Care N' Care (HMO/PPO)

2022 Formulary

(List of Covered Drugs)

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

Formulary ID 00022370, Version 18

This formulary was updated on 10/25/2022. For more recent information or other questions, please contact us, Care N' Care (HMO/PPO) Customer Experience Team, at 1-877-374-7993, TTY users should call 711, October 1 - March 31, 8 a.m. to 8 p.m. CST seven days a week, or April 1 - September 30 8 a.m. to 8 p.m. CST, Monday through Friday or visit www.cnchealthplan.com.

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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 Care N' Care Insurance Company, Inc. When it refers to "plan" or "our plan," it means Care N' Care (HMO/PPO).

This document includes list of the drugs (formulary) for our plan which is current as of 10/25/2022 For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023 and from time to time during the year.

What is the Care N' Care (HMO/PPO) Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Care N' Care (HMO/PPO) 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 Care N' Care (HMO/PPO) Formulary?"

- **Drugs removed from the market**. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary;

or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Care N' Care (HMO/PPO) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 10/25/2022. To get updated information about the drugs covered by Care N' Care (HMO/PPO), please contact us. Our contact information appears on the front and back cover pages. If the plan makes any negative non-maintenance formulary change, members affected will receive written notice which explains the change and the formulary posted on our website will be updated.

How do I use the Formulary?

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

Medical Condition
The formulary begins on page 1. 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 number 1. 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 99. 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?

Care N' Care (HMO/PPO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization**: Care N' Care (HMO/PPO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care N' Care (HMO/PPO) before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits**: For certain drugs, Care N' Care (HMO/PPO) limits the amount of the drug that we will cover. For example, Care N' Care (HMO/PPO) provides 30 tablets per prescription for Januvia 100mg tablets. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explain our prior authorization 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 Care N' Care (HMO/PPO) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Care N' Care (HMO/PPO)?" on page IV 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 your Customer Experience team and ask if your drug is covered.

If you learn that Care N' Care (HMO/PPO) does not cover your drug, you have two options:

- You can ask your Customer Experience Team for a list of similar drugs that are covered by Care N' Care (HMO/PPO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Care N' Care (HMO/PPO).
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Care N' Care (HMO/PPO)'s Formulary?

You can ask Care N' Care (HMO/PPO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, 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, Care N' Care (HMO/PPO)limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Care N' Care (HMO/PPO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply of medication. 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

- Emergency transitions and level of care changes: You may have a change in your treatment setting due to the level of care you require. Such transitions include:
    - If you are discharged from a hospital or skilled nursing facility to a home setting
    - If you are admitted to a hospital or skilled nursing facility from a home setting
    - If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy
    - If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and you now need to use your Part D plan benefit
    - If you give up Hospice status and revert back to standard Medicare Part A and B coverage

  If you are outside your transition period, and experience a level of care change, Care N' Care (HMO/PPO) will allow you access to a 30/31 day refill (30 days in the retail setting and 31 days in the long-term care

(LTC) setting) for formulary medications and an emergency 30/31 day (30 days in the retail setting and 31 days in the LTC setting) transition fill for non-formulary medications (including Part D drugs that are on the Plan's formulary but require prior authorization or quantity limit exception). This will occur on a case-by-case basis when an exception request or appeal has been filed but has not been completed by the end of the transition period. All transition fills for new members, either in the retail setting or LTC setting, will process automatically. If you require a transition fill outside of your first 90 days with Care N' Care Health Plan, you or your pharmacist should contact us at 1-855-791-5302, 7 days a week, 24 hours a day (TTY/TDD users should call 711), so we can implement our transition policy for you. If you enroll in our plan while living at home and then become a resident of an LTC facility, please contact us at 1-855-791-5302, 7 days a week, 24 hours a day (TTY/TDD users should call 711) to let us know that you're now a resident of an LTC facility. We can then implement an LTC transition policy for you. This policy does not apply for short-term leaves of absences (i.e. holidays or vacations) from LTC or hospital facilities.

We'll send you written notice via U.S. first-class mail within three business days of receiving your transition fill transaction from the pharmacy. This will contain an explanation of the temporary nature of that prescription fill, instructions on how to identify an appropriate therapeutic alternative that is on our formulary, an explanation of your right to request a formulary exception, and the procedure for requesting a formulary exception.

For more information

For more detailed information about your Care N' Care (HMO/PPO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Care N' Care (HMO/PPO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Care N' Care (HMO/PPO)'s Formulary

The formulary below provides coverage information about the drugs covered by Care N' Care (HMO/PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the Requirements/Limits column tells you if Care N' Care (HMO/PPO) has any special requirements for coverage of your drug.

Every drug on the plan's Drug List is in one of five cost-sharing tiers. The second column of the chart lists the tier for each drug.

- **Tier 1 - Preferred Generics:** (This is the lowest cost tier): Includes generic drugs that are available at the lowest cost share for this plan.
- **Tier 2 - Generics:** Includes generic drugs that are available at a higher cost to you than drugs in Tier 1. Also includes some very low cost brand drugs.
- **Tier 3 - Preferred Brands:** Includes preferred brand name drugs that are available at a lower cost to you than drugs in Tiers 4 and 5. Also includes some high cost generic medications which are available at a higher cost to you than drugs in Tiers 1 and 2.
- **Tier 4 - Non-Preferred Drugs:** Includes brand and generic drugs that are available at a higher cost to you than drugs in Tier 3.
- **Tier 5 - Specialty Drugs:** (This is the highest-cost tier): Includes some injectables and other high-cost drugs.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Below is a summary of your copay amount based on drug tier.

Care N' Care Choice (PPO)	**Retail 30-day supply**	**Retail 90-day Supply**	**Mail Order 30-day supply**	**Mail Order 90-day supply**
Tier 1: Preferred Generics	$4 copay	$8 copay	$0 copay	$0 copay
Tier 2: Generics	$14 copay	$28 copay	$14 copay	$28 copay
Tier 3: Preferred Brands *-Select Insulins**	$47 copay *$35 copay*	$94 copay *$70 copay*	$47 copay *$35 copay*	$94 copay *$70 copay*
Tier 4: Non-Preferred Drugs	$100 copay	$200 copay	$100 copay	$200 copay
Tier 5: Specialty Drugs	33% of cost	33% of cost	33% of cost	33% of cost
Care N' Care Choice Plus (PPO)	**Retail 30-day supply**	**Retail 90-day Supply**	**Mail Order 30-day supply**	**Mail Order 90-day supply**
Tier 1: Preferred Generics	$2 copay	$4 copay	$0 copay	$0 copay
Tier 2: Generics	$12 copay	$24 copay	$12 copay	$24 copay
Tier 3: Preferred Brands *-Select Insulins**	$45 copay *$35 copay*	$90 copay *$70 copay*	$45 copay *$35 copay*	$90 copay *$70 copay*
Tier 4: Non-Preferred Drugs	$95 copay	$190 copay	$95 copay	$190 copay
Tier 5: Specialty Drugs	33% of cost	33% of cost	33% of cost	33% of cost
Care N' Care Choice Premium (PPO)	**Retail 30-day supply**	**Retail 90-day Supply**	**Mail Order 30-day supply**	**Mail Order 90-day supply**
Tier 1: Preferred Generics	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generics	$10 copay	$20 copay	$10 copay	$20 copay
Tier 3: Preferred Brands *-Select Insulins**	$40 copay *$35 copay*	$80 copay *$70 copay*	$40 copay *$35 copay*	$80 copay *$70 copay*
Tier 4: Non-Preferred Drugs	$90 copay	$180 copay	$90 copay	$180 copay
Tier 5: Specialty Drugs	33% of cost	33% of cost	33% of cost	33% of cost

***** You can identify Select Insulins by the abbreviation "SSM" found in the "Requirements/Limits" column in the Drug List starting on page 1 of this document.

For additional prescription drug benefit details, please refer to your Evidence of Coverage.

Care N' Care Classic (HMO)	**Retail 30-day supply**	**Retail 90-day Supply**	**Mail Order 30-day supply**	**Mail Order 90-day supply**
Tier 1: Preferred Generics	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generics	$12 copay	$24 copay	$12 copay	$24 copay
Tier 3: Preferred Brands *-Select Insulins**	$45 copay *$35 copay*	$90 copay *$70 copay*	$45 copay *$35 copay*	$90 copay *$70 copay*
Tier 4: Non-Preferred Drugs	$100 copay	$200 copay	$100 copay	$200 copay
Tier 5: Specialty Drugs	33% of cost	33% of cost	33% of cost	33% of cost
Southwestern Health Select (HMO)	**Retail 30-day supply**	**Retail 90-day Supply**	**Mail Order 30-day supply**	**Mail Order 90-day supply**
Tier 1: Preferred Generics	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generics	$10 copay	$20 copay	$0 copay	$0 copay
Tier 3: Preferred Brands *-Select Insulins**	$40 copay *$35 copay*	$80 copay *$70 copay*	$40 copay *$35 copay*	$80 copay *$70 copay*
Tier 4: Non-Preferred Drugs	$100 copay	$200 copay	$100 copay	$200 copay
Tier 5: Specialty Drugs	33% of cost	33% of cost	33% of cost	33% of cost

* You can identify Select Insulins by the abbreviation "SSM" found in the "Requirements/Limits" column in the Drug List starting on page 1 of this document.

For additional prescription drug benefit details, please refer to your Evidence of Coverage.

LEGEND

1: Tier 1 - Preferred Generics

2: Tier 2 - Generics

3: Tier 3 - Preferred Brands

4: Tier 4 - Non-Preferred Drugs

5: Tier 5 - Specialty

BD: Part B vs Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA: Limited Access - This prescription drug is limited to certain pharmacies.

NMO: Not available through Mail Order.

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.

SSM: Senior Savings Model program is offered for this medication at a set copay during the initial coverage phase and coverage gap. Please refer to our Evidence of Coverage for more information about this program.

Drug Name	Tier	Requirements/Limits
ANALGESICS		
ANALGESICS		
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	4	NMO; QL (180 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	4	NMO; QL (180 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	4	NMO; QL (180 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	4	NMO; QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	4	NMO; 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	GC
diclofenac sodium external gel 1 %	2	NMO
diclofenac sodium external solution 1.5 %	4	NMO
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	GC
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	2	
diflunisal oral tablet 500 mg	2	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
flurbiprofen oral tablet 100 mg	2	
IBU ORAL TABLET 600 MG, 800 MG	1	GC
ibuprofen oral suspension 100 mg/5ml	1	NMO; GC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	GC
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	GC

Drug Name	Tier	Requirements/Limits
ketoprofen er oral capsule extended release 24 hour 200 mg	4	
ketoprofen oral capsule 25 mg	2	
ketorolac tromethamine oral tablet 10 mg	2	NMO
meloxicam oral tablet 15 mg, 7.5 mg	1	GC
nabumetone oral tablet 500 mg, 750 mg	1	GC
naproxen oral suspension 125 mg/5ml	1	GC
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	GC
naproxen oral tablet delayed release 375 mg, 500 mg	1	GC
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
sulindac oral tablet 150 mg, 200 mg	1	GC
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	3	NMO; QL (4 EA per 28 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	NMO; QL (10 EA per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	4	NMO; QL (10 EA per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	4	NMO; QL (30 EA per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	2	NMO; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	2	NMO; QL (90 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	4	NMO; QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	2	NMO; QL (90 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	4	NMO; QL (60 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	3	NMO; QL (30 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine #3 oral tablet 300-30 mg	2	NMO; QL (180 EA per 30 days)

Drug Name	Tier	Requirements/Limits
acetaminophen-codeine oral solution 120-12 mg/5ml	2	NMO; QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	2	NMO; QL (180 EA per 30 days)
butorphanol tartrate nasal solution 10 mg/ml	2	NMO
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	2	NMO; QL (180 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; NMO; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; NMO; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	NMO; QL (5500 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	2	NMO; QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	2	NMO; QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	NMO; QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	4	NMO; QL (1920 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	2	NMO; QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 20 mg/ml	2	NMO; QL (600 ML per 30 days)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	2	NMO; QL (1500 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	2	NMO; QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	NMO; QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	4	NMO; QL (1080 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	NMO; QL (180 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	3	NMO; QL (1080 ML per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	3	NMO; QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	3	NMO; QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	3	NMO; QL (240 EA per 30 days)
oxymorphone hcl oral tablet 10 mg, 5 mg	4	NMO; QL (120 EA per 30 days)
tramadol hcl oral tablet 100 mg	1	NMO; GC; QL (120 EA per 30 days)
tramadol hcl oral tablet 50 mg	1	NMO; GC; QL (240 EA per 30 days)

Drug Name	Tier	Requirements/Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NMO; GC; QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine external patch 5 %	4	PA; NMO; QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	1	NMO; GC; QL (50 ML per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	1	NMO; GC
lidocaine-prilocaine external cream 2.5-2.5 %	2	NMO; 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, 500 mg	1	GC
naltrexone hcl oral tablet 50 mg	1	NMO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
OPIOID DEPENDENCE		
buprenorphine hcl sublingual tablet sublingual 2 mg	2	NMO; QL (90 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	2	NMO; QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	4	NMO
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	NMO; QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	NMO; QL (90 EA per 30 days)
OPIOID REVERSAL AGENTS		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	NMO
naloxone hcl injection solution 0.4 mg/ml	1	NMO; GC
naloxone hcl injection solution cartridge 0.4 mg/ml	1	NMO; GC
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	NMO; GC

Drug Name	Tier	Requirements/Limits
naloxone hcl nasal liquid 4 mg/0.1ml	3	NMO
NARCAN NASAL LIQUID 4 MG/0.1ML	3	NMO
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	NMO
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	NMO; GC
NICOTROL INHALATION INHALER 10 MG	4	NMO
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	NMO
varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42	3	NMO
varenicline tartrate oral tablet 0.5 mg, 1 mg	3	NMO
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate injection solution 500 mg/2ml	4	NMO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; NMO
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	NMO
gentamicin sulfate external cream 0.1 %	2	NMO
gentamicin sulfate external ointment 0.1 %	2	NMO
gentamicin sulfate injection solution 40 mg/ml	2	NMO
neomycin sulfate oral tablet 500 mg	1	NMO; GC
paromomycin sulfate oral capsule 250 mg	4	NMO
streptomycin sulfate intramuscular solution reconstituted 1 gm	3	NMO
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	NMO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO
ANTIBACTERIALS, OTHER		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	4	NMO
aztreonam injection solution reconstituted 1 gm, 2 gm	4	NMO
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	NMO; GC

Drug Name	Tier	Requirements/Limits
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	NMO
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	NMO
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	NMO
clindamycin phosphate vaginal cream 2 %	2	NMO
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	BD; NMO
daptomycin intravenous solution reconstituted 350 mg	4	NMO
daptomycin intravenous solution reconstituted 500 mg	5	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	NMO
linezolid intravenous solution 600 mg/300ml	4	NMO
linezolid oral suspension reconstituted 100 mg/5ml	5	NMO
linezolid oral tablet 600 mg	4	NMO
methenamine hippurate oral tablet 1 gm	2	NMO
metronidazole external cream 0.75 %	2	NMO
metronidazole external gel 0.75 %, 1 %	2	NMO
metronidazole external lotion 0.75 %	2	NMO
metronidazole intravenous solution 500 mg/100ml	2	NMO
metronidazole oral capsule 375 mg	2	NMO
metronidazole oral tablet 250 mg, 500 mg	2	NMO
metronidazole vaginal gel 0.75 %	2	NMO
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	2	NMO
nitrofurantoin monohyd macro oral capsule 100 mg	2	NMO
nitrofurantoin oral suspension 25 mg/5ml	4	NMO
polymyxin b sulfate injection solution reconstituted 500000 unit	2	NMO
tigecycline intravenous solution reconstituted 50 mg	5	BD; NMO
tinidazole oral tablet 250 mg, 500 mg	4	NMO
trimethoprim oral tablet 100 mg	1	NMO; GC

Drug Name	Tier	Requirements/Limits
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	4	NMO
vancomycin hcl oral capsule 125 mg, 250 mg	4	NMO
vancomycin hcl oral solution reconstituted 250 mg/5ml	4	NMO
XIFAXAN ORAL TABLET 200 MG	4	NMO
XIFAXAN ORAL TABLET 550 MG	4	
BETA-LACTAM, CEPHALOSPORINS		
cefaclor er oral tablet extended release 12 hour 500 mg	3	NMO
cefaclor oral capsule 250 mg, 500 mg	2	NMO
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	2	NMO
cefadroxil oral capsule 500 mg	1	NMO; GC
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	NMO
cefadroxil oral tablet 1 gm	2	NMO
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	4	NMO
cefdinir oral capsule 300 mg	2	NMO
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
cefepime hcl injection solution reconstituted 1 gm, 2 gm	4	NMO
cefixime oral capsule 400 mg	4	NMO
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4	NMO
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	NMO
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	NMO
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	4	NMO
cefpodoxime proxetil oral tablet 100 mg, 200 mg	4	NMO
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
cefprozil oral tablet 250 mg, 500 mg	2	NMO
ceftazidime injection solution reconstituted 1 gm, 6 gm	4	NMO

Drug Name	Tier	Requirements/Limits
ceftazidime intravenous solution reconstituted 2 gm	4	NMO
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4	NMO
ceftriaxone sodium intravenous solution reconstituted 10 gm	4	NMO
cefuroxime axetil oral tablet 250 mg, 500 mg	2	NMO
cefuroxime sodium injection solution reconstituted 750 mg	4	NMO
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4	NMO
cephalexin oral capsule 250 mg, 500 mg	1	NMO; GC
cephalexin oral capsule 750 mg	2	NMO
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
cephalexin oral tablet 250 mg, 500 mg	1	NMO; GC
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	NMO
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	4	NMO
BETA-LACTAM, PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	NMO; GC
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	NMO; GC
amoxicillin oral tablet 500 mg, 875 mg	1	NMO; GC
amoxicillin oral tablet chewable 125 mg, 250 mg	1	NMO; GC
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	3	NMO
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	NMO
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	NMO
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	NMO
ampicillin oral capsule 500 mg	1	NMO; GC

Drug Name	Tier	Requirements/Limits
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	4	NMO
ampicillin sodium intravenous solution reconstituted 10 gm	4	NMO
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	NMO
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	4	NMO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	NMO
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	3	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	3	NMO
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	NMO
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	NMO
nafcillin sodium intravenous solution reconstituted 10 gm	4	NMO
oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml	4	NMO
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	NMO
oxacillin sodium intravenous solution reconstituted 10 gm	4	NMO
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	4	NMO
penicillin g potassium injection solution reconstituted 20000000 unit	4	NMO
penicillin g procaine intramuscular suspension 600000 unit/ml	4	NMO
penicillin g sodium injection solution reconstituted 5000000 unit	4	NMO
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
penicillin v potassium oral tablet 250 mg, 500 mg	1	NMO; GC

Drug Name	Tier	Requirements/Limits
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	NMO
CARBAPENEMS		
ertapenem sodium injection solution reconstituted 1 gm	4	NMO
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	4	NMO
meropenem intravenous solution reconstituted 1 gm, 500 mg	4	NMO
MACROLIDES		
azithromycin intravenous solution reconstituted 500 mg	2	NMO
azithromycin oral packet 1 gm	2	NMO
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	NMO
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	1	NMO; GC
azithromycin oral tablet 600 mg	2	NMO
clarithromycin er oral tablet extended release 24 hour 500 mg	2	NMO
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
clarithromycin oral tablet 250 mg, 500 mg	2	NMO
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	NMO
DIFICID ORAL TABLET 200 MG	5	NMO
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	3	NMO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	NMO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	NMO
erythromycin base oral capsule delayed release particles 250 mg	4	NMO
erythromycin base oral tablet 250 mg, 500 mg	4	NMO
erythromycin base oral tablet delayed release 500 mg	4	NMO

Drug Name	Tier	Requirements/Limits
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	2	NMO
erythromycin ethylsuccinate oral tablet 400 mg	2	NMO
erythromycin oral tablet delayed release 250 mg, 333 mg	4	NMO
QUINOLONES		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	NMO
ciprofloxacin hcl ophthalmic solution 0.3 %	1	NMO; GC
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	NMO; GC
ciprofloxacin in d5w intravenous solution 200 mg/100ml	4	NMO
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	4	NMO
levofloxacin intravenous solution 25 mg/ml	4	NMO
levofloxacin oral solution 25 mg/ml	4	NMO
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	NMO; GC
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	4	NMO
moxifloxacin hcl oral tablet 400 mg	3	NMO
ofloxacin oral tablet 300 mg, 400 mg	3	NMO
SULFONAMIDES		
sulfacetamide sodium (acne) external lotion 10 %	2	NMO
sulfadiazine oral tablet 500 mg	2	NMO
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	NMO
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	NMO; GC
TETRACYCLINES		
demeclocycline hcl oral tablet 150 mg, 300 mg	4	NMO
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	NMO
doxycycline hyclate oral capsule 100 mg, 50 mg	2	NMO
doxycycline hyclate oral tablet 100 mg, 20 mg	2	NMO
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	4	NMO

Drug Name	Tier	Requirements/Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	NMO; GC
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	NMO
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	NMO
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	NMO; GC
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	2	NMO
tetracycline hcl oral capsule 250 mg, 500 mg	4	NMO
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	4	NMO
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
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	5	NMO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	NMO
FYCOMPA ORAL TABLET 2 MG	4	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	
lamotrigine oral kit 25 & 50 & 100 mg	4	NMO
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	GC
lamotrigine oral tablet chewable 25 mg, 5 mg	1	GC
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	4	
lamotrigine starter kit-blue oral kit 35 x 25 mg	4	NMO
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	4	NMO

Drug Name	Tier	Requirements/Limits
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	4	NMO
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	GC
phenobarbital oral elixir 20 mg/5ml	1	GC
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	2	
primidone oral tablet 250 mg, 50 mg	1	GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
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	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
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	NMO
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	3	
ethosuximide oral capsule 250 mg	1	GC
ethosuximide oral solution 250 mg/5ml	1	GC
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)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	NMO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	NMO
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	NMO

Drug Name	Tier	Requirements/Limits
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	GC
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	NMO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NMO; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	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	NMO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	NMO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	NMO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	NMO
vigabatrin oral packet 500 mg	5	PA; LA; NMO
vigabatrin oral tablet 500 mg	5	PA; NMO
VIGADRONE ORAL PACKET 500 MG	5	PA; NMO
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	NMO
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	GC
DILANTIN ORAL CAPSULE 30 MG	2	
EPITOL ORAL TABLET 200 MG	2	
lacosamide oral solution 10 mg/ml	4	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	4	
oxcarbazepine oral suspension 300 mg/5ml	1	GC
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	GC
phenytoin oral suspension 125 mg/5ml	1	GC

Drug Name	Tier	Requirements/Limits
phenytoin oral tablet chewable 50 mg	1	GC
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	GC
rufinamide oral suspension 40 mg/ml	5	NMO
rufinamide oral tablet 200 mg, 400 mg	5	NMO
VIMPAT ORAL SOLUTION 10 MG/ML	4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ergoloid mesylates oral tablet 1 mg	2	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl oral tablet 10 mg, 5 mg	2	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	NMO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	3	NMO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
CHOLINESTERASE INHIBITORS		
donepezil hcl oral tablet 10 mg, 5 mg	1	GC
donepezil hcl oral tablet 23 mg	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	GC
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	
galantamine hydrobromide oral solution 4 mg/ml	3	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
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		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	GC

Drug Name	Tier	Requirements/Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	GC
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	3	
bupropion hcl oral tablet 100 mg, 75 mg	1	GC
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	2	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	GC
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	4	QL (30 EA per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	4	
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NMO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
phenelzine sulfate oral tablet 15 mg	2	
tranylcypromine sulfate oral tablet 10 mg	2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide oral capsule 30 mg	2	
citalopram hydrobromide oral solution 10 mg/5ml	2	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	GC
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	3	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	QL (60 EA per 30 days)

Drug Name	Tier	Requirements/Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	2	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	GC
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	NMO
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	GC
fluoxetine hcl oral solution 20 mg/5ml	2	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	2	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	4	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	GC
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	3	
paroxetine hcl oral suspension 10 mg/5ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	GC
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
sertraline hcl oral capsule 150 mg, 200 mg	2	
sertraline hcl oral concentrate 20 mg/ml	1	GC
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	GC
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	GC
trazodone hcl oral tablet 300 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	GC
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	2	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	GC

Drug Name	Tier	Requirements/Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	NMO
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	3	
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	3	
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	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	GC
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		
COMPRO RECTAL SUPPOSITORY 25 MG	4	NMO
meclizine hcl oral tablet 12.5 mg, 25 mg	2	NMO
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	GC
prochlorperazine rectal suppository 25 mg	2	NMO
promethazine hcl oral syrup 6.25 mg/5ml	2	NMO
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	2	NMO
promethazine hcl rectal suppository 12.5 mg, 25 mg	4	NMO

Drug Name	Tier	Requirements/Limits
scopolamine transdermal patch 72 hour 1 mg/3days	4	NMO
trimethobenzamide hcl oral capsule 300 mg	2	NMO
EMETOGENIC THERAPY ADJUNCTS		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	4	BD; NMO
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	PA; NMO; QL (60 EA per 30 days)
granisetron hcl oral tablet 1 mg	2	BD; NMO; QL (60 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml	2	BD; NMO
ondansetron hcl oral tablet 4 mg, 8 mg	1	BD; NMO; GC
ondansetron oral tablet dispersible 4 mg, 8 mg	2	BD; NMO
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	4	BD; NMO
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD; NMO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	BD; NMO
amphotericin b intravenous solution reconstituted 50 mg	4	BD; NMO
caspofungin acetate intravenous solution reconstituted 50 mg	5	BD; NMO
caspofungin acetate intravenous solution reconstituted 70 mg	4	BD; NMO
ciclopirox olamine external cream 0.77 %	2	NMO
ciclopirox olamine external suspension 0.77 %	2	NMO
clotrimazole external cream 1 %	1	NMO; GC
clotrimazole external solution 1 %	1	NMO; GC
clotrimazole mouth/throat troche 10 mg	2	NMO
econazole nitrate external cream 1 %	2	NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	4	NMO
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	NMO

Drug Name	Tier	Requirements/Limits
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	NMO
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	NMO
flucytosine oral capsule 250 mg, 500 mg	5	NMO
griseofulvin microsize oral suspension 125 mg/5ml	2	NMO
griseofulvin microsize oral tablet 500 mg	2	NMO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	NMO
itraconazole oral capsule 100 mg	4	PA; NMO
itraconazole oral solution 10 mg/ml	4	PA; NMO
JUBLIA EXTERNAL SOLUTION 10 %	4	NMO
ketoconazole external cream 2 %	2	NMO
ketoconazole external shampoo 2 %	1	NMO; GC
ketoconazole oral tablet 200 mg	1	NMO; GC
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	5	NMO
miconazole 3 vaginal suppository 200 mg	1	NMO; GC
naftifine hcl external cream 1 %, 2 %	4	NMO
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	NMO; GC
nystatin external cream 100000 unit/gm	1	NMO; GC
nystatin external ointment 100000 unit/gm	1	NMO; GC
nystatin external powder 100000 unit/gm	1	NMO; GC
nystatin mouth/throat suspension 100000 unit/ml	1	NMO; GC
nystatin oral tablet 500000 unit	2	NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	NMO; GC
oxiconazole nitrate external cream 1 %	4	NMO
posaconazole oral tablet delayed release 100 mg	4	
terbinafine hcl oral tablet 250 mg	1	NMO; GC
terconazole vaginal cream 0.4 %, 0.8 %	2	NMO
terconazole vaginal suppository 80 mg	2	NMO
voriconazole intravenous solution reconstituted 200 mg	5	PA; NMO

Drug Name	Tier	Requirements/Limits
voriconazole oral suspension reconstituted 40 mg/ml	5	NMO
voriconazole oral tablet 200 mg, 50 mg	4	NMO
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	1	GC
colchicine oral capsule 0.6 mg	2	NMO
colchicine oral tablet 0.6 mg	2	NMO
colchicine-probenecid oral tablet 0.5-500 mg	2	
febuxostat oral tablet 40 mg, 80 mg	3	
probenecid oral tablet 500 mg	2	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
dihydroergotamine mesylate nasal solution 4 mg/ml	5	NMO; QL (8 ML per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	3	NMO
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	GC
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	3	
topiramate oral capsule sprinkle 15 mg, 25 mg	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	GC
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	NMO
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; NMO; QL (16 EA per 30 days)

Drug Name	Tier	Requirements/Limits
SEROTONIN (5-HT) RECEPTOR AGONIST		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	4	NMO; QL (12 EA per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	4	NMO; QL (12 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	NMO; QL (12 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	NMO; QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	NMO; QL (12 EA per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	NMO; QL (18 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	NMO; GC; QL (12 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	2	NMO; QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	NMO; QL (8 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	2	NMO; QL (4.5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	2	NMO; QL (10 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	NMO; QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	NMO; QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide er oral tablet extended release 180 mg	2	NMO
pyridostigmine bromide oral solution 60 mg/5ml	2	NMO
pyridostigmine bromide oral tablet 30 mg, 60 mg	2	NMO
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone oral tablet 100 mg, 25 mg	2	
PRIFTIN ORAL TABLET 150 MG	4	NMO
rifabutin oral capsule 150 mg	3	NMO
ANTITUBERCULARS		
ethambutol hcl oral tablet 100 mg, 400 mg	2	NMO
isoniazid oral syrup 50 mg/5ml	1	GC
isoniazid oral tablet 100 mg, 300 mg	1	GC
PASER ORAL PACKET 4 GM	4	NMO

Drug Name	Tier	Requirements/Limits
pyrazinamide oral tablet 500 mg	2	NMO
rifampin intravenous solution reconstituted 600 mg	4	NMO
rifampin oral capsule 150 mg, 300 mg	2	NMO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	NMO
TRECATOR ORAL TABLET 250 MG	4	NMO
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide oral capsule 25 mg, 50 mg	3	BD; NMO
cyclophosphamide oral tablet 25 mg, 50 mg	3	BD; NMO
LEUKERAN ORAL TABLET 2 MG	3	NMO
MATULANE ORAL CAPSULE 50 MG	5	NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; NMO
ANTIANDROGENS		
abiraterone acetate oral tablet 250 mg, 500 mg	5	PA; NMO; QL (120 EA per 30 days)
bicalutamide oral tablet 50 mg	1	NMO; GC; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	3	NMO
nilutamide oral tablet 150 mg	5	NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA; 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 (60 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, 25 mg, 5 mg	5	PA; NMO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA; NMO

Drug Name	Tier	Requirements/Limits
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; NMO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
WELIREG ORAL TABLET 40 MG	5	PA; NMO
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE 140 MG	3	NMO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	
tamoxifen citrate oral tablet 10 mg, 20 mg	1	GC
toremifene citrate oral tablet 60 mg	5	NMO; QL (30 EA per 30 days)
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
hydroxyurea oral capsule 500 mg	1	NMO; GC
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO
mercaptopurine oral tablet 50 mg	2	NMO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	3	NMO
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)
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
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	NMO; GC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NMO
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA; NMO
MESNEX ORAL TABLET 400 MG	5	NMO

Drug Name	Tier	Requirements/Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO
SCEMBLIX ORAL TABLET 20 MG	5	PA; NMO; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; NMO; QL (300 EA per 30 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA; NMO; QL (30 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD; NMO
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
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	GC
exemestane oral tablet 25 mg	2	QL (60 EA per 30 days)
letrozole oral tablet 2.5 mg	1	GC
MOLECULAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	5	PA; NMO; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	PA; NMO; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
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)
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, 4 MG, 5 MG	5	PA; NMO
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; LA; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NMO; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; 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 (60 EA per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (120 EA per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (90 EA per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; LA; NMO
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NMO

Drug Name	Tier	Requirements/Limits
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)
EXKIVITY ORAL CAPSULE 40 MG	5	PA; NMO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO
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 (180 EA per 30 days)
imatinib mesylate oral tablet 400 mg	5	PA; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; NMO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NMO
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
IRESSA ORAL TABLET 250 MG	5	PA; NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)

Drug Name	Tier	Requirements/Limits
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, 25 MG	5	PA; NMO
lapatinib ditosylate oral tablet 250 mg	5	PA; NMO; QL (150 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
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 (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; LA; NMO; QL (240 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; NMO
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; NMO

Drug Name	Tier	Requirements/Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO
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 (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; NMO
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)
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
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA; NMO
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; LA; NMO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; NMO; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
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
TIBSOVO ORAL TABLET 250 MG	5	PA; LA; NMO; QL (60 EA per 30 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA; NMO
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA; NMO
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; NMO
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; NMO
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA; NMO; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; LA; NMO
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; LA; NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; NMO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; NMO
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO
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
VOTRIENT ORAL TABLET 200 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)
XOSPATA ORAL TABLET 40 MG	5	PA; LA; NMO
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; NMO; QL (240 EA per 30 days)

Drug Name	Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO
RETINOIDS		
bexarotene external gel 1 %	5	PA; NMO
bexarotene oral capsule 75 mg	5	PA; NMO
PANRETIN EXTERNAL GEL 0.1 %	5	PA; NMO
TARGRETIN EXTERNAL GEL 1 %	5	PA; NMO
tretinoin oral capsule 10 mg	5	NMO
ANTIPARASITICS		
ANTHELMINTICS		
albendazole oral tablet 200 mg	4	NMO
EMVERM ORAL TABLET CHEWABLE 100 MG	3	NMO
ivermectin oral tablet 3 mg	2	PA; NMO
praziquantel oral tablet 600 mg	4	NMO
ANTIPROTOZOALS		
atovaquone oral suspension 750 mg/5ml	5	NMO
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	NMO
benznidazole oral tablet 100 mg, 12.5 mg	4	NMO
chloroquine phosphate oral tablet 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	NMO
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	2	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	NMO
mefloquine hcl oral tablet 250 mg	2	
nitazoxanide oral tablet 500 mg	4	NMO; QL (6 EA per 30 days)
pentamidine isethionate inhalation solution reconstituted 300 mg	4	BD; NMO
pentamidine isethionate injection solution reconstituted 300 mg	4	NMO
primaquine phosphate oral tablet 26.3 (15 base) mg	4	NMO
pyrimethamine oral tablet 25 mg	5	NMO
quinine sulfate oral capsule 324 mg	4	NMO

Drug Name	Tier	Requirements/Limits
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	GC
trihexyphenidyl hcl oral solution 0.4 mg/ml	2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	
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	
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	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	4	QL (60 EA per 30 days)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	QL (30 EA per 30 days)
DOPAMINE AGONISTS		
bromocriptine mesylate oral capsule 5 mg	2	
bromocriptine mesylate oral tablet 2.5 mg	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO; QL (150 EA per 30 days)
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 er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	GC
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	GC
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		

Drug Name	Tier	Requirements/Limits
carbidopa oral tablet 25 mg	4	
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	1	GC
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	2	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO; QL (300 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	3	
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	2	
chlorpromazine hcl oral tablet 10 mg, 25 mg	2	BD
chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg	2	
fluphenazine decanoate injection solution 25 mg/ml	2	NMO
fluphenazine hcl injection solution 2.5 mg/ml	2	NMO
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	1	GC
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	2	NMO
haloperidol lactate injection solution 5 mg/ml	2	NMO
haloperidol lactate oral concentrate 2 mg/ml	1	GC
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	GC
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	

Drug Name	Tier	Requirements/Limits
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	
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	2	
2ND GENERATION/ATYPICAL		
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	2	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	5	NMO; QL (60 EA per 30 days)
asenapine maleate sublingual tablet sublingual 10 mg	4	
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	5	NMO
CAPLYTA ORAL CAPSULE 42 MG	5	NMO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	NMO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	NMO
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	NMO
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	NMO

Drug Name	Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	NMO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NMO
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA; LA; NMO
olanzapine intramuscular solution reconstituted 10 mg	4	NMO
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 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)
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NMO
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	GC
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	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NMO
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	GC
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	

Drug Name	Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	NMO
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	NMO
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	NMO
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	4	NMO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	NMO
TREATMENT-RESISTANT		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	NMO
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg	4	NMO
clozapine oral tablet dispersible 200 mg	5	NMO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NMO
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	NMO; GC
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	4	NMO
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	3	NMO
tizanidine hcl oral tablet 2 mg, 4 mg	1	NMO; GC
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NMO
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (30 EA per 30 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	4	
valganciclovir hcl oral tablet 450 mg	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NMO
ANTI-HEPATITIS B (HBV) AGENTS		

Drug Name	Tier	Requirements/Limits
adefovir dipivoxil oral tablet 10 mg	5	NMO; 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)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
lamivudine oral tablet 100 mg	2	QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	NMO
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	NMO
ribavirin oral tablet 200 mg	3	NMO
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	NMO; GC
acyclovir oral suspension 200 mg/5ml	1	NMO; GC
acyclovir oral tablet 400 mg, 800 mg	1	NMO; GC
acyclovir sodium intravenous solution 50 mg/ml	1	BD; NMO; GC
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	NMO
trifluridine ophthalmic solution 1 %	2	NMO
valacyclovir hcl oral tablet 1 gm, 500 mg	2	NMO
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 (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NMO; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 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)

Drug Name	Tier	Requirements/Limits
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 capsule 200 mg	4	QL (120 EA per 30 days)
efavirenz oral capsule 50 mg	4	QL (360 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 100 mg	4	QL (90 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	3	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)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate oral solution 20 mg/ml	2	QL (960 ML per 30 days)
abacavir sulfate oral tablet 300 mg	2	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 200-25 MG	5	NMO; QL (30 EA per 30 days)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	5	NMO; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
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, 200-300 mg	5	NMO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (720 ML per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
lamivudine oral solution 10 mg/ml	2	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	2	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	2	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 (1800 ML per 30 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)
maraviroc oral tablet 150 mg	3	QL (240 EA per 30 days)
maraviroc oral tablet 300 mg	3	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	3	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	3	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	QL (60 EA per 30 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	4	QL (30 EA per 30 days)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		

Drug Name	Tier	Requirements/Limits
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)
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)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575 ML per 28 days)
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	QL (400 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	3	QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	3	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML 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 600 MG	5	NMO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	NMO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	NMO; QL (180 EA per 30 days)
ritonavir oral tablet 100 mg	4	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		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	NMO
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	3	NMO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	NMO
rimantadine hcl oral tablet 100 mg	2	NMO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	NMO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	NMO
ANXIOLYTICS		
ANXIOLYTICS, OTHER		

Drug Name	Tier	Requirements/Limits
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	NMO; GC
hydroxyzine hcl oral syrup 10 mg/5ml	2	NMO
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	NMO
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	NMO
oxazepam oral capsule 10 mg, 15 mg, 30 mg	2	NMO; QL (120 EA per 30 days)
triazolam oral tablet 0.125 mg	3	NMO; QL (30 EA per 30 days)
triazolam oral tablet 0.25 mg	3	NMO; QL (60 EA per 30 days)
BENZODIAZEPINES		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	2	NMO; QL (90 EA per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	NMO; QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	2	NMO; QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	NMO; QL (120 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	NMO; QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	2	NMO; QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	NMO; QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	2	NMO; QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	NMO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	NMO; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	2	NMO; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg	2	NMO; QL (120 EA per 30 days)
diazepam oral tablet 2 mg	2	NMO; QL (600 EA per 30 days)
diazepam oral tablet 5 mg	2	NMO; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	NMO; QL (240 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	NMO; GC; QL (150 EA per 30 days)
BIPOLAR AGENTS		
MOOD STABILIZERS		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	

Drug Name	Tier	Requirements/Limits
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	GC
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	GC
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	GC
lithium carbonate oral tablet 300 mg	1	GC
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	GC
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	GC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	GC
glipizide oral tablet 10 mg, 5 mg	1	GC
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	GC
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	2	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	2	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	2	
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	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	GC
metformin hcl oral solution 500 mg/5ml	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	GC
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	GC
nateglinide oral tablet 120 mg, 60 mg	1	GC
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	GC
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	2	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	GC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	
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	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	SSM
GLYCEMIC AGENTS		

Drug Name	Tier	Requirements/Limits
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	NMO
diazoxide oral suspension 50 mg/ml	4	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	NMO
glucagon emergency injection kit 1 mg	3	NMO
KORLYM ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
INSULINS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	NMO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	NMO
cvs gauze sterile pad 2"x2"	3	NMO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	NMO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
FIASP INJECTION SOLUTION 100 UNIT/ML	3	SSM
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	3	SSM
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	3	SSM
insulin aspart injection solution 100 unit/ml	3	SSM
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	3	SSM
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	3	SSM
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM

Drug Name	Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM
preferred plus insulin syringe 28g x 1/2" 0.5 ml	3	NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	NMO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	SSM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	SSM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	SSM
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	SSM
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		

Drug Name	Tier	Requirements/Limits
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	NMO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	NMO
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	NMO
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	NMO
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3	NMO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
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	GC
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	NMO
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	GC
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)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (30 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; NMO; QL (56 EA per 28 days)

Drug Name	Tier	Requirements/Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; NMO; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; NMO; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; NMO
tranexamic acid oral tablet 650 mg	2	NMO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	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	1	GC
clopidogrel bisulfate oral tablet 75 mg	1	GC
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	GC
prasugrel hcl oral tablet 10 mg, 5 mg	3	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	GC
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	5	PA; NMO
guanfacine hcl oral tablet 1 mg, 2 mg	1	GC
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	NMO
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	GC
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	GC
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	GC

Drug Name	Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	GC
EDARBI ORAL TABLET 40 MG, 80 MG	4	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	GC
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	GC
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	GC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	GC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	GC
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	GC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	GC
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	GC
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	GC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	GC
moexipril hcl oral tablet 15 mg, 7.5 mg	1	GC
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	GC
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	GC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	GC
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	GC
ANTIARRHYTHMICS		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	GC
disopyramide phosphate oral capsule 100 mg, 150 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	

Drug Name	Tier	Requirements/Limits
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	GC
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	GC
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine gluconate er oral tablet extended release 324 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	1	GC
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	GC
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	GC
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl oral capsule 200 mg, 400 mg	1	GC
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	GC
betaxolol hcl oral tablet 10 mg, 20 mg	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	GC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	GC
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	GC
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	GC
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
pindolol oral tablet 10 mg, 5 mg	2	

Drug Name	Tier	Requirements/Limits
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	1	GC
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1	GC
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	GC
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	GC
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	GC
isradipine oral capsule 2.5 mg, 5 mg	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
nicardipine hcl oral capsule 20 mg, 30 mg	1	GC
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	GC
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	GC
nimodipine oral capsule 30 mg	4	NMO
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	GC
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	GC
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	GC

Drug Name	Tier	Requirements/Limits
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	GC
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	GC
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
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	GC
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	GC
CARDIOVASCULAR AGENTS, OTHER		
aliskiren fumarate oral tablet 150 mg, 300 mg	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	GC
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	GC
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	GC
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	2	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	GC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	GC
BIDIL ORAL TABLET 20-37.5 MG	3	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	GC

Drug Name	Tier	Requirements/Limits
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	GC
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
DEMSER ORAL CAPSULE 250 MG	5	NMO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	GC
digoxin oral solution 0.05 mg/ml	1	GC
digoxin oral tablet 125 mcg, 250 mcg	1	GC
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	GC
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	GC
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	3	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	GC
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	GC
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	
metyrosine oral capsule 250 mg	5	NMO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	GC
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	2	
pentoxifylline er oral tablet extended release 400 mg	1	GC
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	GC
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	
spironolactone-hctz oral tablet 25-25 mg	1	GC

Drug Name	Tier	Requirements/Limits
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	2	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
triamterene-hctz oral capsule 37.5-25 mg	1	GC
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	GC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
DIURETICS, LOOP		
bumetanide injection solution 0.25 mg/ml	2	NMO
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
ethacrynic acid oral tablet 25 mg	4	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	1	NMO; GC
furosemide oral solution 10 mg/ml, 8 mg/ml	1	GC
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	GC
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	GC
DIURETICS, POTASSIUM-SPARING		
amiloride hcl oral tablet 5 mg	1	GC
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	GC
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	GC
hydrochlorothiazide oral capsule 12.5 mg	1	GC
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	GC
indapamide oral tablet 1.25 mg, 2.5 mg	1	GC
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	GC
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 50 mg	2	

Drug Name	Tier	Requirements/Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	
gemfibrozil oral tablet 600 mg	1	GC
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	GC
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	2	
fluvastatin sodium oral capsule 20 mg, 40 mg	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	GC
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	GC
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	GC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	GC
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	
DYSLIPIDEMICS, OTHER		
cholestyramine light oral packet 4 gm	2	
cholestyramine oral packet 4 gm	2	
colesevelam hcl oral packet 3.75 gm	3	
colesevelam hcl oral tablet 625 mg	3	
colestipol hcl oral packet 5 gm	2	
colestipol hcl oral tablet 1 gm	2	
ezetimibe oral tablet 10 mg	2	
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	
icosapent ethyl oral capsule 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	

Drug Name	Tier	Requirements/Limits
omega-3-acid ethyl esters oral capsule 1 gm	2	
PREVALITE ORAL PACKET 4 GM	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	GC
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	GC
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	GC
minoxidil oral tablet 10 mg, 2.5 mg	1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	GC
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	GC
nitroglycerin translingual solution 0.4 mg/spray	4	
RECTIV RECTAL OINTMENT 0.4 %	4	NMO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	QL (30 EA per 30 days)
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)

Drug Name	Tier	Requirements/Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 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 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)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	4	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	4	QL (120 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	4	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	2	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	4	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	3	
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	

Drug Name	Tier	Requirements/Limits
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	3	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	4	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
FIRDAPSE ORAL TABLET 10 MG	5	PA; NMO
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
riluzole oral tablet 50 mg	4	
tetrabenazine oral tablet 12.5 mg	5	PA; NMO; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; NMO; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	NMO
FIBROMYALGIA AGENTS		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	2	QL (120 EA per 30 days)
pregabalin oral capsule 300 mg	2	QL (60 EA per 30 days)
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	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	NMO
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
dalfampridine er oral tablet extended release 12 hour 10 mg	5	PA; NMO; QL (60 EA per 30 days)

Drug Name	Tier	Requirements/Limits
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	5	PA; NMO
dimethyl fumarate starter pack oral 120 & 240 mg	5	PA; NMO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NMO
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	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 0.25 MG	4	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NMO
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NMO
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
cevimeline hcl oral capsule 30 mg	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	NMO; GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	NMO; GC
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	
triamcinolone acetonide mouth/throat paste 0.1 %	2	NMO
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	NMO
adapalene external cream 0.1 %	4	NMO
adapalene external gel 0.3 %	4	NMO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	NMO
azelaic acid external gel 15 %	4	NMO
benzoyl peroxide-erythromycin external gel 5-3 %	2	NMO

Drug Name	Tier	Requirements/Limits
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
clindamycin phos-benzoyl perox external gel 1.2-5 %	4	NMO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	NMO
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
tazarotene external cream 0.1 %	4	NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	NMO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	NMO
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	3	NMO
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	4	NMO
tretinoin microsphere external gel 0.04 %, 0.1 %	4	NMO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
DERMATITIS AND PRURITUS AGENTS		
alclometasone dipropionate external cream 0.05 %	1	NMO; GC
alclometasone dipropionate external ointment 0.05 %	1	NMO; GC
amcinonide external cream 0.1 %	4	NMO
amcinonide external lotion 0.1 %	4	NMO
amcinonide external ointment 0.1 %	4	NMO
ammonium lactate external cream 12 %	1	NMO; GC
ammonium lactate external lotion 12 %	1	NMO; GC
betamethasone dipropionate aug external cream 0.05 %	2	NMO
betamethasone dipropionate aug external gel 0.05 %	2	NMO
betamethasone dipropionate aug external lotion 0.05 %	2	NMO
betamethasone dipropionate aug external ointment 0.05 %	2	NMO
betamethasone dipropionate external cream 0.05 %	2	NMO
betamethasone dipropionate external lotion 0.05 %	2	NMO

Drug Name	Tier	Requirements/Limits
betamethasone dipropionate external ointment 0.05 %	2	NMO
betamethasone valerate external cream 0.1 %	2	NMO
betamethasone valerate external foam 0.12 %	4	NMO
betamethasone valerate external lotion 0.1 %	2	NMO
betamethasone valerate external ointment 0.1 %	2	NMO
calcipotriene-betameth diprop external ointment 0.005-0.064 %	4	NMO; QL (400 GM per 30 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	4	NMO; QL (400 GM per 30 days)
clobetasol propionate e external cream 0.05 %	4	NMO
clobetasol propionate emulsion external foam 0.05 %	4	NMO
clobetasol propionate external cream 0.05 %	4	NMO
clobetasol propionate external foam 0.05 %	4	NMO
clobetasol propionate external gel 0.05 %	4	NMO
clobetasol propionate external liquid 0.05 %	4	NMO
clobetasol propionate external lotion 0.05 %	4	NMO
clobetasol propionate external ointment 0.05 %	4	NMO
clobetasol propionate external shampoo 0.05 %	4	NMO
clobetasol propionate external solution 0.05 %	4	NMO
desonide external cream 0.05 %	4	NMO
desonide external lotion 0.05 %	4	NMO
desonide external ointment 0.05 %	2	NMO
desoximetasone external cream 0.05 %, 0.25 %	4	NMO
desoximetasone external gel 0.05 %	4	NMO
desoximetasone external liquid 0.25 %	4	NMO
desoximetasone external ointment 0.05 %, 0.25 %	4	NMO
EUCRISA EXTERNAL OINTMENT 2 %	4	NMO; QL (100 GM per 30 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	NMO
fluocinolone acetonide external ointment 0.025 %	2	NMO
fluocinolone acetonide external solution 0.01 %	4	NMO
fluocinolone acetonide scalp external oil 0.01 %	4	NMO
fluocinonide emulsified base external cream 0.05 %	2	NMO
fluocinonide external cream 0.05 %, 0.1 %	4	NMO

Drug Name	Tier	Requirements/Limits
fluocinonide external gel 0.05 %	2	NMO
fluocinonide external ointment 0.05 %	2	NMO
fluocinonide external solution 0.05 %	2	NMO
fluticasone propionate external cream 0.05 %	1	NMO; GC
fluticasone propionate external lotion 0.05 %	1	NMO; GC
fluticasone propionate external ointment 0.005 %	1	NMO; GC
halcinonide external cream 0.1 %	4	NMO
halobetasol propionate external cream 0.05 %	2	NMO
halobetasol propionate external ointment 0.05 %	2	NMO
hydrocortisone (perianal) external cream 2.5 %	1	NMO; GC
hydrocortisone butyrate external lotion 0.1 %	3	NMO
hydrocortisone butyrate external ointment 0.1 %	3	NMO
hydrocortisone butyrate external solution 0.1 %	2	NMO
hydrocortisone external cream 1 %	1	NMO; GC
hydrocortisone external lotion 2.5 %	1	NMO; GC
hydrocortisone external ointment 1 %, 2.5 %	1	NMO; GC
hydrocortisone valerate external cream 0.2 %	3	NMO
hydrocortisone valerate external ointment 0.2 %	3	NMO
mometasone furoate external cream 0.1 %	2	NMO
mometasone furoate external ointment 0.1 %	2	NMO
mometasone furoate external solution 0.1 %	2	NMO
pimecrolimus external cream 1 %	4	NMO
prednicarbate external ointment 0.1 %	4	NMO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTO-PAK EXTERNAL CREAM 1 %	2	NMO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	NMO
selenium sulfide external lotion 2.5 %	1	NMO; GC
tacrolimus external ointment 0.03 %, 0.1 %	2	NMO
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	NMO; GC
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	NMO
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	NMO; GC

Drug Name	Tier	Requirements/Limits
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene external cream 0.005 %	4	NMO; QL (120 GM per 30 days)
calcipotriene external ointment 0.005 %	4	NMO; QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	4	NMO; QL (60 ML per 30 days)
calcitriol external ointment 3 mcg/gm	2	NMO
clotrimazole-betamethasone external cream 1-0.05 %	2	NMO
clotrimazole-betamethasone external lotion 1-0.05 %	4	NMO
CONDYLOX EXTERNAL GEL 0.5 %	4	NMO
diclofenac sodium external gel 3 %	4	PA; NMO
fluorouracil external cream 5 %	3	NMO
fluorouracil external solution 2 %, 5 %	2	NMO
global alcohol prep ease pad 70 %	3	NMO
hydrocortisone ace-pramoxine external cream 1-1 %	2	NMO
imiquimod external cream 5 %	3	NMO
methoxsalen rapid oral capsule 10 mg	5	NMO
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	NMO
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	NMO
podofilox external solution 0.5 %	2	NMO
REGRANEX EXTERNAL GEL 0.01 %	5	NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NMO
silver sulfadiazine external cream 1 %	1	NMO; GC
SSD EXTERNAL CREAM 1 %	1	NMO; GC
PEDICULICIDES/SCABICIDES		
malathion external lotion 0.5 %	2	NMO
permethrin external cream 5 %	2	NMO
TOPICAL ANTI-INFECTIVES		
acyclovir external cream 5 %	4	NMO
acyclovir external ointment 5 %	4	NMO
ciclopirox external gel 0.77 %	2	NMO
ciclopirox external shampoo 1 %	2	NMO

Drug Name	Tier	Requirements/Limits
ciclopirox external solution 8 %	2	NMO
clindamycin phosphate external foam 1 %	4	NMO
clindamycin phosphate external gel 1 %	2	NMO
clindamycin phosphate external lotion 1 %	2	NMO
clindamycin phosphate external solution 1 %	2	NMO
clindamycin phosphate external swab 1 %	2	NMO
ery external pad 2 %	1	NMO; GC
erythromycin external gel 2 %	1	NMO; GC
erythromycin external solution 2 %	1	NMO; GC
mupirocin calcium external cream 2 %	4	NMO
mupirocin external ointment 2 %	1	NMO; GC
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	NMO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET SOLUBLE 200 MG	5	NMO
carglumic acid oral tablet soluble 200 mg	5	NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	BD; NMO
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	NMO
kcl-lactated ringers-d5w intravenous solution 20 meq/l	2	NMO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC
KLOR-CON ORAL PACKET 20 MEQ	2	

Drug Name	Tier	Requirements/Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	GC
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	1	NMO; GC
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	BD; NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BD; NMO
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	GC
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	GC
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	2	NMO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	2	NMO
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml	2	NMO
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	NMO
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	NMO
sodium chloride irrigation solution 0.9 %	1	NMO; GC
sodium fluoride oral tablet 2.2 (1 f) mg	1	NMO; GC
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET ORAL CAPSULE 100 MG	4	NMO
deferasirox oral tablet 180 mg, 360 mg, 90 mg	5	PA; NMO
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	5	PA; NMO
deferiprone oral tablet 1000 mg, 500 mg	5	NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	5	NMO
LOKELMA ORAL PACKET 10 GM, 5 GM	4	

Drug Name	Tier	Requirements/Limits
sodium polystyrene sulfonate oral powder	2	NMO
SPS ORAL SUSPENSION 15 GM/60ML	2	NMO
tolvaptan oral tablet 15 mg, 30 mg	5	PA; NMO
trientine hcl oral capsule 250 mg	5	PA; NMO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	BD; NMO
dextrose intravenous solution 10 %, 5 %	2	BD; NMO
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	NMO
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD; NMO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	BD; NMO
levocarnitine oral solution 1 gm/10ml	1	NMO; GC
levocarnitine oral tablet 330 mg	1	NMO; GC
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD; NMO

Drug Name	Tier	Requirements/Limits
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	BD; NMO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
prenatal oral tablet 27-1 mg	1	NMO; GC
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD; NMO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	BD; NMO
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BD; NMO
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, 2.4 gm	5	NMO
sevelamer carbonate oral tablet 800 mg	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose oral solution 10 gm/15ml	2	
enulose oral solution 10 gm/15ml	1	GC
generlac oral solution 10 gm/15ml	1	GC
lactulose oral solution 10 gm/15ml	1	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
lubiprostone oral capsule 24 mcg, 8 mcg	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	NMO
ANTI-DIARRHEAL AGENTS		
alosetron hcl oral tablet 0.5 mg, 1 mg	5	NMO
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	2	NMO
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	NMO
loperamide hcl oral capsule 2 mg	1	NMO; GC

Drug Name	Tier	Requirements/Limits
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl oral capsule 10 mg	1	NMO; GC
dicyclomine hcl oral solution 10 mg/5ml	1	NMO; GC
dicyclomine hcl oral tablet 20 mg	1	NMO; GC
glycopyrrolate oral tablet 1 mg, 2 mg	2	NMO
methscopolamine bromide oral tablet 2.5 mg, 5 mg	2	NMO
GASTROINTESTINAL AGENTS, OTHER		
amoxicill-clarithro-lansopraz oral	3	NMO
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	NMO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	NMO; GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	NMO; GC
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; NMO
metoclopramide hcl oral solution 5 mg/5ml	1	NMO; GC
metoclopramide hcl oral tablet 10 mg, 5 mg	1	GC
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	3	NMO
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	NMO; GC
peg-3350/electrolytes oral solution reconstituted 236 gm	1	NMO; GC
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	NMO
SUTAB ORAL TABLET 1479-225-188 MG	4	NMO
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg, 500 mg	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		

Drug Name	Tier	Requirements/Limits
cimetidine hcl oral solution 300 mg/5ml	2	
cimetidine oral tablet 200 mg	2	NMO
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	
famotidine oral suspension reconstituted 40 mg/5ml	2	
famotidine oral tablet 20 mg, 40 mg	1	GC
nizatidine oral capsule 150 mg, 300 mg	1	GC
PROTECTANTS		
misoprostol oral tablet 100 mcg, 200 mcg	2	
sucralfate oral suspension 1 gm/10ml	4	
sucralfate oral tablet 1 gm	1	GC
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	QL (30 EA per 30 days)
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	3	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	GC
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	GC
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	GC
rabeprazole sodium oral tablet delayed release 20 mg	2	
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	

Drug Name	Tier	Requirements/Limits
cromolyn sodium oral concentrate 100 mg/5ml	4	
CYSTADANE ORAL POWDER	5	NMO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	
ENDARI ORAL PACKET 5 GM	4	PA; LA; NMO; QL (180 EA per 30 days)
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA; NMO; QL (15 EA per 30 days)
miglustat oral capsule 100 mg	5	PA; NMO
nitisinone oral capsule 10 mg, 2 mg, 5 mg	5	NMO
ORFADIN ORAL CAPSULE 20 MG	5	NMO
ORFADIN ORAL SUSPENSION 4 MG/ML	5	LA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	NMO
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5	PA; NMO
sapropterin dihydrochloride oral tablet 100 mg	5	PA; NMO
sodium phenylbutyrate oral powder 3 gm/tsp	5	NMO
sodium phenylbutyrate oral tablet 500 mg	5	NMO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA; 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
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	3	
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	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	

Drug Name	Tier	Requirements/Limits
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral syrup 5 mg/5ml	1	GC
oxybutynin chloride oral tablet 5 mg	1	GC
solifenacin succinate oral tablet 10 mg, 5 mg	3	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	2	
trospium chloride er oral capsule extended release 24 hour 60 mg	2	
trospium chloride oral tablet 20 mg	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	GC
dutasteride oral capsule 0.5 mg	2	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	2	
finasteride oral tablet 5 mg	1	GC
silodosin oral capsule 4 mg, 8 mg	3	
tamsulosin hcl oral capsule 0.4 mg	1	GC
GENITOURINARY AGENTS, OTHER		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	NMO; GC
ELMIRON ORAL CAPSULE 100 MG	4	NMO
penicillamine oral tablet 250 mg	4	NMO
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
dexamethasone oral elixir 0.5 mg/5ml	1	NMO; GC
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	NMO; GC
fludrocortisone acetate oral tablet 0.1 mg	1	GC

Drug Name	Tier	Requirements/Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	NMO; GC
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA; NMO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	BD; NMO; GC
methylprednisolone oral tablet therapy pack 4 mg	2	NMO
prednisolone oral solution 15 mg/5ml	2	BD; NMO
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	BD; NMO
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	4	BD; NMO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	BD; NMO; GC
prednisone oral solution 5 mg/5ml	1	BD; NMO; GC
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	BD; NMO; GC
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	NMO; GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	
desmopressin acetate spray nasal solution 0.01 %	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA; NMO
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	
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)		

Drug Name	Tier	Requirements/Limits
ANDROGENS		
danazol oral capsule 100 mg, 200 mg, 50 mg	2	NMO
oxandrolone oral tablet 10 mg	4	PA; NMO
oxandrolone oral tablet 2.5 mg	3	PA; NMO
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	PA
testosterone transdermal solution 30 mg/act	3	PA
ESTROGENS		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	NMO
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	
DUAVEE ORAL TABLET 0.45-20 MG	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	GC
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	2	
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	NMO
ESTRING VAGINAL RING 2 MG	4	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	

Drug Name	Tier	Requirements/Limits
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
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	
YUVAFEM VAGINAL TABLET 10 MCG	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
alyacen 1/35 oral tablet 1-35 mg-mcg	2	
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	2	
APRI ORAL TABLET 0.15-30 MG-MCG	2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
briellyn oral tablet 0.4-35 mg-mcg	2	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	

Drug Name	Tier	Requirements/Limits
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	2	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
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	2	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	
JASMIEL ORAL TABLET 3-0.02 MG	2	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	

Drug Name	Tier	Requirements/Limits
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	2	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	2	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	2	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	2	
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	2	
marlissa oral tablet 0.15-30 mg-mcg	2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	2	

Drug Name	Tier	Requirements/Limits
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
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	2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	2	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYMYO ORAL TABLET 0.25-35 MG-MCG	2	
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	

Drug Name	Tier	Requirements/Limits
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
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	2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	2	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	

Drug Name	Tier	Requirements/Limits
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	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	2	
DEBLITANE ORAL TABLET 0.35 MG	2	
ERRIN ORAL TABLET 0.35 MG	2	
INCASSIA ORAL TABLET 0.35 MG	2	
LYLEQ ORAL TABLET 0.35 MG	2	
LYZA ORAL TABLET 0.35 MG	2	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	2	NMO
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	2	NMO
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	GC
megestrol acetate oral suspension 40 mg/ml	1	NMO; GC
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet 20 mg, 40 mg	1	NMO; GC
NORA-BE ORAL TABLET 0.35 MG	2	
norethindrone acetate oral tablet 5 mg	2	
norethindrone oral tablet 0.35 mg	2	
progesterone oral capsule 100 mg, 200 mg	2	
SHAROBEL ORAL TABLET 0.35 MG	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		

Drug Name	Tier	Requirements/Limits
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	GC
LEVO-T 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	GC
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	3	
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	GC
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	GC
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	GC
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	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	4	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	
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	1	GC

Drug Name	Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline oral tablet 0.5 mg	2	NMO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA; NMO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	BD; NMO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	BD; NMO
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; NMO; GC
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
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	2	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5	PA; NMO
ORILISSA ORAL TABLET 150 MG, 200 MG	4	PA; NMO
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; LA; NMO
SYNAREL NASAL SOLUTION 2 MG/ML	5	NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	BD; NMO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	GC

Drug Name	Tier	Requirements/Limits
propylthiouracil oral tablet 50 mg	1	GC
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NMO
icatibant acetate subcutaneous solution 30 mg/3ml	5	PA; NMO
IMMUNOGLOBULINS		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	BD; NMO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	BD; NMO
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	BD; NMO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	BD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BD; NMO
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
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
leflunomide oral tablet 10 mg, 20 mg	2	

Drug Name	Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA; NMO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; NMO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	BD; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NMO
IMMUNOSUPPRESSANTS		
AZASAN ORAL TABLET 100 MG, 75 MG	3	BD
azathioprine oral tablet 100 mg, 75 mg	3	BD
azathioprine oral tablet 50 mg	1	BD; GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO

Drug Name	Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	BD
cyclosporine modified oral solution 100 mg/ml	2	BD
cyclosporine oral capsule 100 mg, 25 mg	2	BD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	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	BD
everolimus oral tablet 0.25 mg	4	BD
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	BD; NMO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO

Drug Name	Tier	Requirements/Limits
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
methotrexate oral tablet 2.5 mg	2	BD; NMO
methotrexate sodium (pf) injection solution 50 mg/2ml	1	BD; NMO; GC
methotrexate sodium injection solution 50 mg/2ml	1	BD; NMO; GC
mycophenolate mofetil oral capsule 250 mg	2	BD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5	BD; NMO
mycophenolate mofetil oral tablet 500 mg	2	BD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	BD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
REZUROCK ORAL TABLET 200 MG	5	PA; LA; NMO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	BD
sirolimus oral solution 1 mg/ml	5	BD; NMO
sirolimus oral tablet 0.5 mg, 1 mg	4	BD
sirolimus oral tablet 2 mg	5	BD; NMO
tacrolimus oral capsule 0.5 mg, 1 mg	2	BD
tacrolimus oral capsule 5 mg	4	BD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BD; NMO
ZORTRESS ORAL TABLET 1 MG	5	BD; NMO
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NMO
bcg vaccine injection solution reconstituted 50 mg	3	NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO

Drug Name	Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	NMO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NMO
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	3	BD; NMO
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML, 20 MCG/ML (PREFILLED SYRINGE)	3	BD; NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	NMO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NMO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	BD; NMO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NMO
IPOL INJECTION INJECTABLE	3	NMO
IXIARO INTRAMUSCULAR SUSPENSION	3	NMO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO
MENACTRA INTRAMUSCULAR SOLUTION	3	NMO
MENQUADFI INTRAMUSCULAR SOLUTION	3	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NMO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NMO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	3	NMO

Drug Name	Tier	Requirements/Limits
prehevbrio intramuscular suspension 10 mcg/ml	3	BD; NMO
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML, 5 MCG/0.5ML (PREFILLED SYRINGE)	3	BD; NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NMO
ROTATEQ ORAL SOLUTION	3	NMO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NMO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BD; NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BD; NMO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	NMO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NMO

Drug Name	Tier	Requirements/Limits
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	NMO
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium oral capsule 750 mg	2	NMO
mesalamine er oral capsule extended release 24 hour 0.375 gm	3	
mesalamine oral capsule delayed release 400 mg	4	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine oral tablet delayed release 800 mg	3	NMO
mesalamine rectal enema 4 gm	4	NMO
mesalamine rectal suppository 1000 mg	4	NMO
sulfasalazine oral tablet 500 mg	1	GC
sulfasalazine oral tablet delayed release 500 mg	1	GC
GLUCOCORTICOIDS		
budesonide er oral tablet extended release 24 hour 9 mg	4	NMO
budesonide oral capsule delayed release particles 3 mg	4	NMO
hydrocortisone rectal enema 100 mg/60ml	4	NMO
UCERIS RECTAL FOAM 2 MG/ACT	4	NMO
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate sodium oral solution 70 mg/75ml	2	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	GC
calcitonin (salmon) nasal solution 200 unit/act	2	BD
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	GC
calcitriol oral solution 1 mcg/ml	1	GC
cinacalcet hcl oral tablet 30 mg	3	BD; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	5	BD; NMO; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	5	BD; NMO; QL (120 EA per 30 days)

Drug Name	Tier	Requirements/Limits
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	
ibandronate sodium oral tablet 150 mg	2	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NMO
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	NMO
raloxifene hcl oral tablet 60 mg	2	
risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	2	
risedronate sodium oral tablet 30 mg	2	NMO
risedronate sodium oral tablet delayed release 35 mg	2	
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	5	NMO
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	NMO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine sulfate ophthalmic solution 1 %	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	NMO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	NMO
cyclosporine ophthalmic emulsion 0.05 %	3	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	1	NMO; GC
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	NMO; GC
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	NMO

Drug Name	Tier	Requirements/Limits
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	NMO
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	NMO; GC
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	NMO; GC
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	NMO
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl ophthalmic solution 0.05 %	2	NMO
cromolyn sodium ophthalmic solution 4 %	1	NMO; GC
epinastine hcl ophthalmic solution 0.05 %	2	NMO
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	2	NMO
OPHTHALMIC ANTI-INFECTIVES		
AZASITE OPHTHALMIC SOLUTION 1 %	4	NMO
bacitracin ophthalmic ointment 500 unit/gm	2	NMO
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	NMO
erythromycin ophthalmic ointment 5 mg/gm	1	NMO; GC
gatifloxacin ophthalmic solution 0.5 %	2	NMO
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	NMO
gentamicin sulfate ophthalmic solution 0.3 %	1	NMO; GC
levofloxacin ophthalmic solution 0.5 %	2	NMO
moxifloxacin hcl ophthalmic solution 0.5 %	2	NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	NMO
ofloxacin ophthalmic solution 0.3 %	1	NMO; GC
sulfacetamide sodium ophthalmic ointment 10 %	2	NMO
sulfacetamide sodium ophthalmic solution 10 %	1	NMO; GC
tobramycin ophthalmic solution 0.3 %	1	NMO; GC
OPHTHALMIC ANTI-INFLAMMATORIES		

Drug Name	Tier	Requirements/Limits
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	2	NMO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	NMO
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	NMO; GC
diclofenac sodium ophthalmic solution 0.1 %	1	NMO; GC
difluprednate ophthalmic emulsion 0.05 %	3	NMO
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	NMO
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	NMO
fluorometholone ophthalmic suspension 0.1 %	2	NMO
flurbiprofen sodium ophthalmic solution 0.03 %	1	NMO; GC
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NMO
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	NMO; GC
loteprednol etabonate ophthalmic gel 0.5 %	4	NMO
loteprednol etabonate ophthalmic suspension 0.5 %	4	NMO
prednisolone acetate ophthalmic suspension 1 %	2	NMO
prednisolone sodium phosphate ophthalmic solution 1 %	2	NMO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	4	NMO
XIIDRA OPHTHALMIC SOLUTION 5 %	4	QL (60 EA per 30 days)
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl ophthalmic solution 0.5 %	2	
carteolol hcl ophthalmic solution 1 %	1	GC
levobunolol hcl ophthalmic solution 0.5 %	1	GC
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	GC
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	2	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	GC
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		

Drug Name	Tier	Requirements/Limits
acetazolamide er oral capsule extended release 12 hour 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
apraclonidine hcl ophthalmic solution 0.5 %	2	NMO
brimonidine tartrate ophthalmic solution 0.15 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	1	GC
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	3	
brinzolamide ophthalmic suspension 1 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
dorzolamide hcl ophthalmic solution 2 %	1	GC
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	GC
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	GC
methazolamide oral tablet 25 mg, 50 mg	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophthalmic solution 0.03 %	2	
latanoprost ophthalmic solution 0.005 %	1	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
travoprost (bak free) ophthalmic solution 0.004 %	3	
OTIC AGENTS		
OTIC AGENTS		
acetic acid otic solution 2 %	1	NMO; GC
ciprofloxacin hcl otic solution 0.2 %	3	NMO

Drug Name	Tier	Requirements/Limits
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	NMO
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	4	NMO
fluocinolone acetonide otic oil 0.01 %	2	NMO
hydrocortisone-acetic acid otic solution 1-2 %	2	NMO
neomycin-polymyxin-hc otic solution 1 %	1	NMO; GC
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	NMO; GC
ofloxacin otic solution 0.3 %	2	NMO
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTIHISTAMINES		
azelastine hcl nasal solution 0.1 %, 0.15 %	2	NMO
azelastine-fluticasone nasal suspension 137-50 mcg/act	4	NMO
cetirizine hcl oral solution 1 mg/ml	1	NMO; GC
cyproheptadine hcl oral syrup 2 mg/5ml	4	NMO
cyproheptadine hcl oral tablet 4 mg	4	NMO
desloratadine oral tablet 5 mg	2	NMO
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	NMO; GC
levocetirizine dihydrochloride oral tablet 5 mg	1	NMO; GC
olopatadine hcl nasal solution 0.6 %	4	NMO
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	

Drug Name	Tier	Requirements/Limits
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	3	BD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
flunisolide nasal solution 25 mcg/act (0.025%)	2	NMO
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	3	
fluticasone propionate nasal suspension 50 mcg/act	1	NMO; GC
mometasone furoate nasal suspension 50 mcg/act	2	NMO
ANTILEUKOTRIENES		
montelukast sodium oral packet 4 mg	2	
montelukast sodium oral tablet 10 mg	1	GC
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	GC
zafirlukast oral tablet 10 mg, 20 mg	2	
zileuton er oral tablet extended release 12 hour 600 mg	5	NMO
ZYFLO ORAL TABLET 600 MG	5	NMO
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	
ipratropium bromide inhalation solution 0.02 %	1	BD; GC
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	GC
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	GC
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	GC
BRONCHODILATORS, SYMPATHOMIMETIC		

Drug Name	Tier	Requirements/Limits
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	1	GC
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	BD; GC
albuterol sulfate oral syrup 2 mg/5ml	1	GC
albuterol sulfate oral tablet 2 mg, 4 mg	2	
epinephrine injection solution 0.3 mg/0.3ml	2	NMO
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	NMO
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	BD
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	GC
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	GC
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	GC
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 25 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	5	PA; LA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	NMO

Drug Name	Tier	Requirements/Limits
tobramycin inhalation nebulization solution 300 mg/5ml	5	BD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA; LA; NMO
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	GC
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	GC
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 (30 EA per 30 days)
sildenafil citrate oral tablet 20 mg	2	PA; QL (90 EA per 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	5	PA; NMO
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
pirfenidone oral tablet 267 mg, 801 mg	5	PA; NMO
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine inhalation solution 10 %, 20 %	1	BD; NMO; GC
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	GC
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	4	

Drug Name	Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	GC
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	3	GC
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	BD
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/inh, 200-25 mcg/inh	4	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	2	GC
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	BD; GC
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
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	GC
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	GC
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	GC
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	GC
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	3	NMO
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	NMO
cyclobenzaprine hcl oral tablet 7.5 mg	4	NMO

Drug Name	Tier	Requirements/Limits
metaxalone oral tablet 800 mg	4	NMO
methocarbamol oral tablet 500 mg, 750 mg	2	NMO
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	NMO; GC
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	NMO; QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	3	NMO; QL (30 EA per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	3	NMO; QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NMO; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	2	NMO; QL (30 EA per 30 days)
temazepam oral capsule 22.5 mg	3	NMO; QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	3	NMO; QL (120 EA per 30 days)
zaleplon oral capsule 10 mg	2	NMO; QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	2	NMO; QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	4	NMO; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	2	NMO; 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	3	PA; QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NMO; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)

Alphabetical Listing

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Discrimination is Against the Law

Care N' Care (HMO/PPO) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Care N' Care (HMO/PPO) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Care N' Care (HMO/PPO):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Care N' Care (HMO/PPO) at 1-877-374-7993 (TTY: 711), 8am to 8pm, CST seven days a week from October 1 – March 31, or 8am to 8pm, CST, Monday through Friday April 1 – September 30

If you believe that Care N' Care (HMO/PPO) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Care N' Care (HMO/PPO), Attn: Appeals and Grievances, 1603 Lyndon B. Johnson Freeway, Suite 300, Farmers Branch, TX 75234 , 1-877-374-7993 (TTY 711), or via fax at 817-810-5214. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you.

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-374-7993 (TTY:711).

This formulary was updated on 10/25/2022. For more recent information or other questions, please contact us, Care N' Care (HMO/PPO) Customer Experience Team, at 1-877-374-7993 ,TTY users should call 711, October 1 - March 31, 8 a.m. to 8 p.m. CST seven days a week, or April 1 - September 30 8 a.m. to 8 p.m. CST, Monday through Friday or visit www.cnchealthplan.com.

The Formulary may change at any time. You will receive notice when necessary. Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.