



2021 COMPREHENSIVE FORMULARY

FORMULARIO INTEGRAL PARA 2021

This formulary was updated on 7/1/2021. For more recent information or other questions, please contact Integra Managed Care (HMO SNP) at 1-877-388-5195 or, for TTY users, 711, seven days a week from 8:00 a.m. to 8:00 p.m. from October 1 through March 31, or 8:00 a.m. to 8:00 p.m. Monday through Friday from April 1 through September 30. Or visit www.integramanagedcare.com.

Este formulario se actualizó el 1 de junio de 2021. Si desea obtener información más reciente o por otras cuestiones, comuníquese con Integra Managed Care (HMO SNP) al 1-877-388-5195 o para usuarios de TTY 711 los siete días de la semana de 8:00 a.m. a 8:00 p.m. del 1 de octubre al 31 de marzo, o de 8:00 a.m. a 8:00 p.m. de lunes a viernes del 1 de abril al 30 de septiembre, o visite www.integramanagedcare.com.



Integra Harmony (HMO SNP)
Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)
Integra Balanced Medicaid Advantage (MA) (HMO SNP)
2021 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 21420, Version Number 12

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 Integra Managed Care. When it refers to “plan” or “our plan,” it means Integra Harmony (HMO SNP), Integra Synergy MAP (HMO SNP) or Integra Balanced MA (HMO SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of July 1, 2021. 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, 2022, and from time to time during the year.

What is the Integra Managed Care Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to Integra Managed Care’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 Integra Managed Care Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 July 1, 2021. To get updated information about the drugs covered by Integra Managed Care, please contact us. Our contact information appears on the front and back cover pages. If you would like a hard copy of the formulary, you can call us and request one.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 4. 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 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 95. 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?

Integra Managed Care 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:** Integra Managed Care requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Integra Managed Care before you fill your prescriptions. If you don’t get approval, Integra Managed Care may not cover the drug.
- **Quantity Limits:** For certain drugs, Integra Managed Care limits the amount of the drug that Integra Managed Care will cover. For example, Integra Managed Care provides 90 pills per 30 days per prescription for Phenobarbital Oral Tablet 100 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Integra Managed Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Integra Managed Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Integra Managed Care will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on-line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Integra Managed Care 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 Integra Managed Care formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Integra Managed Care does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Integra Managed Care. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Integra Managed Care.
- You can ask Integra Managed Care 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 Integra Managed Care’s Formulary?

You can ask Integra Managed Care to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Integra Managed Care 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, Integra Managed Care will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

Level of Care Transitions

After you are a member of our plan for 90 days, if you experience a level of care change, where you change from one treatment setting to another (for example, a hospital to home or hospital to long term care facility), when you are either admitted or discharged, we will allow you to have a one-month supply refill of any formulary or non-formulary drugs that were prescribed to you (including Part D drugs that are on our formulary but require prior authorization or step therapy). This is called our "Transition Policy." For more information, please call us at 1-877-388-5195 (TTY: 711).

For more information

For more detailed information about your Integra Managed Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Integra Managed Care, 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>.

Integra Managed Care's Formulary

The formulary that begins on page 4 provides coverage information about the drugs covered by Integra Managed Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

The information in the Requirements/Limits column tells you if Integra Managed Care has any special requirements for coverage of your drug.



Integra Harmony (HMO SNP)
Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)
Integra Balanced Medicaid Advantage (MA) (HMO SNP)
Formulario para 2021
(Lista de medicamentos cubiertos)

**LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS Approved Formulary File Submission ID 21420, Version Number 12

Nota para los actuales miembros: este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) dice “nosotros,” “nuestro/a”, se refiere a Integra Managed Care. Cuando dice “plan” o “nuestro plan,” se refiere a Integra Harmony (HMO SNP), Integra Synergy MAP (HMO SNP) o Integra Balanced MA (HMO SNP).

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que está vigente al 1 de julio de 2021. Comuníquese con nosotros si desea un formulario actualizado. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

En general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coaseguros pueden cambiar el 1 de enero de 2022 y ocasionalmente durante el año.

¿Qué es el formulario de Integra Managed Care?

Un formulario es una lista de medicamentos cubiertos seleccionados por Integra Managed Care en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Integra Managed Care generalmente cubrirá los medicamentos incluidos en nuestro formulario, siempre que el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de Integra Managed Care y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero podemos agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare para hacer estos cambios.

Cambios que pueden afectarlo este año: en los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en uno más bajo y con las mismas restricciones o menos. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero luego le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si efectivamente realizamos tales cambios, usted o el profesional que expide la receta médica pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento recetado de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Integra Managed Care?”
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento retira el medicamento del mercado, lo eliminaremos de inmediato de nuestro formulario y notificaremos a los miembros que lo toman.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca. O podemos hacer cambios basados en nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada en un medicamento, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite un resurtido del medicamento, en cuyo momento el miembro recibirá un suministro de 30 días del medicamento.
 - Si efectivamente realizamos estos otros cambios, usted o el profesional que expide la receta médica pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento recetado de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Integra Managed Care?”

Cambios que no lo afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento que figura en nuestro formulario para 2021 que estaba cubierto a principios de año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2021, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los toman por el resto del año de cobertura. Este año no recibirá un aviso directo sobre cambios que no lo afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios lo afectarían y es importante verificar la Lista de medicamentos para el nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto está actualizado al 1 de junio de 2021. Para obtener información actualizada sobre los medicamentos cubiertos por Integra Managed Care, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada. Si desea una copia impresa del formulario, puede llamarnos y solicitar una.

¿Cómo uso el Formulario?

Hay dos formas de encontrar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 4. Los medicamentos en este formulario se agrupan en categorías según el tipo de afecciones médicas que se usan para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría, “AGENTES CARDIOVASCULARES”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 95. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice se incluyen tanto los medicamentos de marca como los genéricos. Mire en el índice y encuentre su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Integra Managed Care cubre tanto los medicamentos de marca como los genéricos. La FDA aprueba un medicamento genérico que tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Integra Managed Care requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Integra Managed Care antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Integra Managed Care no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, Integra Managed Care limita la cantidad del medicamento que Integra Managed Care cubrirá. Por ejemplo, Integra Managed Care proporciona 90 píldoras para 30 días por receta para una tableta oral de fenobarbital de 100 mg. Esto puede ser adicional a un suministro estándar de uno o tres meses.

- **Terapia escalonada:** En algunos casos, Integra Managed Care requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección médica, Integra Managed Care puede no cubrir el Medicamento B a menos que pruebe el Medicamento A primero. Si el Medicamento A no funciona para usted, entonces Integra Managed Care cubrirá el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 4. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

Puede solicitar a Integra Managed Care que haga una excepción a estas restricciones o límites, o que solicite una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al Formulario de Integra Managed Care?” en la página 12 para obtener información sobre cómo solicitar una excepción.

¿Por qué mi medicamento no está incluido en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicio de Atención al Cliente y preguntar si su medicamento está cubierto.

Si se entera de que Integra Managed Care no cubre su medicamento, tiene dos opciones:

- Puede solicitarle al Servicio de Atención al Cliente una lista de medicamentos similares cubiertos por Integra Managed Care. Cuando reciba la lista, muéstresele a su médico y pídale que le recete un medicamento similar que esté cubierto por Integra Managed Care.
- Puede pedirle a Integra Managed Care que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Integra Managed Care?

Puede pedirle a Integra Managed Care que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y no podrá solicitarnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que no apliquemos restricciones o límites de cobertura a su medicamento. Por ejemplo, para ciertos medicamentos, Integra Managed Care limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.

En general, Integra Managed Care solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan o las restricciones de utilización adicionales no serían tan efectivos para tratar su afección y/o causarían efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción del formulario. **Cuando solicite una excepción del formulario, debe enviar una declaración del médico que receta o de su médico que respalde su solicitud.** En general, debemos tomar una decisión dentro de las 72 horas de haber recibido la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría verse seriamente afectada si espera hasta 72 horas para tomar una decisión. Si se otorga su solicitud de agilización, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico u otra persona que recete.

¿Qué debo hacer antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o permanente de nuestro plan, puede estar tomando medicamentos que no estén incluidos en nuestro formulario. O bien, puede estar tomando un medicamento que esté incluido en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no está incluido en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está escrita por menos días, permitiremos que los resurtidos proporcionen un suministro máximo de medicamentos para 30 días. Después de su primer suministro para 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras busca una excepción al formulario.

Nivel de transiciones de la atención

Después de ser miembro de nuestro plan durante 90 días, si experimenta un cambio en el nivel de atención, donde cambia de un entorno de tratamiento a otro (por ejemplo, un hospital a domicilio u hospital a un centro de atención a largo plazo), cuando usted sea admitido o dado de alta, le permitiremos obtener un resurtido de suministro para un mes de cualquier medicamento del formulario o no incluido en el formulario que le hayan recetado (incluidos los medicamentos de la Parte D que están en nuestro formulario pero que requieren autorización previa o terapia escalonada). Esto se conoce como nuestra “Política de transición”. Para obtener más información, llámenos al 1-877-388-5195 (TTY: 711).

Para más información

Revise su Evidencia de cobertura y otros materiales del plan para obtener información más detallada sobre su cobertura de medicamentos recetados de Integra Managed Care.

Si tiene preguntas sobre Integra Managed Care, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario de Integra Managed Care

El formulario que comienza en la página 4 proporciona información de cobertura sobre los medicamentos que cubre Integra Managed Care. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 95.

La primera columna del cuadro enumera el nombre del medicamento. Los medicamentos de marca están con letras mayúsculas (por ejemplo, **PAXIL SUSPENSIÓN ORAL**) y los medicamentos genéricos están indicados en minúsculas en itálica (por ejemplo, *atorvastatina*).

La información en la columna Requisitos/Límites le indica si Integra Managed Care tiene algún requisito especial para la cobertura de su medicamento.

Integra Standard MAPD 2021 1-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

Integra Standard MAPD 2021 1-Nivel (Lista de medicamentos cubiertos)

Lista de medicamentos por condición médica

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Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

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

MO: Mail Order Eligible- This prescription may also be available via mail.

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.

PA2: Prior Authorization (New Starts Only)- You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST2: Step Therapy (New Starts Only)- In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium external gel 1 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium transdermal gel 1 %</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg</i>	1	MO
<i>ibuprofen oral tablet 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	MO
<i>naproxen oral tablet 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule 400 mg</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	PA2; QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	1	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (5000 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	QL (360 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA2; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	1	QL (150 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL (3600 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	QL (2700 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days)

ANESTHETICS

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Drug Name	Drug Tier	Requirements/Limits
Local Anesthetics		
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	1	
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML	1	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	
NICOTROL INHALATION INHALER 10 MG	1	
ANTIBACTERIALS		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	BvD
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6- 0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BvD
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>paromomycin sulfate oral capsule 250 mg</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	BvD
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	1	
<i>Antibacterials, Other</i>		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	BvD
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	BvD
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	QL (2 EA per 30 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	1	BvD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	BvD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	1	
XIFAXAN ORAL TABLET 200 MG	1	
XIFAXAN ORAL TABLET 550 MG	1	MO
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	1	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	BvD
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	BvD
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>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</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	BvD
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	BvD
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	BvD
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	1	BvD
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	BvD
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	BvD
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	BvD
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
Quinolones		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	BvD
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	BvD
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	BvD
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	BvD
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	ST2; MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA2; MO
DIACOMIT ORAL PACKET 250 MG, 500 MG	1	PA2; MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA2; MO
<i>felbamate oral suspension 600 mg/5ml</i>	1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA2; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST2; MO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	MO; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	1	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	ST2; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	1	ST2; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>valproic acid oral solution 250 mg/5ml</i>	1	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	1	ST2; MO; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST2; MO; QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	ST2; MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	ST2; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	1	ST2; MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	ST2
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	ST2
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	ST2
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	ST2; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	ST2
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	ST2
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	ST2
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	ST2
<i>vigabatrin oral packet 500 mg</i>	1	PA2; MO; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA2; MO; QL (180 EA per 30 days)
Sodium Channel Agents		

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Drug Name	Drug Tier	Requirements/Limits
APTOM ORAL TABLET 200 MG, 400 MG, 800 MG	1	ST2; MO; QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG	1	ST2; MO; QL (60 EA per 30 days)
BANZEL ORAL TABLET 200 MG	1	ST2; MO; QL (480 EA per 30 days)
BANZEL ORAL TABLET 400 MG	1	ST2; MO; QL (240 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
DILANTIN ORAL CAPSULE 30 MG	1	ST2; MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	1	MO; QL (2760 ML per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (1395 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	ST2; MO; QL (60 EA per 30 days)

ANTIDEMENTIA AGENTS

Antidementia Agents, Other

<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	1	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	PA

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	PA; MO
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	MO; QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	MO; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	1	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	MO; QL (90 EA per 30 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST2; MO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	1	ST2; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	MO
<i>Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	ST2; MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST2; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST2; QL (56 EA per 365 days)
<i>fluoxetine hcl (pmd) oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl (pmd) oral tablet 20 mg</i>	1	MO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	1	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	1	MO; QL (900 ML per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	ST2; MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST2; MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	ST2; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ANTIEMETICS		
<i>Antiemetics, Other</i>		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (4 EA per 12 days)
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	QL (4 EA per 12 days)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	1	QL (4 EA per 12 days)
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	BvD; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	BvD; QL (12 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	BvD; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BvD
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	1	BvD

ANTIFUNGALS

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	BvD
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	BvD
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	1	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	BvD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	PA
<i>itraconazole oral solution 10 mg/ml</i>	1	PA
JUBLIA EXTERNAL SOLUTION 10 %	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	PA; MO
MITIGARE ORAL CAPSULE 0.6 MG	1	
<i>probenecid oral tablet 500 mg</i>	1	MO
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 EA per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	
<i>Prophylactic</i>		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; MO
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 80 mg</i>	1	MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>Serotonin (5-Ht) Receptor Agonist</i>		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (24 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (24 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (10 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (6 EA per 30 days)

ANTIMYASTHENIC AGENTS

Parasympathomimetics

<i>guanidine hcl oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	

ANTIMYCOBACTERIALS

Antimycobacterials, Other

<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	
<i>rifabutin oral capsule 150 mg</i>	1	

Antituberculars

<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
PASER ORAL PACKET 4 GM	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	BvD
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	BvD
LEUKERAN ORAL TABLET 2 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	PA2
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; QL (60 GM per 14 days)
<i>Antiandrogens</i>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA2; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	
ERLEADA ORAL TABLET 60 MG	1	PA2; QL (120 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>	1	
LYSODREN ORAL TABLET 500 MG	1	
<i>nilutamide oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	1	PA2; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA2; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA2; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA2; QL (90 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA2; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	1	PA2; MO; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	1	PA2; MO; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		
EMCYT ORAL CAPSULE 140 MG	1	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>toremifene citrate oral tablet 60 mg</i>	1	PA2; MO
<i>Antimetabolites</i>		

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Drug Name	Drug Tier	Requirements/Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	
INQOVI ORAL TABLET 35-100 MG	1	PA2
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA2
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	
TABLOID ORAL TABLET 40 MG	1	PA2
<i>Antineoplastics, Other</i>		
IDHIFA ORAL TABLET 100 MG	1	PA2; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA2; QL (60 EA per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA2
LYNPARZA ORAL TABLET 100 MG	1	PA2; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	1	PA2; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA2
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; QL (120 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	1	MO
<i>letrozole oral tablet 2.5 mg</i>	1	MO
<i>Molecular Target Inhibitors</i>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	1	PA2; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	1	PA2; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	1	PA2; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA2
ALUNBRIG ORAL TABLET 180 MG	1	PA2; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA2; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	1	PA2; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	1	PA2; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	1	PA2; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA2; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA2; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA2; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA2; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA2; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA2; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA2; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA2
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA2; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA2; QL (90 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA2; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG	1	PA2; QL (60 EA per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	1	PA2; QL (30 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA2; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA2; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA2
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	1	PA2; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA2; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA2; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA2; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG	1	PA2; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	1	PA2; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA2; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA2; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA2; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA2; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA2
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
KOSELUGO ORAL CAPSULE 10 MG	1	PA2; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA2; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA2; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA2
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA2
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA2
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA2
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA2
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA2
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA2
LORBRENA ORAL TABLET 100 MG	1	PA2; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	1	PA2; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA2; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA2; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA2; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	1	PA2; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA2; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA2
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA2
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA2
QINLOCK ORAL TABLET 50 MG	1	PA2; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA2; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA2; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA2; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA2; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2
RYDAPT ORAL CAPSULE 25 MG	1	PA2; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA2; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA2; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA2; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	1	PA2; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	1	PA2; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA2

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.25 MG	1	PA2; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA2; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA2; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	1	PA2; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA2; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA2; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	1	PA2; QL (120 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	1	PA2; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA2
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA2
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA2
VITRAKVI ORAL CAPSULE 100 MG	1	PA2; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA2; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA2; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA2; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA2; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA2; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA2; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA2; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	1	PA2; QL (300 EA per 30 days)
TARGRETIN EXTERNAL GEL 1 %	1	PA2
<i>tretinoin oral capsule 10 mg</i>	1	
ANTIPARASITICS		
<i>Anthelmintics</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>albendazole oral tablet 200 mg</i>	1	
EMVERM ORAL TABLET CHEWABLE 100 MG	1	
<i>ivermectin oral tablet 3 mg</i>	1	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	1	QL (150 ML per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
LAMPIT ORAL TABLET 120 MG, 30 MG	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	MO
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	BvD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	BvD
<i>primaquine phosphate oral tablet 26.3 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA; MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST2; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
ANTIPSYCHOTICS		
1st Generation/Typical		

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	1	BvD; MO
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	1	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg</i>	1	MO
<i>haloperidol oral tablet 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	1	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	ST2; MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	ST2; MO

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	1	ST2; MO; QL (30 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	MO; QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	MO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	1	ST2; MO; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	ST2
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	ST2
LATUDA ORAL TABLET 120 MG	1	ST2; MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	1	ST2; MO; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA2; MO
NUPLAZID ORAL TABLET 10 MG	1	PA2; MO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	1	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST2; MO; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	ST2
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST2; MO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; MO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; MO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	ST2

Treatment-Resistant

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
<i>Antispasticity Agents</i>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
ANTIVIRALS		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	1	
<i>Anti-Hepatitis B (Hbv) Agents</i>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA; MO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	PA; MO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	MO
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; MO; QL (30 EA per 30 days)
<i>Anti-Hepatitis C (Hcv) Agents</i>		
MAVYRET ORAL TABLET 100-40 MG	1	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	1	PA
<i>Antitherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>		
BIKTARVY ORAL TABLET 50-200-25 MG	1	MO; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	MO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	MO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 50 MG	1	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	1	MO; QL (45 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	MO; QL (360 EA per 30 days)
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>		
COMPLERA ORAL TABLET 200-25-300 MG	1	MO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	1	MO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	1	MO; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	1	MO; QL (60 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PIFELTRO ORAL TABLET 100 MG	1	MO; QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	MO; QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	MO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	MO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	1	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO; QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	1	MO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; QL (30 EA per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	1	MO; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	MO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>Anti-Hiv Agents, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	MO; QL (60 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	MO; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	1	MO; QL (120 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	MO; QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	1	MO; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	1	MO; QL (285 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	1	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	MO; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	MO; QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	1	MO; QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	MO; QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	MO; QL (150 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	MO; QL (400 ML per 30 days)
NORVIR ORAL PACKET 100 MG	1	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	MO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	1	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	1	MO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	1	MO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	1	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	1	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	MO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	MO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	1	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	1	
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	1	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA; MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR 18 MG/3ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO
Glycemic Agents		
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	1	
<i>diazoxide oral suspension 50 mg/ml</i>	1	MO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	
<i>glucagon emergency injection kit 1 mg</i>	1	
KORLYM ORAL TABLET 300 MG	1	PA; MO
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
BLOOD PRODUCTS AND MODIFIERS		
<i>Anticoagulants</i>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	QL (30 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (24 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	QL (9 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	QL (12 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	QL (18 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	QL (11.2 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (7 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	QL (5.6 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	QL (8.4 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
PROMACTA ORAL PACKET 12.5 MG	1	PA; MO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; MO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA; QL (16 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO; QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	1	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	1	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	1	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i>	1	MO; QL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>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</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO; QL (30 EA per 30 days)
<i>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</i>	1	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
BIDIL ORAL TABLET 20-37.5 MG	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; MO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	MO; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA; MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metirosine oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>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</i>	1	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	MO; QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	BvD
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 200 mg, 67 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral capsule 134 mg, 150 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO; QL (60 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST2; MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	1	ST2; MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral powder 4 gm/dose</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine oral packet 4 gm</i>	1	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	1	MO
<i>colesevelam hcl oral tablet 625 mg</i>	1	MO
<i>colestipol hcl oral packet 5 gm</i>	1	MO
<i>colestipol hcl oral tablet 1 gm</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	MO
PREVALITE ORAL PACKET 4 GM	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	MO
<i>Vasodilators, Direct-Acting Arterial/ Venous</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	MO
RECTIV RECTAL OINTMENT 0.4 %	1	
CENTRAL NERVOUS SYSTEM AGENTS		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	MO; QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	MO; QL (150 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</i>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	ST2; MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA; MO; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA; MO
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO
<i>riluzole oral tablet 50 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	1	PA; MO
<i>Fibromyalgia Agents</i>		
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200 mg, 225 mg, 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	1	MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	QL (110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; MO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	1	PA; MO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	1	PA; MO
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	1	PA
GILENYA ORAL CAPSULE 0.5 MG	1	PA; MO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1	PA; MO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA; MO
MAYZENT ORAL TABLET 0.25 MG, 2 MG	1	PA; MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	1	PA
DENTAL AND ORAL AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Dental And Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05 %	1	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	1	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
Dermatitis And Pruitus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<i>ammonium lactate external cream 12 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate external lotion 12 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
EUCRISA EXTERNAL OINTMENT 2 %	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	
<i>prednicarbate external cream 0.1 %</i>	1	
<i>prednicarbate external ointment 0.1 %</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	
PROCTO-PAK EXTERNAL CREAM 1 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
FLUOROPLEX EXTERNAL CREAM 1 %	1	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>global alcohol prep ease pad 70 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	
<i>podofilox external solution 0.5 %</i>	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
SSD EXTERNAL CREAM 1 %	1	
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
<i>Topical Anti-Infectives</i>		
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>ery external pad 2 %</i>	1	
<i>erythromycin external gel 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin external solution 2 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/ Mineral Replacement</i>		
CARBAGLU ORAL TABLET 200 MG	1	PA; MO
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvD
<i>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-%-%</i>	1	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	BvD
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	BvD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	BvD
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	1	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CLOVIQUE ORAL CAPSULE 250 MG	1	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA; MO
<i>deferiprone oral tablet 500 mg</i>	1	PA; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; MO
FERRIPROX ORAL TABLET 1000 MG	1	PA; MO
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; QL (60 EA per 30 days)
<i>trientine hcl oral capsule 250 mg</i>	1	PA
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	1	BvD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	1	BvD
<i>dextrose-nacl intravenous solution 10-0.2 %, 10- 0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	BvD
DOJOLVI ORAL LIQUID 100 %	1	PA; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	1	BvD; MO
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %	1	BvD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvD
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	MO
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	MO; QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	MO; QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>enulose oral solution 10 gm/15ml</i>	1	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	1	PA; MO
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	1	
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA; MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
SUTAB ORAL TABLET 1479-225-188 MG	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	MO
<i>nizatidine oral solution 15 mg/ml</i>	1	MO
Protectants		

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Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>sucralfate oral suspension 1 gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1 gm</i>	1	MO
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	1	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	MO
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	MO
CYSTADANE ORAL POWDER	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; MO
ENDARI ORAL PACKET 5 GM	1	PA
GALAFOLD ORAL CAPSULE 123 MG	1	PA; MO
<i>miglustat oral capsule 100 mg</i>	1	PA; MO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; MO
ORFADIN ORAL CAPSULE 20 MG	1	PA; MO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA; MO
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; MO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA; MO
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	1	PA; MO
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	1	MO

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	MO; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	MO; QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
<i>penicillamine oral tablet 250 mg</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	1	PA; MO
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
HEMADY ORAL TABLET 20 MG	1	PA2
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA; MO
NOCURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	1	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA; MO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA; MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Anabolic Steroids		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	1	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>methyltestosterone oral capsule 10 mg</i>	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal solution 30 mg/act</i>	1	MO
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>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</i>	1	MO
<i>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</i>	1	MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	MO
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	MO
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
ICLEVIA ORAL TABLET 0.15-0.03 MG	1	MO
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA; MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
VESTURA ORAL TABLET 3-0.02 MG	1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
ZARAH ORAL TABLET 3-0.03 MG	1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
Progestins		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYLEQ ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
OSPHENA ORAL TABLET 60 MG	1	PA; MO
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
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	MO
<i>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</i>	1	MO
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	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
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	1	MO
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	MO

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Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA2
ISTURISA ORAL TABLET 1 MG	1	PA; MO; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	1	PA; MO; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; MO; QL (120 EA per 30 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA2
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA2
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA2
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; MO
ORGOVYX ORAL TABLET 120 MG	1	PA2; QL (60 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; MO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA2
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	1	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	1	PA; MO
Immunoglobulins		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	BvD
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA; MO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; MO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; MO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; MO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA; MO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; MO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA; MO
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA; MO
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; MO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2; MO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2; MO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	1	PA
Immunosuppressants		
AZASAN ORAL TABLET 100 MG, 75 MG	1	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; MO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; MO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; MO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA2; MO
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	BvD; MO
<i>everolimus oral tablet 0.25 mg, 0.75 mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	1	BvD; MO; QL (120 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA; MO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; MO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; MO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA; MO
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; MO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; MO
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA; MO; QL (180 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate oral tablet 2.5 mg</i>	1	BvD
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	BvD; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvD; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>sirolimus oral solution 1 mg/ml</i>	1	BvD; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	BvD
ZORTRESS ORAL TABLET 1 MG	1	BvD; MO; QL (60 EA per 30 days)
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
<i>bcg vaccine injection injectable</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	

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Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOLE INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	1	
MENACTRA INTRAMUSCULAR INJECTABLE	1	
MENQUADFI INTRAMUSCULAR INJECTABLE	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvD
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	1	PA
YF-VAX SUBCUTANEOUS INJECTABLE	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	MO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	MO
<i>mesalamine oral capsule delayed release 400 mg</i>	1	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO
<i>Glucocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO; QL (4 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg, 90 mg</i>	1	BvD; MO; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	1	BvD; MO; QL (60 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	1	PA; MO; QL (2.4 ML per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA; MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	1	PA; MO; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; MO; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA; QL (2 ML per 28 days)
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	1	PA; MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA; MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %	1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>Ophthalmic Anti-Inflammatories</i>		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	MO
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1 %	1	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	1	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	MO
<i>Ophthalmic Prostaglandin And Prostamide Analogs</i>		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	MO
OTIC AGENTS		
<i>Otic Agents</i>		
<i>acetic acid otic solution 2 %</i>	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	

RESPIRATORY TRACT/ PULMONARY AGENTS

Antihistamines

<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	QL (30 ML per 25 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	

Anti-Inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (26 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	MO; QL (21.2 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03 %</i>	1	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	MO; QL (30 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO; QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	1	MO; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO; QL (36 GM per 30 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	1	PA; MO
KALYDECO ORAL TABLET 150 MG	1	PA; MO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	1	PA; MO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	BvD; MO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA; MO
TOBI PODHALER INHALATION CAPSULE 28 MG	1	PA; MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD; MO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	1	PA; MO
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	MO
<i>theophylline oral solution 80 mg/15ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; MO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; QL (90 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; MO; QL (90 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA; QL (400 EA per 365 days)
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET ORAL CAPSULE 267 MG	1	PA; MO
ESBRIET ORAL TABLET 267 MG, 801 MG	1	PA; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BvD
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	MO; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO; QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; MO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; MO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	1	MO; QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA

SKELETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>carisoprodol oral tablet 350 mg</i>	1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	

SLEEP DISORDER AGENTS

Sleep Promoting Agents

BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA; MO; QL (158 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HETLIOZ ORAL CAPSULE 20 MG	1	PA; MO; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; MO; QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	1	PA; QL (540 ML per 30 days)

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NOXAFIL	22	oxycodone-aspirin	6	DOSE)	30
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Non-Discrimination Statement

Integra Managed Care, Inc. (“Integra”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability. Integra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Integra Managed Care provides the following:

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

If you need these services, call Integra Managed Care at 1-877-388-5195 (TTY/TDD: 711)

If you believe that Integra Managed Care has not provided you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Integra by:

- Mail: Appeals and Grievance Manager
Integra Managed Care, Inc.
1981 Marcus Avenue, Suite 100
Lake Success, NY 11042
- Phone: 1-877-388-5195 (TTY/TDD: 711)
Monday through Friday 8:00 AM to 5:00 PM.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at available at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-868-1019 (TTY/TDD: 1-800-537-7697)

Declaración de no discriminación

Integra Managed Care, Inc. (“Integra”) cumple con las leyes civiles federales aplicables y no discrimina por raza, color, nacionalidad, sexo, edad ni discapacidad. Integra no excluye a nadie ni lo trata de forma distinta debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Integra Managed Care brinda lo siguiente:

- Ayuda y servicios gratuitos a las personas con discapacidades para ayudarle a comunicarse con nosotros, como intérpretes calificados de lenguaje de señas e información escrita en otros formatos (letras grandes, audio, formatos electrónicos accesibles, otros formatos); y
- Servicios lingüísticos gratuitos para las personas cuyo idioma primario no sea el inglés, como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, llame a Integra Managed Care al 1-877-388-5195 (TTY/TDD: 711)

Si cree que Integra Managed Care no le proporcionó estos servicios o le trató de forma distinta debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a Integra por:

- Correo: Appeals and Grievance Manager
Integra Managed Care, Inc.
1981 Marcus Avenue, Suite 100
Lake Success, NY 11042
- Teléfono: 1-877-388-5195 (TTY/TDD: 711)
Lunes a viernes de 8:00 a.m. a 5:00 p.m.

También puede presentar una queja de derechos civiles al Departamento de Salud y Servicios Humanos de Estados Unidos, Oficina de Derechos Civiles, por:

- Sitio web: Portal de Quejas de la Oficina de Derechos Civiles disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Correo: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Los formularios de quejas se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>
- Teléfono: 1-800-868-1019 (TTY/TDD: 1-800-537-7697)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-388-5195. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-388-5195. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-388-5195。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-388-5195。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-388-5195. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-388-5195. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-388-5195 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-388-5195. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-388-5195번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-388-5195. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: اننا نقدم خدمات المترجم الفوري للإجابة عن أي أسئلة تتعلق بخططنا للصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري؛ ليس عليك سوى الاتصال على الرقم التالي 1-877-388-5195. سيقوم شخص ما يتحدث اللغة الانجليزية بمساعدتك. هذه خدمة مجانية

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-388-5195. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-388-5195. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-388-5195. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-388-5195. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-388-5195 फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えする ために、無料の通訳サービスがあります。通訳をご用命になるには、 1-877-388-5195 にお電話ください。日本語を話す人 者 が支援いたします。これは 無料のサービスです。



This formulary was updated on 7/1/2021. For more recent information or other questions, please contact Integra Managed Care (HMO SNP) at 1-877-388-5195 or, for TTY users, 711, seven days a week from 8:00 a.m. to 8:00 p.m. from October 1 through March 31, or 8:00 a.m. to 8:00 p.m. Monday through Friday from April 1 through September 30. Or visit www.integramanagedcare.com.

Este formulario se actualizó el 1 de julio de 2021. Si desea obtener información más reciente o por otras cuestiones, comuníquese con Integra Managed Care (HMO SNP) al 1-877-388-5195 o para usuarios de TTY 711 los siete días de la semana de 8:00 a.m. a 8:00 p.m. del 1 de octubre al 31 de marzo, o de 8:00 a.m. a 8:00 p.m. de lunes a viernes del 1 de abril al 30 de septiembre, o visite www.integramanagedcare.com.