



COMPREHENSIVE FORMULARY

HEALTHTEAM ADVANTAGE PLAN I (PPO)
HEALTHTEAM ADVANTAGE PLAN II (PPO)

(LIST OF COVERED DRUGS)

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

2018

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Care N’ Care Insurance Company of North Carolina, Inc. When it refers to “plan” or “our plan,” it means HealthTeam Advantage Plan I (PPO) and HealthTeam Advantage Plan II (PPO).

This document includes list of the drugs (formulary) for our plan which is current as of 11/01/2018. 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, 2019, and from time to time during the year.

What is the HealthTeam Advantage Health Plan Formulary?

A formulary is a list of covered drugs selected by HealthTeam Advantage Health Plan 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. HealthTeam Advantage Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthTeam Advantage Health Plan 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?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of 11/01/2018. To get updated information about the drugs covered by HealthTeam Advantage Health Plan, please contact us. Our contact information appears on the front and back cover pages. If the plan makes any negative non-maintenance formulary change, members affected will receive written notice which explains the change and the formulary posted on our website will be updated.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 106. 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?

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 HealthTeam Advantage Health Plan 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 HealthTeam Advantage Health Plan’s formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that HealthTeam Advantage Health Plan does not cover your drug, you have two options:

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

How do I request an exception to the HealthTeam Advantage Health Plan’s Formulary?

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with 91 to 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

If you are outside your transition period, and experience a level of care change, HealthTeam Advantage

Health Plan will allow you access to a 30/31 day refill (30 days in the retail setting and 31 days in the long-term care (LTC) setting) for formulary medications and an emergency 30/31 day (30 days in the retail setting and 31 days in the LTC setting) transition fill for non-formulary medications (including Part D drugs that are on the Plan's formulary but require prior authorization, step therapy exception, or quantity limit exception). This will occur on a case-by-case basis when an exception request or appeal has been filed but has not been completed by the end of the transition period. All transition fills for new members, either in the retail setting or LTC setting, will process automatically. If you require a transition fill outside of your first 90 days with HealthTeam Advantage Health Plan, you or your pharmacist should contact us at 1-844-846-8003, 7 days a week, 24 hours a day (TTY/TDD users should call 711), so we can implement our transition policy for you. If you enroll in our plan while living at home and then become a resident of a LTC facility, please contact us at 1-844-846-8003, 7 days a week, 24 hours a day (TTY/TDD users should call 711) to let us know that you're now a resident of an LTC facility. We can then implement an LTC transition policy for you. This policy does not apply for short-term leaves of absences (i.e. holidays or vacations) from LTC or hospital facilities.

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

For more information

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

If you have questions about HealthTeam Advantage Health Plan, 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>.

HealthTeam Advantage Health Plan's Formulary

The formulary below provides coverage information about the drugs covered by HealthTeam Advantage Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 104.

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

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

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

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

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

	Standard In-Network Retail or Mail-Order (up to a 30-day supply)	Standard In-Network Retail or Mail-Order (up to a 90-day supply)
HealthTeam Advantage Plan I (PPO)		
• Tier 1 – Preferred Generics	\$5 copay	\$10 copay
• Tier 2 – Generics	\$15 copay	\$30 copay
• Tier 3 – Preferred Brands	\$45 copay	\$90 copay
• Tier 4 – Non-Preferred Drugs	\$85 copay	\$170 copay
• Tier 5 – Specialty Drugs	33% coinsurance	33% coinsurance
HealthTeam Advantage Plan II (PPO)		
• Tier 1 – Preferred Generics	\$0 copay	\$0 copay
• Tier 2 – Generics	\$12 copay	\$24 copay
• Tier 3 – Preferred Brands	\$40 copay	\$80 copay
• Tier 4 – Non-Preferred Drugs	\$75 copay	\$150 copay
• Tier 5 – Specialty Drugs	33% coinsurance	33% coinsurance

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

LEGEND

1: Tier 1 - Preferred Generics

2: Tier 2 - Generics

3: Tier 3 - Preferred Brands

4: Tier 4 - Non-Preferred Drugs

5: Tier 5 - Specialty

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

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

HR: High Risk Medication. These drugs require prior authorization if you are 65 years of age or older. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available. If your doctor feels this high risk drug is right for you, you (or your physician) are required to get prior authorization before you fill your prescription for this drug.

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

NMO: Not available through Mail Order.

PA: Prior Authorization. You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. If the abbreviation “HR” is also listed, this prior authorization requirement may not apply to you. See the “HR” abbreviation definition located on this page for further details.

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

ST: Step Therapy. In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

HealthTeam Advantage (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	NMO; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	4	NMO; QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 8 mg</i>	4	NMO; QL (60 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 16 mg, 32 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	3	NMO; QL (240 EA per 30 days)
<i>methadone hcl injection solution 10 mg/ml</i>	4	NMO; QL (360 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	4	NMO; QL (1800 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	4	NMO; QL (3600 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	3	NMO; QL (240 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	3	NMO; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	4	NMO; QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	NMO; QL (60 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg, 300 mg (matrix delivery)</i>	4	NMO; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	NMO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 18372, Ver. 15 Last Updated 10/24/2018 Effective Date: 11/01/2018

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NMO; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	NMO; QL (180 EA per 30 days)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	4	PA; NMO; HR; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	4	PA; NMO; HR; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; NMO; HR; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	PA; NMO; HR; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	PA; NMO; HR; QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	NMO; QL (960 ML per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	NMO
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	NMO; QL (10 ML per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>duramorph injection solution 0.5 mg/ml</i>	2	BD; NMO; QL (7200 ML per 30 days)
<i>duramorph injection solution 1 mg/ml</i>	2	BD; NMO; QL (3600 ML per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NMO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	NMO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	NMO; QL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl oral tablet 8 mg</i>	3	NMO; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	NMO; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	NMO; QL (3600 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	NMO; QL (2700 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	NMO; QL (360 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	4	NMO; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	4	NMO; QL (240 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	3	NMO; QL (240 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NMO; GC; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NMO; GC; QL (360 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	1	NMO; GC
<i>lidocaine hcl injection solution 0.5 %, 2 %</i>	1	NMO; GC
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	NMO
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg</i>	2	
<i>disulfiram oral tablet 500 mg</i>	1	GC
<i>naltrexone hcl oral tablet 50 mg</i>	1	NMO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
OPIOID ANTAGONISTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 18372, Ver. 15 Last Updated 10/24/2018 Effective Date: 11/01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	3	PA; NMO; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	3	PA; NMO; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	3	PA; NMO; QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	3	PA; NMO; QL (90 EA per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	3	NMO; QL (8 EA per 28 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	NMO; GC
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	NMO; GC
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	NMO; GC
NARCAN NASAL LIQUID 4 MG/0.1ML	4	NMO; QL (2 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	PA; NMO
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	NMO; GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	GC
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	NMO
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	NMO
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	NMO
NICOTROL INHALATION INHALER 10 MG	4	NMO
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	NMO
<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>	2	NMO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	NMO
<i>neomycin sulfate oral tablet 500 mg</i>	1	NMO; GC
<i>paromomycin sulfate oral capsule 250 mg</i>	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	3	NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	NMO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD; NMO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	NMO
ANTIBACTERIALS, OTHER		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	2	NMO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	NMO; GC
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	NMO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	NMO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	NMO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BD; NMO
<i>colistimethate sodium injection solution reconstituted 150 mg</i>	4	BD; NMO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
<i>doripenem intravenous solution reconstituted 500 mg</i>	4	NMO
<i>lincomycin hcl injection solution 300 mg/ml</i>	2	BD; NMO
<i>linezolid intravenous solution 600 mg/300ml</i>	5	NMO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	NMO
<i>linezolid oral tablet 600 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>methenamine hippurate oral tablet 1 gm</i>	3	NMO
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	NMO
<i>metronidazole oral capsule 375 mg</i>	2	NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	NMO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>	2	NMO
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	2	NMO
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	NMO
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5	BD; NMO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	BD; NMO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	3	NMO
<i>trimethoprim oral tablet 100 mg</i>	1	NMO; GC
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	4	NMO
<i>vancomycin hcl oral capsule 125 mg</i>	4	NMO
<i>vancomycin hcl oral capsule 250 mg</i>	5	NMO
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	PA; NMO
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	3	NMO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	NMO
<i>cefadroxil oral capsule 500 mg</i>	1	NMO; GC
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	NMO
<i>cefadroxil oral tablet 1 gm</i>	2	NMO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	NMO
<i>cefdinir oral capsule 300 mg</i>	2	NMO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	NMO
<i>cefotaxime sodium injection solution reconstituted 2 gm, 500 mg</i>	2	NMO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	NMO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	NMO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	4	NMO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	NMO
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	NMO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg</i>	4	NMO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	NMO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cephalexin oral tablet 250 mg</i>	1	NMO; GC
SUPRAX ORAL CAPSULE 400 MG	3	NMO
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	NMO
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	3	NMO
TAZICEF INJECTION SOLUTION RECONSTITUTED 2 GM	4	NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	4	NMO
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	5	NMO
BETA-LACTAM, OTHER		
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM	4	NMO
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam injection solution reconstituted 1 gm</i>	4	NMO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	NMO
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	4	NMO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	NMO
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	NMO; GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NMO; GC
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	NMO; GC
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	3	NMO
<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>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	NMO
<i>ampicillin oral capsule 500 mg</i>	1	NMO; GC
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	NMO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	NMO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	4	NMO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	NMO
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	4	NMO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	3	NMO
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	3	NMO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	NMO
<i>nafcillin sodium injection solution reconstituted 1 gm, 10 gm</i>	4	NMO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	NMO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	NMO
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	4	NMO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	NMO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	NMO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NMO; GC
<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</i>	4	NMO
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	4	NMO
MACROLIDES		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	NMO
<i>azithromycin oral packet 1 gm</i>	2	NMO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	NMO; GC
<i>azithromycin oral tablet 600 mg</i>	2	NMO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	NMO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
DIFICID ORAL TABLET 200 MG	5	NMO
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	3	NMO
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	3	NMO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	NMO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	NMO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	NMO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	NMO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	3	NMO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	NMO
QUINOLONES		
CIPRO IN D5W INTRAVENOUS SOLUTION 400 MG/200ML	4	NMO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	NMO
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	4	NMO
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	2	NMO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	NMO
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	NMO
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	4	NMO
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	NMO
SULFONAMIDES		
<i>sulfadiazine oral tablet 500 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	NMO; GC
TETRACYCLINES		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	NMO
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	NMO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	4	NMO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	NMO; GC
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	NMO
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	NMO
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	3	NMO
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	4	NMO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	3	NMO
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	4	NMO
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	4	NMO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	2	NMO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	4	NMO
<i>levetiracetam intravenous solution 500 mg/5ml</i>	2	NMO
<i>levetiracetam oral solution 100 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
BARBITURATES		
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA; GC; HR
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg</i>	1	PA; GC; HR
<i>phenobarbital oral tablet 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; HR
<i>primidone oral tablet 250 mg, 50 mg</i>	1	GC
BENZODIAZEPINES		
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (180 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (180 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	NMO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	NMO
<i>diazepam rectal gel 10 mg, 2.5 mg</i>	4	NMO
ONFI ORAL SUSPENSION 2.5 MG/ML	4	
ONFI ORAL TABLET 10 MG, 20 MG	4	QL (60 EA per 30 days)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1	GC
<i>ethosuximide oral solution 250 mg/5ml</i>	1	GC
LYRICA ORAL CAPSULE 150 MG, 200 MG, 225 MG, 25 MG, 50 MG, 75 MG	3	QL (120 EA per 30 days)
LYRICA ORAL CAPSULE 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	GC
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
SABRIL ORAL TABLET 500 MG	5	NMO
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	4	
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	2	
<i>valproate sodium intravenous solution 100 mg/ml</i>	2	NMO
<i>valproate sodium oral solution 250 mg/5ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>vigabatrin oral packet 500 mg</i>	5	LA; NMO
GLUTAMATE REDUCING AGENTS		
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 25 (21)-50 (7) MG, 50 & 100 & 200 MG	4	NMO
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	GC
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	4	NMO
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	4	NMO
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	4	NMO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>topiramate oral tablet 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	NMO
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG	4	QL (30 EA per 30 days)
APTIOM ORAL TABLET 400 MG	5	NMO; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
APTIOM ORAL TABLET 800 MG	5	NMO; QL (45 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	5	NMO; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	5	NMO; QL (240 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA; NMO
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA; NMO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	3	
EPITOL ORAL TABLET 200 MG	2	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	GC
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	GC
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	4	
PEGANONE ORAL TABLET 250 MG	3	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	GC
<i>phenytoin oral tablet chewable 50 mg</i>	1	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	GC
<i>phenytoin sodium injection solution 50 mg/ml</i>	1	NMO; GC
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	4	PA; NMO; QL (1200 ML per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA; QL (1200 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL (60 EA per 30 days)
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates oral tablet 1 mg</i>	2	PA; HR
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>donepezil hcl oral tablet 23 mg</i>	3	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	3	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	2	NMO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	3	NMO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	NMO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	GC
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GC
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL (30 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GC
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>trazodone hcl oral tablet 100 mg</i>	1	NMO; GC
<i>trazodone hcl oral tablet 150 mg, 50 mg</i>	1	GC
<i>trazodone hcl oral tablet 300 mg</i>	2	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	NMO
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NMO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	NMO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	3	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	
<i>fluoxetine hcl oral tablet 60 mg</i>	3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	3	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
<i>paroxetine mesylate oral capsule 7.5 mg</i>	4	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
SARAFEM ORAL TABLET 10 MG, 20 MG	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	GC
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	GC
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	3	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
TRICYCLICS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; HR
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	PA; HR
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; HR
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	PA; HR
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; HR
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	PA; HR
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	3	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA; HR
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	NMO; GC
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	NMO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	PA; NMO; HR
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BD; NMO; QL (12 EA per 30 days)
CESAMET ORAL CAPSULE 1 MG	5	BD; NMO; QL (60 EA per 30 days)
<i>dronabinol oral capsule 10 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg</i>	2	PA; NMO; QL (60 EA per 30 days)
<i>dronabinol oral capsule 5 mg</i>	4	PA; NMO; QL (60 EA per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	BD; NMO
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	4	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml</i>	2	BD; NMO
<i>granisetron hcl oral tablet 1 mg</i>	1	BD; NMO; GC; QL (60 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml, 4 mg/2ml (2ml syringe)</i>	1	BD; NMO; GC
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD; NMO
<i>ondansetron hcl oral tablet 24 mg</i>	1	BD; NMO; GC; QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BD; NMO; GC; QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	1	BD; NMO; GC; QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	2	BD; NMO; QL (90 EA per 30 days)
<i>palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml</i>	4	BD; NMO
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	3	NMO; QL (4 EA per 28 days)
SYNDROS ORAL SOLUTION 5 MG/ML	5	PA; NMO; QL (120 ML per 30 days)
VARUBI ORAL TABLET 90 MG	4	BD; NMO
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	BD; NMO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	4	BD; NMO
<i>amphotericin b injection solution reconstituted 50 mg</i>	4	BD; NMO
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	5	BD; NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	4	NMO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	NMO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	NMO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	NMO
<i>itraconazole oral capsule 100 mg</i>	3	PA; NMO
<i>ketoconazole oral tablet 200 mg</i>	1	NMO; GC
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	5	NMO
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	NMO
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	5	NMO
<i>nystatin oral tablet 500000 unit</i>	2	NMO
ORAVIG BUCCAL TABLET 50 MG	3	NMO
SPORANOX ORAL SOLUTION 10 MG/ML	5	PA; NMO
<i>terbinafine hcl oral tablet 250 mg</i>	1	NMO; GC
<i>voriconazole intravenous solution reconstituted 200 mg</i>	4	NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	NMO; QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	5	NMO; QL (120 EA per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg</i>	1	GC
<i>colchicine oral capsule 0.6 mg</i>	2	NMO
<i>colchicine oral tablet 0.6 mg</i>	2	NMO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>probenecid oral tablet 500 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST
ANTI-INFLAMMATORY AGENTS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	3	
<i>celecoxib oral capsule 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	GC
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	GC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	3	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
IBU ORAL TABLET 600 MG, 800 MG	1	GC
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	NMO; GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
INDOCIN ORAL SUSPENSION 25 MG/5ML	3	PA; HR
<i>indomethacin er oral capsule extended release 75 mg</i>	4	PA; HR
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; GC; HR
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	4	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	2	PA; NMO; HR
<i>mefenamic acid oral capsule 250 mg</i>	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	GC
<i>naproxen oral suspension 125 mg/5ml</i>	1	GC
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	3	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC
<i>tolmetin sodium oral capsule 400 mg</i>	2	
<i>tolmetin sodium oral tablet 600 mg</i>	2	

ANTIMIGRAINE AGENTS

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Drug Name	Drug Tier	Requirements/Limits
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	4	NMO
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	NMO
PROPHYLACTIC		
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>timolol maleate oral tablet 10 mg</i>	1	GC
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	NMO
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	NMO
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	4	NMO
<i>frovatriptan succinate oral tablet 2.5 mg</i>	2	NMO
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	NMO
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	NMO
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	NMO
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	2	NMO
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	NMO
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	NMO
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	NMO
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	4	NMO
TREXIMET ORAL TABLET 10-60 MG	4	NMO
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	NMO
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	NMO
ZOMIG NASAL SOLUTION 5 MG	4	NMO
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl oral tablet 125 mg</i>	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
MESTINON ORAL SYRUP 60 MG/5ML	3	NMO
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	NMO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	NMO
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>pyrazinamide oral tablet 500 mg</i>	2	NMO
<i>rifabutin oral capsule 150 mg</i>	3	NMO
ANTITUBERCULARS		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	4	NMO
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	3	NMO
<i>isoniazid injection solution 100 mg/ml</i>	1	NMO; GC
<i>isoniazid oral syrup 50 mg/5ml</i>	1	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PASER ORAL PACKET 4 GM	4	NMO
PRIFTIN ORAL TABLET 150 MG	4	NMO
RIFAMATE ORAL CAPSULE 150-300 MG	4	NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	NMO
<i>rifampin oral capsule 150 mg</i>	1	NMO; GC
<i>rifampin oral capsule 300 mg</i>	2	NMO
RIFATER ORAL TABLET 50-120-300 MG	4	NMO
SIRTURO ORAL TABLET 100 MG	5	NMO
TRECTOR ORAL TABLET 250 MG	4	NMO
ANTINEOPLASTICS		
ALKYLATING AGENTS		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	BD; NMO
<i>busulfan intravenous solution 6 mg/ml</i>	4	BD; NMO
<i>carboplatin intravenous solution 150 mg/15ml</i>	4	BD; NMO
<i>cisplatin intravenous solution 100 mg/100ml, 50 mg/50ml</i>	4	BD; NMO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	NMO
HEXALEN ORAL CAPSULE 50 MG	5	NMO
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	4	BD; NMO
LEUKERAN ORAL TABLET 2 MG	3	NMO
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	4	BD; NMO
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	5	BD; NMO
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	4	BD; NMO
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	4	BD; NMO
<i>thiotepa injection solution reconstituted 15 mg</i>	5	BD; NMO
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	5	BD; NMO
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	5	PA; NMO
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	4	BD; NMO
ANTIANGIOGENIC AGENTS		
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	BD; NMO
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	BD; NMO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; NMO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML	5	BD; NMO
ANTIMETABOLITES		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	4	BD; NMO
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	BD; NMO
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	4	BD; NMO
<i>azacitidine injection suspension reconstituted 100 mg</i>	5	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>cladribine intravenous solution 10 mg/10ml</i>	5	BD; NMO
<i>clofarabine intravenous solution 1 mg/ml</i>	5	BD; NMO
<i>cytarabine (pf) injection solution 100 mg/ml</i>	4	BD; NMO
<i>cytarabine injection solution 20 mg/ml</i>	2	BD; NMO
<i>decitabine intravenous solution reconstituted 50 mg</i>	5	BD; NMO
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	2	BD; NMO
<i>fluorouracil intravenous solution 2.5 gm/50ml, 5 gm/100ml</i>	4	BD; NMO
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	5	BD; NMO
<i>mercaptopurine oral tablet 50 mg</i>	2	NMO
<i>methotrexate oral tablet 2.5 mg</i>	2	BD; NMO
<i>methotrexate sodium (pf) injection solution 100 mg/4ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml</i>	1	BD; NMO; GC
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	BD; NMO; GC
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	BD; NMO; GC
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	3	NMO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BD; NMO
XATMEP ORAL SOLUTION 2.5 MG/ML	5	BD; NMO
ANTINEOPLASTICS		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	BD; NMO
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA; NMO
ADRIAMYCIN INTRAVENOUS SOLUTION 2 MG/ML	4	BD; NMO
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	5	NMO; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	NMO; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	NMO
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	5	PA; LA; NMO
ALUNBRIG ORAL TABLET 180 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	5	BD; NMO
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	BD; NMO
<i>bexarotene oral capsule 75 mg</i>	5	NMO
<i>bicalutamide oral tablet 50 mg</i>	1	NMO; GC; QL (30 EA per 30 days)
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	1	BD; NMO; GC
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	5	BD; NMO
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	NMO
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	NMO; QL (60 EA per 30 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	NMO; QL (120 EA per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	NMO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COTELLIC ORAL TABLET 20 MG	5	LA; NMO
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	4	BD; NMO
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	5	BD; NMO
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	5	LA; NMO
<i>daunorubicin hcl intravenous injectable 5 mg/ml</i>	2	BD; NMO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	BD; NMO
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	5	BD; NMO
<i>docetaxel intravenous concentrate 80 mg/4ml</i>	5	BD; NMO
<i>docetaxel intravenous solution 160 mg/16ml, 80 mg/8ml</i>	5	BD; NMO
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	4	BD; NMO
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	5	BD; NMO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	BD; NMO
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	5	BD; NMO
EMCYT ORAL CAPSULE 140 MG	3	NMO
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	5	PA; NMO
<i>epirubicin hcl intravenous solution 200 mg/100ml</i>	4	BD; NMO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML	5	BD; NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	NMO
ERLEADA ORAL TABLET 60 MG	5	PA; LA; NMO
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	5	PA; NMO
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	BD; NMO
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	2	BD; NMO
FARESTON ORAL TABLET 60 MG	5	NMO; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5	BD; NMO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	5	BD; NMO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	BD; NMO
<i>flutamide oral capsule 125 mg</i>	1	NMO; GC
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	5	BD; NMO
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG	5	BD; NMO
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>	5	PA; NMO
<i>hydroxyurea oral capsule 500 mg</i>	1	NMO; GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO
ICLUSIG ORAL TABLET 15 MG	5	PA; NMO; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	5	BD; NMO
IDHIFA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; NMO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NMO
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	5	PA; NMO
INLYTA ORAL TABLET 1 MG	5	NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	NMO; QL (60 EA per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	BD; NMO
IRESSA ORAL TABLET 250 MG	5	NMO
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	4	BD; NMO
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	BD; NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	NMO; QL (60 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5	NMO
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 6.25 MG	4	BD; NMO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA; NMO
KISQALI 200 DOSE ORAL TABLET 200 MG	5	PA; NMO
KISQALI 400 DOSE ORAL TABLET 200 MG	5	PA; NMO
KISQALI 600 DOSE ORAL TABLET 200 MG	5	PA; NMO
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	5	BD; NMO
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML	4	PA; NMO
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	5	NMO
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	NMO
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	5	NMO
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	5	NMO
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	5	NMO
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	1	BD; NMO; GC
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	NMO; GC
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA; NMO; GC
<i>levoleucovorin calcium intravenous solution 175 mg/17.5ml</i>	5	BD; NMO
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	4	BD; NMO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	NMO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	5	PA; NMO
LYNPARZA ORAL CAPSULE 50 MG	5	PA; NMO
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA; NMO
LYSODREN ORAL TABLET 500 MG	3	NMO
MATULANE ORAL CAPSULE 50 MG	5	NMO
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; NMO; GC; HR
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA; NMO; GC; HR
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	NMO
MESNEX ORAL TABLET 400 MG	5	NMO
<i>mitomycin intravenous solution reconstituted 20 mg, 5 mg</i>	4	BD; NMO
<i>mitomycin intravenous solution reconstituted 40 mg</i>	5	BD; NMO
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	2	BD; NMO
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5	PA; LA; NMO
NERLYNX ORAL TABLET 40 MG	5	PA; LA; NMO; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEXAVAR ORAL TABLET 200 MG	5	LA; NMO; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	3	NMO; QL (60 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	NMO
ODOMZO ORAL CAPSULE 200 MG	5	LA; NMO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	5	PA; NMO
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 300 mg/50ml</i>	4	BD; NMO
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	5	BD; NMO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	LA; NMO
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	5	BD; NMO
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA; NMO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (240 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; NMO
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	NMO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	NMO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	NMO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	NMO
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	LA; NMO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	GC
TARCEVA ORAL TABLET 100 MG, 150 MG	5	NMO; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	5	NMO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	NMO; QL (120 EA per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	BD; NMO
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML	2	BD; NMO
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	5	BD; NMO
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	5	BD; NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	BD; NMO
<i>tretinoin oral capsule 10 mg</i>	5	NMO
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	4	BD; NMO
TYKERB ORAL TABLET 250 MG	5	NMO; QL (150 EA per 30 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	5	BD; NMO
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5	BD; NMO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; LA; NMO
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; LA; NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; NMO
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	4	BD; NMO
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	4	BD; NMO
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	4	BD; NMO
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	4	BD; NMO
VOTRIENT ORAL TABLET 200 MG	5	NMO; QL (120 EA per 30 days)
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 100-44 MG, 44-100 MG	5	PA; NMO
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	NMO; QL (60 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	ST; NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	5	BD; NMO
YONSA ORAL TABLET 125 MG	5	PA; NMO; QL (120 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	NMO; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NMO; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG	5	NMO; QL (90 EA per 30 days)
ZYDELIG ORAL TABLET 150 MG	5	NMO; QL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	NMO
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA; NMO; QL (120 EA per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	1	GC
<i>exemestane oral tablet 25 mg</i>	2	QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	GC
TREATMENT ADJUNCTS		
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>mesna intravenous solution 100 mg/ml</i>	4	BD; NMO
ANTIPARASITICS		
ANTHELMINTICS		
ALBENZA ORAL TABLET 200 MG	4	NMO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	4	NMO
BILTRICIDE ORAL TABLET 600 MG	4	NMO
EMVERM ORAL TABLET CHEWABLE 100 MG	3	NMO
<i>ivermectin oral tablet 3 mg</i>	3	NMO
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	4	NMO; QL (180 ML per 30 days)
ALINIA ORAL TABLET 500 MG	4	NMO
<i>atovaquone oral suspension 750 mg/5ml</i>	5	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	NMO
DARAPRIM ORAL TABLET 25 MG	5	NMO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	4	BD; NMO
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	4	NMO
<i>primaquine phosphate oral tablet 26.3 mg</i>	4	NMO
<i>quinine sulfate oral capsule 324 mg</i>	4	NMO
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate injection solution 1 mg/ml</i>	1	NMO; GC
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA; GC; HR
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	1	PA; GC; HR
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA; GC; HR
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; NMO; QL (62 EA per 31 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; NMO; QL (31 EA per 31 days)
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	LA; NMO; QL (60 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	GC
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	3	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
<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>	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	3	QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	5	NMO
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	4	BD; NMO
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	2	BD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	2	
COMPRO RECTAL SUPPOSITORY 25 MG	2	NMO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	NMO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	2	NMO
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	2	NMO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>perphenazine oral tablet 16 mg</i>	3	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	PA; HR
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	2	NMO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	GC
<i>prochlorperazine rectal suppository 25 mg</i>	2	NMO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	PA; HR
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 300 MG (1.5ML SYRINGE), 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	3	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5	NMO; QL (60 EA per 30 days)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	4	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	NMO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	NMO; QL (60 EA per 30 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	4	NMO; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	4	NMO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	NMO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	
NUPLAZID ORAL CAPSULE 34 MG	5	PA; NMO
NUPLAZID ORAL TABLET 10 MG, 17 MG	5	PA; NMO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	NMO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	GC
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	4	QL (60 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	GC
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NMO; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG	4	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG	5	NMO
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; NMO; QL (120 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	ST; NMO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	5	ST; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST; NMO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	NMO
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg</i>	2	NMO; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg, 25 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg</i>	4	NMO; QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	NMO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NMO; QL (540 ML per 30 days)
ANTIVIRALS		

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Drug Name	Drug Tier	Requirements/Limits
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>cidofovir intravenous solution 75 mg/ml</i>	5	BD; NMO
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	4	BD; NMO
<i>valganciclovir hcl oral tablet 450 mg</i>	5	NMO
ANTIHEPATITIS AGENTS		
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NMO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	5	NMO; QL (30 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA; NMO
REBETOL ORAL SOLUTION 40 MG/ML	5	PA; NMO
RIBASPHERE ORAL TABLET 400 MG	4	PA; NMO
RIBASPHERE ORAL TABLET 600 MG	5	PA; NMO
RIBASPHERE RIBAPAK ORAL TABLET 200 & 400 MG	4	PA; NMO
RIBASPHERE RIBAPAK ORAL TABLET 400 & 600 MG, 400 MG, 600 MG	5	PA; NMO
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG	4	PA; NMO
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 400 & 600 MG	5	PA; NMO
VEMLIDY ORAL TABLET 25 MG	5	PA; NMO
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NMO
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NMO
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	4	PA; NMO; QL (180 EA per 30 days)
<i>ribavirin oral tablet 200 mg</i>	4	PA; NMO; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	1	NMO; GC
<i>acyclovir oral suspension 200 mg/5ml</i>	2	NMO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	NMO; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BD; NMO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	NMO
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	5	NMO; QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	5	NMO; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	NMO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	3	
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
RESCRIPTOR ORAL TABLET 100 MG	4	QL (360 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	4	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	3	QL (1200 ML per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	NMO; QL (60 EA per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	NMO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	NMO
<i>didanosine oral capsule delayed release 200 mg</i>	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	3	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
EVOTAZ ORAL TABLET 300-150 MG	5	NMO; QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO; QL (30 EA per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	NMO
<i>stavudine oral capsule 15 mg, 20 mg</i>	3	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	3	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	5	NMO; QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	NMO
TRUVADA ORAL TABLET 200-300 MG	5	NMO; QL (30 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	QL (90 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	QL (1200 ML per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; QL (30 EA per 30 days)
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3	
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NMO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NMO; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (180 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	4	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	NMO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	NMO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NMO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS ORAL CAPSULE 250 MG	5	NMO; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	5	NMO; QL (285 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	5	NMO; QL (30 EA per 30 days)
CRIVAN ORAL CAPSULE 200 MG	3	QL (450 EA per 30 days)
CRIVAN ORAL CAPSULE 400 MG	3	QL (270 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NMO; QL (120 EA per 30 days)
INVIRASE ORAL CAPSULE 200 MG	5	NMO; QL (300 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	NMO; QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	5	NMO; QL (400 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	4	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	NMO; QL (150 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
NORVIR ORAL CAPSULE 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	NMO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	NMO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	4	QL (360 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NMO; QL (120 EA per 30 days)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	3	NMO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	NMO; QL (540 ML per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	NMO
<i>rimantadine hcl oral tablet 100 mg</i>	3	NMO
ANTIVIRALS, OTHER		
ATRIPLA ORAL TABLET 600-200-300 MG	5	NMO; QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO; QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	NMO
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	5	NMO; QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	5	NMO; QL (30 EA per 30 days)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	NMO; GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	4	PA; NMO; HR
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	PA; NMO; HR
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; NMO; HR
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA; NMO; HR

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Drug Name	Drug Tier	Requirements/Limits
BENZODIAZEPINES		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 3 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	3	NMO; QL (360 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	NMO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	3	NMO; QL (240 ML per 30 days)
<i>diazepam oral solution 1 mg/ml</i>	3	NMO; QL (1200 EA per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	3	NMO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	NMO; QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	NMO; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	NMO; QL (240 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	NMO; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	3	NMO; QL (120 EA per 30 days)
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>carbamazepine oral tablet chewable 100 mg</i>	1	GC
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	GC
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium oral solution 8 meq/5ml</i>	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	NMO
<i>cvs gauze sterile pad 2"x2"</i>	3	NMO
CYCLOSET ORAL TABLET 0.8 MG	4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	NMO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	GC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 EA per 30 days)
<i>global alcohol prep ease pad 70 %</i>	3	NMO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
KORLYM ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	GC; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	GC; QL (90 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	GC
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	3	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	GC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	QL (90 EA per 30 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	NMO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	3	
RIOMET ORAL SOLUTION 500 MG/5ML	4	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA; QL (10.8 ML per 28 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA; QL (10.8 ML per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	1	GC
<i>tolbutamide oral tablet 500 mg</i>	1	GC
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	ST
GLYCEMIC AGENTS		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	NMO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	NMO
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
INSULINS		

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Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
<i>argatroban intravenous solution 250 mg/2.5ml</i>	4	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
ELIQUIS STARTER PACK ORAL TABLET 5 MG	3	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	NMO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	NMO
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NMO
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	NMO
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	NMO
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	NMO
<i>heparin (porcine) in d5w intravenous solution 40-5 unit/ml-%, 50-5 unit/ml-%</i>	2	BD; NMO
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml</i>	3	BD; NMO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	NMO; GC
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
<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	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	NMO
BLOOD FORMATION MODIFIERS		
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	5	PA; NMO; QL (9.6 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NMO
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; NMO
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NMO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	2	BD; NMO
<i>tranexamic acid oral tablet 650 mg</i>	2	NMO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
PLATELET MODIFYING AGENTS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	GC
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA; GC; HR
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	PA; GC; HR
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	NMO
ALPHA-ADRENERGIC BLOCKING AGENTS		
DEMSER ORAL CAPSULE 250 MG	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GC
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>eprosartan mesylate oral tablet 600 mg</i>	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	GC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	GC
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	GC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	2	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	PA; GC; HR
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	PA; HR
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	GC
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	GC
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	GC
ANTIHYPERTENSIVE COMBINATIONS		
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<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	GC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<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>	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	GC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	GC
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	PA; GC; HR
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<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>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	GC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
<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	GC
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
<i>labetalol hcl intravenous solution 5 mg/ml</i>	2	NMO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	GC
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	2	NMO
<i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>	2	NMO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	2	NMO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	GC
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GC
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	GC
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GC
<i>timolol maleate oral tablet 20 mg, 5 mg</i>	1	GC
CALCIUM CHANNEL BLOCKING AGENTS		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	1	GC
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	GC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	GC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	GC
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	2	NMO
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	2	NMO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	GC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	GC
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	3	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	GC
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GC
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GC
<i>nimodipine oral capsule 30 mg</i>	4	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	GC
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GC
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	2	NMO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
CARDIOVASCULAR AGENTS, OTHER		
<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>	2	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	GC
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	GC
<i>digoxin injection solution 0.25 mg/ml</i>	1	NMO; GC
<i>digoxin oral solution 0.05 mg/ml</i>	1	GC
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	4	PA; QL (60 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	GC
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	3	
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide oral tablet 125 mg</i>	1	GC
<i>acetazolamide oral tablet 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
DIURETICS, LOOP		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	NMO; GC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	NMO; GC
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GC
DIURETICS, POTASSIUM-SPARING		

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl oral tablet 5 mg</i>	1	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
DIURETICS, THIAZIDE		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	4	NMO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC
DIURIL ORAL SUSPENSION 250 MG/5ML	4	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
<i>methyclothiazide oral tablet 5 mg</i>	1	GC
<i>metolazone oral tablet 10 mg, 5 mg</i>	2	
<i>metolazone oral tablet 2.5 mg</i>	1	GC
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GC
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light oral powder 4 gm/dose</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>cholestyramine oral powder 4 gm/dose</i>	2	
<i>colestipol hcl oral granules 5 gm</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	3	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; NMO; QL (30 EA per 30 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
NIACOR ORAL TABLET 500 MG	1	NMO; GC
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	5	PA; NMO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	5	PA; NMO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	5	PA; NMO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	5	PA; NMO
WELCHOL ORAL PACKET 3.75 GM	3	
WELCHOL ORAL TABLET 625 MG	3	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	GC
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
VASODILATORS, DIRECT-ACTING ARTERIAL		
BIDIL ORAL TABLET 20-37.5 MG	4	
<i>hydralazine hcl injection solution 20 mg/ml</i>	1	NMO; GC
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GC
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	3	PA
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 5 mg</i>	4	PA
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	4	PA
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	4	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	PA
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	PA; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg</i>	4	PA; QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	3	QL (120 EA per 30 days)
DAYTRANA TRANSDERMAL PATCH 15 MG/9HR	4	PA
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	PA
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 18 mg, 20 mg, 72 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg</i>	3	PA
<i>methylphenidate hcl er oral tablet extended release 27 mg, 36 mg, 54 mg</i>	3	PA
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	4	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	PA
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	5	PA; NMO
<i>riluzole oral tablet 50 mg</i>	4	
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; NMO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
FIBROMYALGIA AGENTS		
LYRICA ORAL CAPSULE 100 MG	3	QL (120 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	NMO
MULTIPLE SCLEROSIS AGENTS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	5	PA; NMO; QL (60 EA per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; LA; NMO; QL (30 EA per 30 days)
AVONEX INTRAMUSCULAR KIT 30 MCG	5	PA; NMO
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NMO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	5	PA; NMO
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	5	PA; NMO
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; NMO
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	PA; NMO
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NMO
TECFIDERA ORAL 120 & 240 MG	5	PA; NMO
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	5	PA; NMO; QL (60 EA per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	5	PA; ST; NMO
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>cevimeline hcl oral capsule 30 mg</i>	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NMO; GC
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	NMO; GC
<i>lidocaine viscous mouth/throat solution 2 %</i>	1	NMO; GC
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	NMO; GC
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	3	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	NMO
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS		
ACANYA EXTERNAL GEL 1.2-2.5 %	4	NMO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	5	PA; NMO
<i>acyclovir external ointment 5 %</i>	4	NMO
<i>adapalene external cream 0.1 %</i>	4	NMO
<i>adapalene external gel 0.1 %, 0.3 %</i>	4	NMO
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	4	NMO
ALA SCALP EXTERNAL LOTION 2 %	4	NMO
<i>alclometasone dipropionate external cream 0.05 %</i>	1	NMO; GC
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	NMO; GC
<i>amcinonide external cream 0.1 %</i>	4	NMO
<i>amcinonide external lotion 0.1 %</i>	3	NMO
<i>amcinonide external ointment 0.1 %</i>	3	NMO
<i>ammonium lactate external cream 12 %</i>	1	NMO; GC
<i>ammonium lactate external lotion 12 %</i>	1	NMO; GC
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	NMO
AZELEX EXTERNAL CREAM 20 %	4	NMO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	NMO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>betamethasone valerate external cream 0.1 %</i>	2	NMO
<i>betamethasone valerate external foam 0.12 %</i>	2	NMO
<i>betamethasone valerate external lotion 0.1 %</i>	2	NMO
<i>betamethasone valerate external ointment 0.1 %</i>	2	NMO
<i>calcipotriene external cream 0.005 %</i>	4	NMO
<i>calcipotriene external ointment 0.005 %</i>	4	NMO
<i>calcipotriene external solution 0.005 %</i>	4	NMO
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	NMO
<i>calcitriol external ointment 3 mcg/gm</i>	4	NMO
CAPEX EXTERNAL SHAMPOO 0.01 %	4	NMO
<i>ciclopirox external gel 0.77 %</i>	2	NMO
<i>ciclopirox external shampoo 1 %</i>	2	NMO
<i>ciclopirox olamine external cream 0.77 %</i>	2	NMO
<i>ciclopirox olamine external suspension 0.77 %</i>	2	NMO
CLARAVIS ORAL CAPSULE 10 MG	4	NMO
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	4	NMO
<i>clindamycin phosphate external foam 1 %</i>	2	NMO
<i>clindamycin phosphate external gel 1 %</i>	2	NMO
<i>clindamycin phosphate external lotion 1 %</i>	2	NMO
<i>clindamycin phosphate external solution 1 %</i>	2	NMO
<i>clindamycin phosphate external swab 1 %</i>	2	NMO
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	4	NMO
<i>clobetasol propionate e external cream 0.05 %</i>	4	NMO
<i>clobetasol propionate external cream 0.05 %</i>	4	NMO
<i>clobetasol propionate external foam 0.05 %</i>	3	NMO
<i>clobetasol propionate external gel 0.05 %</i>	4	NMO
<i>clobetasol propionate external liquid 0.05 %</i>	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external lotion 0.05 %</i>	3	NMO
<i>clobetasol propionate external ointment 0.05 %</i>	3	NMO
<i>clobetasol propionate external shampoo 0.05 %</i>	3	NMO
<i>clobetasol propionate external solution 0.05 %</i>	3	NMO
CLODERM EXTERNAL CREAM 0.1 %	4	NMO
CLODERM PUMP EXTERNAL CREAM 0.1 %	4	NMO
<i>clotrimazole external cream 1 %</i>	1	NMO; GC
<i>clotrimazole external solution 1 %</i>	1	NMO; GC
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	NMO
CONDYLOX EXTERNAL GEL 0.5 %	4	NMO
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	4	NMO
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	4	NMO
CORTISPORIN EXTERNAL OINTMENT 1 %	4	NMO
COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	ST; NMO
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	ST; NMO
DENAVIR EXTERNAL CREAM 1 %	4	NMO
DESONATE EXTERNAL GEL 0.05 %	4	NMO
<i>desonide external cream 0.05 %</i>	4	NMO
<i>desonide external lotion 0.05 %</i>	3	NMO
<i>desonide external ointment 0.05 %</i>	3	NMO
<i>desoximetasone external cream 0.05 %</i>	4	NMO
<i>desoximetasone external cream 0.25 %</i>	3	NMO
<i>desoximetasone external gel 0.05 %</i>	4	NMO
<i>desoximetasone external ointment 0.25 %</i>	3	NMO
<i>diclofenac sodium transdermal gel 1 %</i>	2	NMO
<i>diclofenac sodium transdermal gel 3 %</i>	5	PA; NMO; QL (100 GM per 30 days)
<i>diclofenac sodium transdermal solution 1.5 %</i>	4	NMO
DIFFERIN EXTERNAL LOTION 0.1 %	4	NMO
<i>diflorasone diacetate external cream 0.05 %</i>	4	NMO
<i>diflorasone diacetate external ointment 0.05 %</i>	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl external cream 5 %</i>	3	NMO
<i>econazole nitrate external cream 1 %</i>	2	NMO
ELIDEL EXTERNAL CREAM 1 %	4	PA; NMO
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	4	NMO
<i>ery external pad 2 %</i>	1	NMO; GC
<i>erythromycin external gel 2 %</i>	1	NMO; GC
<i>erythromycin external solution 2 %</i>	1	NMO; GC
EURAX EXTERNAL CREAM 10 %	4	NMO
EURAX EXTERNAL LOTION 10 %	4	NMO
EXELDERM EXTERNAL CREAM 1 %	4	NMO
EXELDERM EXTERNAL SOLUTION 1 %	4	NMO
FINACEA EXTERNAL GEL 15 %	4	NMO
<i>fluocinolone acetonide body external oil 0.01 %</i>	3	NMO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external ointment 0.025 %</i>	3	NMO
<i>fluocinolone acetonide external solution 0.01 %</i>	3	NMO
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	NMO
<i>fluocinonide emulsified base external cream 0.05 %</i>	3	NMO
<i>fluocinonide external cream 0.1 %</i>	4	NMO
<i>fluocinonide external gel 0.05 %</i>	3	NMO
<i>fluocinonide external ointment 0.05 %</i>	3	NMO
<i>fluocinonide external solution 0.05 %</i>	3	NMO
<i>fluocinonide-e external cream 0.05 %</i>	3	NMO
<i>fluorouracil external cream 5 %</i>	4	NMO
<i>fluorouracil external solution 2 %, 5 %</i>	3	NMO
<i>fluticasone propionate external cream 0.05 %</i>	1	NMO; GC
<i>fluticasone propionate external lotion 0.05 %</i>	3	NMO
<i>fluticasone propionate external ointment 0.005 %</i>	1	NMO; GC
<i>gentamicin sulfate external cream 0.1 %</i>	1	NMO; GC
<i>gentamicin sulfate external ointment 0.1 %</i>	2	NMO
<i>halobetasol propionate external cream 0.05 %</i>	4	NMO
<i>halobetasol propionate external ointment 0.05 %</i>	3	NMO
HALOG EXTERNAL CREAM 0.1 %	4	NMO
HALOG EXTERNAL OINTMENT 0.1 %	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	2	NMO
<i>hydrocortisone butyrate external ointment 0.1 %</i>	3	NMO
<i>hydrocortisone butyrate external solution 0.1 %</i>	3	NMO
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	NMO; GC
<i>hydrocortisone external lotion 2.5 %</i>	1	NMO; GC
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NMO; GC
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	NMO
<i>hydrocortisone valerate external cream 0.2 %</i>	3	NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	3	NMO
<i>imiquimod external cream 5 %</i>	3	NMO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	NMO
<i>ketoconazole external cream 2 %</i>	2	NMO
<i>ketoconazole external foam 2 %</i>	2	NMO
<i>ketoconazole external shampoo 2 %</i>	1	NMO; GC
<i>lidocaine external patch 5 %</i>	4	PA; NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external gel 2 %</i>	1	NMO; GC
<i>lidocaine hcl external solution 4 %</i>	1	NMO; GC
<i>malathion external lotion 0.5 %</i>	3	NMO
MENTAX EXTERNAL CREAM 1 %	4	NMO
<i>methoxsalen rapid oral capsule 10 mg</i>	5	PA; NMO
<i>metronidazole external cream 0.75 %</i>	3	NMO
<i>metronidazole external gel 0.75 %</i>	3	NMO
<i>metronidazole external gel 1 %</i>	4	NMO
<i>metronidazole external lotion 0.75 %</i>	3	NMO
<i>mometasone furoate external cream 0.1 %</i>	1	NMO; GC
<i>mometasone furoate external ointment 0.1 %</i>	1	NMO; GC
<i>mometasone furoate external solution 0.1 %</i>	1	NMO; GC
<i>mupirocin calcium external cream 2 %</i>	4	NMO
<i>mupirocin external ointment 2 %</i>	1	NMO; GC
<i>naftifine hcl external cream 1 %, 2 %</i>	4	NMO
NAFTIN EXTERNAL GEL 1 %	4	NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	NMO; GC
<i>nystatin external cream 100000 unit/gm</i>	1	NMO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin external ointment 100000 unit/gm</i>	1	NMO; GC
<i>nystatin external powder 100000 unit/gm</i>	1	NMO; GC
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	NMO; GC
<i>oxiconazole nitrate external cream 1 %</i>	4	NMO
OXISTAT EXTERNAL LOTION 1 %	4	NMO
PANDEL EXTERNAL CREAM 0.1 %	4	NMO
PANRETIN EXTERNAL GEL 0.1 %	5	NMO
<i>permethrin external cream 5 %</i>	3	NMO
PICATO EXTERNAL GEL 0.015 %, 0.05 %	5	NMO
<i>podofilox external solution 0.5 %</i>	2	NMO
<i>prednicarbate external cream 0.1 %</i>	4	NMO
<i>prednicarbate external ointment 0.1 %</i>	4	NMO
PROCTO-MED HC RECTAL CREAM 2.5 %	1	NMO; GC
PROCTOZONE-HC RECTAL CREAM 2.5 %	2	NMO
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	3	NMO
<i>selenium sulfide external lotion 2.5 %</i>	1	NMO; GC
<i>silver sulfadiazine external cream 1 %</i>	1	NMO; GC
SKLICE EXTERNAL LOTION 0.5 %	4	NMO
SOOLANTRA EXTERNAL CREAM 1 %	4	NMO
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	5	ST; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	ST; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	ST; NMO
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	3	NMO
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	NMO
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	4	NMO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	PA; NMO
TARGRETIN EXTERNAL GEL 1 %	5	NMO
<i>tazarotene external cream 0.1 %</i>	4	NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	NMO
TOLAK EXTERNAL CREAM 4 %	3	NMO
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	4	NMO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	NMO
<i>tretinoin external gel 0.01 %, 0.025 %</i>	3	NMO
<i>tretinoin external gel 0.05 %</i>	4	NMO
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	4	NMO
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	3	NMO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	NMO; GC
<i>triamcinolone acetonide external lotion 0.025 %</i>	1	NMO; GC
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	NMO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	NMO; GC
UCERIS RECTAL FOAM 2 MG/ACT	4	ST; NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	NMO
ZOVIRAX EXTERNAL CREAM 5 %	4	NMO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET 200 MG	5	NMO
<i>dextrose in lactated ringers intravenous solution 5 %</i>	2	NMO
<i>dextrose-nacl intravenous solution 10-0.2 %</i>	3	NMO
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	NMO
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	NMO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	NMO
ISOLYTE-S INTRAVENOUS SOLUTION	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 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>	2	NMO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	NMO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC
KUVAN ORAL PACKET 100 MG, 500 MG	5	PA; LA; NMO
<i>lactated ringers intravenous solution</i>	2	NMO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	NMO; GC
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	NMO
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	NMO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	NMO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	NMO
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	GC
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	NMO
<i>potassium chloride in dextrose intravenous solution 40-5 meq/l-%</i>	3	NMO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in nacl intravenous solution 40-0.9 meq/l-%</i>	4	NMO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	NMO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>ringers intravenous solution</i>	2	NMO
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	NMO; GC
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	NMO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	2	BD; NMO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET ORAL CAPSULE 100 MG	4	NMO
DEPEN TITRATABS ORAL TABLET 250 MG	5	NMO
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	5	PA; NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	5	NMO
FERRIPROX ORAL TABLET 500 MG	5	NMO
KIONEX ORAL POWDER	1	NMO; GC
KIONEX ORAL SUSPENSION 15 GM/60ML	1	NMO; GC
SAMSCA ORAL TABLET 15 MG, 30 MG	5	PA; NMO
<i>sodium polystyrene sulfonate oral powder</i>	1	NMO; GC
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	NMO; GC
SPS ORAL SUSPENSION 15 GM/60ML	1	NMO; GC
<i>trientine hcl oral capsule 250 mg</i>	5	NMO
NUTRIENTS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	3	BD; NMO
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	2	BD; NMO
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	4	BD; NMO
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	2	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	3	BD; NMO
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	3	BD; NMO
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	4	BD; NMO
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	3	BD; NMO
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	2	BD; NMO
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4	BD; NMO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	3	BD; NMO
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD; NMO
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	3	BD; NMO
<i>nutrilipid intravenous emulsion 20 %</i>	2	BD; NMO
PLENAMINE INTRAVENOUS SOLUTION 15 %	2	BD; NMO
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD; NMO
PREMASOL INTRAVENOUS SOLUTION 6 %	2	BD; NMO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	3	BD; NMO
PROSOL INTRAVENOUS SOLUTION 20 %	3	BD; NMO
TRAVASOL INTRAVENOUS SOLUTION 10 %	3	BD; NMO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD; NMO
VITAMINS		
<i>prenatal oral tablet 27-1 mg</i>	1	NMO; GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	NMO; GC
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	1	NMO; GC
CUVPOSA ORAL SOLUTION 1 MG/5ML	4	
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	1	NMO; GC
<i>dicyclomine hcl oral capsule 10 mg</i>	1	NMO; GC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	NMO; GC
<i>dicyclomine hcl oral tablet 20 mg</i>	1	NMO; GC
<i>glycopyrrolate injection solution 4 mg/20ml</i>	4	NMO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	NMO
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
GASTROINTESTINAL AGENTS, OTHER		
<i>amoxicill-clarithro-lansopraz oral</i>	3	NMO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	NMO; GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	NMO; GC
GATTEX SUBCUTANEOUS KIT 5 MG	5	NMO
<i>loperamide hcl oral capsule 2 mg</i>	1	NMO; GC
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	NMO; GC
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	3	NMO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	NMO
PYLERA ORAL CAPSULE 140-125-125 MG	4	NMO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	4	PA; NMO
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg</i>	2	NMO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine intravenous solution 20 mg/2ml</i>	2	NMO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	3	NMO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	GC
<i>nizatidine oral solution 15 mg/ml</i>	3	
<i>ranitidine hcl injection solution 50 mg/2ml</i>	2	NMO
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	GC
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	5	NMO
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
LAXATIVES		
<i>enulose oral solution 10 gm/15ml</i>	1	GC
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	NMO; GC
<i>generlac oral solution 10 gm/15ml</i>	1	GC
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	NMO
<i>lactulose oral solution 10 gm/15ml</i>	1	GC
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	4	NMO
OSMOPREP ORAL TABLET 1.102-0.398 GM	4	NMO
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	NMO; GC
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	NMO; GC
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	NMO; GC
<i>polyethylene glycol 3350 oral powder</i>	1	NMO; GC
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	4	NMO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	NMO
PROTECTANTS		

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Drug Name	Drug Tier	Requirements/Limits
CARAFATE ORAL SUSPENSION 1 GM/10ML	3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral tablet 1 gm</i>	1	GC
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	3	
<i>esomeprazole sodium intravenous solution reconstituted 20 mg</i>	3	NMO
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	3	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	GC
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ENZYME REPLACEMENT/ MODIFIERS		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	PA; LA; NMO
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5	PA; LA; NMO
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA; LA; NMO
CYSTADANE ORAL POWDER	5	NMO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	5	PA; NMO
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	5	PA; LA; NMO
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	5	PA; NMO
KUVAN ORAL TABLET SOLUBLE 100 MG	5	PA; LA; NMO
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BD; GC
<i>levocarnitine oral tablet 330 mg</i>	1	BD; GC
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5	PA; NMO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	NMO
ORFADIN ORAL SUSPENSION 4 MG/ML	5	LA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	NMO
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	NMO
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	NMO
XURIDEN ORAL PACKET 2 GM	5	PA; NMO
ZAVESCA ORAL CAPSULE 100 MG	5	PA; NMO
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	1	NMO; GC
<i>bethanechol chloride oral tablet 50 mg</i>	2	NMO
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>tropium chloride oral tablet 20 mg</i>	2	
VESICARE ORAL TABLET 10 MG, 5 MG	4	
BENIGN PROSTATIC HYPERTROPHY AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	GC
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	4	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	GC
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	GC
GENITOURINARY AGENTS, OTHER		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	
ELMIRON ORAL CAPSULE 100 MG	4	NMO
LITHOSTAT ORAL TABLET 250 MG	4	NMO
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	1	NMO; GC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	NMO
<i>sodium chloride irrigation solution 0.9 %</i>	1	NMO; GC
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	4	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	GC
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	NMO
<i>sevelamer carbonate oral tablet 800 mg</i>	3	
VAGINAL PRODUCTS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	NMO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	NMO
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
ESTRING VAGINAL RING 2 MG	4	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
<i>metronidazole vaginal gel 0.75 %</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>miconazole 3 vaginal suppository 200 mg</i>	1	NMO; GC
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
<i>terconazole vaginal cream 0.4 %</i>	2	NMO
<i>terconazole vaginal suppository 80 mg</i>	2	NMO
YUVAFEM VAGINAL TABLET 10 MCG	4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOC ORTICOIDS		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	NMO
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	NMO
<i>cortisone acetate oral tablet 25 mg</i>	3	NMO
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	NMO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	NMO; GC
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	NMO; GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	NMO; GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	1	NMO; GC
DEXPAK 13 DAY ORAL TABLET THERAPY PACK 1.5 MG (51)	4	NMO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	NMO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	NMO; GC
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	1	NMO; GC
<i>methylprednisolone oral tablet 4 mg</i>	2	NMO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	NMO
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg</i>	4	NMO
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	1	NMO; GC

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Drug Name	Drug Tier	Requirements/Limits
MILLIPRED ORAL SOLUTION 10 MG/5ML	4	NMO
MILLIPRED ORAL TABLET 5 MG	4	NMO
<i>prednisolone oral solution 15 mg/5ml</i>	2	NMO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	NMO
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	NMO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	4	NMO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	NMO; GC
<i>prednisone oral solution 5 mg/5ml</i>	1	NMO; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	NMO; GC
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	NMO; GC
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG	3	NMO
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG	4	NMO
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	4	NMO
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	4	NMO
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	5	ST; NMO
VERIPRED 20 ORAL SOLUTION 20 MG/5ML	4	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET 50 MG	5	NMO
<i>oxandrolone oral tablet 10 mg</i>	5	PA; NMO
<i>oxandrolone oral tablet 2.5 mg</i>	4	PA; NMO
ANDROGENS		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	NMO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	NMO; GC
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	2	NMO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	NMO
<i>testosterone transdermal gel 10 mg/act (2%), 25 mg/2.5gm (1%)</i>	3	PA
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal solution 30 mg/act</i>	4	PA
CONTRACEPTIVES		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	GC
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	GC
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	1	GC
APRI ORAL TABLET 0.15-30 MG-MCG	1	NMO; GC
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	GC
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	GC
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	GC
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	GC
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	GC
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	GC
CAMILA ORAL TABLET 0.35 MG	1	GC
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	1	GC

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Drug Name	Drug Tier	Requirements/Limits
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	NMO; GC
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	GC
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	GC
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	4	NMO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	GC
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	GC
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	GC
ENPRESSE-28 ORAL TABLET	1	GC
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	GC
ERRIN ORAL TABLET 0.35 MG	1	GC
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	GC
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	GC
INCASSIA ORAL TABLET 0.35 MG	1	GC
INTROVALE ORAL TABLET 0.15-0.03 MG	1	GC
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	GC
JOLIVETTE ORAL TABLET 0.35 MG	1	GC
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	GC
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	GC
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	GC
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	NMO; GC
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	GC
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	GC
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	GC
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	GC
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	GC
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	GC
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	1	GC
<i>levonorg-eth estrad triphasic oral tablet</i>	1	GC
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	GC
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	4	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	GC
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	GC
LYZA ORAL TABLET 0.35 MG	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	GC
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	NMO; GC
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	NMO; GC
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	GC
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	GC
MILI ORAL TABLET 0.25-35 MG-MCG	1	GC
MONONESSA ORAL TABLET 0.25-35 MG-MCG	1	GC

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Drug Name	Drug Tier	Requirements/Limits
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	GC
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	GC
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	GC
<i>norethindrone oral tablet 0.35 mg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	GC
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	GC
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	GC
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	GC
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	GC
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	3	
OGESTREL ORAL TABLET 0.5-50 MG-MCG	1	GC
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	GC
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	GC
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	GC
QUASENSE ORAL TABLET 0.15-0.03 MG	1	GC
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	GC
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	4	
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	GC
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	GC
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	GC
SYEDA ORAL TABLET 3-0.03 MG	1	GC
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	GC

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Drug Name	Drug Tier	Requirements/Limits
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG- 35 MCG	1	GC
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	GC
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	GC
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	NMO; GC
TRIVORA (28) ORAL TABLET	1	GC
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	GC
TYDEMY ORAL TABLET 3-0.03-0.451 MG	4	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	GC
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	GC
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
ZARAH ORAL TABLET 3-0.03 MG	1	GC
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG- MCG	1	GC
ESTROGENS		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	PA; HR
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05- 0.25 MG/DAY	4	PA; HR
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	NMO
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM	4	PA; HR
DUAVEE ORAL TABLET 0.45-20 MG	4	PA; HR
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA; GC; HR

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	PA; HR
<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>	3	PA; HR
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	NMO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	PA; HR
<i>estropipate oral tablet 0.75 mg</i>	1	PA; GC; HR
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	PA; HR
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	PA; GC; HR
JINTELI ORAL TABLET 1-5 MG-MCG	4	PA; HR
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA; HR
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	4	PA; HR
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; HR
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	4	PA; HR
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	3	PA; NMO; HR
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA; HR
PREMPHASE ORAL TABLET 0.625-5 MG	3	PA; HR
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA; HR
PROGESTINS		
MAKENA INTRAMUSCULAR OIL 250 MG/ML	5	PA; NMO
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	5	PA; NMO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA; HR
<i>norethindrone acetate oral tablet 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA ORAL TABLET 60 MG	4	PA
<i>raloxifene hcl oral tablet 60 mg</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	2	PA; NMO
DDAVP NASAL SOLUTION 0.01 %	4	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	NMO; GC
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA; NMO
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA; NMO
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	2	PA; NMO
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; NMO
STIMATE NASAL SOLUTION 1.5 MG/ML	4	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	5	PA; NMO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		

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Drug Name	Drug Tier	Requirements/Limits
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
<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	GC
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>	4	NMO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	2	NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; NMO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; NMO
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA; NMO
<i>octreotide acetate injection solution 200 mcg/ml</i>	1	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	PA; NMO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	NMO; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	5	PA; NMO
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; LA; NMO
SYNAREL NASAL SOLUTION 2 MG/ML	5	NMO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
IMMUNOLOGICAL AGENTS		
IMMUNE SUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	BD
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	BD; NMO
AZASAN ORAL TABLET 100 MG, 75 MG	3	BD
<i>azathioprine oral tablet 50 mg</i>	1	BD; GC
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	4	BD; NMO
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5	BD; NMO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	NMO
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	5	PA; ST; NMO
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; ST; NMO
<i>cyclosporine intravenous solution 50 mg/ml</i>	2	BD; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BD
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; ST; NMO
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	4	BD; NMO
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BD
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	BD; NMO
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	BD; NMO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	BD
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	BD
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	5	ST; NMO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	5	ST; NMO
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	5	ST; NMO
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	5	BD; NMO
<i>sirolimus oral tablet 0.5 mg</i>	2	BD
<i>sirolimus oral tablet 1 mg</i>	4	BD
<i>sirolimus oral tablet 2 mg</i>	5	BD; NMO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	BD
<i>tacrolimus oral capsule 5 mg</i>	4	BD
ZORTRESS ORAL TABLET 0.25 MG	4	BD
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	BD; NMO
IMMUNIZING AGENTS, PASSIVE		
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	5	BD; NMO
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	5	BD; NMO
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	5	PA; NMO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	BD; NMO
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	PA; NMO
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	BD; NMO
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA; NMO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; NMO
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	5	NMO
HYPERRAB S/D INTRAMUSCULAR INJECTABLE 150 UNIT/ML, 150 UNIT/ML (10ML)	5	NMO
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	4	NMO
IMOGAM RABIES-HT INTRAMUSCULAR INJECTABLE 150 UNIT/ML	4	NMO
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	5	NMO
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	5	BD; NMO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	4	PA; NMO
IMMUNOMODULATORS		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	ST; NMO
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	ST; NMO
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; ST; NMO
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; ST; NMO
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA; ST; NMO
XELJANZ ORAL TABLET 10 MG, 5 MG	5	ST; NMO

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Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NMO
<i>bcg vaccine injection injectable</i>	4	NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	NMO
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5 , 15-23-5 LF-MCG/0.5	3	NMO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	BD; NMO
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 10 MCG/0.5ML (0.5ML SYRINGE), 20 MCG/ML	3	BD; NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NMO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	3	NMO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	4	NMO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	4	BD; NMO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NMO
IPOLE INJECTION INJECTABLE	3	NMO
IXIARO INTRAMUSCULAR SUSPENSION	3	NMO
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	NMO
MENACTRA INTRAMUSCULAR INJECTABLE	4	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II SUBCUTANEOUS INJECTABLE	3	NMO
PEDIARIX INTRAMUSCULAR SUSPENSION	4	NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NMO
PROQUAD SUBCUTANEOUS INJECTABLE	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION	3	NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NMO
ROTATEQ ORAL SOLUTION	3	NMO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	3	NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	BD; NMO
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	3	BD; NMO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NMO
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	3	BD; NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NMO
YF-VAX SUBCUTANEOUS INJECTABLE	3	NMO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	NMO
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium oral capsule 750 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	3	NMO
<i>mesalamine rectal enema 4 gm</i>	4	NMO
<i>mesalamine-cleanser rectal kit 4 gm</i>	4	NMO
SULFONAMIDES		
<i>sulfasalazine oral tablet 500 mg</i>	1	GC
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	GC
METABOLIC BONE DISEASE AGENTS		
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)		
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	BD; NMO
SENSIPAR ORAL TABLET 30 MG	3	BD; QL (120 EA per 30 days)
SENSIPAR ORAL TABLET 60 MG	5	BD; NMO; QL (150 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	BD; NMO; QL (120 EA per 30 days)
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	GC
<i>alendronate sodium oral tablet 40 mg</i>	1	NMO; GC
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	BD
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	NMO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	GC
<i>calcitriol oral solution 1 mcg/ml</i>	1	GC
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	2	NMO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA; NMO
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	4	BD; NMO
<i>ibandronate sodium oral tablet 150 mg</i>	2	
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	1	BD; NMO; GC
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	4	NMO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	4	NMO
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	3	
<i>risedronate sodium oral tablet 30 mg</i>	4	NMO
<i>risedronate sodium oral tablet delayed release 35 mg</i>	3	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	2	BD; NMO
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	2	BD; NMO
MISCELLANEOUS		
MISCELLANEOUS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	4	PA; NMO
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	NMO
ENDARI ORAL PACKET 5 GM	4	PA; LA; NMO; QL (180 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	4	NMO
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	2	NMO
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	NMO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NMO
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA; NMO
OPHTHALMIC AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophthalmic solution 0.03 %</i>	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	
OPHTHALMIC AGENTS, OTHER		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	3	NMO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	NMO; GC
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
OPHTHALMIC ANTI INFECTIVES		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	NMO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	NMO; GC
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	NMO; GC
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	NMO; GC
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	NMO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	NMO; GC
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	NMO
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	NMO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	NMO
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	NMO; GC
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NMO; GC
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	NMO; GC
<i>tobramycin ophthalmic solution 0.3 %</i>	1	NMO; GC

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Drug Name	Drug Tier	Requirements/Limits
TOBREX OPHTHALMIC OINTMENT 0.3 %	3	NMO
<i>trifluridine ophthalmic solution 1 %</i>	3	NMO
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	NMO; GC
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	3	NMO
PATADAY OPHTHALMIC SOLUTION 0.2 %	3	NMO
PAZEO OPHTHALMIC SOLUTION 0.7 %	3	NMO
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	GC
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	NMO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	GC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	GC
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	GC
<i>metipranolol ophthalmic solution 0.3 %</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	4	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	4	NMO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	NMO
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	NMO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	NMO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	NMO; GC
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	NMO; GC
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	NMO
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	NMO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	NMO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	NMO; GC
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NMO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	NMO; GC
LOTEMAX OPHTHALMIC GEL 0.5 %	4	NMO
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	NMO
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	4	NMO
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	4	NMO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	NMO; GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	NMO; GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	NMO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	NMO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	NMO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	NMO; GC
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3	NMO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	NMO
OTIC AGENTS		
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	1	NMO; GC
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	NMO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	4	NMO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	NMO
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	NMO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	NMO; GC
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	NMO; GC
<i>ofloxacin otic solution 0.3 %</i>	2	NMO
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	PA; NMO; GC; HR
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; NMO; GC; HR
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	NMO; GC
<i>cetirizine hcl oral syrup 1 mg/ml</i>	1	NMO; GC
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; NMO; GC; HR
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	PA; NMO; GC; HR
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	PA; NMO; GC; HR
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	NMO; GC
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	NMO; GC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	NMO; GC
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	1	PA; NMO; GC; HR
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	PA; NMO; GC; HR
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA; NMO; GC; HR
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	4	PA; NMO; HR

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	2	PA; NMO; HR
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>	2	PA; NMO; HR
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	3	BD
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	BD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
ANTILEUKOTRIENES		
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	GC
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	5	NMO
ZYFLO ORAL TABLET 600 MG	5	NMO
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BD; GC
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	
BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		
<i>aminophylline intravenous solution 25 mg/ml</i>	2	NMO
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	GC
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	GC
BRONCHODILATORS, SYMPATHOMIMETIC		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	BD; GC
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BD; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	BD
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	
<i>terbutaline sulfate injection solution 1 mg/ml</i>	4	NMO
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	3	
MAST CELL STABILIZERS		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	BD
NASAL AGENTS		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	NMO
BACTROBAN NASAL NASAL OINTMENT 2 %	4	NMO
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	4	NMO
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	4	NMO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	NMO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	NMO; GC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	GC
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	NMO; QL (34 GM per 30 days)
<i>olopatadine hcl nasal solution 0.6 %</i>	3	NMO
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	NMO
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	4	NMO

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA ORAL TABLET 20 MG	5	PA; NMO; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	BD; NMO
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; NMO; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA; NMO
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; LA; NMO
VENTAVIS INHALATION SOLUTION 20 MCG/ML	5	BD; NMO; QL (270 ML per 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	5	PA; NMO
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	NMO
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BD; NMO; GC
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	5	PA; NMO
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	BD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA; LA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; LA; NMO
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
SKELLETAL MUSCLE RELAXANTS		
SKELLETAL MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
<i>chlorzoxazone oral tablet 500 mg</i>	4	PA; NMO; HR
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	4	PA; NMO; HR
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	NMO
<i>metaxalone oral tablet 800 mg</i>	4	PA; NMO; HR
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	PA; NMO; HR
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	PA; NMO; GC; HR
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	3	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	GC
SLEEP DISORDER AGENTS		
BENZODIAZEPINES		
<i>estazolam oral tablet 1 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>estazolam oral tablet 2 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule 15 mg</i>	3	NMO; QL (60 EA per 30 days)
<i>flurazepam hcl oral capsule 30 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	3	NMO; QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	3	NMO; QL (60 EA per 30 days)
GABA RECEPTOR MODULATORS		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	4	PA; NMO; HR; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	PA; NMO; HR; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	4	PA; NMO; HR
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	4	PA; NMO; HR; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	4	PA; NMO; HR; QL (30 EA per 30 days)
SLEEP DISORDERS, OTHER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	NMO; QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
ROZEREM ORAL TABLET 8 MG	4	QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	4	
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NMO; QL (540 ML per 30 days)

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 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your HealthCare Concierge at 1-888-965-1965 (TTY: 711) October 1 - February 14, 8AM – 8PM Eastern, 7 days a week; February 15 - September 30, 8AM – 8PM Eastern, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: HealthTeam Advantage, Inc. Attn: Appeals and Grievances, 7800 McCloud Road, Suite 100, Greensboro, NC 27409, 1-888-965-1965, (TTY 711), or via fax at 1-800-845-4104. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you.

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-965-1965 TTY: 711.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-965-1965 ATS: 711.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-965-1965 TTY: 711.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-965-1965 телетайп: 711.

Gujarati: સચનલ: જો રાતી બોલતા હો, તો ક ભાષા સહાય સેવાઓ તમારા માટે
તમને ગજ ન:શુભ

ઉપલબ્ધ છે. ફોન કરો 1-888-965-1965 TTY711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-965-1965 TTY711.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-965-1965 TTY: 711.。

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-965-1965 TTY: 711. まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-965-1965 TTY: 711 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-965-1965 TTY: 711.

Hindi: ध्यानद यदद आप ह िंदी बोलते हैं तो आपके दलए म्मु त में भाषा सहायता सेवाएं उपलब्ध हैं 1-888-965-1965 TTY: 711 पर कॉल करें

Laotian: ໂປດຊາບ: ຖ້າ ຈຳ ທ່ າ ນູ ຈຳ ງາ ລາ ສາ ລາ ວ, ອດັ າ ນພາສາ, ໂດຍ ບໍ ັ ນຮັ ງ ຈຳ າ, ການ ບໍ ັ ລການ ຊ ື ວຍເຫຼື ັ ຄມ ນມ ພັ ັ ອມໃຫ້ ທ າ ນ. ໂທ 1-888-965-1965 TTY: 711.

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-965-1965 TTY: 711.

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយខុទ្ទកម្មភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់ អ្នកប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

(Arabic):

1-888-965-1965 (711: TTY) فظوحام: اذابتن ك ث د ح، نركذا عة غ ل لان ا ن ت ادخ د ع اس م ل اة بوغ ل ل ا ر ناو ن ا ن ك ل ن ا ج م ل ا ب. ل ص ن ا م ز ر ب



This formulary was updated on 11/01/2018. For more recent information or other questions, please contact us, HealthTeam Advantage Healthcare Concierge, at 1-888-965-1965 or, for TTY users, 711, October 1 – February 14, seven (7) days a week/8 a.m. – 8 p.m. (EST), or February 15 – September 30, Monday through Friday, 8 a.m. – 8 p.m. (EST), or visit www.healthteamadvantage.com.

The Formulary may change at any time. You will receive notice when necessary. HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage Organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

HEALTHTEAM ADVANTAGE HEALTH PLAN CONTACT INFORMATION

WEB ADDRESS

Visit HealthTeam Advantage at www.healthteamadvantage.com.

SALES INFORMATION

Prospective members call toll-free 1-877-905-9216 for questions related to HealthTeam Advantage Medicare Advantage Plans from 8am - 8pm, EST, seven days a week.

HEALTHCARE CONCIERGE

Current HealthTeam Advantage members call your Healthcare Concierge toll-free at 1-888-965-1965 for questions related to your HealthTeam Advantage Medicare Advantage Plan, October 1 - February 14, 8am to 8pm, CST, seven days a week or February 15 - September 30, 8am to 8pm, EST, Monday through Friday.

TTY USERS

TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT

Current HealthTeam Advantage members call toll-free 1-888-965-1965 for questions related to your HealthTeam Advantage Part D Prescription Drug Benefit. Prospective members call toll-free 1-877-905-9216 for questions related to the HealthTeam Advantage Part D Prescription Drug Benefit.

MEDICARE INFORMATION

For more information about Medicare, call Medicare at 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or, visit <https://www.medicare.gov>.