ALTERWOOD ADVANTAGE
Quality Care. Better Health.

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

HPMS Approved Formulary File Submission ID: 00024451, version 17

This formulary was updated on 10/22/2024. For more recent information or other questions, please contact Alterwood Advantage at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

Alterwood Advantage Choice Plus (HMO) 2024 Formulary (List of Covered Drugs)

H9306_24_DRS_09-003_OE_C

ALTERWOOD ADVANTAGE

Quality Care. Better Health.

This formulary was updated on 09/24/2024. For more recent information or other questions, please contact Alterwood Advantage Member Services, at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

Alterwood Advantage is an HMO and HMO-SNP with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.

The Formulary may change at any time. You will receive notice when necessary.

Benefits, formulary, pharmacy network, provider network, premium and/or copay/coinsurance may change on January 1 of each year. Member premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

This information is available for free in other languages. Please call our Member Services number at 1-866-267-3144 or (TTY users should call 711), 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.

You must generally use network pharmacies to use your prescription drug benefit.

Alterwood Advantage Choice Plus

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00024451, Version 17

This formulary was updated on 10/22/2024. For more recent information or other questions, please contact Alterwood Advantage Member Service at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Alterwood Advantage. When it refers to "plan" or "our plan," it means Alterwood Advantage Choice Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/22/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Alterwood Advantage Choice Plus Formulary?

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

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

Can the Formulary (drug list) change?

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

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

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

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

next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/22/2024. To get updated information about the drugs covered by Alterwood Advantage Choice Plus, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR AGENTS. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 103. 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?

Alterwood Advantage Choice Plus 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:** Alterwood Advantage Choice Plus requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Alterwood Advantage Choice Plus before you fill your prescriptions. If you don't get approval, Alterwood Advantage Choice Plus may not cover the drug.

- **Quantity Limits:** For certain drugs, Alterwood Advantage Choice Plus limits the amount of the drug that Alterwood Advantage Choice Plus will cover. For example, Alterwood Advantage Choice Plus provides 30 tablets per prescription for *amlodipine-atorvastatin oral tablet 10-10mg*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Alterwood Advantage Choice Plus 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, Alterwood Advantage Choice Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alterwood Advantage Choice Plus 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 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Alterwood Advantage Choice Plus 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 Alterwood Advantage Choice Plus formulary?" on page 4 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 Alterwood Advantage Choice Plus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Alterwood Advantage Choice Plus . When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Alterwood Advantage Choice Plus.

- You can ask Alterwood Advantage Choice Plus 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 Alterwood Advantage Choice Plus Formulary?

You can ask Alterwood Advantage Choice Plus 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 lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Alterwood Advantage Choice Plus 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, Alterwood Advantage Choice Plus 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 experience a level of care change such as a move from a hospital to a home setting or a move from a skilled nursing facility to a home setting, we may cover a one-time temporary supply of drug(s) not on our formulary when filled at a network pharmacy. This temporary one-time supply must be for up to a 30-day supply (or up to a 31-day supply if you reside in a long-term care facility).

You and your provider will receive a letter in the mail indicating that you have received a temporary supply. Please discuss with your provider the drugs listed in the Alterwood Advantage

Choice Plus. You or your provider may request continuation of coverage for the temporary drug supply through the plan's exception process before you run out of medication(s).

For more information

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

If you have questions about Alterwood Advantage Choice Plus, 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.

Alterwood Advantage Choice Plus Formulary

The formulary provides coverage information about the drugs covered by Alterwood Advantage Choice Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEVOXYL ORAL TABLET 100 MCG) and generic drugs are listed in lower-case italics (e.g., *levothyroxine sodium oral tablet 100 mcg*).

The information in the Requirements/Limits column tells you if Alterwood Advantage Choice Plus has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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 Member Services 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.

Your 2024 **Alterwood Advantage Choice Plus** Part D copays, co-insurance, and the Alterwood Advantage Choice Plus formulary tiers are described below.

Formulary Tier	Retail (up to a 30 day supply)	Retail (up to a 60 day supply)	Retail (up to a 90 day supply)	Mail Order (up to a 30 day supply)	Mail Order (up to a 60 day supply)	Mail Order (up to a 90 day supply)	Long-Term Care (LTC) (up to a 31 day supply)	Out-of-Network (up to a 10 day supply)
Tier 1 *Preferred Generic*	$0	$0	$0	$0	$0	$0	$0	$0
Tier 2 *Generic*	$0	$0	$0	$0	$0	$0	$0	$0
Tier 3 *Preferred Brand*	$47	$94	$94	$47	$94	$94	$47	$47
Tier 4 *Non-Preferred Drug*	$100	$200	$300	$100	$200	$300	$100	$100
Tier 5 *Specialty*	33%	Not Covered	Not Covered	33%	Not Covered	Not Covered	33%	33%
Tier 6^ *Generic Erectile Dysfunction (ED) Drugs*	$10	$20	$30	$10	$20	$30	$10	$10

Note: LTC drugs greater than a 31-day supply and out-of-network (OON) drugs greater than a 10-day supply are not covered.

^This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Coverage is limited to generic ED drugs. There is also a quality limit of four (4) units every 30 days.

If you receive "Extra Help," your copay will vary by the type of drug and the allowed days supply will vary depending on where you get your medication(s). Please refer to your Evidence of Coverage for more information regarding your copay and network pharmacy.

The following abbreviations can be found in the Alterwood Advantage Choice Plus formulary:

Abbreviation/Symbol	Definition
BvD	Part B vs. Part 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.
PA	Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
NMO	This prescription is not available via mail order.
E	Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug will not be covered during the gap period per individual plan design.

Your pharmacist will review the drugs you are taking and will contact your provider as needed to discuss potential safety or dosing concerns. For example, there is a seven days supply limitation on your first fill of an opioid prescription obtained at an Alterwood network pharmacy. This is in place to reduce the risk of developing opioid use disorder. If greater than a seven days supply of an opioid is needed, a PA is required. You or your provider may initiate a PA by calling 667-261-8050 or 1-866-267-3144.

2024 Alterwood Advantage Choice Plus Formulary

(List of Covered Drugs)

List of Drugs by Medical Condition

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Analgesics		
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	QL (180 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	4	QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	2	QL (180 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diflunisal oral tablet 500 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
flurbiprofen oral tablet 100 mg	1	
IBU ORAL TABLET 600 MG, 800 MG	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral tablet 10 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen dr oral tablet delayed release 500 mg	2	
naproxen oral suspension 125 mg/5ml	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	

Drug Name	Drug Tier	Requirements/Limits
sulindac oral tablet 150 mg, 200 mg	1	
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	4	PA; QL (10 EA per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	2	QL (240 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	QL (90 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg	4	QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	2	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	2	QL (360 EA per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	2	QL (180 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg	5	PA; NMO; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL (5500 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	4	QL (1920 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	2	QL (360 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	2	QL (240 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	QL (600 ML per 30 days)
morphine sulfate oral solution 10 mg/5ml	2	QL (1800 ML per 30 days)
morphine sulfate oral solution 20 mg/5ml	2	QL (1500 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	4	QL (1080 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	2	QL (1080 ML per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
tramadol hcl oral tablet 100 mg	1	QL (120 EA per 30 days)
tramadol hcl oral tablet 50 mg	1	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	2	QL (240 EA per 30 days)
ANESTHETICS		
Local Anesthetics		
lidocaine external patch 5 %	4	PA; QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	2	QL (50 ML per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	4	
lidocaine-prilocaine external cream 2.5-2.5 %	2	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium oral tablet delayed release 333 mg	2	
disulfiram oral tablet 250 mg	2	
naltrexone hcl oral tablet 50 mg	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	
naloxone hcl injection solution 0.4 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl injection solution cartridge 0.4 mg/ml	2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	2	
naloxone hcl nasal liquid 4 mg/0.1ml	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	
NICOTROL INHALATION INHALER 10 MG	4	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	3	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	3	
ANTIBACTERIALS		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	4	BvD
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	
gentamicin sulfate external cream 0.1 %	2	
gentamicin sulfate external ointment 0.1 %	2	
gentamicin sulfate injection solution 40 mg/ml	2	
neomycin sulfate oral tablet 500 mg	2	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	4	BvD
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO
Antibacterials, Other		
aztreonam injection solution reconstituted 1 gm	2	BvD
aztreonam injection solution reconstituted 2 gm	4	BvD
clindamycin hcl oral capsule 150 mg, 75 mg	1	
clindamycin hcl oral capsule 300 mg	2	

Drug Name	Drug Tier	Requirements/Limits
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	4	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	
clindamycin phosphate injection solution 900 mg/6ml	4	BvD
clindamycin phosphate vaginal cream 2 %	2	
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	BvD
daptomycin intravenous solution reconstituted 350 mg	4	
daptomycin intravenous solution reconstituted 500 mg	5	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	
linezolid intravenous solution 600 mg/300ml	4	PA
linezolid oral tablet 600 mg	4	PA
methenamine hippurate oral tablet 1 gm	2	
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %, 1 %	2	
metronidazole external lotion 0.75 %	2	
metronidazole intravenous solution 500 mg/100ml	2	BvD
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole vaginal gel 0.75 %	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	2	
nitrofurantoin monohyd macro oral capsule 100 mg	2	
tigecycline intravenous solution reconstituted 50 mg	5	BvD; NMO
tinidazole oral tablet 250 mg, 500 mg	2	
trimethoprim oral tablet 100 mg	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	4	
vancomycin hcl oral capsule 125 mg, 250 mg	4	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12 hour 500 mg	4	
cefaclor oral capsule 250 mg, 500 mg	2	
cefaclor oral suspension reconstituted 250 mg/5ml	4	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	
cefadroxil oral tablet 1 gm	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	4	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefepime hcl injection solution reconstituted 1 gm	4	
cefepime hcl intravenous solution reconstituted 2 gm	4	
cefixime oral capsule 400 mg	4	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	BvD
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	BvD
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	4	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	4	
ceftazidime intravenous solution reconstituted 2 gm	4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4	

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium intravenous solution reconstituted 10 gm	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection solution reconstituted 750 mg	4	BvD
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4	BvD
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cephalexin oral tablet 250 mg, 500 mg	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	BvD; NMO
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	4	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	2	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	4	BvD
ampicillin sodium intravenous solution reconstituted 10 gm	4	BvD
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	4	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	BvD
nafcillin sodium intravenous solution reconstituted 10 gm	4	BvD
oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml	4	BvD
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	BvD
oxacillin sodium intravenous solution reconstituted 10 gm	4	BvD
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	4	
penicillin g potassium injection solution reconstituted 20000000 unit	4	BvD
penicillin g sodium injection solution reconstituted 5000000 unit	4	BvD
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	4	
Carbapenems		
ertapenem sodium injection solution reconstituted 1 gm	4	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	4	
meropenem intravenous solution reconstituted 1 gm, 500 mg	4	
Macrolides		
azithromycin intravenous solution reconstituted 500 mg	2	BvD
azithromycin oral packet 1 gm	2	

Drug Name	Drug Tier	Requirements/Limits
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	2	
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	PA; NMO; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	PA; NMO; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	BvD
erythromycin base oral capsule delayed release particles 250 mg	4	
erythromycin base oral tablet 250 mg, 500 mg	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	4	
erythromycin ethylsuccinate oral tablet 400 mg	4	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
Quinolones		
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	4	BvD
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	4	
levofloxacin oral solution 25 mg/ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	4	BvD
moxifloxacin hcl oral tablet 400 mg	4	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin oral tablet 300 mg, 400 mg	2	
Sulfonamides		
sulfacetamide sodium (acne) external lotion 10 %	2	
sulfadiazine oral tablet 500 mg	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	BvD
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	2	
tetracycline hcl oral capsule 250 mg, 500 mg	2	
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
felbamate oral suspension 600 mg/5ml	5	NMO
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; NMO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	2	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	4	
lamotrigine starter kit-blue oral kit 35 x 25 mg	2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	2	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	2	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	
levetiracetam oral solution 100 mg/ml	2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
phenobarbital oral elixir 20 mg/5ml	2	QL (1500 ML per 30 days)
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	2	QL (90 EA per 30 days)
phenobarbital oral tablet 15 mg, 60 mg	2	QL (120 EA per 30 days)
phenobarbital oral tablet 30 mg	2	QL (300 EA per 30 days)
primidone oral tablet 125 mg, 250 mg, 50 mg	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	ST; QL (120 EA per 30 days)
valproic acid oral capsule 250 mg	2	
valproic acid oral solution 250 mg/5ml	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	QL (56 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG	4	QL (30 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; NMO; QL (1100 ML per 30 days)
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5ml	2	
methsuximide oral capsule 300 mg	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	QL (900 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	4	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	4	QL (60 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	1	QL (180 EA per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; NMO; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	ST
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	ST
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	ST
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	ST
vigabatrin oral packet 500 mg	5	PA; NMO; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	5	PA; NMO; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIGADRONE ORAL TABLET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
VIGPODER ORAL PACKET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NMO; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NMO; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	2	
carbamazepine oral suspension 100 mg/5ml	2	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet chewable 100 mg	1	
DILANTIN ORAL CAPSULE 30 MG	4	ST
EPITOL ORAL TABLET 200 MG	2	
lacosamide oral solution 10 mg/ml	4	QL (1395 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	4	QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (120 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
rufinamide oral suspension 40 mg/ml	5	NMO; QL (2760 ML per 30 days)
rufinamide oral tablet 200 mg	4	QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	5	NMO; QL (240 EA per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	2	QL (360 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
memantine hcl oral tablet 10 mg, 5 mg	2	QL (60 EA per 30 days)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg	1	QL (60 EA per 30 days)
donepezil hcl oral tablet 23 mg	2	QL (30 EA per 30 days)
donepezil hcl oral tablet 5 mg	1	QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	1	QL (60 EA per 30 days)
donepezil hcl oral tablet dispersible 5 mg	1	QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	2	QL (200 ML per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	2	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST; QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (120 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	1	QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	1	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	2	QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	3	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg	1	QL (180 EA per 30 days)
bupropion hcl oral tablet 75 mg	1	QL (120 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 EA per 30 days)
mirtazapine oral tablet 7.5 mg	1	QL (45 EA per 30 days)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	QL (30 EA per 30 days)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	4	QL (30 EA per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	QL (90 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; NMO; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; NMO; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; NMO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
phenelzine sulfate oral tablet 15 mg	2	
tranylcypromine sulfate oral tablet 10 mg	4	
Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide oral capsule 30 mg	1	QL (30 EA per 30 days)
citalopram hydrobromide oral solution 10 mg/5ml	2	QL (600 ML per 30 days)
citalopram hydrobromide oral tablet 10 mg, 40 mg	1	QL (30 EA per 30 days)
citalopram hydrobromide oral tablet 20 mg	1	QL (60 EA per 30 days)
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	4	QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	2	QL (60 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	2	QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg	1	QL (45 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	1	QL (60 EA per 30 days)
escitalopram oxalate oral tablet 5 mg	1	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	QL (28 EA per 28 days)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	QL (60 EA per 30 days)
fluoxetine hcl oral solution 20 mg/5ml	2	QL (600 ML per 30 days)
fluoxetine hcl oral tablet 10 mg	2	QL (60 EA per 30 days)
fluoxetine hcl oral tablet 20 mg	2	QL (120 EA per 30 days)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	QL (90 EA per 30 days)
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
paroxetine hcl oral suspension 10 mg/5ml	4	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg	1	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg, 40 mg	1	QL (60 EA per 30 days)
sertraline hcl oral capsule 150 mg, 200 mg	2	QL (30 EA per 30 days)
sertraline hcl oral concentrate 20 mg/ml	1	QL (300 ML per 30 days)
sertraline hcl oral tablet 100 mg	1	QL (60 EA per 30 days)
sertraline hcl oral tablet 25 mg, 50 mg	1	QL (90 EA per 30 days)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	2	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	QL (60 EA per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	3	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral concentrate 10 mg/ml	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	2	
protriptyline hcl oral tablet 10 mg, 5 mg	4	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	4	
ANTIEMETICS		
Antiemetics, Other		
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	BvD
prochlorperazine rectal suppository 25 mg	4	
promethazine hcl oral solution 6.25 mg/5ml	2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	
scopolamine transdermal patch 72 hour 1 mg/3days	4	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	4	BvD; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
aprepitant oral capsule 80 & 125 mg	4	BvD; QL (12 EA per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	PA; QL (60 EA per 30 days)
granisetron hcl oral tablet 1 mg	4	BvD; QL (60 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml	2	BvD
ondansetron hcl oral tablet 4 mg, 8 mg	1	BvD
ondansetron oral tablet dispersible 4 mg, 8 mg	2	BvD
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	3	BvD
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BvD
amphotericin b intravenous solution reconstituted 50 mg	4	BvD
amphotericin b liposome intravenous suspension reconstituted 50 mg	5	BvD; NMO
caspofungin acetate intravenous solution reconstituted 50 mg	5	NMO
caspofungin acetate intravenous solution reconstituted 70 mg	4	
ciclopirox olamine external cream 0.77 %	2	
ciclopirox olamine external suspension 0.77 %	2	
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	2	
clotrimazole mouth/throat troche 10 mg	2	
econazole nitrate external cream 1 %	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BvD; NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	BvD
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	BvD
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
flucytosine oral capsule 250 mg, 500 mg	5	NMO
griseofulvin microsize oral suspension 125 mg/5ml	2	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
itraconazole oral capsule 100 mg	4	PA
itraconazole oral solution 10 mg/ml	4	PA
JUBLIA EXTERNAL SOLUTION 10 %	4	
ketoconazole external cream 2 %	2	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL PACKET 300 MG	5	PA; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	2	
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral tablet 500000 unit	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	
posaconazole oral suspension 40 mg/ml	5	PA; NMO
posaconazole oral tablet delayed release 100 mg	4	PA
terbinafine hcl oral tablet 250 mg	2	
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
voriconazole intravenous solution reconstituted 200 mg	5	PA; NMO
voriconazole oral suspension reconstituted 40 mg/ml	5	PA; NMO
voriconazole oral tablet 200 mg, 50 mg	4	PA
ANTIGOUT AGENTS		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	3	

Drug Name	Drug Tier	Requirements/Limits
colchicine oral tablet 0.6 mg	3	
colchicine-probenecid oral tablet 0.5-500 mg	3	
febuxostat oral tablet 40 mg, 80 mg	3	PA
probenecid oral tablet 500 mg	2	
ANTIMIGRAINE AGENTS		
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution 4 mg/ml	5	NMO
ergotamine-caffeine oral tablet 1-100 mg	2	QL (40 EA per 28 days)
Prophylactic		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	3	
propranolol hcl er oral capsule extended release 24 hour 80 mg	2	
propranolol hcl oral tablet 80 mg	1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; QL (16 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	QL (12 EA per 30 days)
sumatriptan nasal solution 20 mg/act	4	QL (12 EA per 30 days)
sumatriptan nasal solution 5 mg/act	4	QL (18 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	2	QL (4 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2	QL (4 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	QL (6 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
pyridostigmine bromide oral solution 60 mg/5ml	2	
pyridostigmine bromide oral tablet 30 mg, 60 mg	2	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	2	
PRIFTIN ORAL TABLET 150 MG	4	
rifabutin oral capsule 150 mg	4	
Antituberculars		
ethambutol hcl oral tablet 100 mg, 400 mg	2	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
pyrazinamide oral tablet 500 mg	2	
rifampin intravenous solution reconstituted 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NMO
TRECATOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	4	BvD
cyclophosphamide oral tablet 25 mg, 50 mg	2	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
LEUKERAN ORAL TABLET 2 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	PA; NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; NMO; QL (60 GM per 14 days)

Drug Name	Drug Tier	Requirements/Limits
Antiandrogens		
abiraterone acetate oral tablet 250 mg, 500 mg	5	PA; NMO; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; NMO; QL (60 EA per 30 days)
bicalutamide oral tablet 50 mg	1	
ERLEADA ORAL TABLET 240 MG	5	PA; NMO; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; NMO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NMO
nilutamide oral tablet 150 mg	5	NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; NMO; QL (90 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; NMO; QL (120 EA per 30 days)
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	5	PA; NMO; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NMO; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA; NMO; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG	5	PA; NMO; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; NMO; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
toremifene citrate oral tablet 60 mg	5	PA; NMO
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
hydroxyurea oral capsule 500 mg	1	
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO
mercaptopurine oral tablet 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	4	PA
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; NMO; QL (60 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA; NMO
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KRAZATI ORAL TABLET 200 MG	5	PA; NMO; QL (180 EA per 30 days)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NMO
LUMAKRAS ORAL TABLET 120 MG	5	PA; NMO; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; NMO; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; NMO; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; NMO; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; NMO; QL (180 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO; QL (60 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BvD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
ZOLINZA ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet 1 mg	1	
exemestane oral tablet 25 mg	4	
letrozole oral tablet 2.5 mg	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; NMO
ALUNBRIG ORAL TABLET 180 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; NMO; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; NMO; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; NMO; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; NMO; QL (30 EA per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; NMO; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; NMO; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NMO
CALQUENCE ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; NMO; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; NMO; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NMO
erlotinib hcl oral tablet 100 mg, 150 mg	5	PA; NMO; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	5	PA; NMO; QL (90 EA per 30 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; NMO; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg, 3 mg	5	PA; NMO; QL (30 EA per 30 days)
everolimus oral tablet soluble 5 mg	5	PA; NMO; QL (60 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; NMO; QL (84 EA per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; NMO; QL (21 EA per 21 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	5	PA; NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NMO
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; NMO; QL (60 EA per 30 days)
imatinib mesylate oral tablet 100 mg	5	PA; NMO; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate oral tablet 400 mg	5	PA; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; NMO; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; NMO; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; NMO; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; NMO; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; NMO; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KOSELUGO ORAL CAPSULE 10 MG	5	PA; NMO; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; NMO; QL (120 EA per 30 days)
lapatinib ditosylate oral tablet 250 mg	5	PA; NMO; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
LORBRENA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; NMO; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; NMO; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; NMO; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; NMO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; NMO; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; NMO
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA; NMO; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA; NMO; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; NMO; QL (30 EA per 30 days)
pazopanib hcl oral tablet 200 mg	5	PA; NMO; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO
QINLOCK ORAL TABLET 50 MG	5	PA; NMO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; NMO; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; NMO; QL (180 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; NMO; QL (120 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; NMO; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; NMO; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA; NMO; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	5	PA; NMO
sorafenib tosylate oral tablet 200 mg	5	PA; NMO; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; NMO; QL (84 EA per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA; NMO; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA; NMO; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; NMO; QL (900 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; NMO
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	5	PA; NMO; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA; NMO; QL (60 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; NMO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; NMO; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; NMO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; NMO; QL (30 EA per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; NMO; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; NMO; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; NMO; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG	5	PA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; NMO; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; NMO; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; NMO; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; NMO; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; NMO; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO; QL (150 EA per 30 days)
Retinoids		
bexarotene external gel 1 %	5	PA; NMO
bexarotene oral capsule 75 mg	5	PA; NMO; QL (300 EA per 30 days)
tretinoin oral capsule 10 mg	5	NMO
ANTIPARASITICS		
Anthelmintics		

Drug Name	Drug Tier	Requirements/Limits
albendazole oral tablet 200 mg	4	
EMVERM ORAL TABLET CHEWABLE 100 MG	5	NMO
ivermectin oral tablet 3 mg	2	PA
Antiprotozoals		
atovaquone oral suspension 750 mg/5ml	5	NMO
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	
benznidazole oral tablet 100 mg, 12.5 mg	2	
chloroquine phosphate oral tablet 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	2	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
mefloquine hcl oral tablet 250 mg	2	
nitazoxanide oral tablet 500 mg	4	QL (40 EA per 30 days)
pentamidine isethionate inhalation solution reconstituted 300 mg	4	BvD
pentamidine isethionate injection solution reconstituted 300 mg	4	BvD
primaquine phosphate oral tablet 26.3 (15 base) mg	4	
quinine sulfate oral capsule 324 mg	2	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5ml	2	
amantadine hcl oral tablet 100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	
entacapone oral tablet 200 mg	2	
Dopamine Agonists		
bromocriptine mesylate oral capsule 5 mg	2	
bromocriptine mesylate oral tablet 2.5 mg	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	2	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	4	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
ANTIPSYCHOTICS		
1St Generation/Typical		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	4	BvD
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	BvD

Drug Name	Drug Tier	Requirements/Limits
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	2	
fluphenazine hcl oral elixir 2.5 mg/5ml	2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	4	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	2	
perphenazine oral tablet 16 mg, 2 mg	2	
perphenazine oral tablet 4 mg, 8 mg	2	BvD
pimozide oral tablet 1 mg, 2 mg	2	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO
aripiprazole oral solution 1 mg/ml	4	QL (750 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg	5	NMO; QL (90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
aripiprazole oral tablet dispersible 15 mg	5	NMO; QL (60 EA per 30 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NMO
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	NMO
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	5	NMO
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; NMO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA; NMO
olanzapine intramuscular solution reconstituted 10 mg	4	QL (60 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	1	QL (30 EA per 30 days)
olanzapine oral tablet 20 mg	1	QL (60 EA per 30 days)
olanzapine oral tablet dispersible 10 mg, 5 mg	4	QL (60 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	4	QL (90 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg	4	QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	4	QL (120 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NMO
risperidone oral solution 1 mg/ml	2	QL (480 ML per 30 days)
risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (60 EA per 30 days)
risperidone oral tablet 0.5 mg	1	QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg	2	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.5 mg	2	QL (120 EA per 30 days)
risperidone oral tablet dispersible 3 mg	4	QL (60 EA per 30 days)
risperidone oral tablet dispersible 4 mg	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; NMO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; NMO; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST
Treatment-Resistant		

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	QL (120 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg	4	QL (120 EA per 30 days)
clozapine oral tablet dispersible 200 mg	5	NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NMO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	2	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NMO
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (28 EA per 28 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	4	
valganciclovir hcl oral tablet 450 mg	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet 10 mg	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NMO; QL (600 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	4	QL (30 EA per 30 days)
lamivudine oral tablet 100 mg	2	QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; NMO
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO
ribavirin oral capsule 200 mg	4	
ribavirin oral tablet 200 mg	2	
sofosbuvir-velpatasvir oral tablet 400-100 mg	5	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO
Antiherpetic Agents		
acyclovir oral capsule 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	2	BvD
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
trifluridine ophthalmic solution 1 %	2	
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NMO; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NMO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (360 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
efavirenz oral tablet 600 mg	4	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	5	NMO; QL (120 EA per 30 days)
etravirine oral tablet 200 mg	5	NMO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (30 EA per 30 days)
nevirapine oral suspension 50 mg/5ml	4	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NMO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution 20 mg/ml	4	QL (960 ML per 30 days)
abacavir sulfate oral tablet 300 mg	4	QL (60 EA per 30 days)
abacavir sulfate-lamivudine oral tablet 600-300 mg	4	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NMO; QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	5	NMO; QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	5	NMO; QL (30 EA per 30 days)
emtricitabine oral capsule 200 mg	4	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	5	NMO; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
lamivudine oral solution 10 mg/ml	4	QL (900 ML per 30 days)
lamivudine oral tablet 150 mg	3	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	3	QL (30 EA per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO; QL (30 EA per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	4	QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NMO; QL (60 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; QL (30 EA per 30 days)
zidovudine oral capsule 100 mg	2	QL (180 EA per 30 days)
zidovudine oral syrup 50 mg/5ml	2	QL (1680 ML per 28 days)
zidovudine oral tablet 300 mg	2	QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
maraviroc oral tablet 150 mg, 300 mg	5	NMO; QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NMO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NMO; QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	NMO; QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	NMO; QL (5 EA per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; QL (30 EA per 30 days)
triumeq pd oral tablet soluble 60-5-30 mg	5	NMO; QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	5	NMO; QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 EA per 30 days)
atazanavir sulfate oral capsule 300 mg	4	QL (30 EA per 30 days)
darunavir oral tablet 600 mg	5	NMO; QL (60 EA per 30 days)
darunavir oral tablet 800 mg	5	NMO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NMO; QL (30 EA per 30 days)
fosamprenavir calcium oral tablet 700 mg	5	NMO; QL (120 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	QL (400 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (150 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	QL (180 EA per 30 days)
ritonavir oral tablet 100 mg	3	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NMO; QL (120 EA per 30 days)
Anti-Influenza Agents		

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
rimantadine hcl oral tablet 100 mg	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG	1	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	
ANXIOLYTICS		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
hydroxyzine hcl oral syrup 10 mg/5ml	4	
hydroxyzine hcl oral tablet 10 mg, 25 mg	1	
hydroxyzine hcl oral tablet 50 mg	2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	2	QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (300 ML per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg	2	QL (120 EA per 30 days)
alprazolam oral tablet 1 mg	2	QL (240 EA per 30 days)
alprazolam oral tablet 2 mg	2	QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	2	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	2	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg	1	QL (120 EA per 30 days)
diazepam oral tablet 5 mg	1	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	QL (240 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
BIPOLAR AGENTS		
Mood Stabilizers		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	2	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	4	PA; QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
diazoxide oral suspension 50 mg/ml	5	NMO
mifepristone oral tablet 300 mg	5	PA; NMO
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
cvs gauze sterile pad 2"x2"	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP INJECTION SOLUTION 100 UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	
preferred plus insulin syringe 28g x 1/2" 0.5 ml	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	4	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	4	QL (48 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	4	QL (18 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	4	QL (24 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	4	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	NMO; QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5	NMO; QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	5	NMO; QL (18 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
Blood Products And Modifiers, Other		
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; NMO; QL (30 EA per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; NMO; QL (60 EA per 30 days)
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)
tranexamic acid oral tablet 650 mg	2	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NMO
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel bisulfate oral tablet 75 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg	4	
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	QL (4 EA per 28 days)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	5	PA; NMO; QL (180 EA per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Angiotensin Ii Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	2	
disopyramide phosphate oral capsule 100 mg, 150 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	

Drug Name	Drug Tier	Requirements/Limits
MULTAQ ORAL TABLET 400 MG	3	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	2	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	4	
pindolol oral tablet 10 mg, 5 mg	2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	2	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
isradipine oral capsule 2.5 mg, 5 mg	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
nicardipine hcl oral capsule 20 mg, 30 mg	2	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	QL (60 EA per 30 days)
nifedipine er oral tablet extended release 24 hour 90 mg	1	QL (30 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	QL (60 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	1	QL (30 EA per 30 days)
nifedipine oral capsule 10 mg, 20 mg	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	2	QL (30 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	QL (30 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	QL (60 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	2	QL (30 EA per 30 days)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	2	
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl oral tablet 120 mg, 90 mg	2	
diltiazem hcl oral tablet 30 mg, 60 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
Cardiovascular Agents, Other		
aliskiren fumarate oral tablet 150 mg, 300 mg	3	QL (30 EA per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
digoxin oral solution 0.05 mg/ml	2	QL (255 ML per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	1	QL (30 EA per 30 days)
digoxin oral tablet 62.5 mcg	4	QL (60 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	

Drug Name	Drug Tier	Requirements/Limits
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NMO; QL (30 EA per 30 days)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	4	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	4	QL (30 EA per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metyrosine oral capsule 250 mg	5	NMO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
pentoxifylline er oral tablet extended release 400 mg	1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	3	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
Diuretics, Loop		
bumetanide injection solution 0.25 mg/ml	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
furosemide injection solution 10 mg/ml	2	BvD
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet 5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg	2	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 43 mg	2	QL (60 EA per 30 days)
fenofibrate oral capsule 150 mg	2	QL (30 EA per 30 days)
fenofibrate oral capsule 50 mg	2	QL (60 EA per 30 days)
fenofibrate oral tablet 145 mg, 160 mg	2	QL (30 EA per 30 days)
fenofibrate oral tablet 48 mg, 54 mg	2	QL (60 EA per 30 days)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	1	QL (60 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 EA per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	2	
fluvastatin sodium oral capsule 20 mg, 40 mg	1	
lovastatin oral tablet 10 mg	1	QL (45 EA per 30 days)
lovastatin oral tablet 20 mg	1	QL (30 EA per 30 days)
lovastatin oral tablet 40 mg	1	QL (60 EA per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	3	QL (30 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL (30 EA per 30 days)
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	2	
cholestyramine oral packet 4 gm	2	
colestipol hcl oral packet 5 gm	2	
colestipol hcl oral tablet 1 gm	2	
ezetimibe oral tablet 10 mg	1	QL (30 EA per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	
icosapent ethyl oral capsule 0.5 gm, 1 gm	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; NMO
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	2	
omega-3-acid ethyl esters oral capsule 1 gm	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-Acting Arterial/ Venous		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
nitroglycerin rectal ointment 0.4 %	4	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	2	
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	4	QL (360 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	4	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	4	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	4	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	4	QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	1	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg	1	QL (240 EA per 30 days)
dexmethylphenidate hcl oral tablet 5 mg	1	QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	4	QL (30 EA per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; NMO; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	5	PA; NMO; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NMO; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; NMO; QL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; NMO; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200 MG/ML	5	PA; NMO
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
riluzole oral tablet 50 mg	4	PA
tetrabenazine oral tablet 12.5 mg	5	PA; NMO; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; NMO; QL (120 EA per 30 days)
Fibromyalgia Agents		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	2	QL (60 EA per 30 days)
pregabalin oral capsule 75 mg	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin oral solution 20 mg/ml	2	QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NMO
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	5	PA; NMO
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	5	PA; NMO
fingolimod hcl oral capsule 0.5 mg	5	PA; NMO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	
triamcinolone acetonide mouth/throat paste 0.1 %	2	
DERMATOLOGICAL AGENTS		

Drug Name	Drug Tier	Requirements/Limits
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
benzoyl peroxide-erythromycin external gel 5-3 %	2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
clindamycin phos-benzoyl perox external gel 1.2-5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
tazarotene external cream 0.1 %	2	PA
tazarotene external gel 0.05 %, 0.1 %	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	2	PA
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	2	PA
Dermatitis And Pruitus Agents		
alclometasone dipropionate external cream 0.05 %	2	
alclometasone dipropionate external ointment 0.05 %	2	
amcinonide external ointment 0.1 %	4	
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	2	
betamethasone dipropionate aug external ointment 0.05 %	2	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external lotion 0.05 %	2	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	2	
betamethasone valerate external lotion 0.1 %	2	
betamethasone valerate external ointment 0.1 %	2	
clobetasol propionate e external cream 0.05 %	4	
clobetasol propionate external cream 0.05 %	4	
clobetasol propionate external gel 0.05 %	4	
clobetasol propionate external ointment 0.05 %	4	
clobetasol propionate external solution 0.05 %	2	
desonide external cream 0.05 %	4	
desonide external lotion 0.05 %	4	
desonide external ointment 0.05 %	2	
desoximetasone external cream 0.05 %, 0.25 %	4	
desoximetasone external gel 0.05 %	4	
desoximetasone external ointment 0.05 %, 0.25 %	4	
EUCRISA EXTERNAL OINTMENT 2 %	4	
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	
fluocinolone acetonide external ointment 0.025 %	2	
fluocinolone acetonide external solution 0.01 %	4	
fluocinonide emulsified base external cream 0.05 %	2	
fluocinonide external gel 0.05 %	4	
fluocinonide external ointment 0.05 %	2	
fluocinonide external solution 0.05 %	2	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halobetasol propionate external cream 0.05 %	4	
halobetasol propionate external ointment 0.05 %	2	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone external cream 1 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %	2	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone external ointment 2.5 %	1	
hydrocortisone valerate external cream 0.2 %	2	
hydrocortisone valerate external ointment 0.2 %	2	
HYFTOR EXTERNAL GEL 0.2 %	5	PA; NMO
mometasone furoate external cream 0.1 %	2	
mometasone furoate external ointment 0.1 %	2	
mometasone furoate external solution 0.1 %	2	
pimecrolimus external cream 1 %	4	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	4	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	3	
selenium sulfide external lotion 2.5 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	4	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
Dermatological Agents, Other		
calcipotriene external solution 0.005 %	4	
clotrimazole-betamethasone external cream 1-0.05 %	2	
clotrimazole-betamethasone external lotion 1-0.05 %	2	
diclofenac sodium external gel 3 %	4	PA
fluorouracil external cream 5 %	3	
fluorouracil external solution 2 %, 5 %	2	
global alcohol prep ease pad 70 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	2	
imiquimod external cream 5 %	2	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	

Drug Name	Drug Tier	Requirements/Limits
PANRETIN EXTERNAL GEL 0.1 %	5	PA; NMO
podofilox external solution 0.5 %	2	
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
silver sulfadiazine external cream 1 %	2	
SSD EXTERNAL CREAM 1 %	1	
Pediculicides/Scabicides		
malathion external lotion 0.5 %	4	
permethrin external cream 5 %	2	
Topical Anti-Infectives		
ciclopirox external gel 0.77 %	2	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	2	
clindamycin phosphate external gel 1 %, 1 % (twice daily)	2	
clindamycin phosphate external lotion 1 %	2	
clindamycin phosphate external solution 1 %	2	
ery external pad 2 %	3	
erythromycin external gel 2 %	2	
erythromycin external solution 2 %	2	
mupirocin calcium external cream 2 %	4	
mupirocin external ointment 2 %	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet soluble 200 mg	5	PA; NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	2	BvD
kcl-lactated ringers-d5w intravenous solution 20 meq/l	2	BvD

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	2	
multiple electro type 1 ph 5.5 intravenous solution	3	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	2	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	3	BvD
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml	2	BvD
potassium chloride oral packet 20 meq	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	2	
potassium cl in dextrose 5% intravenous solution 20 meq/l	2	BvD
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium chloride irrigation solution 0.9 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	2	

Drug Name	Drug Tier	Requirements/Limits
Electrolyte/Mineral/Metal Modifiers		
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	5	PA; NMO
deferasirox oral tablet 180 mg, 360 mg	5	PA; NMO
deferasirox oral tablet 90 mg	4	PA
deferasirox oral tablet soluble 125 mg	4	PA
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA; NMO
deferiprone oral tablet 1000 mg, 500 mg	5	PA; NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NMO
FERRIPROX ORAL TABLET 1000 MG	5	PA; NMO
KIONEX ORAL SUSPENSION 15 GM/60ML	3	
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
sodium polystyrene sulfonate oral powder	2	
SPS ORAL SUSPENSION 15 GM/60ML	3	
tolvaptan oral tablet 15 mg	5	PA; NMO; QL (120 EA per 30 days)
tolvaptan oral tablet 30 mg	5	PA; NMO; QL (60 EA per 30 days)
trientine hcl oral capsule 250 mg, 500 mg	5	PA; NMO
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BvD

Drug Name	Drug Tier	Requirements/Limits
dextrose intravenous solution 10 %, 5 %	2	BvD
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	3	BvD
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD
levocarnitine oral solution 1 gm/10ml	2	
levocarnitine oral tablet 330 mg	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BvD
prenatal oral tablet 27-1 mg	2	
PROSOL INTRAVENOUS SOLUTION 20 %	4	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	4	PA
calcium acetate (phos binder) oral capsule 667 mg	2	
calcium acetate oral tablet 667 mg	2	
sevelamer carbonate oral packet 0.8 gm	4	QL (540 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	4	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	4	QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
EXCLUDED DRUG COVERAGE		
Non-Part D Enhancement		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	6	E; QL (4 EA per 30 days)
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	6	E; QL (4 EA per 30 days)
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	6	E; QL (4 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
vardenafil hcl oral tablet dispersible 10 mg	6	E; QL (4 EA per 30 days)
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg	5	NMO; QL (60 EA per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
loperamide hcl oral capsule 2 mg	1	
XERMELO ORAL TABLET 250 MG	5	NMO; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	2	
dicyclomine hcl oral tablet 20 mg	1	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	5	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	4	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	

Drug Name	Drug Tier	Requirements/Limits
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; NMO
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	4	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	
peg-3350/electrolytes oral solution reconstituted 236 gm	2	
SUTAB ORAL TABLET 1479-225-188 MG	4	
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	
Histamine2 (H2) Receptor Antagonists		
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule 150 mg, 300 mg	2	
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	2	
sucralfate oral suspension 1 gm/10ml	4	
sucralfate oral tablet 1 gm	1	
Proton Pump Inhibitors		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	3	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder	5	NMO
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
cromolyn sodium oral concentrate 100 mg/5ml	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NMO
l-glutamine oral packet 5 gm	4	PA
miglustat oral capsule 100 mg	5	PA; NMO
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5	PA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA; NMO
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5	PA; NMO
sapropterin dihydrochloride oral tablet 100 mg	5	PA; NMO
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG	5	PA; NMO; QL (28 EA per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	5	PA; NMO; QL (56 EA per 28 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; NMO
VIJOICE ORAL PACKET 50 MG	5	PA; NMO
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA; NMO
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA; NMO
YARGESA ORAL CAPSULE 100 MG	5	PA; NMO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	4	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	QL (60 EA per 30 days)
oxybutynin chloride oral solution 5 mg/5ml	2	QL (600 ML per 30 days)
oxybutynin chloride oral tablet 5 mg	1	QL (120 EA per 30 days)
solifenacin succinate oral tablet 10 mg, 5 mg	2	QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	2	QL (60 EA per 30 days)
trospium chloride er oral capsule extended release 24 hour 60 mg	2	QL (30 EA per 30 days)
trospium chloride oral tablet 20 mg	2	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	QL (30 EA per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	
dutasteride oral capsule 0.5 mg	1	QL (30 EA per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	2	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	1	QL (30 EA per 30 days)
silodosin oral capsule 4 mg, 8 mg	4	QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg	1	QL (60 EA per 30 days)
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
ELMIRON ORAL CAPSULE 100 MG	4	
penicillamine oral tablet 250 mg	5	NMO

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA; NMO; QL (0.5 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; NMO; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; NMO; QL (1 ML per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
dexamethasone oral solution 0.5 mg/5ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
ISTURISA ORAL TABLET 1 MG	5	PA; NMO; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NMO; QL (120 EA per 30 days)
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	BvD
methylprednisolone oral tablet therapy pack 4 mg	2	
prednisolone oral solution 15 mg/5ml	2	BvD
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	4	BvD
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	2	BvD
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	BvD
prednisone oral solution 5 mg/5ml	2	BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	BvD
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution 0.01 %	2	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
danazol oral capsule 100 mg, 50 mg	2	
danazol oral capsule 200 mg	4	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	
testosterone enanthate intramuscular solution 200 mg/ml	2	
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	3	
testosterone transdermal solution 30 mg/act	3	
Estrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	2	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
estradiol vaginal cream 0.1 mg/gm	4	
estradiol vaginal tablet 10 mcg	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	

Drug Name	Drug Tier	Requirements/Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	1	
APRI ORAL TABLET 0.15-30 MG-MCG	1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
briellyn oral tablet 0.4-35 mg-mcg	2	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	

Drug Name	Drug Tier	Requirements/Limits
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	
JASMIEL ORAL TABLET 3-0.02 MG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	
marlissa oral tablet 0.15-30 mg-mcg	1	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI ORAL TABLET 3-0.02 MG	2	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	2	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	

Drug Name	Drug Tier	Requirements/Limits
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	
OCELLA ORAL TABLET 3-0.03 MG	2	
OSPHENA ORAL TABLET 60 MG	3	PA
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VESTURA ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	

Drug Name	Drug Tier	Requirements/Limits
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
Progestins		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	2	
ERRIN ORAL TABLET 0.35 MG	1	
HEATHER ORAL TABLET 0.35 MG	1	
INCASSIA ORAL TABLET 0.35 MG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	2	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet 20 mg, 40 mg	1	
NORA-BE ORAL TABLET 0.35 MG	1	
norethindrone acetate oral tablet 5 mg	2	
norethindrone oral tablet 0.35 mg	1	
progesterone oral capsule 100 mg, 200 mg	2	
SHAROBEL ORAL TABLET 0.35 MG	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet 0.5 mg	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA; NMO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
leuprolide acetate (3 month) intramuscular injectable 22.5 mg	4	PA
leuprolide acetate injection kit 1 mg/0.2ml	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; NMO
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	2	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5	PA; NMO
octreotide acetate injection solution 200 mcg/ml	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; NMO
Immunoglobulins		
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	BvD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BvD; NMO

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
JOENJA ORAL TABLET 70 MG	5	PA; NMO; QL (60 EA per 30 days)
leflunomide oral tablet 10 mg, 20 mg	2	
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NMO
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; NMO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NMO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	5	PA; NMO; QL (11.648 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	5	PA; NMO; QL (17.22 ML per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	5	PA; NMO; QL (24.3 ML per 30 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA; NMO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NMO
Immunosuppressants		
azathioprine oral tablet 100 mg, 75 mg	3	BvD
azathioprine oral tablet 50 mg	2	BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	BvD
cyclosporine modified oral solution 100 mg/ml	2	BvD
cyclosporine oral capsule 100 mg, 25 mg	2	BvD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NMO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BvD
everolimus oral tablet 0.25 mg, 0.75 mg, 1 mg	5	BvD; NMO; QL (60 EA per 30 days)
everolimus oral tablet 0.5 mg	5	BvD; NMO; QL (120 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BvD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BvD
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NMO
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
methotrexate sodium (pf) injection solution 50 mg/2ml	1	BvD
methotrexate sodium injection solution 50 mg/2ml	1	BvD
methotrexate sodium oral tablet 2.5 mg	2	BvD
mycophenolate mofetil oral capsule 250 mg	4	BvD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5	BvD; NMO
mycophenolate mofetil oral tablet 500 mg	2	BvD

Drug Name	Drug Tier	Requirements/Limits
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BvD
REZUROCK ORAL TABLET 200 MG	5	PA; NMO
sirolimus oral solution 1 mg/ml	5	BvD; NMO
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	BvD
tacrolimus oral capsule 0.5 mg	2	BvD
tacrolimus oral capsule 1 mg, 5 mg	4	BvD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BvD
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	
bcg vaccine injection solution reconstituted 50 mg	4	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	4	BvD
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	BvD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BvD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	
IPOL INJECTION INJECTABLE	3	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	BvD

Drug Name	Drug Tier	Requirements/Limits
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BvD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BvD
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	

Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
balsalazide disodium oral capsule 750 mg	2	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	4	
mesalamine oral capsule delayed release 400 mg	4	
mesalamine oral tablet delayed release 800 mg	4	
mesalamine rectal enema 4 gm	4	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour 9 mg	5	NMO
budesonide oral capsule delayed release particles 3 mg	4	
hydrocortisone rectal enema 100 mg/60ml	4	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg	1	QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
calcitonin (salmon) nasal solution 200 unit/act	2	BvD; QL (4 ML per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	BvD
calcitriol oral solution 1 mcg/ml	4	BvD
cinacalcet hcl oral tablet 30 mg, 60 mg	4	BvD; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	5	BvD; NMO; QL (120 EA per 30 days)
ibandronate sodium oral tablet 150 mg	1	QL (1 EA per 30 days)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	BvD

Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
raloxifene hcl oral tablet 60 mg	2	
risedronate sodium oral tablet 150 mg	2	QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	2	QL (30 EA per 30 days)
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	2	QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release 35 mg	2	QL (4 EA per 28 days)
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	5	PA; NMO; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO; QL (2 ML per 28 days)
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	
cyclosporine ophthalmic emulsion 0.05 %	2	QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	

Drug Name	Drug Tier	Requirements/Limits
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
Ophthalmic Anti-Allergy Agents		
azelastine hcl ophthalmic solution 0.05 %	2	
cromolyn sodium ophthalmic solution 4 %	1	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %	4	
bacitracin ophthalmic ointment 500 unit/gm	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
erythromycin ophthalmic ointment 5 mg/gm	1	
gatifloxacin ophthalmic solution 0.5 %	2	
gentamicin sulfate ophthalmic solution 0.3 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
ofloxacin ophthalmic solution 0.3 %	2	
sulfacetamide sodium ophthalmic solution 10 %	2	
tobramycin ophthalmic solution 0.3 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	4	PA
Ophthalmic Anti-Inflammatories		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	2	
bromfenac sodium ophthalmic solution 0.075 %	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	2	
diclofenac sodium ophthalmic solution 0.1 %	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
fluorometholone ophthalmic suspension 0.1 %	2	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	2	
loteprednol etabonate ophthalmic suspension 0.5 %	2	
prednisolone acetate ophthalmic suspension 1 %	2	
prednisolone sodium phosphate ophthalmic solution 1 %	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution 0.5 %	2	
carteolol hcl ophthalmic solution 1 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	2	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	2	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
apraclonidine hcl ophthalmic solution 0.5 %	2	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
brimonidine tartrate ophthalmic solution 0.1 %	3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
dorzolamide hcl ophthalmic solution 2 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	2	
methazolamide oral tablet 25 mg, 50 mg	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	

Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost ophthalmic solution 0.005 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
travoprost (bak free) ophthalmic solution 0.004 %	3	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
OTIC AGENTS		
Otic Agents		
acetic acid otic solution 2 %	1	
ciprofloxacin hcl otic solution 0.2 %	4	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	4	
fluocinolone acetonide otic oil 0.01 %	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
ofloxacin otic solution 0.3 %	4	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
azelastine hcl nasal solution 0.1 %	2	QL (30 ML per 25 days)
cetirizine hcl oral solution 5 mg/5ml	1	
cyproheptadine hcl oral syrup 2 mg/5ml	4	
cyproheptadine hcl oral tablet 4 mg	4	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	2	
levocetirizine dihydrochloride oral tablet 5 mg	1	
Anti-Inflammatories, Inhaled Corticosteroids		

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (26 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	BvD
flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (50 ML per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act	3	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	3	QL (10.6 GM per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	1	QL (16 GM per 30 days)
mometasone furoate nasal suspension 50 mcg/act	2	QL (34 GM per 30 days)
Antileukotrienes		
montelukast sodium oral packet 4 mg	2	QL (30 EA per 30 days)
montelukast sodium oral tablet 10 mg	1	QL (30 EA per 30 days)
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	QL (30 EA per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	2	QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (26 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	BvD
ipratropium bromide nasal solution 0.03 %	2	QL (60 ML per 30 days)
ipratropium bromide nasal solution 0.06 %	2	QL (30 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
tiotropium bromide monohydrate inhalation capsule 18 mcg	3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	2	QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	BvD
albuterol sulfate oral syrup 2 mg/5ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
epinephrine injection solution 0.3 mg/0.3ml	2	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; NMO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NMO
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BvD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; NMO
tobramycin inhalation nebulization solution 300 mg/5ml	5	BvD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NMO
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; NMO
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg, 500 mcg	3	QL (30 EA per 30 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	2	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	5	PA; NMO; QL (30 EA per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	5	PA; NMO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (90 EA per 30 days)
sildenafil citrate oral tablet 20 mg	2	PA; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
pirfenidone oral capsule 267 mg	5	PA; NMO
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	5	PA; NMO
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	2	BvD
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 20 days)
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	BvD
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	3	QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	BvD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	
cyclobenzaprine hcl oral tablet 7.5 mg	4	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	3	QL (30 EA per 30 days)
temazepam oral capsule 22.5 mg	4	QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	QL (120 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	2	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	3	PA; QL (30 EA per 30 days)
modafinil oral tablet 100 mg, 200 mg	4	PA; QL (60 EA per 30 days)
sodium oxybate oral solution 500 mg/ml	5	PA; NMO; QL (540 ML per 30 days)

Index of Drugs/Alphabetical Listing

ALTERWOOD ADVANTAGE

Quality Care. Better Health.

This formulary was updated on 10/22/2024. For more recent information or other questions, please contact Alterwood Advantage Member Services, at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

Alterwood Advantage is an HMO and HMO-SNP with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.

The Formulary may change at any time. You will receive notice when necessary.

Benefits, formulary, pharmacy network, provider network, premium and/or copay/coinsurance may change on January 1 of each year. Member premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

This information is available for free in other languages. Please call our Member Services number at 1-866-267-3144 or (TTY users should call 711), 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.

You must generally use network pharmacies to use your prescription drug benefit.