healthteam advantage℠

# COMPREHENSIVE *Formulary*

# 2019

## 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

Formulary ID 00019515, Version Number 9

This formulary was updated on 03/13/2019. 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 - March 31, seven days a week, 8 a.m. to 8 p.m. ET, or April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. ET, or visit HealthTeamAdvantage.com.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Care N' Care Insurance Company of North Carolina. 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 04/01/2019. 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, 2020, and from time to time during the year.

**What is the HealthTeam Advantage Plan Formulary?**
A formulary is a list of covered drugs selected by HealthTeam Advantage 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 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 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 4/1/2019. To get updated information about the drugs covered by HealthTeam Advantage 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 94. 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 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:** HealthTeam Advantage 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 Plan before you fill your prescriptions. If you don't get approval, HealthTeam Advantage Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, HealthTeam Advantage Plan limits the amount of the drug that HealthTeam Advantage Plan will cover. For example, HealthTeam Advantage Plan provides 30 tablets per prescription for Januvia 100mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, HealthTeam Advantage 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, HealthTeam Advantage Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthTeam Advantage Plan 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 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 Plan's formulary?" on page 5 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 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 HealthTeam Advantage 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 Plan.

- You can ask HealthTeam Advantage Plan 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 Plan's Formulary?**
You can ask HealthTeam Advantage 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, HealthTeam Advantage 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 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first *30*-day supply, we will not pay for these drugs, even if you have been a member of the plan less than *90* days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first *90* days of membership in our plan, we will cover a *31*-day emergency supply of that drug while you pursue a formulary exception.
- If you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care change. 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 Plan will allow you access to a 30 day refill for formulary medications and an emergency 30 day 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 yet been completed by the end of the transition period. All transition fills for new members, either in the retail or LTC setting will process automatically. If you require a transition fill outside of your first 90 days with HealthTeam Advantage 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 become a resident of a LTC facility, please call 1-844-846-8003, 7 days a week, 24 hours a day (TTY/TDD users should call 711) to let us know that you are now a resident of an LTC facility. We can them implement an LTC transition for you. This policy does not apply for short-term leave of absences (i.e. holidays or vacations) from LTC or hospital facilities.

Please note that we will send you a written notice via U.S. first-class mail within three business days of processing your transition fill from the pharmacy. This notice 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 Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthTeam Advantage 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 Plan's Formulary**
The formulary /that begins on the next page provides coverage information about the drugs covered by HealthTeam Advantage Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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 Plan has any special requirements for coverage of your drug.

Every drug on the plan's Drug List in 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:** Generics 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. Includes some injectables and other high-cost drugs.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Below is a summary of you cost-share amount for each drug tier. For additional prescription drug benefit details, please refer to your Evidence of Coverage.

| | **Standard In-Network Retail or Mail-Order (up to a 30-day supply)** | **Standard In-Network Retail or Mail-Order (31-90-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 | $90 copay | $180 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 | $80 copay | $160 copay |
| Tier 5 – Specialty Drugs | 33% coinsurance | 33% coinsurance |

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2019

# Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HealthTeam Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HealthTeam Advantage:

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

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

If you need these services, contact your HealthCare Concierge at 1-888-965-1965 (TTY: 711) October 1 - March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1 - September 30, 8 a.m. to 8 p.m. ET, 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

**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.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANALGESICS** | | |
| **OPIOID ANALGESICS, LONG-ACTING** | | |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 3 | NMO; QL (10 EA per 30 days) |
| *fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr* | 4 | NMO; QL (10 EA per 30 days) |
| *hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 8 mg* | 4 | NMO; QL (60 EA per 30 days) |
| *hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 16 mg, 32 mg* | 5 | NMO; QL (60 EA per 30 days) |
| *methadone hcl oral solution 10 mg/5ml* | 4 | NMO; QL (1800 ML per 30 days) |
| *methadone hcl oral solution 5 mg/5ml* | 4 | NMO; QL (3600 ML per 30 days) |
| *methadone hcl oral tablet 10 mg, 5 mg* | 2 | NMO; QL (240 EA per 30 days) |
| *morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | 3 | NMO; QL (60 EA per 30 days) |
| *morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg* | 3 | NMO; QL (60 EA per 30 days) |
| *morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 3 | NMO; QL (90 EA per 30 days) |
| *oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | 4 | NMO; QL (60 EA per 30 days) |
| *oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | 4 | NMO; QL (60 EA per 30 days) |
| **OPIOID ANALGESICS, SHORT-ACTING** | | |
| *acetaminophen-codeine #3 oral tablet 300-30 mg* | 2 | NMO; QL (180 EA per 30 days) |
| *acetaminophen-codeine oral solution 120-12 mg/5ml* | 2 | NMO; QL (5000 ML per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg* | 2 | NMO; QL (180 EA per 30 days) |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG | 4 | PA; NMO; HR; QL (180 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg* | 4 | PA; NMO; HR; QL (180 EA per 30 days) |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | 4 | PA; NMO; HR; QL (180 EA per 30 days) |
| *butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg* | 4 | PA; NMO; HR; QL (180 EA per 30 days) |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | 4 | PA; NMO; HR; QL (180 EA per 30 days) |
| *butorphanol tartrate nasal solution 10 mg/ml* | 2 | NMO |
| *codeine sulfate oral tablet 15 mg, 30 mg, 60 mg* | 4 | NMO; QL (180 EA per 30 days) |
| *duramorph injection solution 0.5 mg/ml* | 2 | BD; NMO; QL (7200 ML per 30 days) |
| *duramorph injection solution 1 mg/ml* | 2 | BD; NMO; QL (3600 ML per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | 5 | PA; NMO; QL (120 EA per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | 2 | NMO; QL (5500 ML per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | NMO; QL (360 EA per 30 days) |
| *hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg* | 2 | NMO; QL (150 EA per 30 days) |
| *hydromorphone hcl oral liquid 1 mg/ml* | 4 | NMO; QL (1920 ML per 30 days) |
| *hydromorphone hcl oral tablet 2 mg, 4 mg* | 4 | NMO; QL (360 EA per 30 days) |
| *hydromorphone hcl oral tablet 8 mg* | 3 | NMO; QL (240 EA per 30 days) |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | 2 | NMO; QL (600 ML per 30 days) |
| *morphine sulfate oral solution 10 mg/5ml* | 2 | NMO; QL (3600 ML per 30 days) |
| *morphine sulfate oral solution 20 mg/5ml* | 2 | NMO; QL (2700 ML per 30 days) |
| *morphine sulfate oral tablet 15 mg, 30 mg* | 2 | NMO; QL (180 EA per 30 days) |
| *oxycodone hcl oral concentrate 100 mg/5ml* | 4 | NMO; QL (360 ML per 30 days) |
| *oxycodone hcl oral solution 5 mg/5ml* | 4 | NMO; QL (1080 ML per 30 days) |
| *oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg* | 2 | NMO; QL (180 EA per 30 days) |
| *oxycodone hcl oral tablet 20 mg, 30 mg* | 3 | NMO; QL (180 EA per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg* | 4 | NMO; QL (180 EA per 30 days) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | 4 | NMO; QL (360 EA per 30 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | 4 | NMO; QL (240 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxycodone-aspirin oral tablet 4.8355-325 mg* | 4 | NMO; QL (360 EA per 30 days) |
| *oxycodone-ibuprofen oral tablet 5-400 mg* | 2 | NMO; QL (240 EA per 30 days) |
| *oxymorphone hcl oral tablet 10 mg, 5 mg* | 3 | NMO; QL (180 EA per 30 days) |
| *tramadol hcl oral tablet 50 mg* | 1 | NMO; GC; QL (240 EA per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 1 | NMO; GC; QL (360 EA per 30 days) |
| **ANESTHETICS** | | |
| **LOCAL ANESTHETICS** | | |
| *lidocaine external patch 5 %* | 4 | PA; NMO; QL (90 EA per 30 days) |
| *lidocaine-prilocaine external cream 2.5-2.5 %* | 2 | NMO |
| ZTLIDO EXTERNAL PATCH 1.8 % | 4 | PA; NMO; QL (90 EA per 30 days) |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS** | | |
| **ALCOHOL DETERRENTS/ANTI-CRAVING** | | |
| *acamprosate calcium oral tablet delayed release 333 mg* | 2 | |
| *disulfiram oral tablet 250 mg, 500 mg* | 2 | |
| *naltrexone hcl oral tablet 50 mg* | 1 | NMO; GC |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | 5 | NMO |
| **OPIOID ANTAGONISTS** | | |
| *buprenorphine hcl sublingual tablet sublingual 2 mg* | 3 | NMO; QL (90 EA per 30 days) |
| *buprenorphine hcl sublingual tablet sublingual 8 mg* | 3 | NMO; QL (60 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg* | 2 | NMO; QL (360 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg* | 2 | NMO; QL (90 EA per 30 days) |
| *naloxone hcl injection solution 0.4 mg/ml* | 1 | NMO; GC |
| *naloxone hcl injection solution cartridge 0.4 mg/ml* | 1 | NMO; GC |
| *naloxone hcl injection solution prefilled syringe 2 mg/2ml* | 1 | NMO; GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NARCAN NASAL LIQUID 4 MG/0.1ML | 3 | NMO |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | 4 | NMO |
| **SMOKING CESSATION AGENTS** | | |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg* | 1 | NMO; GC |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg* | 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** | | |
| *amikacin sulfate injection solution 500 mg/2ml* | 4 | NMO |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 4 | PA; NMO |
| *gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%* | 2 | NMO |
| *gentamicin sulfate injection solution 40 mg/ml* | 2 | NMO |
| *neomycin sulfate oral tablet 500 mg* | 1 | NMO; GC |
| *paromomycin sulfate oral capsule 250 mg* | 4 | NMO |
| *streptomycin sulfate intramuscular solution reconstituted 1 gm* | 4 | NMO |
| TOBI PODHALER INHALATION CAPSULE 28 MG | 5 | NMO |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | 5 | BD; NMO |
| *tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml* | 2 | NMO |
| **ANTIBACTERIALS, OTHER** | | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 1 | NMO; GC |
| *clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml* | 2 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml* | 4 | NMO |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml* | 4 | NMO |
| *colistimethate sodium (cba) injection solution reconstituted 150 mg* | 4 | BD; NMO |
| *daptomycin intravenous solution reconstituted 350 mg* | 4 | NMO |
| *daptomycin intravenous solution reconstituted 500 mg* | 5 | NMO |
| *doripenem intravenous solution reconstituted 500 mg* | 4 | NMO |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML | 4 | |
| *linezolid intravenous solution 600 mg/300ml* | 5 | NMO |
| *linezolid oral suspension reconstituted 100 mg/5ml* | 5 | NMO |
| *linezolid oral tablet 600 mg* | 5 | NMO |
| *methenamine hippurate oral tablet 1 gm* | 4 | NMO |
| *metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%* | 2 | NMO |
| *metronidazole oral capsule 375 mg* | 2 | NMO |
| *metronidazole oral tablet 250 mg, 500 mg* | 2 | NMO |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | 2 | NMO |
| *nitrofurantoin monohyd macro oral capsule 100 mg* | 2 | NMO |
| *nitrofurantoin oral suspension 25 mg/5ml* | 4 | NMO |
| *tigecycline intravenous solution reconstituted 50 mg* | 5 | BD; NMO |
| *tinidazole oral tablet 250 mg, 500 mg* | 4 | NMO |
| *trimethoprim oral tablet 100 mg* | 1 | NMO; GC |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 1000 mg, 250 mg, 500 mg, 750 mg* | 4 | NMO |
| *vancomycin hcl oral capsule 125 mg* | 4 | NMO |
| *vancomycin hcl oral capsule 250 mg* | 5 | NMO |
| XIFAXAN ORAL TABLET 200 MG, 550 MG | 5 | NMO |
| **BETA-LACTAM, CEPHALOSPORINS** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefaclor er oral tablet extended release 12 hour 500 mg* | 4 | NMO |
| *cefaclor oral capsule 250 mg, 500 mg* | 2 | NMO |
| *cefadroxil oral capsule 500 mg* | 1 | NMO; GC |
| *cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml* | 2 | NMO |
| *cefadroxil oral tablet 1 gm* | 2 | NMO |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg* | 4 | NMO |
| *cefdinir oral capsule 300 mg* | 2 | NMO |
| *cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | NMO |
| *cefepime hcl injection solution reconstituted 1 gm, 2 gm* | 4 | NMO |
| *cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | 4 | NMO |
| *cefoxitin sodium injection solution reconstituted 10 gm* | 4 | NMO |
| *cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm* | 4 | NMO |
| *cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml* | 4 | NMO |
| *cefpodoxime proxetil oral tablet 100 mg, 200 mg* | 4 | NMO |
| *cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | NMO |
| *cefprozil oral tablet 250 mg, 500 mg* | 2 | NMO |
| *ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm* | 4 | NMO |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | 4 | NMO |
| *ceftriaxone sodium intravenous solution reconstituted 10 gm* | 4 | NMO |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 2 | NMO |
| *cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg* | 4 | NMO |
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | 4 | NMO |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | NMO; GC |
| *cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cephalexin oral tablet 250 mg, 500 mg* | 1 | NMO; GC |
| SUPRAX ORAL CAPSULE 400 MG | 4 | NMO |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | 4 | NMO |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 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 INJECTION SOLUTION RECONSTITUTED 2 GM | 4 | NMO |
| *aztreonam injection solution reconstituted 1 gm* | 4 | NMO |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 5 | PA; NMO |
| *ertapenem sodium injection solution reconstituted 1 gm* | 4 | NMO |
| *imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg* | 4 | NMO |
| *meropenem intravenous solution reconstituted 1 gm, 500 mg* | 4 | NMO |
| **BETA-LACTAM, PENICILLINS** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 1 | NMO; GC |
| *amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | 1 | NMO; GC |
| *amoxicillin oral tablet 500 mg, 875 mg* | 1 | NMO; GC |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | 1 | NMO; GC |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg* | 4 | NMO |
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | 2 | NMO |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | 2 | NMO |
| *amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg* | 2 | NMO |
| *ampicillin oral capsule 500 mg* | 1 | NMO; GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ampicillin sodium injection solution reconstituted 1 gm, 125 mg* | 2 | NMO |
| *ampicillin sodium intravenous solution reconstituted 10 gm* | 2 | NMO |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm* | 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 | 4 | NMO |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML | 4 | NMO |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4 | NMO |
| *dicloxacillin sodium oral capsule 250 mg, 500 mg* | 2 | NMO |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | 4 | NMO |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 4 | NMO |
| *oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm* | 4 | NMO |
| *penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml* | 4 | NMO |
| *penicillin g potassium injection solution reconstituted 20000000 unit* | 4 | NMO |
| *penicillin g procaine intramuscular suspension 600000 unit/ml* | 4 | NMO |
| *penicillin g sodium injection solution reconstituted 5000000 unit* | 4 | NMO |
| *penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | NMO |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 1 | NMO; GC |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm* | 4 | NMO |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML | 4 | NMO |
| **MACROLIDES** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *azithromycin intravenous solution reconstituted 500 mg* | 2 | NMO |
| *azithromycin oral packet 1 gm* | 2 | NMO |
| *azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | 2 | NMO |
| *azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)* | 1 | NMO; GC |
| *azithromycin oral tablet 600 mg* | 2 | NMO |
| *clarithromycin er oral tablet extended release 24 hour 500 mg* | 2 | NMO |
| *clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | NMO |
| *clarithromycin oral tablet 250 mg, 500 mg* | 2 | NMO |
| DIFICID ORAL TABLET 200 MG | 5 | NMO |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG | 4 | NMO |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 4 | NMO |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | 2 | NMO |
| *erythromycin base oral capsule delayed release particles 250 mg* | 4 | NMO |
| *erythromycin base oral tablet 250 mg, 500 mg* | 2 | NMO |
| *erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml* | 4 | NMO |
| *erythromycin ethylsuccinate oral tablet 400 mg* | 2 | NMO |
| **QUINOLONES** | | |
| *ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg* | 1 | NMO; GC |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml* | 4 | NMO |
| *ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)* | 4 | NMO |
| *ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg* | 2 | NMO |
| *levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml* | 4 | NMO |
| *levofloxacin intravenous solution 25 mg/ml* | 4 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levofloxacin oral solution 25 mg/ml* | 4 | NMO |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 1 | NMO; GC |
| *moxifloxacin hcl in nacl intravenous solution 400 mg/250ml* | 4 | NMO |
| *moxifloxacin hcl oral tablet 400 mg* | 4 | NMO |
| **SULFONAMIDES** | | |
| *sulfadiazine oral tablet 500 mg* | 2 | NMO |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | 2 | NMO |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 1 | NMO; GC |
| **TETRACYCLINES** | | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 4 | NMO |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 2 | NMO |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 2 | NMO |
| *doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg* | 4 | NMO |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 1 | NMO; GC |
| *doxycycline monohydrate oral suspension reconstituted 25 mg/5ml* | 2 | NMO |
| *doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | 4 | NMO |
| *minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg* | 4 | NMO |
| *minocycline hcl oral capsule 100 mg, 50 mg, 75 mg* | 2 | NMO |
| *minocycline hcl oral tablet 100 mg, 50 mg, 75 mg* | 4 | NMO |
| SOLOXIDE ORAL TABLET DELAYED RELEASE 150 MG | 4 | NMO |
| VIBRAMYCIN ORAL SYRUP 50 MG/5ML | 4 | NMO |
| **ANTICONVULSANTS** | | |
| **ANTICONVULSANTS, OTHER** | | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 4 | PA |
| *levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg* | 3 | |
| *levetiracetam oral solution 100 mg/ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg* | 1 | GC |
| *oxcarbazepine oral tablet 150 mg* | 1 | GC |
| ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG | 2 | |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG | 2 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG | 4 | |
| **BARBITURATES** | | |
| *phenobarbital oral elixir 20 mg/5ml* | 1 | PA; GC; HR |
| *phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg* | 1 | PA; GC; HR |
| *phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg* | 2 | PA; HR |
| *primidone oral tablet 250 mg, 50 mg* | 1 | GC |
| **BENZODIAZEPINES** | | |
| *clobazam oral suspension 2.5 mg/ml* | 4 | QL (480 ML per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | 4 | QL (60 EA per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 2 | QL (180 EA per 30 days) |
| *clonazepam oral tablet 2 mg* | 2 | QL (300 EA per 30 days) |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 2 | QL (180 EA per 30 days) |
| *clonazepam oral tablet dispersible 2 mg* | 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 |
| *diazepam rectal gel 10 mg, 2.5 mg* | 4 | NMO |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | NMO; QL (60 EA per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | 4 | QL (60 EA per 30 days) |
| **CALCIUM CHANNEL MODIFYING AGENTS** | | |
| CELONTIN ORAL CAPSULE 300 MG | 3 | |
| *ethosuximide oral capsule 250 mg* | 2 | |
| *ethosuximide oral solution 250 mg/5ml* | 1 | GC |
| LYRICA ORAL CAPSULE 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYRICA ORAL SOLUTION 20 MG/ML | 3 | |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 2 | |
| **GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS** | | |
| *divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg* | 2 | |
| *divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg* | 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 | |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | 1 | GC |
| *gabapentin oral solution 250 mg/5ml* | 2 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 2 | |
| SABRIL ORAL TABLET 500 MG | 5 | NMO |
| *tiagabine hcl oral tablet 12 mg, 16 mg* | 4 | |
| *tiagabine hcl oral tablet 2 mg, 4 mg* | 2 | |
| *valproate sodium oral solution 250 mg/5ml* | 2 | |
| *valproic acid oral capsule 250 mg* | 2 | |
| *vigabatrin oral packet 500 mg* | 5 | LA; NMO |
| **GLUTAMATE REDUCING AGENTS** | | |
| *felbamate oral suspension 600 mg/5ml* | 4 | |
| *felbamate oral tablet 400 mg, 600 mg* | 4 | |
| LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 25 (21)-50 (7) MG, 50 & 100 & 200 MG | 4 | NMO |
| *lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | 4 | |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | GC |
| *lamotrigine oral tablet chewable 25 mg, 5 mg* | 2 | |
| *lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg* | 2 | |
| *lamotrigine starter kit-blue oral kit 25 (35) mg* | 4 | NMO |
| *lamotrigine starter kit-green oral kit 25 (84)-100(14) mg* | 4 | NMO |
| *lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg* | 4 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | 3 | |
| *topiramate oral capsule sprinkle 15 mg, 25 mg* | 2 | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | GC |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | 4 | |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG | 5 | NMO |
| **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 ORAL SOLUTION 10 MG/ML | 5 | NMO; QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 5 | NMO; QL (60 EA per 30 days) |
| *carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg* | 2 | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg* | 2 | |
| *carbamazepine oral suspension 100 mg/5ml* | 2 | |
| *carbamazepine oral tablet 200 mg* | 2 | |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| EPITOL ORAL TABLET 200 MG | 2 | |
| *oxcarbazepine oral suspension 300 mg/5ml* | 1 | GC |
| *oxcarbazepine oral tablet 300 mg, 600 mg* | 1 | GC |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG | 4 | |
| PEGANONE ORAL TABLET 250 MG | 3 | |
| *phenytoin oral suspension 125 mg/5ml* | 1 | GC |
| *phenytoin oral tablet chewable 50 mg* | 1 | GC |
| *phenytoin sodium extended oral capsule 100 mg* | 1 | GC |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | 2 | |
| VIMPAT ORAL SOLUTION 10 MG/ML | 4 | QL (1200 ML per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg* | 1 | GC |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg* | 3 | QL (30 EA per 30 days) |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 1 | GC |
| *maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg* | 2 | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 1 | GC |
| *mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg* | 2 | |
| *nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 4 | |
| *trazodone hcl oral tablet 100 mg* | 1 | NMO; GC |
| *trazodone hcl oral tablet 150 mg, 50 mg* | 1 | GC |
| *trazodone hcl oral tablet 300 mg* | 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 | |
| *phenelzine sulfate oral tablet 15 mg* | 2 | |
| *tranylcypromine sulfate oral tablet 10 mg* | 2 | |
| **SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS** | | |
| *citalopram hydrobromide oral solution 10 mg/5ml* | 2 | |
| *citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg* | 1 | GC |
| *desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg* | 4 | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg* | 4 | |
| *duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg* | 2 | |
| *escitalopram oxalate oral solution 5 mg/5ml* | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | PA; HR |
| *doxepin hcl oral concentrate 10 mg/ml* | 2 | PA; HR |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 2 | PA; HR |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | 4 | PA; HR |
| *nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 1 | GC |
| *nortriptyline hcl oral solution 10 mg/5ml* | 4 | |
| *protriptyline hcl oral tablet 10 mg, 5 mg* | 4 | |
| *trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg* | 2 | PA; HR |
| **ANTIEMETICS** | | |
| **ANTIEMETICS, OTHER** | | |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 1 | NMO; GC |
| *scopolamine transdermal patch 72 hour 1 mg/3days* | 4 | NMO |
| *trimethobenzamide hcl oral capsule 300 mg* | 2 | PA; NMO; HR |
| **EMETOGENIC THERAPY ADJUNCTS** | | |
| *aprepitant oral capsule 125 mg, 40 mg, 80 mg* | 4 | BD; NMO; QL (8 EA per 30 days) |
| *aprepitant oral capsule 80 & 125 mg* | 4 | BD; NMO; QL (12 EA per 30 days) |
| *dronabinol oral capsule 10 mg* | 5 | PA; NMO; QL (60 EA per 30 days) |
| *dronabinol oral capsule 2.5 mg, 5 mg* | 4 | PA; NMO; QL (60 EA per 30 days) |
| *granisetron hcl oral tablet 1 mg* | 4 | BD; NMO; QL (60 EA per 30 days) |
| *ondansetron hcl oral solution 4 mg/5ml* | 2 | BD; NMO |
| *ondansetron hcl oral tablet 24 mg* | 1 | BD; NMO; GC; QL (30 EA per 30 days) |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | BD; NMO; GC; QL (90 EA per 30 days) |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | 2 | BD; NMO; QL (90 EA per 30 days) |
| VARUBI ORAL TABLET 90 MG | 4 | BD; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANTIFUNGALS** | | |
| **ANTIFUNGALS** | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 5 | BD; NMO |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG | 4 | BD; NMO |
| *amphotericin b injection solution reconstituted 50 mg* | 4 | BD; NMO |
| *caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg* | 5 | BD; NMO |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG | 4 | NMO |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 2 | NMO |
| *fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml* | 2 | NMO |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 2 | NMO |
| *flucytosine oral capsule 250 mg, 500 mg* | 5 | NMO |
| *griseofulvin microsize oral suspension 125 mg/5ml* | 4 | NMO |
| *griseofulvin microsize oral tablet 500 mg* | 4 | NMO |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 4 | NMO |
| *itraconazole oral capsule 100 mg* | 3 | PA; NMO |
| *itraconazole oral solution 10 mg/ml* | 3 | PA; NMO |
| *ketoconazole oral tablet 200 mg* | 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 |
| *nystatin oral tablet 500000 unit* | 2 | NMO |
| ORAVIG BUCCAL TABLET 50 MG | 3 | NMO |
| *terbinafine hcl oral tablet 250 mg* | 1 | NMO; GC |
| *voriconazole intravenous solution reconstituted 200 mg* | 4 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *voriconazole oral suspension reconstituted 40 mg/ml* | 5 | NMO; QL (300 ML per 30 days) |
| *voriconazole oral tablet 200 mg, 50 mg* | 5 | NMO; QL (120 EA per 30 days) |
| **ANTIGOUT AGENTS** | | |
| **ANTIGOUT AGENTS** | | |
| *allopurinol oral tablet 100 mg* | 1 | GC |
| *colchicine oral capsule 0.6 mg* | 2 | NMO |
| *colchicine oral tablet 0.6 mg* | 2 | NMO |
| *colchicine-probenecid oral tablet 0.5-500 mg* | 2 | |
| *probenecid oral tablet 500 mg* | 2 | |
| ULORIC ORAL TABLET 40 MG, 80 MG | 3 | ST |
| **ANTI-INFLAMMATORY AGENTS** | | |
| **NONSTEROIDAL ANTI-INFLAMMATORY DRUGS** | | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 3 | |
| *diclofenac potassium oral tablet 50 mg* | 2 | |
| *diclofenac sodium er oral tablet extended release 24 hour 100 mg* | 1 | GC |
| *diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg* | 1 | GC |
| *diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg* | 3 | |
| *diflunisal oral tablet 500 mg* | 2 | |
| *etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg* | 4 | |
| *etodolac oral capsule 200 mg, 300 mg* | 2 | |
| *etodolac oral tablet 400 mg, 500 mg* | 2 | |
| *flurbiprofen oral tablet 100 mg, 50 mg* | 2 | |
| IBU ORAL TABLET 600 MG, 800 MG | 1 | GC |
| *ibuprofen oral suspension 100 mg/5ml* | 1 | NMO; GC |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | GC |
| *indomethacin er oral capsule extended release 75 mg* | 4 | PA; HR |
| *indomethacin oral capsule 25 mg, 50 mg* | 1 | PA; GC; HR |
| *ketoprofen er oral capsule extended release 24 hour 200 mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ketoprofen oral capsule 25 mg* | 4 | |
| *meloxicam oral tablet 15 mg, 7.5 mg* | 1 | GC |
| *nabumetone oral tablet 500 mg, 750 mg* | 1 | GC |
| *naproxen dr oral tablet delayed release 375 mg, 500 mg* | 1 | GC |
| *naproxen oral suspension 125 mg/5ml* | 1 | GC |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 1 | GC |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 4 | |
| *oxaprozin oral tablet 600 mg* | 3 | |
| *piroxicam oral capsule 10 mg, 20 mg* | 2 | |
| *sulindac oral tablet 150 mg, 200 mg* | 1 | GC |
| **ANTIMIGRAINE AGENTS** | | |
| **ERGOT ALKALOIDS** | | |
| *dihydroergotamine mesylate nasal solution 4 mg/ml* | 4 | NMO |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | 3 | NMO |
| **PROPHYLACTIC** | | |
| *divalproex sodium oral capsule delayed release sprinkle 125 mg* | 2 | |
| *timolol maleate oral tablet 10 mg* | 1 | GC |
| **SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS** | | |
| *eletriptan hydrobromide oral tablet 20 mg, 40 mg* | 4 | NMO |
| *frovatriptan succinate oral tablet 2.5 mg* | 2 | NMO |
| *naratriptan hcl oral tablet 1 mg, 2.5 mg* | 2 | NMO |
| *rizatriptan benzoate oral tablet 10 mg, 5 mg* | 2 | NMO |
| *rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg* | 2 | NMO |
| *sumatriptan nasal solution 20 mg/act, 5 mg/act* | 4 | NMO |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | 1 | NMO; GC |
| *sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml* | 4 | NMO |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 4 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml* | 4 | NMO |
| *sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml* | 4 | |
| *sumatriptan-naproxen sodium oral tablet 85-500 mg* | 4 | NMO |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | 2 | NMO |
| *zolmitriptan oral tablet dispersible 2.5 mg, 5 mg* | 2 | NMO |
| **ANTIMYASTHENIC AGENTS** | | |
| **PARASYMPATHOMIMETICS** | | |
| *guanidine hcl oral tablet 125 mg* | 3 | NMO |
| MESTINON ORAL SYRUP 60 MG/5ML | 3 | NMO |
| *pyridostigmine bromide er oral tablet extended release 180 mg* | 2 | NMO |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | NMO |
| **ANTIMYCOBACTERIALS** | | |
| **ANTIMYCOBACTERIALS, OTHER** | | |
| *dapsone oral tablet 100 mg, 25 mg* | 2 | |
| *pyrazinamide oral tablet 500 mg* | 2 | NMO |
| *rifabutin oral capsule 150 mg* | 3 | NMO |
| **ANTITUBERCULARS** | | |
| *ethambutol hcl oral tablet 100 mg, 400 mg* | 3 | NMO |
| *isoniazid oral syrup 50 mg/5ml* | 1 | GC |
| *isoniazid oral tablet 100 mg, 300 mg* | 1 | GC |
| PASER ORAL PACKET 4 GM | 4 | NMO |
| PRIFTIN ORAL TABLET 150 MG | 4 | NMO |
| RIFAMATE ORAL CAPSULE 150-300 MG | 4 | NMO |
| *rifampin intravenous solution reconstituted 600 mg* | 2 | NMO |
| *rifampin oral capsule 150 mg* | 1 | NMO; GC |
| *rifampin oral capsule 300 mg* | 2 | NMO |
| RIFATER ORAL TABLET 50-120-300 MG | 4 | NMO |
| SIRTURO ORAL TABLET 100 MG | 5 | NMO |
| TRECATOR ORAL TABLET 250 MG | 4 | NMO |
| **ANTINEOPLASTICS** | | |
| **ALKYLATING AGENTS** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 3 | BD; NMO |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 4 | NMO |
| LEUKERAN ORAL TABLET 2 MG | 3 | NMO |
| **ANTIANGIOGENIC AGENTS** | | |
| 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 |
| **ANTIMETABOLITES** | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 4 | |
| *mercaptopurine oral tablet 50 mg* | 2 | NMO |
| *methotrexate oral tablet 2.5 mg* | 2 | BD; NMO |
| *methotrexate sodium (pf) injection solution 50 mg/2ml* | 1 | BD; NMO; GC |
| *methotrexate sodium injection solution 250 mg/10ml* | 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** | | |
| *abiraterone acetate oral tablet 250 mg* | 5 | PA; NMO; QL (120 EA per 30 days) |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML | 5 | PA; LA; 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) |
| 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 | PA; NMO |
| ALUNBRIG ORAL TABLET 180 MG | 5 | PA; NMO; QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| *bexarotene oral capsule 75 mg* | 5 | NMO |
| *bicalutamide oral tablet 50 mg* | 1 | NMO; GC; QL (30 EA per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 50 MG | 5 | PA; LA; NMO; QL (270 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA; LA; NMO; QL (180 EA per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 5 | PA; 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) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA; NMO; QL (60 EA per 30 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA; LA; NMO |
| DAURISMO ORAL TABLET 100 MG, 25 MG | 5 | PA; NMO |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML | 3 | BD; NMO |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | 4 | BD; NMO |
| EMCYT ORAL CAPSULE 140 MG | 3 | NMO |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | NMO |
| ERLEADA ORAL TABLET 60 MG | 5 | PA; LA; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG | 5 | BD; NMO |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 4 | BD; NMO |
| *flutamide oral capsule 125 mg* | 1 | NMO; GC |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA; NMO |
| *hydroxyurea oral capsule 500 mg* | 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) |
| 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) |
| *imatinib mesylate oral tablet 100 mg* | 5 | NMO; QL (180 EA per 30 days) |
| *imatinib mesylate oral tablet 400 mg* | 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 |
| 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 |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | 5 | BD; NMO |
| IRESSA ORAL TABLET 250 MG | 5 | PA; NMO |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | NMO; QL (60 EA per 30 days) |
| KISQALI 200 DOSE ORAL TABLET 200 MG | 5 | PA; NMO |
| KISQALI 400 DOSE ORAL TABLET 200 MG | 5 | PA; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG | 5 | PA; NMO |
| LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (3) MG | 5 | PA; NMO |
| LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG | 5 | PA; NMO |
| LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG | 5 | PA; NMO |
| LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG | 5 | PA; NMO |
| LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG | 5 | PA; NMO |
| LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 MG | 5 | PA; NMO |
| LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG | 5 | PA; NMO |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 1 | NMO; GC |
| *leuprolide acetate injection kit 1 mg/0.2ml* | 1 | PA; NMO; GC |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 5 | NMO |
| LORBRENA ORAL TABLET 100 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| *megestrol acetate oral suspension 40 mg/ml* | 1 | PA; NMO; GC; HR |
| *megestrol acetate oral tablet 20 mg, 40 mg* | 1 | PA; NMO; GC; HR |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 5 | PA; NMO |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA; LA; NMO; QL (180 EA per 30 days) |
| NERLYNX ORAL TABLET 40 MG | 5 | PA; LA; NMO; QL (180 EA per 30 days) |
| NEXAVAR ORAL TABLET 200 MG | 5 | LA; NMO; QL (120 EA per 30 days) |
| *nilutamide oral tablet 150 mg* | 3 | NMO; QL (60 EA per 30 days) |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA; NMO |
| ODOMZO ORAL CAPSULE 200 MG | 5 | LA; NMO |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA; LA; 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 | PA; NMO; QL (60 EA per 30 days) |
| SPRYCEL ORAL TABLET 140 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | 5 | PA; NMO; QL (90 EA per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA; NMO |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | 5 | PA; NMO |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | 5 | PA; NMO |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | 5 | NMO |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA; NMO |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 5 | PA; LA; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TALZENNA ORAL CAPSULE 0.25 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| TALZENNA ORAL CAPSULE 1 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| *tamoxifen citrate oral tablet 10 mg, 20 mg* | 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) |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA; LA; NMO; QL (60 EA per 30 days) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | 5 | BD; NMO |
| *tretinoin oral capsule 10 mg* | 5 | NMO |
| TYKERB ORAL TABLET 250 MG | 5 | NMO; QL (150 EA per 30 days) |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG | 4 | PA; LA; NMO |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA; LA; NMO |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 5 | PA; LA; NMO |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA; LA; NMO |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | 5 | PA; NMO |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA; NMO |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA; NMO; QL (31 EA per 31 days) |
| VOTRIENT ORAL TABLET 200 MG | 5 | NMO; QL (120 EA per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA; NMO; QL (60 EA per 30 days) |
| XOSPATA ORAL TABLET 40 MG | 5 | PA; LA; NMO |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZYDELIG ORAL TABLET 150 MG | 5 | NMO; QL (60 EA per 30 days) |
| ZYKADIA ORAL CAPSULE 150 MG | 5 | PA; NMO |
| ZYTIGA ORAL TABLET 500 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| **AROMATASE INHIBITORS, 3RD GENERATION** | | |
| *anastrozole oral tablet 1 mg* | 1 | GC |
| *exemestane oral tablet 25 mg* | 2 | QL (60 EA per 30 days) |
| *letrozole oral tablet 2.5 mg* | 1 | GC |
| **TREATMENT ADJUNCTS** | | |
| *allopurinol oral tablet 300 mg* | 1 | GC |
| MESNEX ORAL TABLET 400 MG | 5 | NMO |
| **ANTIPARASITICS** | | |
| **ANTHELMINTICS** | | |
| *albendazole oral tablet 200 mg* | 4 | NMO |
| ALBENZA ORAL TABLET 200 MG | 4 | NMO |
| *benznidazole oral tablet 100 mg, 12.5 mg* | 4 | NMO |
| EMVERM ORAL TABLET CHEWABLE 100 MG | 4 | NMO |
| *ivermectin oral tablet 3 mg* | 1 | NMO; GC |
| **ANTIPROTOZOALS** | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | 4 | NMO; QL (180 ML per 30 days) |
| ALINIA ORAL TABLET 500 MG | 4 | NMO |
| *atovaquone oral suspension 750 mg/5ml* | 5 | NMO |
| *atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg* | 4 | NMO |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 2 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | NMO |
| DARAPRIM ORAL TABLET 25 MG | 5 | NMO |
| *hydroxychloroquine sulfate oral tablet 200 mg* | 3 | |
| *mefloquine hcl oral tablet 250 mg* | 3 | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG | 4 | BD; NMO |
| PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG | 4 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *primaquine phosphate oral tablet 26.3 mg* | 4 | NMO |
| *quinine sulfate oral capsule 324 mg* | 4 | NMO |
| **ANTIPARKINSON AGENTS** | | |
| **ANTICHOLINERGICS** | | |
| *benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | PA; GC; HR |
| *trihexyphenidyl hcl oral elixir 0.4 mg/ml* | 1 | PA; GC; HR |
| *trihexyphenidyl hcl oral tablet 2 mg, 5 mg* | 1 | PA; GC; HR |
| **ANTIPARKINSON AGENTS, OTHER** | | |
| *amantadine hcl oral capsule 100 mg* | 2 | |
| *amantadine hcl oral syrup 50 mg/5ml* | 2 | |
| *amantadine hcl oral tablet 100 mg* | 2 | |
| *entacapone oral tablet 200 mg* | 2 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | 5 | PA; NMO; QL (60 EA per 30 days) |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| **DOPAMINE AGONISTS** | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML | 5 | LA; NMO; QL (60 ML per 30 days) |
| *bromocriptine mesylate oral capsule 5 mg* | 2 | |
| *bromocriptine mesylate oral tablet 2.5 mg* | 2 | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | 4 | |
| *pramipexole dihydrochloride 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* | 4 | |
| *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 1 | GC |
| *ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 2 | |
| *ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 1 | GC |
| **DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | 2 | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 1 | GC |
| *carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg* | 2 | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | 2 | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 4 | ST |
| **MONOAMINE OXIDASE B (MAO-B) INHIBITORS** | | |
| *rasagiline mesylate oral tablet 0.5 mg, 1 mg* | 4 | QL (30 EA per 30 days) |
| *selegiline hcl oral capsule 5 mg* | 2 | |
| *selegiline hcl oral tablet 5 mg* | 2 | |
| **ANTIPSYCHOTICS** | | |
| **1ST GENERATION/TYPICAL** | | |
| *chlorpromazine hcl oral tablet 10 mg, 25 mg* | 2 | BD |
| *chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg* | 2 | |
| COMPRO RECTAL SUPPOSITORY 25 MG | 2 | NMO |
| *fluphenazine decanoate injection solution 25 mg/ml* | 4 | NMO |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 2 | NMO |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 2 | |
| *fluphenazine hcl oral elixir 2.5 mg/5ml* | 2 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 1 | GC |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml* | 2 | NMO |
| *haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)* | 2 | NMO |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | GC |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *molindone hcl oral tablet 10 mg, 25 mg, 5 mg* | 2 | |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 2 | |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | 4 | PA; HR |
| *pimozide oral tablet 1 mg, 2 mg* | 2 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 1 | GC |
| *prochlorperazine rectal suppository 25 mg* | 2 | NMO |
| *thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 2 | PA; HR |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | GC |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 1 | GC |
| **2ND GENERATION/ATYPICAL** | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 5 | NMO |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 5 | NMO |
| *aripiprazole oral solution 1 mg/ml* | 4 | QL (750 ML per 30 days) |
| *aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 3 | QL (30 EA per 30 days) |
| *aripiprazole oral tablet 2 mg, 5 mg* | 3 | QL (60 EA per 30 days) |
| *aripiprazole oral tablet dispersible 10 mg, 15 mg* | 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 | PA; NMO; QL (60 EA per 30 days) |
| FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG | 5 | PA; NMO; QL (60 EA per 30 days) |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | PA; 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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; LA; NMO |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; LA; NMO |
| NUPLAZID ORAL TABLET 17 MG | 5 | PA; NMO |
| *olanzapine intramuscular solution reconstituted 10 mg* | 4 | NMO |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | 1 | GC |
| *olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg* | 3 | QL (30 EA per 30 days) |
| *olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | 4 | |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg* | 4 | QL (60 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 9 mg* | 5 | NMO; QL (30 EA per 30 days) |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 5 | NMO |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | 3 | |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 1 | GC |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | NMO |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG | 4 | NMO |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG | 5 | NMO |
| *risperidone oral solution 1 mg/ml* | 2 | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 2 | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG | 4 | PA; QL (60 EA per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| VRAYLAR ORAL CAPSULE 3 MG | 5 | PA; NMO; QL (60 EA per 30 days) |
| VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | 4 | PA; NMO; QL (7 EA per 28 days) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | 2 | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 4 | NMO |
| **TREATMENT-RESISTANT** | | |
| *clozapine oral tablet 100 mg* | 2 | NMO; QL (270 EA per 30 days) |
| *clozapine oral tablet 200 mg, 25 mg* | 2 | NMO; QL (120 EA per 30 days) |
| *clozapine oral tablet 50 mg* | 2 | NMO; QL (180 EA per 30 days) |
| *clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg* | 4 | NMO; QL (270 EA per 30 days) |
| *clozapine oral tablet dispersible 12.5 mg* | 4 | NMO; QL (90 EA per 30 days) |
| *clozapine oral tablet dispersible 200 mg* | 5 | NMO; QL (120 EA per 30 days) |
| **ANTIVIRALS** | | |
| **ANTI-CYTOMEGALOVIRUS (CMV) AGENTS** | | |
| *valganciclovir hcl oral solution reconstituted 50 mg/ml* | 4 | |
| *valganciclovir hcl oral tablet 450 mg* | 5 | NMO |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 4 | NMO |
| **ANTIHEPATITIS AGENTS** | | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 5 | NMO; QL (600 ML per 30 days) |
| *entecavir oral tablet 0.5 mg, 1 mg* | 5 | NMO; QL (30 EA per 30 days) |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML | 5 | PA; NMO |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML | 5 | PA; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REBETOL ORAL SOLUTION 40 MG/ML | 5 | NMO |
| RIBASPHERE ORAL TABLET 400 MG | 4 | NMO |
| RIBASPHERE ORAL TABLET 600 MG | 5 | NMO |
| VEMLIDY ORAL TABLET 25 MG | 5 | NMO |
| **ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING** | | |
| MAVYRET ORAL TABLET 100-40 MG | 5 | PA; NMO |
| *sofosbuvir-velpatasvir oral tablet 400-100 mg* | 5 | PA; NMO |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NMO |
| **ANTI-HEPATITIS C (HCV) AGENTS, OTHER** | | |
| *adefovir dipivoxil oral tablet 10 mg* | 5 | NMO; QL (30 EA per 30 days) |
| RIBASPHERE ORAL CAPSULE 200 MG | 4 | NMO |
| RIBASPHERE ORAL TABLET 200 MG | 4 | NMO |
| *ribavirin oral capsule 200 mg* | 4 | NMO |
| *ribavirin oral tablet 200 mg* | 4 | NMO |
| **ANTIHERPETIC AGENTS** | | |
| *acyclovir oral capsule 200 mg* | 1 | NMO; GC |
| *acyclovir oral suspension 200 mg/5ml* | 2 | NMO |
| *acyclovir oral tablet 400 mg, 800 mg* | 1 | NMO; GC |
| *acyclovir sodium intravenous solution 50 mg/ml* | 2 | BD; NMO |
| *valacyclovir hcl oral tablet 1 gm, 500 mg* | 2 | NMO |
| **ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS** | | |
| EDURANT ORAL TABLET 25 MG | 5 | NMO; QL (30 EA per 30 days) |
| *efavirenz oral capsule 200 mg* | 4 | QL (120 EA per 30 days) |
| *efavirenz oral capsule 50 mg* | 4 | QL (480 EA per 30 days) |
| *efavirenz oral tablet 600 mg* | 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) |
| *nevirapine er oral tablet extended release 24 hour 100 mg* | 4 | QL (90 EA per 30 days) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | 4 | QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nevirapine oral suspension 50 mg/5ml* | 3 | QL (1200 ML per 30 days) |
| *nevirapine oral tablet 200 mg* | 2 | QL (60 EA per 30 days) |
| PIFELTRO ORAL TABLET 100 MG | 5 | NMO; QL (30 EA per 30 days) |
| 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 | QL (30 EA per 30 days) |
| VIRAMUNE ORAL SUSPENSION 50 MG/5ML | 3 | QL (1200 ML per 30 days) |
| **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS** | | |
| *abacavir sulfate oral solution 20 mg/ml* | 4 | QL (960 ML per 30 days) |
| *abacavir sulfate oral tablet 300 mg* | 4 | QL (60 EA per 30 days) |
| *abacavir sulfate-lamivudine oral tablet 600-300 mg* | 5 | NMO; QL (30 EA per 30 days) |
| *abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg* | 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; QL (30 EA per 30 days) |
| *didanosine oral capsule delayed release 200 mg* | 4 | QL (60 EA per 30 days) |
| *didanosine oral capsule delayed release 250 mg, 400 mg* | 4 | 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) |
| *lamivudine oral solution 10 mg/ml* | 4 | QL (960 ML per 30 days) |
| *lamivudine oral tablet 100 mg* | 4 | |
| *lamivudine oral tablet 150 mg* | 4 | QL (60 EA per 30 days) |
| *lamivudine oral tablet 300 mg* | 4 | QL (30 EA per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 4 | QL (60 EA per 30 days) |
| PREZCOBIX ORAL TABLET 800-150 MG | 5 | NMO; QL (30 EA per 30 days) |
| *stavudine oral capsule 15 mg, 20 mg* | 4 | QL (120 EA per 30 days) |
| *stavudine oral capsule 30 mg, 40 mg* | 4 | QL (60 EA per 30 days) |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 5 | NMO; QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | 5 | NMO; QL (30 EA per 30 days) |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG | 4 | QL (90 EA per 30 days) |
| VIDEX ORAL SOLUTION RECONSTITUTED 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) |
| *zidovudine oral capsule 100 mg* | 2 | QL (180 EA per 30 days) |
| *zidovudine oral syrup 50 mg/5ml* | 2 | QL (1680 ML per 28 days) |
| *zidovudine oral tablet 300 mg* | 2 | QL (60 EA per 30 days) |
| **ANTI-HIV AGENTS, OTHER** | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | 5 | NMO; QL (60 EA per 30 days) |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NMO; QL (60 EA per 30 days) |
| ISENTRESS ORAL PACKET 100 MG | 4 | QL (60 EA per 30 days) |
| ISENTRESS ORAL TABLET 400 MG | 5 | NMO; QL (120 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 5 | NMO; QL (180 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 4 | QL (180 EA per 30 days) |
| 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 | QL (60 EA per 30 days) |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NMO; QL (60 EA per 30 days) |
| **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) |
| *atazanavir sulfate oral capsule 150 mg, 200 mg* | 4 | QL (60 EA per 30 days) |
| *atazanavir sulfate oral capsule 300 mg* | 5 | NMO; QL (30 EA per 30 days) |
| CRIXIVAN ORAL CAPSULE 200 MG | 3 | QL (450 EA per 30 days) |
| CRIXIVAN ORAL CAPSULE 400 MG | 3 | QL (270 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fosamprenavir calcium oral tablet 700 mg* | 5 | NMO; QL (120 EA per 30 days) |
| INVIRASE ORAL TABLET 500 MG | 5 | NMO; QL (120 EA 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) |
| *lopinavir-ritonavir oral solution 400-100 mg/5ml* | 4 | |
| 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) |
| PREZISTA ORAL TABLET 75 MG | 4 | QL (480 EA per 30 days) |
| PREZISTA ORAL TABLET 800 MG | 5 | NMO; QL (30 EA per 30 days) |
| REYATAZ ORAL PACKET 50 MG | 5 | NMO; QL (180 EA per 30 days) |
| *ritonavir oral tablet 100 mg* | 4 | QL (360 EA per 30 days) |
| 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** | | |
| *oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg* | 3 | NMO |
| *oseltamivir phosphate oral suspension reconstituted 6 mg/ml* | 3 | NMO; QL (540 ML per 30 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER | 4 | NMO |
| *rimantadine hcl oral tablet 100 mg* | 3 | NMO |
| XOFLUZA ORAL TABLET THERAPY PACK 20 (2) MG, 40 (2) MG | 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) |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | NMO; QL (30 EA per 30 days) |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 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; QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | NMO; QL (30 EA per 30 days) |
| **ANXIOLYTICS** | | |
| **ANXIOLYTICS, OTHER** | | |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | NMO; GC |
| *hydroxyzine hcl oral syrup 10 mg/5ml* | 4 | PA; NMO; HR |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 2 | PA; NMO; HR |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | 2 | PA; NMO; HR |
| **BENZODIAZEPINES** | | |
| *alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg* | 2 | NMO; QL (90 EA per 30 days) |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | 4 | NMO; QL (300 ML per 30 days) |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 2 | NMO; QL (180 EA per 30 days) |
| *alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg* | 2 | NMO; QL (360 EA per 30 days) |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | 2 | NMO; QL (120 EA per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | 2 | NMO; QL (180 EA per 30 days) |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML | 2 | NMO; QL (240 ML per 30 days) |
| *diazepam oral solution 5 mg/5ml* | 2 | NMO; QL (1200 ML per 30 days) |
| *diazepam oral tablet 10 mg* | 2 | NMO; QL (120 EA per 30 days) |
| *diazepam oral tablet 2 mg* | 2 | NMO; QL (600 EA per 30 days) |
| *diazepam oral tablet 5 mg* | 2 | NMO; QL (240 EA per 30 days) |
| *lorazepam oral concentrate 2 mg/ml* | 2 | NMO; QL (240 ML per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | NMO; QL (150 EA per 30 days) |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | 2 | NMO; QL (120 EA per 30 days) |
| **BIPOLAR AGENTS** | | |
| **MOOD STABILIZERS** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbamazepine oral tablet chewable 100 mg* | 1 | GC |
| *lithium carbonate er oral tablet extended release 300 mg, 450 mg* | 1 | GC |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 1 | GC |
| *lithium carbonate oral tablet 300 mg* | 1 | GC |
| *lithium oral solution 8 meq/5ml* | 2 | |
| **BLOOD GLUCOSE REGULATORS** | | |
| **ANTIDIABETIC AGENTS** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | 3 | NMO |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | 3 | NMO |
| *cvs gauze sterile pad 2"x2"* | 3 | NMO |
| CYCLOSET ORAL TABLET 0.8 MG | 4 | |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | 3 | NMO |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | GC |
| *glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | 1 | GC |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | GC |
| *glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | 1 | GC; QL (120 EA per 30 days) |
| *global alcohol prep ease pad 70 %* | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | |
| KORLYM ORAL TABLET 300 MG | 5 | PA; LA; NMO; QL (120 EA per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 500 mg* | 1 | GC; QL (120 EA per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 750 mg* | 1 | GC; QL (90 EA per 30 days) |
| *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg* | 1 | GC |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| *nateglinide oral tablet 120 mg, 60 mg* | 2 | |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE | 3 | |
| *pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg* | 1 | GC |
| *pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg* | 2 | QL (30 EA per 30 days) |
| *pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg* | 2 | QL (90 EA per 30 days) |
| *preferred plus insulin syringe 28g x 1/2" 0.5 ml* | 3 | NMO |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | 3 | NMO |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg* | 3 | |
| RIOMET ORAL SOLUTION 500 MG/5ML | 4 | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 3 | ST |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | 4 | PA |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | 4 | PA |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 3 | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG | 3 | |
| *tolazamide oral tablet 250 mg, 500 mg* | 1 | GC |
| *tolbutamide oral tablet 500 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| 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** | | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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** | | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 3 | |
| ELIQUIS STARTER PACK ORAL TABLET 5 MG | 3 | |
| *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* | 4 | NMO |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | 5 | NMO |
| *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml* | 4 | NMO |
| 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 |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 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 | |
| *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | 3 | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | NMO |
| **BLOOD FORMATION MODIFIERS** | | |
| LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG | 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 | 4 | PA; NMO |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML | 5 | PA; NMO |
| PROMACTA ORAL PACKET 12.5 MG | 5 | PA; NMO; QL (360 EA per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 4 | PA |
| *tranexamic acid oral tablet 650 mg* | 2 | NMO |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA; NMO |
| **PLATELET MODIFYING AGENTS** | | |
| *anagrelide hcl oral capsule 0.5 mg, 1 mg* | 1 | GC |
| *aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg* | 2 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | |
| *cilostazol oral tablet 100 mg, 50 mg* | 1 | GC |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | GC |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 1 | PA; GC; HR |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | 4 | |
| **CARDIOVASCULAR AGENTS** | | |
| **ALPHA-ADRENERGIC AGONISTS** | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | 2 | |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | 2 | |
| *guanfacine hcl oral tablet 1 mg, 2 mg* | 1 | PA; GC; HR |
| *midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | NMO |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| DEMSER ORAL CAPSULE 250 MG | 5 | NMO |
| *doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | 1 | GC |
| *prazosin hcl oral capsule 1 mg, 2 mg, 5 mg* | 1 | GC |
| *terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | GC |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | |
| *candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 2 | |
| *eprosartan mesylate oral tablet 600 mg* | 4 | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 1 | GC |
| *losartan potassium oral tablet 100 mg, 25 mg, 50 mg* | 1 | GC |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg* | 2 | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | 1 | GC |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | 1 | GC |
| **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS** | | |
| *benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | GC |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 2 | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | GC |
| *fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg* | 1 | GC |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 | GC |
| *moexipril hcl oral tablet 15 mg, 7.5 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 1 | GC |
| *quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | GC |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | GC |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | GC |
| **ANTIARRHYTHMICS** | | |
| *amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg* | 1 | GC |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | 1 | PA; GC; HR |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 4 | |
| *flecainide acetate oral tablet 100 mg, 150 mg, 50 mg* | 1 | GC |
| *mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg* | 2 | |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | 1 | GC |
| *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg* | 4 | |
| *propafenone hcl oral tablet 150 mg, 225 mg, 300 mg* | 2 | |
| *quinidine gluconate er oral tablet extended release 324 mg* | 3 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 1 | GC |
| **ANTIHYPERTENSIVE COMBINATIONS** | | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 1 | GC |
| *amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | GC |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 2 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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* | 2 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 1 | GC |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 2 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 1 | GC |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 2 | |
| *captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg* | 2 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 1 | GC |
| *fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | GC |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 1 | GC |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | GC |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | 1 | GC |
| *metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | 2 | |
| *moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg* | 1 | GC |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 2 | |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | 2 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | GC |
| *spironolactone-hctz oral tablet 25-25 mg* | 1 | GC |
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 2 | |
| *triamterene-hctz oral capsule 37.5-25 mg* | 1 | GC |
| *triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 1 | GC |
| **BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *acebutolol hcl oral capsule 200 mg, 400 mg* | 1 | GC |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | GC |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | GC |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 3 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 | GC |
| *carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg* | 4 | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | 1 | GC |
| *metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg* | 1 | GC |
| *metoprolol succinate er oral tablet extended release 24 hour 200 mg* | 2 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | 1 | GC |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 2 | |
| *pindolol oral tablet 10 mg, 5 mg* | 2 | |
| *propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg* | 2 | |
| *propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml* | 1 | GC |
| *propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 1 | GC |
| *sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg* | 1 | GC |
| *sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 1 | GC |
| *timolol maleate oral tablet 20 mg, 5 mg* | 1 | GC |
| **CALCIUM CHANNEL BLOCKING AGENTS** | | |
| *amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | 1 | GC |
| *diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg* | 1 | GC |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg* | 1 | GC |
| *diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg* | 2 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | 1 | GC |
| *dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 1 | GC |
| *felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | 1 | GC |
| *isradipine oral capsule 2.5 mg, 5 mg* | 4 | |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 2 | |
| *nicardipine hcl oral capsule 20 mg, 30 mg* | 1 | GC |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | 1 | GC |
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | 1 | GC |
| *nimodipine oral capsule 30 mg* | 4 | |
| *nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg* | 4 | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 1 | GC |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg* | 2 | |
| *verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg* | 1 | GC |
| *verapamil hcl oral tablet 120 mg, 40 mg, 80 mg* | 1 | GC |
| **CARDIOVASCULAR AGENTS, OTHER** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg* | 2 | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 4 | PA; QL (60 EA per 30 days) |
| DIGITEK ORAL TABLET 125 MCG, 250 MCG | 1 | GC |
| DIGOX ORAL TABLET 125 MCG, 250 MCG | 1 | GC |
| *digoxin oral solution 0.05 mg/ml* | 1 | GC |
| *digoxin oral tablet 125 mcg, 250 mcg* | 1 | GC |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 3 | PA; QL (60 EA per 30 days) |
| *pentoxifylline er oral tablet extended release 400 mg* | 1 | GC |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG | 3 | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | 3 | |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | 3 | |
| **DIURETICS, CARBONIC ANHYDRASE INHIBITORS** | | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 2 | |
| *methazolamide oral tablet 25 mg, 50 mg* | 4 | |
| **DIURETICS, LOOP** | | |
| *bumetanide injection solution 0.25 mg/ml* | 2 | NMO |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *ethacrynic acid oral tablet 25 mg* | 4 | |
| *furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)* | 1 | NMO; GC |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | 1 | GC |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | GC |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 1 | GC |
| **DIURETICS, POTASSIUM-SPARING** | | |
| *amiloride hcl oral tablet 5 mg* | 1 | GC |
| *eplerenone oral tablet 25 mg, 50 mg* | 2 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | GC |
| **DIURETICS, THIAZIDE** | | |
| *chlorothiazide oral tablet 250 mg, 500 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | GC |
| DIURIL ORAL SUSPENSION 250 MG/5ML | 4 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | GC |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | GC |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 1 | GC |
| *methyclothiazide oral tablet 5 mg* | 1 | GC |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| **DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES** | | |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | 2 | |
| *fenofibrate oral capsule 150 mg, 50 mg* | 2 | |
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | 2 | |
| *fenofibric acid oral capsule delayed release 135 mg, 45 mg* | 2 | |
| *gemfibrozil oral tablet 600 mg* | 1 | GC |
| **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS** | | |
| *atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | GC |
| *fluvastatin sodium er oral tablet extended release 24 hour 80 mg* | 2 | |
| *fluvastatin sodium oral capsule 20 mg, 40 mg* | 2 | |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | 3 | |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | 1 | GC |
| *pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | GC |
| *rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | GC |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 | GC |
| **DYSLIPIDEMICS, OTHER** | | |
| *cholestyramine light oral powder 4 gm/dose* | 2 | |
| *cholestyramine oral packet 4 gm* | 2 | |
| *colesevelam hcl oral packet 3.75 gm* | 3 | |
| *colestipol hcl oral packet 5 gm* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *colestipol hcl oral tablet 1 gm* | 2 | |
| *ezetimibe oral tablet 10 mg* | 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 |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg* | 2 | |
| NIACOR ORAL TABLET 500 MG | 1 | NMO; GC |
| *omega-3-acid ethyl esters oral capsule 1 gm* | 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 |
| VASCEPA ORAL CAPSULE 0.5 GM | 4 | QL (240 EA per 30 days) |
| VASCEPA ORAL CAPSULE 1 GM | 4 | QL (120 EA per 30 days) |
| WELCHOL ORAL TABLET 625 MG | 3 | |
| **VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS** | | |
| *isosorbide dinitrate er oral tablet extended release 40 mg* | 3 | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 2 | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg* | 1 | GC |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 1 | GC |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | 3 | |
| *nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg* | 1 | GC |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 1 | GC |
| *nitroglycerin translingual solution 0.4 mg/spray* | 4 | |
| **VASODILATORS, DIRECT-ACTING ARTERIAL** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BIDIL ORAL TABLET 20-37.5 MG | 4 | |
| *hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | GC |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 1 | GC |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES** | | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg* | 3 | PA |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 5 mg* | 4 | PA |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 2 | |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg* | 4 | PA |
| *dextroamphetamine sulfate oral tablet 10 mg, 5 mg* | 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 |
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES** | | |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg* | 4 | QL (60 EA per 30 days) |
| *atomoxetine hcl oral capsule 100 mg* | 4 | QL (30 EA per 30 days) |
| *clonidine hcl er oral tablet extended release 12 hour 0.1 mg* | 3 | QL (120 EA per 30 days) |
| *guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg* | 4 | |
| *methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 4 | PA |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg* | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methylphenidate hcl er oral tablet extended release 10 mg, 20 mg, 72 mg* | 4 | PA |
| *methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg* | 4 | PA |
| *methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml* | 4 | PA |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 2 | PA |
| **CENTRAL NERVOUS SYSTEM, OTHER** | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | 5 | PA; NMO; QL (120 EA per 30 days) |
| *riluzole oral tablet 50 mg* | 4 | |
| *tetrabenazine oral tablet 12.5 mg* | 5 | PA; NMO; QL (90 EA per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 5 | PA; NMO; QL (120 EA per 30 days) |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML | 4 | |
| **FIBROMYALGIA AGENTS** | | |
| LYRICA ORAL CAPSULE 100 MG | 3 | |
| 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** | | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | 5 | PA; LA; NMO |
| 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 |
| *dalfampridine er oral tablet extended release 12 hour 10 mg* | 5 | PA; NMO; QL (60 EA per 30 days) |
| GILENYA ORAL CAPSULE 0.5 MG | 5 | PA; NMO |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml* | 5 | PA; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| **DENTAL AND ORAL AGENTS** | | |
| **DENTAL AND ORAL AGENTS** | | |
| *cevimeline hcl oral capsule 30 mg* | 4 | |
| *chlorhexidine gluconate mouth/throat solution 0.12 %* | 1 | NMO; GC |
| *clotrimazole mouth/throat lozenge 10 mg* | 1 | NMO; GC |
| *lidocaine viscous mouth/throat solution 2 %* | 1 | NMO; GC |
| *nystatin mouth/throat suspension 100000 unit/ml* | 1 | NMO; GC |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | 2 | |
| *triamcinolone acetonide mouth/throat paste 0.1 %* | 2 | NMO |
| **DERMATOLOGICAL AGENTS** | | |
| **DERMATOLOGICAL AGENTS** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | 5 | NMO |
| *acyclovir external ointment 5 %* | 4 | NMO |
| *adapalene external cream 0.1 %* | 4 | NMO |
| *adapalene external gel 0.1 %, 0.3 %* | 4 | NMO |
| *adapalene external solution 0.1 %* | 4 | NMO |
| *alclometasone dipropionate external cream 0.05 %* | 2 | NMO |
| *alclometasone dipropionate external ointment 0.05 %* | 2 | NMO |
| *amcinonide external cream 0.1 %* | 4 | NMO |
| *amcinonide external lotion 0.1 %* | 4 | NMO |
| *amcinonide external ointment 0.1 %* | 3 | NMO |
| *ammonium lactate external cream 12 %* | 1 | NMO; GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ammonium lactate external lotion 12 %* | 1 | NMO; GC |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | 4 | NMO |
| *azelaic acid external gel 15 %* | 4 | NMO |
| *benzoyl peroxide-erythromycin external gel 5-3 %* | 2 | NMO |
| *betamethasone dipropionate aug external cream 0.05 %* | 2 | NMO |
| *betamethasone dipropionate aug external lotion 0.05 %* | 2 | NMO |
| *betamethasone dipropionate aug external ointment 0.05 %* | 2 | NMO |
| *betamethasone dipropionate external cream 0.05 %* | 2 | NMO |
| *betamethasone dipropionate external lotion 0.05 %* | 2 | NMO |
| *betamethasone dipropionate external ointment 0.05 %* | 2 | NMO |
| *betamethasone valerate external cream 0.1 %* | 2 | NMO |
| *betamethasone valerate external lotion 0.1 %* | 2 | NMO |
| *betamethasone valerate external ointment 0.1 %* | 2 | NMO |
| *calcipotriene external cream 0.005 %* | 4 | NMO |
| *calcipotriene external ointment 0.005 %* | 4 | NMO |
| *calcipotriene external solution 0.005 %* | 4 | NMO |
| *calcitriol external ointment 3 mcg/gm* | 4 | NMO |
| CAPEX EXTERNAL SHAMPOO 0.01 % | 4 | NMO |
| *ciclopirox external gel 0.77 %* | 2 | NMO |
| *ciclopirox external shampoo 1 %* | 2 | NMO |
| *ciclopirox external solution 8 %* | 2 | NMO |
| *ciclopirox olamine external cream 0.77 %* | 2 | NMO |
| *ciclopirox olamine external suspension 0.77 %* | 2 | NMO |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 4 | NMO |
| *clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %* | 4 | NMO |
| *clindamycin phosphate external gel 1 %* | 2 | NMO |
| *clindamycin phosphate external lotion 1 %* | 2 | NMO |
| *clindamycin phosphate external solution 1 %* | 2 | NMO |
| *clindamycin phosphate external swab 1 %* | 2 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobetasol prop emollient base external cream 0.05 %* | 4 | NMO |
| *clobetasol propionate emulsion external foam 0.05 %* | 4 | NMO |
| *clobetasol propionate external cream 0.05 %* | 4 | NMO |
| *clobetasol propionate external foam 0.05 %* | 4 | NMO |
| *clobetasol propionate external gel 0.05 %* | 4 | NMO |
| *clobetasol propionate external lotion 0.05 %* | 4 | NMO |
| *clobetasol propionate external ointment 0.05 %* | 4 | NMO |
| *clobetasol propionate external shampoo 0.05 %* | 4 | NMO |
| *clobetasol propionate external solution 0.05 %* | 3 | NMO |
| *clotrimazole external cream 1 %* | 1 | NMO; GC |
| *clotrimazole external solution 1 %* | 2 | NMO |
| *clotrimazole-betamethasone external cream 1-0.05 %* | 2 | NMO |
| *clotrimazole-betamethasone external lotion 1-0.05 %* | 4 | NMO |
| CONDYLOX EXTERNAL GEL 0.5 % | 4 | NMO |
| COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; NMO |
| COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; NMO |
| DENAVIR EXTERNAL CREAM 1 % | 4 | NMO |
| *desonide external cream 0.05 %* | 4 | NMO |
| *desonide external lotion 0.05 %* | 3 | NMO |
| *desonide external ointment 0.05 %* | 3 | NMO |
| *desoximetasone external cream 0.05 %, 0.25 %* | 4 | NMO |
| *desoximetasone external gel 0.05 %* | 4 | NMO |
| *desoximetasone external liquid 0.25 %* | 4 | NMO |
| *desoximetasone external ointment 0.05 %, 0.25 %* | 4 | NMO |
| *diclofenac sodium transdermal gel 1 %* | 2 | NMO |
| *diclofenac sodium transdermal gel 3 %* | 5 | PA; NMO; QL (100 GM per 30 days) |
| *diclofenac sodium transdermal solution 1.5 %* | 4 | NMO |
| *diflorasone diacetate external cream 0.05 %* | 4 | NMO |
| *diflorasone diacetate external ointment 0.05 %* | 4 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *econazole nitrate external cream 1 %* | 2 | NMO |
| ELIDEL EXTERNAL CREAM 1 % | 4 | NMO |
| *ery external pad 2 %* | 2 | NMO |
| *erythromycin external gel 2 %* | 2 | NMO |
| *erythromycin external solution 2 %* | 1 | NMO; GC |
| EUCRISA EXTERNAL OINTMENT 2 % | 4 | NMO |
| EURAX EXTERNAL CREAM 10 % | 4 | NMO |
| EURAX EXTERNAL LOTION 10 % | 4 | NMO |
| *fluocinolone acetonide external cream 0.01 %, 0.025 %* | 2 | NMO |
| *fluocinolone acetonide external ointment 0.025 %* | 2 | NMO |
| *fluocinolone acetonide external solution 0.01 %* | 4 | NMO |
| *fluocinolone acetonide scalp external oil 0.01 %* | 4 | NMO |
| *fluocinonide emulsified base external cream 0.05 %* | 3 | NMO |
| *fluocinonide external gel 0.05 %* | 3 | NMO |
| *fluocinonide external ointment 0.05 %* | 3 | NMO |
| *fluocinonide external solution 0.05 %* | 3 | NMO |
| *fluorouracil external cream 5 %* | 4 | NMO |
| *fluorouracil external solution 2 %, 5 %* | 3 | NMO |
| *fluticasone propionate external cream 0.05 %* | 1 | NMO; GC |
| *fluticasone propionate external ointment 0.005 %* | 2 | NMO |
| *gentamicin sulfate external cream 0.1 %* | 2 | NMO |
| *gentamicin sulfate external ointment 0.1 %* | 2 | NMO |
| *halobetasol propionate external cream 0.05 %* | 4 | NMO |
| *halobetasol propionate external ointment 0.05 %* | 4 | NMO |
| HALOG EXTERNAL CREAM 0.1 % | 4 | NMO |
| HALOG EXTERNAL OINTMENT 0.1 % | 4 | NMO |
| *hydrocortisone ace-pramoxine rectal cream 1-1 %* | 2 | NMO |
| *hydrocortisone butyrate external cream 0.1 %* | 3 | NMO |
| *hydrocortisone butyrate external lotion 0.1 %* | 3 | NMO |
| *hydrocortisone butyrate external ointment 0.1 %* | 3 | NMO |
| *hydrocortisone butyrate external solution 0.1 %* | 3 | NMO |
| *hydrocortisone external cream 1 %, 2.5 %* | 1 | NMO; GC |
| *hydrocortisone external lotion 2.5 %* | 2 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocortisone external ointment 1 %, 2.5 %* | 1 | NMO; GC |
| *hydrocortisone rectal enema 100 mg/60ml* | 4 | NMO |
| *hydrocortisone valerate external cream 0.2 %* | 3 | NMO |
| *hydrocortisone valerate external ointment 0.2 %* | 3 | NMO |
| *imiquimod external cream 5 %* | 3 | NMO |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | NMO |
| JUBLIA EXTERNAL SOLUTION 10 % | 4 | NMO |
| *ketoconazole external cream 2 %* | 2 | NMO |
| *ketoconazole external shampoo 2 %* | 1 | NMO; GC |
| *lidocaine hcl external gel 2 %* | 1 | NMO; GC |
| *lidocaine hcl external solution 4 %* | 2 | NMO |
| *malathion external lotion 0.5 %* | 3 | NMO |
| *methoxsalen rapid oral capsule 10 mg* | 5 | NMO |
| *metronidazole external cream 0.75 %* | 3 | NMO |
| *metronidazole external gel 0.75 %, 1 %* | 4 | NMO |
| *metronidazole external lotion 0.75 %* | 3 | NMO |
| *mometasone furoate external cream 0.1 %* | 1 | NMO; GC |
| *mometasone furoate external ointment 0.1 %* | 1 | NMO; GC |
| *mometasone furoate external solution 0.1 %* | 1 | NMO; GC |
| *mupirocin calcium external cream 2 %* | 4 | NMO |
| *mupirocin external ointment 2 %* | 1 | NMO; GC |
| *naftifine hcl external cream 1 %, 2 %* | 4 | NMO |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM | 2 | NMO |
| *nystatin external cream 100000 unit/gm* | 1 | NMO; GC |
| *nystatin external ointment 100000 unit/gm* | 1 | NMO; GC |
| *nystatin external powder 100000 unit/gm* | 2 | NMO |
| *nystatin-triamcinolone external cream 100000-0.1 unit/gm-%* | 4 | NMO |
| *nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%* | 4 | NMO |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | 1 | NMO; GC |
| *oxiconazole nitrate external cream 1 %* | 4 | NMO |
| PANRETIN EXTERNAL GEL 0.1 % | 5 | NMO |
| *permethrin external cream 5 %* | 3 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PICATO EXTERNAL GEL 0.015 %, 0.05 % | 4 | NMO |
| *pimecrolimus external cream 1 %* | 4 | NMO |
| *podofilox external solution 0.5 %* | 4 | NMO |
| *prednicarbate external cream 0.1 %* | 4 | NMO |
| *prednicarbate external ointment 0.1 %* | 4 | NMO |
| PROCTO-MED HC RECTAL CREAM 2.5 % | 2 | NMO |
| PROCTOSOL HC RECTAL CREAM 2.5 % | 2 | NMO |
| PROCTOZONE-HC RECTAL CREAM 2.5 % | 2 | NMO |
| REGRANEX EXTERNAL GEL 0.01 % | 5 | PA; NMO |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 4 | NMO |
| *selenium sulfide external lotion 2.5 %* | 1 | NMO; GC |
| *silver sulfadiazine external cream 1 %* | 1 | NMO; GC |
| SKLICE EXTERNAL LOTION 0.5 % | 4 | NMO |
| SOOLANTRA EXTERNAL CREAM 1 % | 4 | NMO |
| *sulfacetamide sodium (acne) external lotion 10 %* | 3 | NMO |
| *tacrolimus external ointment 0.03 %, 0.1 %* | 4 | NMO |
| TARGRETIN EXTERNAL GEL 1 % | 5 | NMO |
| *tazarotene external cream 0.1 %* | 4 | NMO |
| TAZORAC EXTERNAL CREAM 0.05 % | 4 | NMO |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % | 4 | NMO |
| TOLAK EXTERNAL CREAM 4 % | 4 | NMO |
| *tretinoin external cream 0.025 %, 0.05 %, 0.1 %* | 3 | NMO |
| *tretinoin external gel 0.01 %, 0.025 %, 0.05 %* | 4 | NMO |
| *triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %* | 1 | NMO; GC |
| *triamcinolone acetonide external lotion 0.025 %, 0.1 %* | 1 | NMO; GC |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | 1 | NMO; GC |
| UCERIS RECTAL FOAM 2 MG/ACT | 4 | NMO |
| VALCHLOR EXTERNAL GEL 0.016 % | 5 | NMO |
| ZOVIRAX EXTERNAL CREAM 5 % | 4 | NMO |
| **ELECTROLYTES/MINERALS/METALS/VITAMINS** | | |
| **ELECTROLYTE/MINERAL REPLACEMENT** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CARBAGLU ORAL TABLET 200 MG | 5 | NMO |
| *dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %* | 3 | NMO |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | 3 | NMO |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 3 | NMO |
| ISOLYTE-S INTRAVENOUS SOLUTION | 3 | NMO |
| *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-%-%* | 3 | NMO |
| *kcl-lactated ringers-d5w intravenous solution 20 meq/l* | 3 | 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 |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | 1 | GC |
| KUVAN ORAL PACKET 100 MG, 500 MG | 5 | PA; LA; NMO |
| *magnesium sulfate injection solution 50 %, 50 % (10ml syringe)* | 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 |
| *potassium chloride crys er oral tablet extended release 10 meq, 20 meq* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride er oral capsule extended release 10 meq, 8 meq* | 2 | |
| *potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq* | 1 | GC |
| *potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%* | 4 | NMO |
| *potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%* | 4 | NMO |
| *potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml* | 3 | NMO |
| *potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)* | 2 | NMO |
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | 2 | |
| *sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %* | 3 | NMO |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION | 3 | 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 SUSPENSION 15 GM/60ML | 2 | NMO |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 4 | NMO |
| SAMSCA ORAL TABLET 15 MG, 30 MG | 5 | PA; NMO |
| *sodium polystyrene sulfonate oral powder* | 2 | NMO |
| SPS ORAL SUSPENSION 15 GM/60ML | 2 | NMO |
| *trientine hcl oral capsule 250 mg* | 5 | NMO |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | 4 | |
| **NUTRIENTS** | | |
| AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 % | 4 | BD; NMO |
| AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 % | 4 | BD; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 % | 4 | BD; NMO |
| AMINOSYN-HBC INTRAVENOUS SOLUTION 7 % | 4 | BD; NMO |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 % | 4 | 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/DEXTROSE (4.25/10) 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 % | 4 | BD; NMO |
| *dextrose intravenous solution 10 %, 5 %* | 3 | BD; NMO |
| FREAMINE HBC INTRAVENOUS SOLUTION 6.9 % | 4 | BD; NMO |
| HEPATAMINE INTRAVENOUS SOLUTION 8 % | 4 | BD; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | 4 | BD; NMO |
| NEPHRAMINE INTRAVENOUS SOLUTION 5.4 % | 4 | BD; NMO |
| *nutrilipid intravenous emulsion 20 %* | 4 | BD; NMO |
| PLENAMINE INTRAVENOUS SOLUTION 15 % | 4 | BD; NMO |
| PREMASOL INTRAVENOUS SOLUTION 10 %, 6 % | 4 | BD; NMO |
| PROCALAMINE INTRAVENOUS SOLUTION 3 % | 4 | BD; NMO |
| PROSOL INTRAVENOUS SOLUTION 20 % | 4 | BD; NMO |
| TRAVASOL INTRAVENOUS SOLUTION 10 % | 4 | BD; NMO |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 4 | BD; NMO |
| **VITAMINS** | | |
| *prenatal oral tablet 27-1 mg* | 1 | NMO; GC |
| *sodium fluoride oral tablet 2.2 (1 f) mg* | 1 | NMO; GC |
| **GASTROINTESTINAL AGENTS** | | |
| **ANTISPASMODICS, GASTROINTESTINAL** | | |
| CUVPOSA ORAL SOLUTION 1 MG/5ML | 4 | |
| *dicyclomine hcl oral capsule 10 mg* | 1 | NMO; GC |
| *dicyclomine hcl oral solution 10 mg/5ml* | 1 | NMO; GC |
| *dicyclomine hcl oral tablet 20 mg* | 1 | NMO; GC |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 2 | NMO |
| *methscopolamine bromide oral tablet 2.5 mg, 5 mg* | 2 | NMO |
| **DIGESTIVE ENZYMES** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT | 3 | |
| *ursodiol oral capsule 300 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 3 | |
| **GASTROINTESTINAL AGENTS, OTHER** | | |
| *amoxicill-clarithro-lansopraz oral* | 3 | NMO |
| *cromolyn sodium oral concentrate 100 mg/5ml* | 4 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml* | 1 | NMO; GC |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 1 | NMO; GC |
| GATTEX SUBCUTANEOUS KIT 5 MG | 5 | NMO |
| *loperamide hcl oral capsule 2 mg* | 1 | NMO; GC |
| *metoclopramide hcl oral solution 5 mg/5ml* | 1 | NMO; GC |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 1 | GC |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | NMO |
| PYLERA ORAL CAPSULE 140-125-125 MG | 4 | NMO |
| *ursodiol oral tablet 250 mg, 500 mg* | 2 | |
| **HISTAMINE2 (H2) RECEPTOR ANTAGONISTS** | | |
| *famotidine oral suspension reconstituted 40 mg/5ml* | 2 | |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | GC |
| *ranitidine hcl oral capsule 150 mg, 300 mg* | 1 | GC |
| *ranitidine hcl oral syrup 75 mg/5ml* | 2 | |
| *ranitidine hcl oral tablet 150 mg, 300 mg* | 1 | GC |
| **IRRITABLE BOWEL SYNDROME AGENTS** | | |
| *alosetron hcl oral tablet 0.5 mg, 1 mg* | 5 | NMO |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | 3 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | |
| **LAXATIVES** | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML | 4 | NMO |
| *enulose oral solution 10 gm/15ml* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | 1 | NMO; GC |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM | 1 | NMO; GC |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM | 1 | NMO; GC |
| *generlac oral solution 10 gm/15ml* | 1 | GC |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM | 4 | NMO |
| *lactulose oral solution 10 gm/15ml* | 1 | GC |
| *peg 3350/electrolytes oral solution reconstituted 240 gm* | 1 | NMO; GC |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm* | 1 | NMO; GC |
| *peg-3350/electrolytes oral solution reconstituted 236 gm* | 1 | NMO; GC |
| 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 |
| TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM | 1 | NMO; GC |
| **PROTECTANTS** | | |
| CARAFATE ORAL SUSPENSION 1 GM/10ML | 3 | |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 2 | |
| *sucralfate oral tablet 1 gm* | 1 | GC |
| **PROTON PUMP INHIBITORS** | | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG | 3 | ST; QL (30 EA per 30 days) |
| *esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg* | 3 | |
| *esomeprazole strontium oral capsule delayed release 49.3 mg* | 3 | |
| *lansoprazole oral capsule delayed release 15 mg, 30 mg* | 2 | |
| *omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg* | 1 | GC |
| *pantoprazole sodium oral tablet delayed release 20 mg, 40 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *rabeprazole sodium oral tablet delayed release 20 mg* | 2 | |
| **GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| **ENZYME REPLACEMENT/ MODIFIERS** | | |
| CYSTADANE ORAL POWDER | 5 | NMO |
| GALAFOLD ORAL CAPSULE 123 MG | 5 | PA; LA; NMO; QL (15 EA per 30 days) |
| KUVAN ORAL TABLET SOLUBLE 100 MG | 5 | PA; LA; NMO |
| *levocarnitine oral solution 1 gm/10ml* | 1 | BD; GC |
| *levocarnitine oral tablet 330 mg* | 1 | BD; GC |
| *miglustat oral capsule 100 mg* | 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 |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | 5 | NMO |
| *sodium phenylbutyrate oral tablet 500 mg* | 5 | NMO |
| XURIDEN ORAL PACKET 2 GM | 5 | PA; NMO |
| **GENITOURINARY AGENTS** | | |
| **ANTISPASMODICS, URINARY** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 2 | NMO |
| *darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg* | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg* | 2 | |
| *oxybutynin chloride oral syrup 5 mg/5ml* | 1 | GC |
| *oxybutynin chloride oral tablet 5 mg* | 1 | GC |
| *tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg* | 2 | |
| *tolterodine tartrate oral tablet 1 mg, 2 mg* | 2 | |
| *trospium chloride er oral capsule extended release 24 hour 60 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trospium chloride oral tablet 20 mg* | 2 | |
| VESICARE ORAL TABLET 10 MG, 5 MG | 4 | |
| **BENIGN PROSTATIC HYPERTROPHY AGENTS** | | |
| *alfuzosin hcl er oral tablet extended release 24 hour 10 mg* | 1 | GC |
| *dutasteride oral capsule 0.5 mg* | 2 | |
| *dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg* | 2 | |
| *finasteride oral tablet 5 mg* | 1 | GC |
| *silodosin oral capsule 4 mg, 8 mg* | 4 | NMO |
| *tamsulosin hcl oral capsule 0.4 mg* | 1 | GC |
| **GENITOURINARY AGENTS, OTHER** | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 3 | |
| ELMIRON ORAL CAPSULE 100 MG | 4 | NMO |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)* | 2 | NMO |
| *sodium chloride irrigation solution 0.9 %* | 1 | NMO; GC |
| **PHOSPHATE BINDERS** | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) | 4 | PA |
| *calcium acetate (phos binder) oral capsule 667 mg* | 2 | |
| *calcium acetate (phos binder) oral tablet 667 mg* | 1 | GC |
| *sevelamer carbonate oral packet 0.8 gm, 2.4 gm* | 5 | NMO |
| *sevelamer carbonate oral tablet 800 mg* | 3 | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | 4 | |
| **VAGINAL PRODUCTS** | | |
| *clindamycin phosphate vaginal cream 2 %* | 2 | NMO |
| *estradiol vaginal cream 0.1 mg/gm* | 3 | |
| *estradiol vaginal tablet 10 mcg* | 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 |
| *metronidazole vaginal gel 0.75 %* | 2 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *miconazole 3 vaginal suppository 200 mg* | 1 | NMO; GC |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 3 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 2 | NMO |
| *terconazole vaginal suppository 80 mg* | 2 | NMO |
| YUVAFEM VAGINAL TABLET 10 MCG | 4 | |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)** | | |
| **GLUCOCORTICOIDS/MINERALOCORTICOIDS** | | |
| *budesonide er oral tablet extended release 24 hour 9 mg* | 4 | NMO |
| *budesonide oral capsule delayed release particles 3 mg* | 4 | NMO |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | 1 | NMO; GC |
| *dexamethasone oral elixir 0.5 mg/5ml* | 1 | NMO; GC |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 1 | NMO; GC |
| DEXPAK 13 DAY ORAL TABLET THERAPY PACK 1.5 MG (51) | 4 | NMO |
| *fludrocortisone acetate oral tablet 0.1 mg* | 1 | GC |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 2 | NMO |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | NMO; GC |
| *methylprednisolone oral tablet therapy pack 4 mg* | 2 | NMO |
| *prednisolone oral solution 15 mg/5ml* | 4 | NMO |
| *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml* | 4 | NMO |
| *prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg* | 4 | NMO |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | 1 | NMO; GC |
| *prednisone oral solution 5 mg/5ml* | 1 | NMO; GC |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 1 | NMO; GC |
| *prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)* | 1 | NMO; GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)** | | |
| **ANABOLIC STEROIDS** | | |
| ANADROL-50 ORAL TABLET 50 MG | 5 | NMO |
| *oxandrolone oral tablet 10 mg* | 5 | PA; NMO |
| *oxandrolone oral tablet 2.5 mg* | 4 | PA; NMO |
| **ANDROGENS** | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 2 | NMO |
| *testosterone cypionate intramuscular solution 100 mg/ml* | 1 | NMO; GC |
| *testosterone cypionate intramuscular solution 200 mg/ml* | 2 | NMO |
| *testosterone enanthate intramuscular solution 200 mg/ml* | 2 | NMO |
| *testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)* | 3 | PA |
| *testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)* | 4 | PA |
| *testosterone transdermal solution 30 mg/act* | 4 | PA |
| **CONTRACEPTIVES** | | |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | 1 | GC |
| *alyacen 1/35 oral tablet 1-35 mg-mcg* | 1 | GC |
| AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG | 4 | |
| AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG | 1 | GC |
| APRI ORAL TABLET 0.15-30 MG-MCG | 1 | GC |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | 1 | GC |
| ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AUBRA ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG | 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 |
| *briellyn oral tablet 0.4-35 mg-mcg* | 1 | GC |
| CAMILA ORAL TABLET 0.35 MG | 1 | GC |
| CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG | 4 | |
| CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG | 1 | GC |
| CRYSELLE-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 |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG | 1 | GC |
| DEBLITANE ORAL TABLET 0.35 MG | 1 | GC |
| DELYLA ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | 4 | NMO |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg* | 1 | GC |
| *drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg* | 4 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg* | 2 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03 mg* | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | 1 | GC |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 1 | GC |
| FALMINA ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | 1 | GC |
| GIANVI ORAL TABLET 3-0.02 MG | 2 | |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | 1 | NMO; 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 |
| 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 |
| KURVELO ORAL TABLET 0.15-30 MG-MCG | 1 | GC |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 | GC |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG | 1 | GC |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 | GC |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG | 1 | GC |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG | 1 | GC |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| LEVONEST ORAL TABLET | 1 | GC |
| *levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg* | 1 | GC |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg* | 1 | GC |
| *levonorg-eth estrad triphasic oral tablet* | 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 | 1 | GC |
| *marlissa oral tablet 0.15-30 mg-mcg* | 1 | GC |
| *medroxyprogesterone acetate intramuscular suspension 150 mg/ml* | 1 | NMO; GC |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml* | 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 |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | 1 | GC |
| NIKKI ORAL TABLET 3-0.02 MG | 2 | |
| NORA-BE ORAL TABLET 0.35 MG | 1 | GC |
| *norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg* | 1 | GC |
| *norethindrone oral tablet 0.35 mg* | 1 | GC |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg* | 2 | |
| *norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg* | 1 | GC |
| NORLYROC ORAL TABLET 0.35 MG | 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 | |
| OCELLA ORAL TABLET 3-0.03 MG | 1 | GC |
| OGESTREL ORAL TABLET 0.5-50 MG-MCG | 1 | GC |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 1 | GC |
| PIRMELLA 1/35 ORAL TABLET 1-35 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 |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | 1 | GC |
| SHAROBEL ORAL TABLET 0.35 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 |
| TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG | 1 | GC |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 1 | NMO; GC |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | 1 | GC |

| 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 | GC |
| TRIVORA (28) ORAL TABLET | 1 | GC |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | 2 | |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 1 | GC |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | 4 | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | 1 | GC |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | 1 | GC |
| 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 1 MG/GM | 4 | PA; HR |
| DUAVEE ORAL TABLET 0.45-20 MG | 4 | PA; HR |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | PA; GC; HR |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 2 | PA; HR |
| *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* | 3 | PA; HR |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | 2 | NMO |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | 2 | PA; HR |
| *estropipate oral tablet 0.75 mg* | 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 | 4 | PA; 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 |
| *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 4 | PA; HR |
| PREFEST ORAL TABLET 1/1-0.09 MG (15/15) | 4 | PA; 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** | | |
| *medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | GC |
| *megestrol acetate oral suspension 625 mg/5ml* | 4 | PA; HR |
| *norethindrone acetate oral tablet 5 mg* | 2 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | 2 | |
| **SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS** | | |
| OSPHENA ORAL TABLET 60 MG | 4 | PA |
| *raloxifene hcl oral tablet 60 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)** | | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)** | | |
| *desmopressin ace spray refrig nasal solution 0.01 %* | 2 | |
| *desmopressin acetate oral tablet 0.1 mg, 0.2 mg* | 2 | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 5 | PA; LA; NMO |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG | 4 | NMO |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | 5 | PA; NMO |
| ORILISSA ORAL TABLET 150 MG, 200 MG | 4 | PA; NMO |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)** | | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)** | | |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 1 | GC |
| *levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | GC |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 1 | GC |
| *liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg* | 1 | GC |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| TIROSINT ORAL CAPSULE 175 MCG, 200 MCG | 3 | NMO |
| 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)** | | |
| *cabergoline oral tablet 0.5 mg* | 2 | NMO |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA; NMO |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml* | 2 | PA |
| *octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml* | 5 | PA; NMO |
| *octreotide acetate injection solution 200 mcg/ml* | 1 | PA; GC |
| 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, 25 MG, 30 MG | 5 | PA; LA; NMO |
| SYNAREL NASAL SOLUTION 2 MG/ML | 5 | NMO |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | GC |
| *propylthiouracil oral tablet 50 mg* | 1 | GC |
| **IMMUNOLOGICAL AGENTS** | | |
| **IMMUNE SUPPRESSANTS** | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 4 | BD |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | 5 | BD; NMO |
| AZASAN ORAL TABLET 100 MG, 75 MG | 3 | BD |
| *azathioprine oral tablet 50 mg* | 1 | BD; GC |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 5 | NMO |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 5 | NMO |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 2 | BD |
| *cyclosporine modified oral solution 100 mg/ml* | 2 | BD |
| *cyclosporine oral capsule 100 mg, 25 mg* | 2 | BD |
| ENBREL 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 |
| ENVARSUS 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/ADOL HS START 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 |
| *mycophenolate mofetil oral capsule 250 mg* | 2 | BD |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mycophenolate mofetil oral suspension reconstituted 200 mg/ml* | 5 | BD; NMO |
| *mycophenolate mofetil oral tablet 500 mg* | 2 | BD |
| *mycophenolate sodium oral tablet delayed release 180 mg, 360 mg* | 2 | BD |
| RAPAMUNE ORAL SOLUTION 1 MG/ML | 5 | BD; NMO |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | 3 | BD |
| *sirolimus oral tablet 0.5 mg, 1 mg* | 4 | BD |
| *sirolimus oral tablet 2 mg* | 5 | BD; NMO |
| *tacrolimus oral capsule 0.5 mg, 1 mg* | 2 | BD |
| *tacrolimus oral capsule 5 mg* | 4 | BD |
| ZORTRESS ORAL TABLET 0.25 MG | 4 | BD |
| ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG | 5 | BD; NMO |
| **IMMUNIZING AGENTS, PASSIVE** | | |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML | 5 | PA; NMO |
| CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM | 5 | PA; NMO |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML | 5 | PA; NMO |
| GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML | 5 | PA; NMO |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM | 5 | PA; NMO |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML | 5 | PA; 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 |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML | 5 | NMO |
| **IMMUNOMODULATORS** | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | 5 | PA; NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *leflunomide oral tablet 10 mg, 20 mg* | 2 | |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; NMO |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 5 | PA; NMO |
| **VACCINES** | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 4 | NMO |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 3 | NMO |
| *bcg vaccine injection injectable* | 4 | NMO |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 4 | NMO |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE) | 3 | NMO |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | NMO |
| *diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml* | 3 | BD; NMO |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML | 3 | BD; NMO |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 4 | 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 |
| IPOL INJECTION INJECTABLE | 3 | NMO |
| IXIARO INTRAMUSCULAR SUSPENSION | 3 | NMO |
| KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML | 3 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MENACTRA INTRAMUSCULAR INJECTABLE | 4 | NMO |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | NMO |
| 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 |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 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, 50 MCG/0.5ML | 3 | NMO |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | 3 | BD; NMO |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU | 3 | BD; NMO |
| *tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml* | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YF-VAX SUBCUTANEOUS INJECTABLE | 3 | NMO |
| ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML | 3 | NMO |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | |
| **AMINOSALICYLATES** | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM | 3 | |
| *balsalazide disodium oral capsule 750 mg* | 2 | NMO |
| *mesalamine oral tablet delayed release 1.2 gm, 800 mg* | 3 | NMO |
| *mesalamine rectal enema 4 gm* | 4 | NMO |
| **SULFONAMIDES** | | |
| *sulfasalazine oral tablet 500 mg* | 1 | GC |
| *sulfasalazine oral tablet delayed release 500 mg* | 1 | GC |
| **METABOLIC BONE DISEASE AGENTS** | | |
| **HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)** | | |
| *paricalcitol oral capsule 4 mcg* | 4 | |
| 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** | | |
| *alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg* | 1 | GC |
| *alendronate sodium oral tablet 40 mg* | 1 | NMO; GC |
| *calcitonin (salmon) nasal solution 200 unit/act* | 3 | BD |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 1 | GC |
| *calcitriol oral solution 1 mcg/ml* | 1 | GC |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | 4 | |
| *ibandronate sodium oral tablet 150 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | 5 | PA; NMO |
| *paricalcitol oral capsule 1 mcg, 2 mcg* | 4 | |
| PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML | 4 | NMO |
| *risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg* | 4 | |
| *risedronate sodium oral tablet 30 mg* | 4 | NMO |
| *risedronate sodium oral tablet delayed release 35 mg* | 4 | |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 5 | PA; NMO |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | PA; NMO |
| **MISCELLANEOUS** | | |
| **MISCELLANEOUS** | | |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | 5 | NMO |
| ENDARI ORAL PACKET 5 GM | 4 | PA; LA; NMO; QL (180 EA per 30 days) |
| *epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml* | 3 | NMO |
| FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML | 5 | NMO |
| FIRDAPSE ORAL TABLET 10 MG | 5 | PA; NMO |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | 5 | PA; NMO |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 4 | PA |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML | 5 | PA; LA; NMO |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML | 5 | PA; LA; NMO; QL (6 ML per 28 days) |
| **OPHTHALMIC AGENTS** | | |
| **OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS** | | |
| *bimatoprost ophthalmic solution 0.03 %* | 2 | |
| *latanoprost ophthalmic solution 0.005 %* | 1 | GC |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % | 3 | |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | 4 | |
| **OPHTHALMIC AGENTS, OTHER** | | |
| *apraclonidine hcl ophthalmic solution 0.5 %* | 3 | NMO |
| *atropine sulfate ophthalmic solution 1 %* | 2 | |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % | 5 | PA; NMO |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 2 | |
| *proparacaine hcl ophthalmic solution 0.5 %* | 1 | NMO; GC |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | 3 | |
| **OPHTHALMIC ANTI INFECTIVES** | | |
| *bacitracin ophthalmic ointment 500 unit/gm* | 2 | NMO |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 2 | NMO |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | 4 | NMO |
| *ciprofloxacin hcl ophthalmic solution 0.3 %* | 1 | NMO; GC |
| *erythromycin ophthalmic ointment 5 mg/gm* | 1 | NMO; GC |
| *gatifloxacin ophthalmic solution 0.5 %* | 2 | NMO |
| *gentamicin sulfate ophthalmic solution 0.3 %* | 1 | NMO; GC |
| *levofloxacin ophthalmic solution 0.5 %* | 2 | NMO |
| MOXEZA OPHTHALMIC SOLUTION 0.5 % | 3 | NMO |
| *moxifloxacin hcl ophthalmic solution 0.5 %* | 3 | NMO |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 4 | NMO |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | 2 | NMO |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 2 | NMO |
| *ofloxacin ophthalmic solution 0.3 %* | 1 | NMO; GC |
| *polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%* | 1 | NMO; GC |
| *sulfacetamide sodium ophthalmic solution 10 %* | 1 | NMO; GC |
| *tobramycin ophthalmic solution 0.3 %* | 1 | NMO; GC |
| *trifluridine ophthalmic solution 1 %* | 3 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **OPHTHALMIC ANTI-ALLERGY AGENTS** | | |
| *azelastine hcl ophthalmic solution 0.05 %* | 2 | NMO |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % | 4 | NMO |
| *cromolyn sodium ophthalmic solution 4 %* | 1 | NMO; GC |
| *epinastine hcl ophthalmic solution 0.05 %* | 2 | NMO |
| *olopatadine hcl ophthalmic solution 0.1 %, 0.2 %* | 3 | NMO |
| PAZEO OPHTHALMIC SOLUTION 0.7 % | 4 | NMO |
| **OPHTHALMIC ANTIGLAUCOMA AGENTS** | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 3 | |
| AZOPT OPHTHALMIC SUSPENSION 1 % | 3 | |
| *betaxolol hcl ophthalmic solution 0.5 %* | 2 | |
| *brimonidine tartrate ophthalmic solution 0.15 %* | 2 | |
| *brimonidine tartrate ophthalmic solution 0.2 %* | 1 | GC |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % | 4 | NMO |
| *carteolol hcl ophthalmic solution 1 %* | 1 | GC |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | 4 | |
| *dorzolamide hcl ophthalmic solution 2 %* | 1 | GC |
| *dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml* | 1 | GC |
| *dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml* | 2 | |
| *levobunolol hcl ophthalmic solution 0.5 %* | 1 | GC |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % | 4 | |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % | 4 | NMO |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 4 | |
| *timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %* | 2 | |
| *timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **OPHTHALMIC ANTI-INFLAMMATORIES** | | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %* | 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 |
| *dexamethasone sodium phosphate ophthalmic solution 0.1 %* | 1 | NMO; GC |
| *diclofenac sodium ophthalmic solution 0.1 %* | 1 | NMO; GC |
| DUREZOL OPHTHALMIC EMULSION 0.05 % | 3 | NMO |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | 4 | NMO |
| *fluorometholone ophthalmic suspension 0.1 %* | 2 | NMO |
| *flurbiprofen sodium ophthalmic solution 0.03 %* | 1 | NMO; GC |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 3 | NMO |
| *ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %* | 1 | NMO; GC |
| LOTEMAX OPHTHALMIC GEL 0.5 % | 4 | NMO |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | 4 | NMO |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 % | 4 | NMO |
| *neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1* | 1 | NMO; GC |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | 1 | NMO; GC |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | 2 | NMO |
| *prednisolone acetate ophthalmic suspension 1 %* | 2 | NMO |
| *prednisolone sodium phosphate ophthalmic solution 1 %* | 2 | NMO |
| *sulfacetamide-prednisolone ophthalmic solution 10-0.23 %* | 1 | NMO; GC |
| *tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %* | 2 | NMO |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | 4 | NMO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **OTIC AGENTS** | | |
| **OTIC AGENTS** | | |
| *acetic acid otic solution 2 %* | 1 | NMO; GC |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 % | 4 | NMO |
| *ciprofloxacin hcl otic solution 0.2 %* | 4 | NMO |
| *fluocinolone acetonide otic oil 0.01 %* | 4 | NMO |
| *hydrocortisone-acetic acid otic solution 1-2 %* | 4 | NMO |
| *neomycin-polymyxin-hc otic solution 1 %* | 2 | NMO |
| *neomycin-polymyxin-hc otic suspension 3.5-10000-1* | 2 | NMO |
| *ofloxacin otic solution 0.3 %* | 4 | NMO |
| **RESPIRATORY TRACT AGENTS** | | |
| **ANTIHISTAMINES** | | |
| *carbinoxamine maleate oral solution 4 mg/5ml* | 1 | PA; NMO; GC; HR |
| *carbinoxamine maleate oral tablet 4 mg* | 1 | PA; NMO; GC; HR |
| *cetirizine hcl oral solution 1 mg/ml* | 1 | NMO; GC |
| *clemastine fumarate oral tablet 2.68 mg* | 1 | PA; NMO; GC; HR |
| *cyproheptadine hcl oral syrup 2 mg/5ml* | 1 | PA; NMO; GC; HR |
| *cyproheptadine hcl oral tablet 4 mg* | 1 | PA; NMO; GC; HR |
| *levocetirizine dihydrochloride oral solution 2.5 mg/5ml* | 1 | NMO; GC |
| *levocetirizine dihydrochloride oral tablet 5 mg* | 1 | NMO; GC |
| *promethazine hcl oral syrup 6.25 mg/5ml* | 1 | PA; NMO; GC; HR |
| *promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | PA; NMO; GC; HR |
| *promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg* | 4 | PA; NMO; HR |
| *promethazine vc plain oral solution 6.25-5 mg/5ml* | 2 | PA; NMO; HR |
| *promethazine-phenylephrine oral syrup 6.25-5 mg/5ml* | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml* | 4 | 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** | | |
| *montelukast sodium oral packet 4 mg* | 2 | |
| *montelukast sodium oral tablet 10 mg* | 1 | GC |
| *montelukast sodium oral tablet chewable 4 mg, 5 mg* | 2 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | 4 | |
| *zileuton er oral tablet extended release 12 hour 600 mg* | 5 | NMO |
| ZYFLO ORAL TABLET 600 MG | 5 | NMO |
| **BRONCHODILATORS, ANTICHOLINERGIC** | | |
| *ipratropium bromide inhalation solution 0.02 %* | 1 | BD; GC |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG | 3 | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 3 | |
| **BRONCHODILATORS, SYMPATHOMIMETIC** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg* | 4 | |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml* | 1 | BD; GC |
| *albuterol sulfate oral syrup 2 mg/5ml* | 1 | GC |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | 4 | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH | 3 | |
| 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 | |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act* | 3 | |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | 1 | BD; GC |
| *levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml* | 4 | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *terbutaline sulfate oral tablet 2.5 mg, 5 mg* | 3 | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH | 3 | ST |
| **MAST CELL STABILIZERS** | | |
| *cromolyn sodium inhalation nebulization solution 20 mg/2ml* | 3 | BD |
| **NASAL AGENTS** | | |
| *azelastine hcl nasal solution 0.1 %, 0.15 %* | 2 | NMO |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | 2 | NMO |
| *fluticasone propionate nasal suspension 50 mcg/act* | 1 | NMO; GC |
| *ipratropium bromide nasal solution 0.03 %, 0.06 %* | 1 | GC |
| *mometasone furoate nasal suspension 50 mcg/act* | 2 | NMO; QL (34 GM per 30 days) |
| **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE** | | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | 3 | QL (30 EA per 30 days) |
| *theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg* | 1 | GC |
| *theophylline er oral tablet extended release 24 hour 400 mg, 600 mg* | 1 | GC |
| **PULMONARY ANTIHYPERTENSIVES** | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NMO |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | 5 | PA; NMO |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NMO |
| *sildenafil citrate oral tablet 20 mg* | 2 | PA; QL (90 EA per 30 days) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | 5 | PA; LA; NMO |
| TRACLEER ORAL TABLET SOLUBLE 32 MG | 5 | PA; LA; NMO |
| 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 |
| **PULMONARY FIBROSIS AGENTS** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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** | | |
| *acetylcysteine inhalation solution 10 %, 20 %* | 1 | BD; NMO; GC |
| 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 PACKET 100-125 MG, 150-188 MG | 5 | PA; LA; NMO |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NMO |
| 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 PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 5 | PA; NMO |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 5 | PA; LA; NMO |
| **SKELETAL MUSCLE RELAXANTS** | | |
| **SKELETAL MUSCLE RELAXANTS** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 1 | GC |
| *chlorzoxazone oral tablet 500 mg* | 4 | PA; NMO; HR |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg* | 4 | PA; NMO; HR |
| *dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg* | 4 | NMO |
| *methocarbamol oral tablet 500 mg, 750 mg* | 4 | PA; NMO; HR |
| *orphenadrine citrate er oral tablet extended release 12 hour 100 mg* | 1 | PA; NMO; GC; HR |
| *tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg* | 3 | |
| *tizanidine hcl oral tablet 2 mg, 4 mg* | 1 | GC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **SLEEP DISORDER AGENTS** | | |
| **BENZODIAZEPINES** | | |
| *estazolam oral tablet 1 mg* | 3 | NMO; QL (60 EA per 30 days) |
| *estazolam oral tablet 2 mg* | 3 | NMO; QL (30 EA per 30 days) |
| *flurazepam hcl oral capsule 15 mg* | 3 | NMO; QL (60 EA per 30 days) |
| *flurazepam hcl oral capsule 30 mg* | 3 | NMO; QL (30 EA per 30 days) |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg* | 3 | NMO; QL (30 EA per 30 days) |
| *temazepam oral capsule 7.5 mg* | 3 | NMO; QL (120 EA per 30 days) |
| *triazolam oral tablet 0.125 mg* | 3 | NMO; QL (30 EA per 30 days) |
| *triazolam oral tablet 0.25 mg* | 3 | NMO; QL (60 EA per 30 days) |
| **GABA RECEPTOR MODULATORS** | | |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | 4 | PA; NMO; HR; QL (30 EA per 30 days) |
| *zaleplon oral capsule 10 mg, 5 mg* | 4 | PA; NMO; HR |
| *zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg* | 4 | PA; NMO; HR; QL (30 EA per 30 days) |
| *zolpidem tartrate oral tablet 10 mg, 5 mg* | 4 | PA; NMO; HR; QL (30 EA per 30 days) |
| **SLEEP DISORDERS, OTHER** | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | 3 | PA |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 4 | NMO |
| HETLIOZ ORAL CAPSULE 20 MG | 5 | PA; NMO; QL (30 EA per 30 days) |
| *modafinil oral tablet 100 mg, 200 mg* | 3 | PA; 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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1965 (711: TTY)

# HEALTHTEAM ADVANTAGE HEALTH PLAN

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This formulary was updated on 03/13/2019 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 - March 31, seven days a week, 8 a.m. to 8 p.m. ET, or April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. ET, or visit HealthTeamAdvantage.com.