Comprehensive Formulary 2020

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: 20433, Version Number: 7

This formulary was updated on 10/06/2019. 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, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, 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 10/06/2019. 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, 2021, and from time to time during the year.

What is the HealthTeam Advantage Formulary?

A formulary is a list of covered drugs selected by HealthTeam Advantage 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 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 network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Can the Formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 10/06/2019. To get updated information about the drugs covered by HealthTeam Advantage, 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. In addition, the plan posts an updated Comprehensive formulary each month and a Formulary Addendum that has all of the monthly changes on the website

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 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next

to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

- **Step Therapy:** In some cases, HealthTeam Advantage 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 may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthTeam Advantage 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 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's formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that HealthTeam Advantage 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. 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.

- You can ask HealthTeam Advantage 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's Formulary?

You can ask HealthTeam Advantage 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 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 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.

In addition, 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 fill. 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 now you 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

For more information

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

If you have questions about HealthTeam Advantage, 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's Formulary

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

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., 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 has any special requirements for coverage of your drug.

Every drug on HealthTeam Advantage's Drug List is in one of five cost-sharing tiers. The second column of the Drug List contains 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 that are in Tier 3.
- **Tier 5 – Specialty Drugs:** This is the highest cost tier. Includes some injectables and other high-cost drugs.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Below is a summary of your 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	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	33% coinsurance	33% coinsurance

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, 16 mg, 8 mg	4	NMO; QL (60 EA per 30 days)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 32 mg	5	NMO; QL (60 EA per 30 days)
methadone hcl oral solution 10 mg/5ml	1	NMO; GC; QL (1800 ML per 30 days)
methadone hcl oral solution 5 mg/5ml	1	NMO; GC; QL (3600 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	1	NMO; GC; 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)

Drug Name	Drug Tier	Requirements/Limits
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	4	NMO; QL (180 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	4	NMO; QL (180 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	4	NMO; QL (180 EA per 30 days)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	4	NMO; QL (180 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	4	NMO; QL (180 EA per 30 days)
butorphanol tartrate nasal solution 10 mg/ml	2	NMO
codeine sulfate oral tablet 30 mg, 60 mg	1	NMO; GC; 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, 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	4	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 %	4	NMO; QL (30 GM per 30 days)
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	1	GC
disulfiram oral tablet 250 mg, 500 mg	1	GC
naltrexone hcl oral tablet 50 mg	1	NMO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
OPIOID ANTAGONISTS		
buprenorphine hcl sublingual tablet sublingual 2 mg	1	NMO; GC; QL (90 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	NMO; GC; QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	NMO; GC; QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	NMO; GC; QL (90 EA per 30 days)
naloxone hcl injection solution 0.4 mg/ml	1	NMO; GC

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl injection solution cartridge 0.4 mg/ml	1	NMO; GC
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	NMO; GC
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	3	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	2	NMO
tobramycin sulfate injection solution 80 mg/2ml	4	NMO
ANTIBACTERIALS, OTHER		

Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	NMO; GC
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	NMO
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	NMO
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	NMO
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	BD; NMO
daptomycin intravenous solution reconstituted 350 mg	4	NMO
daptomycin intravenous solution reconstituted 500 mg	5	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	NMO
linezolid intravenous solution 600 mg/300ml	5	NMO
linezolid oral suspension reconstituted 100 mg/5ml	5	NMO
linezolid oral tablet 600 mg	4	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, 250 mg, 500 mg, 750 mg	4	NMO
vancomycin hcl oral capsule 125 mg	4	NMO
vancomycin hcl oral capsule 250 mg	5	NMO

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	NMO
BETA-LACTAM, CEPHALOSPORINS		
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	1	NMO; GC
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	4	NMO
cefdinir oral capsule 300 mg	2	NMO
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	NMO
cefepime hcl injection solution reconstituted 1 gm, 2 gm	4	NMO
cefixime oral capsule 400 mg	4	NMO
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4	NMO
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

Drug Name	Drug Tier	Requirements/Limits
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
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, 400-57 mg/5ml, 600-42.9 mg/5ml	2	NMO

Drug Name	Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	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
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	NMO
ampicillin sodium intravenous solution reconstituted 10 gm	4	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

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	4	NMO
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	4	NMO
MACROLIDES		
azithromycin intravenous solution reconstituted 500 mg	2	NMO
azithromycin oral packet 1 gm	4	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	4	NMO
erythromycin base oral capsule delayed release particles 250 mg	4	NMO
erythromycin base oral tablet 250 mg, 500 mg	4	NMO
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	4	NMO
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	4	NMO
erythromycin ethylsuccinate oral tablet 400 mg	4	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

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	4	NMO
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	4	NMO
levofloxacin intravenous solution 25 mg/ml	4	NMO
levofloxacin oral solution 25 mg/ml	4	NMO
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	NMO; GC
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	4	NMO
moxifloxacin hcl oral tablet 400 mg	4	NMO
SULFONAMIDES		
sulfadiazine oral tablet 500 mg	2	NMO
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	NMO; GC
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 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 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		

Drug Name	Drug Tier	Requirements/Limits
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	
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	GC
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	GC
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	2	
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	NMO; QL (180 EA per 30 days)
clonazepam oral tablet 2 mg	2	NMO; QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	NMO; QL (180 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	2	NMO; 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, 20 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		

Drug Name	Drug Tier	Requirements/Limits
CELONTIN ORAL CAPSULE 300 MG	3	
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5ml	1	GC
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	
LYRICA ORAL SOLUTION 20 MG/ML	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	3	
pregabalin 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	
tiagabine hcl oral tablet 12 mg, 16 mg	4	
tiagabine hcl oral tablet 2 mg, 4 mg	2	
valproic acid oral capsule 250 mg	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin oral packet 500 mg	5	LA; NMO
vigabatrin oral tablet 500 mg	5	NMO
VIGADRONE ORAL PACKET 500 MG	5	NMO
GLUTAMATE REDUCING AGENTS		
felbamate oral suspension 600 mg/5ml	4	
felbamate oral tablet 400 mg, 600 mg	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	4	NMO

Drug Name	Drug Tier	Requirements/Limits
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, 50 mg	4	
lamotrigine oral tablet dispersible 200 mg, 25 mg	2	
lamotrigine starter kit-blue oral kit 35 x 25 mg	4	NMO
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	4	NMO
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	4	NMO
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	
APTIOM ORAL TABLET 400 MG, 600 MG, 800 MG	5	NMO
BANZEL ORAL SUSPENSION 40 MG/ML	5	NMO
BANZEL ORAL TABLET 200 MG, 400 MG	5	NMO
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	1	GC
carbamazepine oral tablet 200 mg	2	
DILANTIN ORAL CAPSULE 30 MG	3	
EPITOL ORAL TABLET 200 MG	2	

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine oral suspension 300 mg/5ml	1	GC
oxcarbazepine oral tablet 300 mg	1	GC
oxcarbazepine oral tablet 600 mg	2	
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, 200 mg	1	GC
phenytoin sodium extended oral capsule 300 mg	2	
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 EA per 30 days)
ANTIDEMENTIA AGENTS		
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 28 x 5 mg & 21 x 10 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	4	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG	3	NMO

Drug Name	Drug Tier	Requirements/Limits
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
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, 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	4	
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
citalopram hydrobromide oral solution 10 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
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	
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	2	
fluoxetine hcl oral tablet 20 mg, 60 mg	4	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral concentrate 10 mg/ml	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	GC
nortriptyline hcl oral solution 10 mg/5ml	4	
protriptyline hcl oral tablet 10 mg, 5 mg	4	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	2	
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
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	NMO
trimethobenzamide hcl oral capsule 300 mg	2	NMO
EMETOGENIC THERAPY ADJUNCTS		
aprepitant oral capsule 125 mg, 40 mg, 80 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, 2.5 mg, 5 mg	4	PA; NMO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	4	BD; NMO; 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
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	BD; NMO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	4	BD; NMO
amphotericin b intravenous 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

Drug Name	Drug Tier	Requirements/Limits
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
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	
febuxostat oral tablet 40 mg, 80 mg	3	ST
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	

Drug Name	Drug Tier	Requirements/Limits
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	
indomethacin oral capsule 25 mg, 50 mg	1	GC
ketoprofen er oral capsule extended release 24 hour 200 mg	4	
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	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
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	4	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
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	NMO
sumatriptan-naproxen sodium oral tablet 85-500 mg	4	NMO
zolmitriptan oral tablet 2.5 mg	2	NMO
zolmitriptan oral tablet 5 mg	4	NMO
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	NMO
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
guanidine hcl oral tablet 125 mg	3	NMO
pyridostigmine bromide er oral tablet extended release 180 mg	2	NMO
pyridostigmine bromide oral solution 60 mg/5ml	3	NMO
pyridostigmine bromide oral tablet 30 mg, 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	4	NMO

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULARS		
ethambutol hcl oral tablet 100 mg	2	NMO
ethambutol hcl oral tablet 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		
cyclophosphamide oral capsule 25 mg, 50 mg	4	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 50 mg/2ml	1	BD; NMO; GC
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	3	NMO

Drug Name	Drug Tier	Requirements/Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BD; NMO
XATMEP ORAL SOLUTION 2.5 MG/ML	4	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)
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)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; NMO
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 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)

Drug Name	Drug Tier	Requirements/Limits
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; QL (120 EA per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	5	NMO; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	5	NMO; QL (90 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)

Drug Name	Drug Tier	Requirements/Limits
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)
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO
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 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	NMO; GC
leuprolide acetate injection kit 1 mg/0.2ml	4	PA; NMO
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
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	NMO; GC
megestrol acetate oral tablet 20 mg, 40 mg	1	NMO; GC
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	4	NMO; QL (60 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	LA; NMO
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO
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
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
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)

Drug Name	Drug Tier	Requirements/Limits
toremifene citrate oral tablet 60 mg	5	NMO; QL (30 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
TURALIO ORAL CAPSULE 200 MG	5	PA; NMO; QL (120 EA per 30 days)
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	3	PA; LA; NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; NMO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; NMO
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (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
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; 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
ZYKADIA ORAL TABLET 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
benznidazole oral tablet 100 mg, 12.5 mg	4	NMO
EMVERM ORAL TABLET CHEWABLE 100 MG	4	NMO
ivermectin oral tablet 3 mg	2	NMO
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	GC
trihexyphenidyl hcl oral elixir 0.4 mg/ml	1	GC
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	GC
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	GC
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, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	4	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
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	2	
chlorpromazine hcl oral tablet 50 mg	4	
COMPRO RECTAL SUPPOSITORY 25 MG	4	NMO
fluphenazine decanoate injection solution 25 mg/ml	4	NMO
fluphenazine hcl injection solution 2.5 mg/ml	4	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	1	GC
fluphenazine hcl oral tablet 2.5 mg, 5 mg	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml	2	NMO
haloperidol lactate injection solution 5 mg/ml	2	NMO
haloperidol lactate oral concentrate 2 mg/ml	1	GC

Drug Name	Drug Tier	Requirements/Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	GC
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
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	
pimozide oral tablet 1 mg, 2 mg	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	GC
prochlorperazine rectal suppository 25 mg	4	NMO
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
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
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	NMO; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG, 5 MG	5	NMO; QL (60 EA per 30 days)
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	NMO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	NMO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	4	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	NMO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 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
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	4	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	4	
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

Drug Name	Drug Tier	Requirements/Limits
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
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	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	NMO; QL (120 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	5	NMO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	5	NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	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; QL (2 EA per 28 days)
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)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NMO
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	3	QL (600 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA; NMO
REBETOL ORAL SOLUTION 40 MG/ML	5	NMO
RIBASPHERE ORAL TABLET 600 MG	5	NMO
VEMLIDY ORAL TABLET 25 MG	5	NMO
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
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	2	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	1	NMO; GC
acyclovir oral tablet 400 mg, 800 mg	1	NMO; GC
acyclovir sodium intravenous solution 50 mg/ml	1	BD; NMO; GC
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 200 MG	4	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	4	QL (30 EA 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	4	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)
DOVATO ORAL TABLET 50-300 MG	5	NMO; 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	2	QL (960 ML per 30 days)
lamivudine oral tablet 100 mg	2	
lamivudine oral tablet 150 mg	2	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	2	QL (30 EA per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	4	QL (60 EA per 30 days)
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	4	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NMO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	QL (90 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	QL (1200 ML per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; QL (30 EA per 30 days)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 100-25 MG	3	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	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 2 X 20 MG, 2 X 40 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)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	1	NMO; GC
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	NMO; GC
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	NMO; GC
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	2	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 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		
carbamazepine oral tablet chewable 100 mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
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	1	GC
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	2	NMO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	NMO
cvs gauze sterile pad 2"x2"	2	NMO
CYCLOSET ORAL TABLET 0.8 MG	4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	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 %	2	NMO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	
INVOKANA ORAL TABLET 100 MG, 300 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	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	2	NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	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	
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	
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	
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	
TRESIBA SUBCUTANEOUS SOLUTION 100 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	1	NMO; GC
heparin sodium (porcine) injection solution 20000 unit/ml, 5000 unit/ml	2	NMO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	GC
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 INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL 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; NMO
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	2	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NMO
cilostazol oral tablet 100 mg, 50 mg	1	GC
clopidogrel bisulfate oral tablet 75 mg	1	GC
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	GC
prasugrel hcl oral tablet 10 mg, 5 mg	4	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	GC
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	
guanfacine hcl oral tablet 1 mg, 2 mg	1	GC
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	NMO
ALPHA-ADRENERGIC BLOCKING AGENTS		
DEMSER ORAL CAPSULE 250 MG	5	NMO

Drug Name	Drug Tier	Requirements/Limits
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	
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, 400 mg	2	

Drug Name	Drug Tier	Requirements/Limits
amiodarone hcl oral tablet 200 mg	1	GC
disopyramide phosphate oral capsule 100 mg, 150 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	GC
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	3	
PACERONE ORAL TABLET 100 MG, 200 MG	1	GC
PACERONE ORAL TABLET 400 MG	2	
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	
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

Drug Name	Drug Tier	Requirements/Limits
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	
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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		
aliskiren fumarate oral tablet 150 mg, 300 mg	3	
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 SOLUTION 5 MG/5ML	4	PA; QL (450 ML per 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
pentoxifylline er oral tablet extended release 400 mg	1	GC
ranolazine er 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	
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	1	GC
chlorthalidone oral tablet 25 mg, 50 mg	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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)
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	4	PA

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
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		
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, 5 mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
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	2	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
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 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)
ergoloid mesylates oral tablet 1 mg	2	

Drug Name	Drug Tier	Requirements/Limits
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	3	
FIBROMYALGIA AGENTS		
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		
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
MAYZENT ORAL TABLET 0.25 MG, 2 MG	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	2	NMO
lidocaine viscous hcl 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		

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICAL AGENTS		
acitretin oral capsule 10 mg, 25 mg	4	NMO
acitretin oral capsule 17.5 mg	5	NMO
acyclovir external cream 5 %	4	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 %	4	NMO
ammonium lactate external cream 12 %	1	NMO; GC
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

Drug Name	Drug Tier	Requirements/Limits
calcipotriene external solution 0.005 %	4	NMO
calcitriol external ointment 3 mcg/gm	2	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 %	4	NMO
clindamycin phosphate external lotion 1 %	2	NMO
clindamycin phosphate external solution 1 %	2	NMO
clindamycin phosphate external swab 1 %	2	NMO
clobetasol propionate e external cream 0.05 %	4	NMO
clobetasol propionate emulsion external foam 0.05 %	4	NMO
clobetasol propionate external cream 0.05 %	4	NMO
clobetasol propionate external foam 0.05 %	4	NMO
clobetasol propionate external gel 0.05 %	4	NMO
clobetasol propionate external 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 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
DENAVIR EXTERNAL CREAM 1 %	4	NMO
desonide external cream 0.05 %	3	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 %	4	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
doxepin hcl external cream 5 %	4	NMO; QL (90 GM per 30 days)
econazole nitrate external cream 1 %	2	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

Drug Name	Drug Tier	Requirements/Limits
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
halcinonide external cream 0.1 %	4	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 %	2	NMO
hydrocortisone butyrate external lotion 0.1 %	2	NMO
hydrocortisone butyrate external ointment 0.1 %	2	NMO
hydrocortisone butyrate external solution 0.1 %	2	NMO
hydrocortisone external cream 1 %, 2.5 %	1	NMO; GC
hydrocortisone external lotion 2.5 %	1	NMO; GC
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 %	2	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 solution 4 %	2	NMO
lidocaine hcl urethral/mucosal external gel 2 %	2	NMO
malathion external lotion 0.5 %	2	NMO
methoxsalen rapid oral capsule 10 mg	5	NMO
metronidazole external cream 0.75 %	4	NMO
metronidazole external gel 0.75 %, 1 %	4	NMO
metronidazole external lotion 0.75 %	4	NMO
mometasone furoate external cream 0.1 %	1	NMO; GC
mometasone furoate external ointment 0.1 %	1	NMO; GC

Drug Name	Drug Tier	Requirements/Limits
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	1	NMO; GC
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
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
RECTIV RECTAL OINTMENT 0.4 %	4	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
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; NMO
SOOLANTRA EXTERNAL CREAM 1 %	4	NMO
sulfacetamide sodium (acne) external lotion 10 %	2	NMO

Drug Name	Drug Tier	Requirements/Limits
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
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET 200 MG	5	NMO
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 5-0.225 %	3	NMO
dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %	2	NMO
dextrose-nacl intravenous solution 5-0.9 %	4	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-%-%, 20-5-0.33 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-%-%	2	NMO
kcl in dextrose-nacl intravenous solution 20-5-0.2 meq/l-%-%, 40-5-0.9 meq/l-%-%	3	NMO
kcl-lactated ringers-d5w intravenous solution 20 meq/l	3	NMO

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC
KLOR-CON ORAL 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
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	GC
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, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml	2	NMO
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	4	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	4	NMO

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	BD; NMO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET ORAL CAPSULE 100 MG	4	NMO
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	5	PA; NMO
DEPEN TITRATABS ORAL TABLET 250 MG	5	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	
SAMSCA ORAL TABLET 15 MG, 30 MG	5	PA; NMO
sodium polystyrene sulfonate oral powder	2	NMO
sodium polystyrene sulfonate oral suspension 15 gm/60ml	2	NMO
SPS ORAL SUSPENSION 15 GM/60ML	4	NMO
trientine hcl oral capsule 250 mg	5	NMO
NUTRIENTS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	4	BD; NMO
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	4	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 (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	BD; NMO
dextrose intravenous solution 10 %, 5 %	2	BD; NMO
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4	BD; NMO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	4	BD; NMO
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	2	NMO
methscopolamine bromide oral tablet 5 mg	4	NMO

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
ursodiol oral capsule 300 mg	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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
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	2	
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	GC
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	GC
rabeprazole sodium oral tablet delayed release 20 mg	2	
GENETIC OR ENZYME 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
solifenacin succinate oral tablet 10 mg, 5 mg	4	

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	2	
trospium chloride er oral capsule extended release 24 hour 60 mg	2	
trospium chloride oral tablet 20 mg	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	GC
dutasteride oral capsule 0.5 mg	2	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	2	
finasteride oral tablet 5 mg	1	GC
silodosin oral capsule 4 mg, 8 mg	4	
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)	3	PA
calcium acetate (phos binder) oral capsule 667 mg	2	
calcium acetate (phos binder) oral tablet 667 mg	2	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	5	NMO
sevelamer carbonate oral tablet 800 mg	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
VAGINAL PRODUCTS		
clindamycin phosphate vaginal cream 2 %	4	NMO
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	4	
ESTRING VAGINAL RING 2 MG	4	

Drug Name	Drug Tier	Requirements/Limits
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 %	4	NMO
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	4	NMO
YUVAFEM VAGINAL TABLET 10 MCG	4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
GLUCOCORTICOIDS/MINERALOC ORTICOIDS		
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	1	NMO; GC
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	4	NMO

Drug Name	Drug Tier	Requirements/Limits
prednisone oral solution 5 mg/5ml	2	NMO
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)	2	NMO
prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)	1	NMO; GC
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
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	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		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	
danazol oral capsule 100 mg, 200 mg, 50 mg	2	NMO
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	NMO
testosterone enanthate intramuscular solution 200 mg/ml	2	NMO
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	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	

Drug Name	Drug Tier	Requirements/Limits
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
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
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	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 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

Drug Name	Drug Tier	Requirements/Limits
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	GC
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	GC
ERRIN ORAL TABLET 0.35 MG	1	GC
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	GC
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	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
JASMIEL ORAL TABLET 3-0.02 MG	2	
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	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

Drug Name	Drug Tier	Requirements/Limits
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	GC
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	4	
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
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

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	GC
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
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 24 FE ORAL TABLET 1-20 MG-MCG(24)	1	GC
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	GC

Drug Name	Drug Tier	Requirements/Limits
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	GC
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	GC
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
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 50-30/75-40/125-30 MCG	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	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	NMO
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	

Drug Name	Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG	4	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	GC
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
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	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	4	
JINTELI ORAL TABLET 1-5 MG-MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
PROGESTINS		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	GC
megestrol acetate oral suspension 625 mg/5ml	4	
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	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
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	4	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5	PA; NMO
octreotide acetate injection solution 200 mcg/ml, 50 mcg/ml	2	PA
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		

Drug Name	Drug Tier	Requirements/Limits
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
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, 50 mg	4	BD
cyclosporine modified oral capsule 25 mg	2	BD
cyclosporine modified oral solution 100 mg/ml	2	BD
cyclosporine oral capsule 100 mg, 25 mg	2	BD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 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

Drug Name	Drug Tier	Requirements/Limits
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
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	2	BD
mycophenolate sodium oral tablet delayed release 360 mg	4	BD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	BD
sirolimus oral solution 1 mg/ml	5	BD; NMO
sirolimus oral tablet 0.5 mg, 1 mg	4	BD
sirolimus oral tablet 2 mg	5	BD; NMO
tacrolimus oral capsule 0.5 mg, 1 mg	2	BD
tacrolimus oral capsule 5 mg	4	BD
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		
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

Drug Name	Drug Tier	Requirements/Limits
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
leflunomide oral tablet 10 mg, 20 mg	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
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

Drug Name	Drug Tier	Requirements/Limits
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
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 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/0.5ML	3	NMO

Drug Name	Drug Tier	Requirements/Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BD; NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	BD; NMO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	NMO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	BD; NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NMO
YF-VAX SUBCUTANEOUS INJECTABLE	3	NMO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	NMO
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	3	
balsalazide disodium oral capsule 750 mg	2	NMO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
mesalamine oral capsule delayed release 400 mg	4	
mesalamine oral tablet delayed release 1.2 gm	4	
mesalamine oral tablet delayed release 800 mg	4	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)		

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl oral tablet 30 mg	3	BD; QL (120 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	5	BD; NMO; QL (150 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	5	BD; NMO; QL (120 EA per 30 days)
paricalcitol oral capsule 4 mcg	4	
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	
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 PREFILLED SYRINGE 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

Drug Name	Drug Tier	Requirements/Limits
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	3	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	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	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 %	2	NMO
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
OPHTHALMIC ANTI INFECTIVES		
AZASITE OPHTHALMIC SOLUTION 1 %	4	NMO
bacitracin ophthalmic ointment 500 unit/gm	4	NMO
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	NMO
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	NMO

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl ophthalmic solution 0.3 %	1	NMO; GC
erythromycin ophthalmic ointment 5 mg/gm	1	NMO; GC
gatifloxacin ophthalmic solution 0.5 %	4	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
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
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	2	NMO

Drug Name	Drug Tier	Requirements/Limits
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 2-0.5 %, 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
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
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 %	1	GC
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 %	2	NMO
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

Drug Name	Drug Tier	Requirements/Limits
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 SM OPHTHALMIC GEL 0.38 %	4	NMO
loteprednol etabonate 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	4	NMO
prednisolone acetate ophthalmic suspension 1 %	2	NMO
prednisolone sodium phosphate ophthalmic solution 1 %	1	NMO; GC
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
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	NMO; GC

Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate oral tablet 4 mg	1	NMO; GC
cetirizine hcl oral solution 1 mg/ml	1	NMO; GC
clemastine fumarate oral tablet 2.68 mg	1	NMO; GC
cyproheptadine hcl oral syrup 2 mg/5ml	1	NMO; GC
cyproheptadine hcl oral tablet 4 mg	1	NMO; GC
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	NMO; GC
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	NMO; GC
promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg	4	NMO
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	2	NMO
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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		
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 hfa inhalation aerosol solution 108 (90 base) mcg/act	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 1.25 mg/3ml	1	BD; GC
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml	2	BD
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	

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/dose, 500-50 mcg/dose, 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	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	
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	2	BD
NASAL AGENTS		
azelastine hcl nasal solution 0.1 %, 0.15 %	2	NMO
flunisolide nasal solution 25 mcg/act (0.025%)	1	NMO; GC
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)

Drug Name	Drug Tier	Requirements/Limits
theophylline er oral tablet extended release 12 hour 300 mg	2	
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
ambrisentan oral tablet 10 mg, 5 mg	5	PA; NMO
bosentan oral tablet 125 mg, 62.5 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 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		
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
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; NMO
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; NMO
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	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

Drug Name	Drug Tier	Requirements/Limits
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, 50-75 & 75 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	NMO; GC
chlorzoxazone oral tablet 375 mg, 500 mg, 750 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
metaxalone oral tablet 800 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	NMO
tizanidine hcl oral tablet 2 mg, 4 mg	1	NMO; GC
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)

Drug Name	Drug Tier	Requirements/Limits
GABA RECEPTOR MODULATORS		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	4	NMO; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	4	NMO
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	4	NMO; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	4	NMO; QL (30 EA per 30 days)
SLEEP DISORDERS, OTHER		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	4	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	NMO
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NMO; QL (540 ML per 30 days)

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Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on 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 based on race, color, national origin, age, disability, or sex, you can file a grievance with:
HealthTeam Advantage
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/smartscreen/main.jsf, by email OCRMail@hhs.gov, by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Get Help in Other Languages
If you need help or speak a non-English language, call 1-888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

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

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

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

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

Gujarati: સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-965-1965 TTY711.**

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

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

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

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

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

Hindi: ध्यान द:यदद आप ह दि बोलते है तो आपके दलए मफु त मे भाषा सहायता सेवाएं उपलब्ध है। **1-888-965-1965 TTY: 711** पर कॉल करे।

Laotian: ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ບນ້ ພ້ອມໃຫ້ທ່ານ. ໂທຫ **1-888-965-1965 TTY: 711.** ຂດ້ ານພາສາ, ໂດຍບໍ່ເສັ ງຄ່ າ,

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

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្នងកភាសា បណ្ណាយមិនគិតឈ្នួលគឺអ្នកមានសំវ៉ារ៉ៃបើអ្នក។ ចូរ ទូរស័ព្ទ **1-888-965-1965 TTY: 711**។

(Arabic):
1-888-965- ب ر ق م ا ت ص ل. ب ا ل م اج ن ل ك ت اوت ف ر ا ل ل غ ي و ة ا ل م اس ع د ة خ دم ا ت ف إ ن ا ل ل غ ة، ا ذ ك ر ت ت ح ث ك ظ و ح ل م: ا ذ إ ت ن

1965 (711: TTY)

HEALTHTEAM ADVANTAGE HEALTH PLAN
Contact Information

WEB ADDRESS
Visit HealthTeam Advantage at HealthTeamAdvantage.com.

HEALTHCARE CONCIERGE
Current HealthTeam Advantage members call your Healthcare Concierge toll-free at **1-888-965-1965** for questions related to your HealthTeam Advantage Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION
Prospective members call toll-free **1-877-905-9216** for questions related to HealthTeam Advantage Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

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

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

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

Formulary ID: 20433, Version Number: 7

This formulary was updated on 10/06/2019. 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, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit HealthTeamAdvantage.com.