic ointment 0.3%	1	
gentamicin sulfate ophthalmic solution 0.3%	1	
ilotycin	1	
levofloxacin ophthalmic solution 0.5%	1	
moxifloxacin hydrochloride solution 0.5%	1	
NATACYN	3	
ofloxacin ophthalmic solution 0.3%	1	
sulfacetamide sodium	1	
tobramycin solution 0.3%	1	
trifluridine	1	
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
ACUVAIL	3	ST
BROMSITE	3	ST
dexamethasone sodium phosphate solution	1	
DEXYCU	3	NDS
diclofenac sodium ophthalmic solution 0.1%	1	
difluprednate	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
FML FORTE	2	
ILEVRO	3	QL (4 ML per 30 days)
ILUVIEN	3	NDS
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	
LOTEMAX SM	3	QL (20 GM per 365 days)
LOTEMAX OINTMENT	3	QL (14 GM per 365 days)
LOTEMAX GEL	3	QL (20 GM per 365 days)
loteprednol etabonate gel	1	QL (20 GM per 365 days)

Drug Name	Drug Tier	Requirements/Limits
NEVANAC	3	QL (4 ML per 30 days)
PRED MILD	2	
prednisolone acetate	1	
PROLENSA	3	QL (12 ML per 365 days)
RETISERT	3	NDS
XIPERE	3	PA NDS
YUTIQ	3	NDS
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	1	
carteolol hcl	1	
levobunolol hcl solution 0.5%	1	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	1	
ALPHAGAN P SOLUTION 0.1%	2	
apraclonidine	1	
brimonidine tartrate	1	
brinzolamide	1	
dorzolamide hydrochloride	1	
methazolamide tablet	1	
pilocarpine hcl solution 1%, 2%, 4%	1	
RHOPRESSA	2	QL (2.5 ML per 25 days)
VUITY	3	QL (2.5 ML per 25 days) PA
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost	1	QL (5 ML per 30 days)
DURYSTA	3	NDS
latanoprost solution	1	
LUMIGAN	2	QL (2.5 ML per 25 days)
TRAVATAN Z	3	QL (2.5 ML per 25 days)
travoprost	1	QL (2.5 ML per 25 days)
VYZULTA	3	QL (5 ML per 25 days)
XELPROS	3	QL (2.5 ML per 25 days) ST
Otic Agents		
Otic Agents		
acetic acid	1	
ciprofloxacin	1	
ciprofloxacin/dexamethasone	1	
flac	1	
fluocinolone acetonide ear drops	1	
fluocinolone acetonide oil 0.01%	1	
neomycin/polymyxin/hc	1	
neomycin/polymyxin/hydrocortisone suspension	1	
ofloxacin otic solution 0.3%	1	
Respiratory Tract/Pulmonary Agents		

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatories, Inhaled Corticosteroids		
ARMONAIR DIGIHALER	3	QL (1 EA per 30 days) ST
ARNUITY ELLIPTA	2	QL (30 EA per 30 days)
ASMANEX HFA	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	2	QL (23.6 GM per 28 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days)
flunisolide solution 0.025%	1	QL (50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	1	
mometasone furoate suspension 50mcg/act	1	QL (34 GM per 30 days)
NASONEX	3	QL (34 GM per 30 days)
PULMICORT	3	QL (120 ML per 30 days) B/D
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST
QVAR REDIHALER	3	QL (21.2 GM per 30 days) ST
Antihistamines		
azelastine hcl nasal solution 0.15%	1	QL (60 ML per 30 days)
azelastine hydrochloride/fluticasone propionate	1	QL (23 GM per 30 days)
azelastine hydrochloride solution 0.1%	1	QL (60 ML per 30 days)
carbinoxamine maleate tablet 6mg	1	
clemastine fumarate syrup	1	NDS
cyproheptadine hcl syrup	1	
cyproheptadine hydrochloride tablet	1	
diphenhydramine hcl injection 50mg/ml	1	
DYMISTA	3	QL (23 GM per 30 days)
hydroxyzine hcl tablet 50mg	1	
hydroxyzine hydrochloride syrup	1	
hydroxyzine hydrochloride tablet 10mg, 25mg	1	
levocetirizine dihydrochloride tablet	1	
olopatadine hcl nasal solution 0.6%	1	QL (30.5 GM per 30 days)
PATANASE	3	QL (30.5 GM per 30 days)
Antileukotrienes		
montelukast sodium tablet chewable, packet, tablet	1	
zafirlukast	1	
zileuton er	1	ST NDS

Drug Name	Drug Tier	Requirements/Limits
ZYFLO	3	ST NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR	3	QL (2 EA per 30 days) ST NDS
INCRUSE ELLIPTA	2	QL (30 EA per 30 days)
ipratropium bromide nasal solution	1	
ipratropium bromide inhalation solution	1	QL (312.5 ML per 30 days) B/D
LONHALA MAGNAIR REFILL KIT	3	QL (60 ML per 30 days) NDS
LONHALA MAGNAIR STARTER KIT	3	QL (60 ML per 30 days) NDS
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) ST
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days) ST
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	ST
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST
YUPELRI	3	QL (90 ML per 30 days) B/D NDS
Bronchodilators, Sympathomimetic		
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL (13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL (17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL (48 GM per 30 days)
albuterol sulfate syrup	1	
albuterol sulfate nebulization solution 2.5mg/0.5ml	1	QL (100 EA per 30 days) B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	1	QL (375 ML per 30 days) B/D
albuterol sulfate nebulization solution 0.083%	1	QL (525 ML per 30 days) B/D
ARCAPTA NEOHALER	3	QL (30 EA per 30 days) ST
arformoterol tartrate	1	QL (120 ML per 30 days) PA NDS
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) ST NDS
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST NDS
BROVANA	3	QL (120 ML per 30 days) PA NDS
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
formoterol fumarate nebulization solution	1	QL (120 ML per 30 days) B/D
levalbuterol hcl nebulization solution 1.25mg/3ml	1	QL (270 ML per 30 days) B/D
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml	1	QL (540 ML per 30 days) B/D
levalbuterol hydrochloride nebulization solution 1.25mg/3ml	1	QL (270 ML per 30 days) B/D
levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml	1	QL (540 ML per 30 days) B/D
levalbuterol tartrate hfa	1	QL (30 GM per 30 days)
levalbuterol nebulization solution	1	QL (90 EA per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
PERFOROMIST	3	QL (120 ML per 30 days) B/D NDS
PROAIR HFA	3	QL (17 GM per 30 days)
PROVENTIL HFA	3	QL (13.4 GM per 30 days)
SEREVENT DISKUS	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
terbutaline sulfate injection, tablet	1	
VENTOLIN HFA	3	QL (48 GM per 30 days) ST
XOPENEX CONCENTRATE	3	QL (90 EA per 30 days) B/D
XOPENEX HFA	3	QL (30 GM per 30 days)
XOPENEX NEBULIZATION SOLUTION 1.25MG/3ML	3	QL (270 ML per 30 days) B/D
XOPENEX NEBULIZATION SOLUTION 0.31MG/3ML, 0.63MG/3ML	3	QL (540 ML per 30 days) B/D
Cystic Fibrosis Agents		
BETHKIS	3	B/D NDS
CAYSTON	3	PA NDS
KALYDECO	3	PA NDS
KITABIS PAK	3	B/D NDS
ORKAMBI TABLET	3	QL (112 EA per 28 days) PA NDS
ORKAMBI PACKET	3	QL (56 EA per 28 days) PA NDS
PULMOZYME	3	PA NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	3	QL (56 EA per 28 days) PA NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	3	QL (60 EA per 30 days) PA NDS
TOBI	3	B/D NDS
TOBI PODHALER	3	QL (224 EA per 56 days) NDS
tobramycin nebulization solution 300mg/4ml, 300mg/5ml	1	B/D NDS
TRIKAFTA	3	QL (84 EA per 28 days) PA NDS
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	1	B/D NDS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA
theophylline er tablet extended release 24 hour	1	
theophylline er tablet extended release 12 hour 300mg, 450mg	1	
Pulmonary Antihypertensives		
ADCIRCA	3	QL (60 EA per 30 days) PA NDS
ADEMPAS	3	QL (90 EA per 30 days) PA NDS
alyq	1	QL (60 EA per 30 days) PA NDS
ambrisentan	1	QL (30 EA per 30 days) PA NDS
bosentan	1	QL (60 EA per 30 days) PA NDS
epoprostenol sodium	1	PA NDS
FLOLAN	3	PA NDS
LETAIRIS	3	QL (30 EA per 30 days) PA NDS
OPSUMIT	3	QL (30 EA per 30 days) PA NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA NDS
REMODULIN	3	PA NDS
REVATIO INJECTION, SUSPENSION RECONSTITUTED	3	PA NDS
REVATIO TABLET	3	QL (90 EA per 30 days) PA NDS
sildenafil citrate suspension reconstituted	1	PA NDS
sildenafil citrate tablet	1	QL (90 EA per 30 days) PA
sildenafil injection	1	PA NDS
tadalafil tablet 20mg	1	QL (60 EA per 30 days) PA
TRACLEER TABLET SOLUBLE	3	QL (112 EA per 28 days) PA NDS
TRACLEER TABLET	3	QL (60 EA per 30 days) PA NDS
treprostinil	1	PA NDS
TYVASO	3	QL (87 ML per 30 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL (112 EA per 28 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	3	QL (224 EA per 28 days) PA NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL (392 EA per 365 days) PA NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL (504 EA per 365 days) PA NDS
TYVASO REFILL	3	QL (87 ML per 30 days) PA NDS
TYVASO STARTER	3	QL (87 ML per 30 days) PA NDS
UPTRAVI INJECTION	3	PA NDS
UPTRAVI TABLET THERAPY PACK	3	QL (400 EA per 365 days) PA NDS
UPTRAVI TABLET	3	QL (60 EA per 30 days) PA NDS
VELETRI	3	PA NDS
VENTAVIS	3	QL (270 ML per 30 days) PA NDS
Pulmonary Fibrosis Agents		
ESBRIET	3	PA NDS
OFEV	3	PA NDS
pirfenidone tablet 267mg, 801mg	1	PA NDS
Respiratory Tract Agents, Other		
acetylcysteine solution	1	B/D
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days)
ANORO ELLIPTA	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days)
BREO ELLIPTA	2	QL (60 EA per 30 days)
BRONCHITOL	3	QL (560 EA per 28 days) PA NDS
budesonide/formoterol fumarate dihydrate	1	QL (10.2 GM per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
CINQAIR	3	PA NDS
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA	3	PA NDS
FASENRA PEN	3	PA NDS
fluticasone propionate/salmeterol diskus	1	QL (60 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act	1	QL (1 EA per 30 days)
ipratropium bromide/albuterol sulfate	1	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	3	QL (0.4 ML per 28 days) PA NDS
NUCALA INJECTION 100MG	3	QL (3 EA per 28 days) PA NDS
NUCALA INJECTION 100MG/ML	3	QL (3 ML per 28 days) PA NDS
ribavirin solution reconstituted 6gm	1	NDS
STIOLTO RESPIMAT	3	QL (24 GM per 30 days) ST
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	2	QL (12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	2	QL (13.8 GM per 30 days)
TEZSPIRE	3	QL (1.91 ML per 28 days) PA NDS
TRELEGY ELLIPTA	2	QL (60 EA per 30 days)
UTIBRON NEOHALER	3	ST
VIRAZOLE	3	NDS
wixela inhub	1	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
AMRIX	3	NDS
carisoprodol/aspirin	1	PA
carisoprodol/aspirin/codeine	1	PA NDS
carisoprodol tablet	1	PA
chlorzoxazone tablet 375mg, 500mg, 750mg	1	
chlorzoxazone tablet 250mg	1	NDS
cyclobenzaprine hydrochloride er	1	
cyclobenzaprine hydrochloride tablet	1	
fexmid	3	
lorzone	3	
methocarbamol tablet	1	
methocarbamol injection 1000mg/10ml	1	
norgesic forte	3	NDS
orphenadrine citrate er	1	
orphenadrine citrate/aspirin/caffeine	1	NDS
ORPHENGESIC FORTE	3	NDS
ROBAXIN-750	3	
ROBAXIN INJECTION 1000MG/10ML	3	NDS

Drug Name	Drug Tier	Requirements/Limits
SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	3	PA NDS
vanadom	3	PA NDS
Sleep Disorder Agents		
Sleep Promoting Agents		
AMBIEN	3	QL (30 EA per 30 days)
AMBIEN CR	3	QL (30 EA per 30 days)
BELSOMRA	2	QL (30 EA per 30 days)
DAYVIGO	3	QL (30 EA per 30 days) PA
doxepin hydrochloride tablet 3mg, 6mg	1	QL (30 EA per 30 days)
estazolam	1	QL (30 EA per 30 days)
eszopiclone	1	QL (30 EA per 30 days)
HETLIOZ	3	QL (30 EA per 30 days) PA NDS
HETLIOZ LQ	3	QL (158 ML per 30 days) PA NDS
LUNESTA	3	QL (30 EA per 30 days)
ramelteon	1	QL (30 EA per 30 days)
RESTORIL	3	QL (30 EA per 30 days) NDS
ROZEREM	3	QL (30 EA per 30 days)
seconal sodium	1	
SILENOR	3	QL (30 EA per 30 days)
temazepam	1	QL (30 EA per 30 days)
zaleplon capsule 5mg	1	QL (30 EA per 30 days)
zaleplon capsule 10mg	1	QL (60 EA per 30 days)
zolpidem tartrate er	1	QL (30 EA per 30 days)
zolpidem tartrate tablet	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg	1	QL (30 EA per 30 days) PA
armodafinil tablet 50mg	1	QL (60 EA per 30 days) PA
modafinil	1	QL (30 EA per 30 days) PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA NDS
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA
PROVIGIL	3	QL (30 EA per 30 days) PA NDS
SUNOSI	3	QL (30 EA per 30 days) PA
WAKIX	3	QL (60 EA per 30 days) PA NDS
XYREM	3	QL (540 ML per 30 days) PA NDS
XYWAV	3	QL (540 ML per 30 days) PA NDS

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Vermont Blue Advantage Group PPO

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact **Vermont Blue Advantage Group PPO** Customer Service at **1-855-489-0646** or, for TTY users, 711, twenty-four hours a day, seven days a week. From October 1 through November 30, 2022, hours are from 8 a.m. to 8 p.m., Central time, seven days a week, or visit **www.VermontBlueAdvantage.com/formularies**.