TUFTS Health Plan

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Tufts Medicare Preferred PDP Group Retiree 2024 Formulary (List of Covered Drugs)

Tufts Medicare Preferred PDP Plans

PLEASE READ: This document contains information about the drugs we cover in this plan

24524 Version 11

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

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Tufts Medicare Preferred PDP Group Retiree 2024 Formulary (List of Covered Drugs)

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 Tufts Health Plan. When it refers to "plan" or "our plan," it means Tufts Medicare Preferred PDP.

This document includes a list of the drugs (formulary) for our plan which is current as of May 2024. 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, 2025, and from time to time during the year.

What is the Tufts Medicare Preferred PDP Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled *"How do I request an exception to the Tufts Medicare Preferred PDP Formulary?"*

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 Tufts Medicare Preferred PDP Formulary?"*

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 2024 . To get updated information about the drugs covered by Tufts Medicare Preferred PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

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 Drugs."* If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. 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?

Tufts Medicare Preferred PDP 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:** Tufts Medicare Preferred PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred PDP before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that Tufts Medicare Preferred PDP will cover. For example, Tufts Medicare Preferred PDP provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred PDP 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, Tufts Medicare Preferred PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred PDP 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 website. We have posted online a document that explains 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 Tufts Medicare Preferred PDP 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 Tufts Medicare Preferred PDP Formulary?"* on page V 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 Tufts Medicare Preferred PDP does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred PDP. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Tufts Medicare Preferred PDP.
- You can ask Tufts Medicare Preferred PDP 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 Tufts Medicare Preferred PDP Formulary?

You can ask Tufts Medicare Preferred PDP 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred PDP 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, Tufts Medicare Preferred PDP 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 one-month 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.

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred PDP Member Services department.

For more information

For more detailed information about your Tufts Medicare Preferred PDP prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Tufts Medicare Preferred PDP, 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 **www.medicare.gov**.

Tufts Medicare Preferred PDP Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred PDP has any special requirements for coverage of your drug.

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, Tufts Medicare Preferred PDP has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred PDP Formulary?"* on page V for information about how to request an exception.

EC: Enhanced Coverage Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

PA NSO: Prior Authorization for New Starts Only:

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

ST: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred PDP for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred PDP Formulary?"* on page V for information about how to request an exception.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-800-265-1705**

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Formulary ID: 24524, Version: 11, Effective Date: 05/01/2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
Anthelmintics		
albendazole tabs	3	NEDS
ivermectin tabs 3mg	1	
praziquantel tabs	2	
Antibacterials		
amikacin sulfate inj 1gm/4ml, 500mg/2ml	3	
amoxicillin/clavulanate potassium	1	
amoxicillin/clavulanate potassium er	1	
amoxicillin chew 125mg, 250mg	1	
amoxicillin caps, susr, tabs	1	
ampicillin sodium inj	3	
ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm	3	
ampicillin/sulbactam inj 2gm; 1gm	3	
ampicillin caps 500mg	1	
ARIKAYCE	3	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
AVYCAZ	3	NEDS
azithromycin pack, susr, tabs	1	
azithromycin inj 500mg	1	
aztreonam inj 1gm	1	
aztreonam inj 2gm	3	NEDS
BAXDELA TABS	3	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	2	
CAYSTON	3	PA; NEDS
cefaclor caps	1	
cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
cefadroxil	1	
cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%	1	
cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg	1	
cefazolin inj 2gm/100ml; 4%, 2gm, 3gm	1	
cefdinir	1	
cefepime	3	
cefepime hydrochloride inj 2gm	3	
cefepime/dextrose	3	
cefixime	2	
cefotetan inj 1gm, 2gm	1	
cefoxitin sodium inj 10gm, 1gm, 2gm	1	
cefpodoxime proxetil susr	2	
cefpodoxime proxetil tabs 100mg	1	
cefpodoxime proxetil tabs 200mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
cefprozil	1	
ceftazidime inj 1gm, 2gm, 6gm	3	
ceftriaxone in iso-osmotic dextrose	1	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	3	
ceftriaxone/dextrose inj 1gm; 3.74%	1	
cefuroxime axetil tabs	1	
cefuroxime sodium inj 1.5gm, 750mg	1	
cephalexin	1	
ciprofloxacin hcl tabs 100mg, 750mg	1	
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	1	
ciprofloxacin susr 500mg/5ml, 5gm/100ml	3	
clarithromycin er	2	
clarithromycin tabs	1	
clarithromycin susr	2	
clindamycin hcl caps 300mg	1	
clindamycin hydrochloride caps 150mg, 75mg	1	
clindamycin palmitate hydrochloride	2	
clindamycin phosphate/dextrose	1	
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml	1	
colistimethate sodium inj	3	NEDS
DALVANCE	2	
daptomycin	3	
daptomycin/sodium chloride	3	
demeclocycline hcl tabs	3	
dicloxacillin sodium	2	
DIFICID	3	NEDS
DOXY 100	2	
doxycycline	2	
doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg	2	
doxycycline hyclate caps, tabs	1	
doxycycline hyclate inj	2	
doxycycline monohydrate caps, tabs	1	
ertapenem	3	
ertapenem sodium	3	
erythromycin base tabs	2	
erythromycin dr	2	
erythromycin ethylsuccinate susr, tabs	1	
erythromycin cpep 250mg	1	
FIRVANQ	3	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	
gentamicin sulfate inj 40mg/ml	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
imipenem/cilastatin	1	
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	
levofloxacin in d5w	1	
levofloxacin inj 25mg/ml	1	
levofloxacin oral soln 25mg/ml	2	
levofloxacin tabs 250mg, 500mg, 750mg	1	
linezolid tabs	3	
linezolid susr	3	NEDS
linezolid inj 600mg/300ml	1	
meropenem	3	
minocycline hcl caps 75mg	1	
minocycline hcl tabs	3	
minocycline hydrochloride caps 100mg, 50mg	1	
mondoxyne nl caps 100mg	1	
moxifloxacin hydrochloride/sodium hydrochloride	1	
moxifloxacin hydrochloride tabs 400mg	1	
nafcillin sodium inj 10gm, 1gm, 2gm	1	
neomycin sulfate tabs	1	
NUZYRA TABS	3	NEDS
ofloxacin tabs 300mg, 400mg	1	
oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml	1	
penicillin g potassium in iso-osmotic dextrose	1	
penicillin g potassium inj 20000000unit, 5000000unit	3	
PENICILLIN G SODIUM	3	NEDS
penicillin v potassium	1	
piperacillin sodium/tazobactam sodium	3	
SIVEXTRO TABS	3	NEDS
streptomycin sulfate inj 1gm	1	
sulfadiazine tabs	1	
sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim susp, tabs	1	
sulfasalazine tabs, tbec	1	
SUPRAX CHEW	3	
SUPRAX SUSR 500MG/5ML	3	
tazicef inj 1gm, 2gm, 6gm	3	
TEFLARO	3	NEDS
tetracycline hydrochloride caps	2	
TOBI PODHALER	3	NEDS; SP-Optum Specialty
tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
tobramycin nebu 300mg/4ml, 300mg/5ml	3	PA BvD; NEDS; SP-Optum Specialty
vancomycin hcl inj 0.9%; 1gm/200ml	1	
vancomycin hcl inj 100gm, 10gm	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
vancomycin hydrochloride caps	2	
vancomycin hydrochloride oral solr	3	
vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg	3	
vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml	1	
VIBRAMYCIN SYRP	3	
XENLETA TABS	3	NEDS
XIFAXAN TABS 200MG	3	
XIFAXAN TABS 550MG	3	PA; NEDS
ZERBAXA	3	NEDS
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	2	
Antifungals		
ABELCET	3	PA
amphotericin b liposome	3	PA; NEDS
amphotericin b inj	1	PA
caspofungin acetate inj 70mg	3	
caspofungin acetate inj 50mg	3	NEDS
fluconazole in sodium chloride	1	
fluconazole susr, tabs	1	
flucytosine caps	3	NEDS
griseofulvin microsize susp	1	
griseofulvin microsize tabs	2	
griseofulvin ultramicrosize tabs 125mg, 250mg	2	
itraconazole caps	1	
itraconazole soln	2	
ketoconazole tabs 200mg	1	
micafungin inj 100mg	2	
micafungin inj 50mg	3	NEDS
NOXAFIL PACK, SUSP	3	NEDS
nystatin susp 100000unit/ml	1	
nystatin tabs 500000unit	1	
posaconazole dr	3	NEDS
posaconazole susp	3	NEDS
terbinafine hcl tabs	1	QL(42 EA per 42 days)
voriconazole tabs	3	
voriconazole susr	3	NEDS
voriconazole inj	3	PA; NEDS
Antimycobacterials		
dapsone tabs	3	
ethambutol hydrochloride	2	
isoniazid syrp, tabs	1	
PASER	3	
PRIFTIN	2	

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide tabs	3	
rifabutin	2	
rifampin inj	1	
rifampin caps	2	
SIRTURO	3	PA; NEDS
TRECATOR	3	
Antiprotozoals		
atovaquone/proguanil hcl	3	
atovaquone susp	3	NEDS
BENZNIDAZOLE	3	
chloroquine phosphate tabs	1	
COARTEM	2	QL(24 EA per 3 days)
hydroxychloroquine sulfate tabs 200mg	1	
IMPAVIDO	3	NEDS
mefloquine hcl	1	
metronidazole caps 375mg	1	
metronidazole inj 500mg/100ml	1	
metronidazole tabs 250mg, 500mg	1	
nitazoxanide tabs	2	
paromomycin sulfate caps	1	
pentamidine isethionate inj	2	
pentamidine isethionate inhalation solr	2	PA BvD
primaquine phosphate tabs	1	
pyrimethamine tabs	3	
quinine sulfate caps 324mg	3	PA
SOLOSEC	3	
tinidazole tabs	1	
Antivirals		
abacavir	2	
abacavir sulfate/lamivudine	2	
abacavir sulfate/lamivudine/zidovudine	3	NEDS
acyclovir sodium inj 50mg/ml	3	PA
acyclovir caps 200mg	1	
acyclovir susp 200mg/5ml	2	
acyclovir tabs 400mg, 800mg	1	
adefovir dipivoxil	3	
APTIVUS CAPS	3	NEDS
atazanavir	3	
atazanavir sulfate caps 300mg	3	
BIKTARVY	3	NEDS
cidofovir	3	NEDS
CIMDUO	3	NEDS
COMPLERA	3	NEDS
darunavir	3	NEDS
DELSTRIGO	2	

Drug Name	Drug Tier	Requirements/Limits
DESCOVY	3	NEDS
DOVATO	3	NEDS
EDURANT	3	NEDS
efavirenz/emtricitabine/tenofovir disoproxil fumarate	3	NEDS
efavirenz/lamivudine/tenofovir disoproxil fumarate	3	NEDS
efavirenz caps	2	
efavirenz tabs	3	
emtricitabine	2	
emtricitabine/tenofovir disoproxil	3	NEDS
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	3	
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg	3	NEDS
EMTRIVA SOLN	2	
entecavir	3	
EPCLUSA	3	PA; NEDS; SP-Optum Specialty
etravirine tabs 100mg	2	
etravirine tabs 200mg	3	NEDS
EVOTAZ	3	NEDS
famciclovir tabs	2	
fosamprenavir calcium	3	NEDS
FUZEON	3	NEDS
GENVOYA	3	NEDS
HARVONI PACK	3	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	3	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	2	
ISENTRESS HD	3	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	2	
ISENTRESS TABS	3	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	2	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	3	QL(180 EA per 30 days); NEDS
JULUCA	3	NEDS
LAGEVRIO	2	QL(40 EA per 5 days)
lamivudine	1	
lamivudine/zidovudine	3	
LEXIVA SUSP	2	
LIVTENCITY	3	PA; NEDS
lopinavir/ritonavir soln	2	
lopinavir/ritonavir tabs 100mg; 25mg	2	
lopinavir/ritonavir tabs 200mg; 50mg	3	
maraviroc tabs 300mg	3	QL(120 EA per 30 days); NEDS
maraviroc tabs 150mg	3	QL(60 EA per 30 days); NEDS
MAVYRET	3	PA; NEDS; SP-Optum Specialty
nevirapine	1	
nevirapine er	1	

Drug Name	Drug Tier	Requirements/Limits
NORVIR PACK, SOLN	2	
ODEFSEY	3	NEDS
oseltamivir phosphate caps, susr	1	
PAXLOVID TBPK 150MG; 100MG	2	QL(20 EA per 5 days); $0 Copay
PAXLOVID TBPK 150MG; 100MG	2	QL(30 EA per 5 days); $0 Copay
PEGASYS	3	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PIFELTRO	3	NEDS
PREVYMIS TABS	3	PA; NEDS
PREZCOBIX	3	NEDS
PREZISTA SUSP	3	NEDS
PREZISTA TABS 75MG	3	
PREZISTA TABS 150MG, 600MG, 800MG	3	NEDS
RELENZA DISKHALER	2	
REYATAZ PACK	3	NEDS
ribavirin caps	1	SP-Optum Specialty
ribavirin tabs 200mg	1	SP-Optum Specialty
rimantadine hydrochloride	1	
ritonavir	2	
RUKOBIA	3	NEDS
SELZENTRY SOLN	2	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	3	NEDS
STRIBILD	3	NEDS
SUNLENCA TBPK	3	NEDS
SYMTUZA	3	NEDS
TEMIXYS	3	NEDS
tenofovir disoproxil fumarate	2	
TIVICAY PD	3	
TIVICAY TABS 10MG	2	
TIVICAY TABS 25MG, 50MG	3	NEDS
TRIUMEQ	3	NEDS
TRIUMEQ PD	3	NEDS
TRIZIVIR	3	NEDS
valacyclovir hydrochloride tabs 500mg	1	
valacyclovir hydrochloride tabs 1gm	2	
valganciclovir	2	
valganciclovir hydrochloride	3	NEDS
VEMLIDY	3	NEDS
VIRACEPT TABS 250MG	2	
VIRACEPT TABS 625MG	3	NEDS
VIREAD POWD	3	NEDS
VIREAD TABS 150MG, 200MG, 250MG	3	NEDS
VOSEVI	3	PA; NEDS; SP-Optum Specialty
XOFLUZA TBPK 40MG, 80MG	2	QL(1 EA per 7 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA TBPK 20MG	2	QL(2 EA per 7 days)
zidovudine	1	
Urinary Anti-infectives		
fosfomycin tromethamine	2	
methenamine hippurate	2	
methenamine mandelate tabs 0.5gm, 1gm	1	
nitrofurantoin macrocrystals	1	
nitrofurantoin monohydrate/macrocrystals	1	
trimethoprim tabs	1	
Antihistamine Drugs		
First Generation Antihistamines		
cyproheptadine hcl syrp	1	
cyproheptadine hydrochloride tabs	1	
diphenhydramine hydrochloride inj	1	
promethazine hcl inj	1	
promethazine hcl tabs 12.5mg	1	
promethazine hydrochloride plain	1	
promethazine hydrochloride tabs 25mg, 50mg	1	
Second Generation Antihistamines		
desloratadine	1	
desloratadine odt	3	
levocetirizine dihydrochloride tabs	1	
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate	3	PA NSO; NEDS; SP-Optum Specialty
AKEEGA	3	PA NSO; NEDS
ALECENSA	3	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	3	PA NSO; NEDS
AUGTYRO	3	PA NSO; NEDS
AYVAKIT	3	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	3	PA NSO; NEDS
BESREMI	3	PA NSO; NEDS
bexarotene caps 75mg	3	NEDS; SP-Optum Specialty
bicalutamide	1	
bortezomib inj 1mg, 2.5mg	3	
bortezomib inj 3.5mg/1.4ml, 3.5mg	3	NEDS
BOSULIF CAPS 50MG	3	PA NSO; NEDS
BOSULIF CAPS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 400MG, 500MG	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	3	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	3	PA NSO; NEDS
CABOMETYX	3	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	3	PA NSO; NEDS
CALQUENCE CAPS	3	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	3	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	3	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	3	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	3	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	3	PA NSO; NEDS; SP-Optum Specialty
cyclophosphamide tabs	2	PA BvD
cyclophosphamide caps	2	PA BvD; SP-Optum Specialty
DARZALEX	3	NEDS
DAURISMO	3	PA NSO; NEDS; SP-Optum Specialty
DOCETAXEL INJ 160MG/8ML	3	
docetaxel inj 20mg/ml, 80mg/4ml	3	
DROXIA	2	
EMCYT	2	
ERIVEDGE	3	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	3	PA NSO; NEDS
ERLEADA TABS 60MG	3	PA NSO; NEDS; SP-Optum Specialty
erlotinib hydrochloride tabs 150mg, 25mg	3	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
erlotinib hydrochloride tabs 100mg	3	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
everolimus tbso 2mg, 3mg, 5mg	3	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	3	PA NSO; NEDS
flutamide	1	
FOTIVDA	3	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA	3	PA NSO; NEDS
GAVRETO	3	PA NSO; NEDS; SP-Optum Specialty
gefitinib	3	PA NSO; NEDS
GILOTRIF	3	PA NSO; NEDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
hydroxyurea caps	1	
IBRANCE	3	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	3	PA NSO; NEDS
IDHIFA	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
imatinib mesylate	3	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	3	PA NSO; NEDS
IMBRUVICA CAPS, TABS	3	PA NSO; NEDS; SP-Optum Specialty
INLYTA	3	PA NSO; NEDS; SP-Optum Specialty
INQOVI	3	PA NSO; NEDS; SP-Optum Specialty
INREBIC	3	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	2	SP-Optum Specialty
IRESSA	3	PA NSO; NEDS; SP-Optum Specialty
IWILFIN	3	PA NSO; NEDS
JAKAFI	3	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	3	PA NSO; NEDS
JYLAMVO	3	PA BvD
KISQALI	3	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	3	PA NSO; NEDS
KRAZATI	3	PA NSO; NEDS
KYPROLIS	3	NEDS
lapatinib ditosylate	3	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
lenalidomide caps 2.5mg, 20mg	3	PA NSO; NEDS
lenalidomide caps 10mg, 15mg, 25mg, 5mg	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 14 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	2	
LONSURF	3	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	3	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	3	PA NSO; NEDS
LUMAKRAS TABS 120MG	3	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	3	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	2	
LYTGOBI	3	PA NSO; NEDS
MATULANE	3	NEDS
MEKINIST SOLR	3	PA NSO; NEDS
MEKINIST TABS	3	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	3	PA NSO; NEDS; SP-Optum Specialty
mercaptopurine tabs	1	
methotrexate sodium tabs	1	PA BvD
methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml	1	PA BvD
methotrexate inj 50mg/2ml	1	PA BvD
NERLYNX	3	PA NSO; NEDS; SP-Optum Specialty
nilutamide	3	NEDS
NINLARO	3	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	3	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	3	PA NSO; NEDS; SP-Optum Specialty
OGSIVEO	3	PA NSO; NEDS
OJJAARA	3	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
ONUREG	3	PA NSO; NEDS; SP-Optum Specialty
OPDIVO	3	NEDS
ORSERDU	3	PA NSO; NEDS
paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml	1	
pazopanib hydrochloride	3	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	3	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
POMALYST	3	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	3	NEDS
QINLOCK	3	PA NSO; NEDS
RETEVMO	3	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	3	PA NSO; NEDS
REZLIDHIA	3	PA NSO; NEDS
ROZLYTREK PACK	3	PA NSO; NEDS
ROZLYTREK CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX	3	PA NSO; NEDS; SP-Optum Specialty
sorafenib	3	QL(220 EA per 30 days); PA NSO; NEDS
sorafenib tosylate tabs	3	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	3	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	3	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
sunitinib malate	3	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	3	NEDS
TABLOID	2	SP-Optum Specialty

Drug Name	Drug Tier	Requirements/Limits
TABRECTA	3	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	3	PA NSO; NEDS
TAFINLAR CAPS	3	PA NSO; NEDS; SP-Optum Specialty
TAGRISSO	3	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	3	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	3	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	3	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	3	PA NSO; NEDS
TEPMETKO	3	PA NSO; NEDS
TIBSOVO	3	PA NSO; NEDS; SP-Optum Specialty
tretinoin caps 10mg	3	NEDS; SP-Optum Specialty
TREXALL	3	PA BvD
TRUQAP	3	PA NSO; NEDS
TRUSELTIQ	3	PA NSO; NEDS
TUKYSA	3	PA NSO; NEDS
TURALIO	3	PA NSO; NEDS
VANFLYTA	3	PA NSO; NEDS
VENCLEXTA STARTING PACK	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	2	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	3	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	3	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	3	PA NSO; NEDS
VIZIMPRO	3	PA NSO; NEDS; SP-Optum Specialty
VONJO	3	PA NSO; NEDS; SP-Optum Specialty
VOTRIENT	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	3	PA NSO; NEDS
XALKORI CPSP	3	PA NSO; NEDS
XALKORI CAPS	3	PA NSO; NEDS; SP-Optum Specialty
XATMEP	3	PA BvD
XOSPATA	3	PA NSO; NEDS
XPOVIO	3	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	3	PA NSO; NEDS

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG ONCE WEEKLY	3	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	3	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	3	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	3	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NSO; NEDS
XTANDI	3	PA NSO; NEDS; SP-Optum Specialty
YERVOY	3	NEDS
YONSA	3	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	3	PA NSO; NEDS
ZEJULA CAPS	3	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	3	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	3	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	3	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	3	PA NSO; NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
Antitoxins and Immune Globulins		
BIVIGAM INJ 10%, 5GM/50ML	3	PA BvD; NEDS
CUVITRU	3	PA BvD; NEDS
FLEBOGAMMA DIF	3	PA BvD; NEDS
GAMMAGARD LIQUID	3	PA BvD; NEDS
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA BvD; NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
GAMUNEX-C	3	PA BvD; NEDS
HIZENTRA	3	PA BvD; NEDS
OCTAGAM	3	PA BvD; NEDS
PANZYGA	3	PA BvD; NEDS
PRIVIGEN	3	PA BvD; NEDS
VARIZIG INJ 125UNIT/1.2ML	2	
Toxoids		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
diphtheria/tetanus toxoids adsorbed pediatric	2	
INFANRIX	2	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
QUADRACEL	2	
tdvax	2	
TENIVAC	2	
Vaccines		
ABRYSVO	2	
ACTHIB	2	
AREXVY	2	
BCG VACCINE INJ 50MG	2	
BEXSERO	2	
DENGVAXIA	2	
ENGERIX-B	2	PA BvD
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	PA BvD
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
IPOL INACTIVATED IPV	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	PA BvD
PRIORIX	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA BvD
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	
STAMARIL	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	

Drug Name	Drug Tier	Requirements/Limits
VARIVAX	2	
YF-VAX	2	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA	2	QL(180 EA per 90 days)
ATROVENT HFA	2	QL(77.4 GM per 90 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
dicyclomine hcl soln	1	
dicyclomine hydrochloride caps, tabs	1	
glycopyrrolate soln	2	
glycopyrrolate tabs 1mg, 2mg	1	
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
ipratropium bromide inhalation soln	1	PA BvD
ipratropium bromide nasal soln 0.03%	1	QL(180 ML per 90 days)
ipratropium bromide nasal soln 0.06%	1	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	3	NEDS
LONHALA MAGNAIR STARTER KIT	3	NEDS
SPIRIVA RESPIMAT	2	QL(12 GM per 90 days)
STIOLTO RESPIMAT	2	QL(12 GM per 90 days)
YUPELRI	3	PA BvD; NEDS
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER	2	
NICOTROL NS	3	
varenicline starting month box	2	QL(53 EA per 28 days)
varenicline tartrate	2	QL(60 EA per 30 days)
Parasympathomimetic (Cholinergic) Agents		
bethanechol chloride tabs	2	
cevimeline hydrochloride	2	
donepezil hcl tbdp	1	
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	2	
donepezil hydrochloride tabs 5mg	1	
galantamine hydrobromide er	1	
galantamine hydrobromide tabs	1	
galantamine hydrobromide soln	2	
pilocarpine hydrochloride	1	
pyridostigmine bromide er	3	
pyridostigmine bromide tabs	1	
pyridostigmine bromide soln	2	
rivastigmine tartrate	1	
rivastigmine transdermal system	2	
Skeletal Muscle Relaxants		
baclofen tabs 10mg, 20mg, 5mg	1	
cyclobenzaprine hydrochloride tabs	2	
dantrolene sodium caps	1	

Drug Name	Drug Tier	Requirements/Limits
tizanidine hcl caps 4mg	2	
tizanidine hcl tabs 2mg	1	
tizanidine hydrochloride caps 2mg, 6mg	2	
tizanidine hydrochloride tabs 4mg	1	
Sympatholytic (Adrenergic Blocking) Agents		
alfuzosin hcl er	1	
dihydroergotamine mesylate soln	3	QL(8 ML per 30 days); NEDS
ergoloid mesylates tabs	1	
phenoxybenzamine hydrochloride	2	
silodosin	2	
tamsulosin hydrochloride	1	
Sympathomimetic (Adrenergic) Agents		
albuterol sulfate hfa aers 108mcg/act	1	QL(108 GM per 90 days)
albuterol sulfate hfa aers 108mcg/act	1	QL(40.2 GM per 90 days)
albuterol sulfate hfa aers 108mcg/act	1	QL(51 GM per 90 days)
albuterol sulfate syrp	1	
albuterol sulfate nebu	1	PA BvD
albuterol sulfate tabs	2	
arformoterol tartrate	2	PA BvD
COMBIVENT RESPIMAT	2	QL(24 GM per 90 days)
droxidopa	3	PA; NEDS
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL(2 EA per 1 days)
fluticasone propionate/salmeterol diskus	2	QL(180 EA per 90 days)
fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act	1	QL(3 EA per 90 days)
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	2	QL(180 EA per 90 days)
formoterol fumarate nebu	2	PA BvD
ipratropium bromide/albuterol sulfate	1	PA BvD
levalbuterol hcl nebu	1	PA BvD
levalbuterol hydrochloride nebu 0.63mg/3ml	1	PA BvD
levalbuterol tartrate hfa	2	QL(90 GM per 90 days)
levalbuterol nebu	1	PA BvD
midodrine hcl	1	
PROAIR RESPICLICK	2	QL(6 EA per 90 days)
SEREVENT DISKUS	2	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	2	QL(12 GM per 90 days)
terbutaline sulfate tabs	1	
wixela inhub	2	QL(180 EA per 90 days)
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		
aminocaproic acid	1	
tranexamic acid	1	
Antithrombotic Agents		
anagrelide hydrochloride	1	

Drug Name	Drug Tier	Requirements/Limits
aspirin/dipyridamole er	2	
BRILINTA	2	
CABLIVI	3	NEDS
cilostazol	1	
clopidogrel	1	
dabigatran etexilate	2	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
enoxaparin sodium	2	
fondaparinux sodium inj 2.5mg/0.5ml	3	
fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	3	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	2	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NEDS
heparin sodium	1	
HEPARIN SODIUM/D5W	1	
jantoven	1	
prasugrel	2	
warfarin sodium	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Blood Formation, Coagulation, and Thrombosis Agents Misc.		
OXBRYTA	3	NEDS
PYRUKYND	3	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	3	PA; NEDS; SP-Optum Specialty
TAVALISSE	3	QL(60 EA per 30 days); NEDS
Hematopoietic Agents		
DOPTELET	3	PA; NEDS; SP-Optum Specialty
MOZOBIL	3	NEDS
NEULASTA	3	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	3	NEDS
plerixafor	3	NEDS
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	3	NEDS; SP-Optum Specialty
PROMACTA	3	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	3	NEDS; SP-Optum Specialty
UDENYCA ONBODY	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS

Drug Name	Drug Tier	Requirements/Limits
UDENYCA INJ 6MG/0.6ML	3	NEDS; SP-Optum Specialty
ZARXIO	3	NEDS; SP-Optum Specialty
ZIEXTENZO	3	NEDS; SP-Optum Specialty
Hemorrheologic Agents		
pentoxifylline er	1	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	3	
doxazosin mesylate tabs	1	
prazosin hydrochloride caps	1	
terazosin hcl caps 10mg, 1mg, 5mg	1	
terazosin hydrochloride caps 2mg	1	
Antilipemic Agents		
atorvastatin calcium tabs	1	
cholestyramine light	2	
cholestyramine pack, powd	2	
colesevelam hydrochloride tabs	2	
colesevelam hydrochloride pack	3	
colestipol hcl gran, pack	1	
colestipol hcl tabs	2	
ezetimibe	1	
ezetimibe/simvastatin	1	
fenofibrate micronized caps 134mg, 200mg, 67mg	1	
fenofibrate caps 130mg, 150mg, 43mg, 50mg	1	
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	1	
fenofibrate tabs 120mg, 40mg	2	
fenofibric acid dr	2	
FLOLIPID	2	
fluvastatin	1	
fluvastatin sodium er	1	
gemfibrozil tabs	1	
icosapent ethyl	3	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	3	PA; NEDS
LIVALO	2	
lovastatin tabs	1	
NEXLETOL	2	PA
NEXLIZET	2	PA
niacin er	2	
omega-3-acid ethyl esters	1	
pitavastatin calcium	1	
PRALUENT	2	PA
pravastatin sodium	1	
prevalite	2	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK	2	PA
rosuvastatin calcium	1	
simvastatin tabs	1	
VASCEPA	3	
beta-Adrenergic Blocking Agents		
acebutolol hydrochloride	1	
atenolol/chlorthalidone	1	
atenolol tabs	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate/hydrochlorothiazide	1	
bisoprolol fumarate tabs	1	
carvedilol	1	
carvedilol phosphate er	3	
labetalol hydrochloride tabs	1	
metoprolol succinate er	1	
metoprolol tartrate tabs 100mg, 25mg, 50mg	1	
metoprolol tartrate tabs 37.5mg, 75mg	2	
metoprolol/hydrochlorothiazide	1	
nadolol tabs 20mg, 40mg, 80mg	1	
nebivolol hydrochloride	2	
pindolol	2	
propranolol hcl er cp24 120mg, 160mg	2	
propranolol hcl soln	1	
propranolol hcl tabs 40mg	1	
propranolol hydrochloride er cp24 60mg, 80mg	2	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	1	
sorine	1	
sotalol hcl	1	
sotalol hydrochloride (af)	1	
timolol maleate tabs 10mg, 20mg, 5mg	1	
Calcium-Channel Blocking Agents		
amlodipine besylate/atorvastatin calcium	1	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	1	
amlodipine besylate tabs	1	
amlodipine/olmesartan medoxomil	1	
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	1	
cartia xt	1	
dilt-xr	1	
diltiazem hcl cd	1	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	1	
diltiazem hcl er cp12, tb24	1	
diltiazem hcl tabs 30mg, 60mg, 90mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er cp24	1	
diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride tabs 120mg	1	
felodipine er	1	
isradipine	3	
matzim la	1	
nicardipine hcl caps	3	
nifedipine er	1	
nifedipine caps	1	
nimodipine caps	3	
nisoldipine er	3	
NYMALIZE SOLN 6MG/ML	3	NEDS
olmesartan medoxomil/amlodipine/hydrochlorothiazide	1	
taztia xt	1	
telmisartan/amlodipine	1	
tiadylt er	1	
trandolapril/verapamil hcl er	1	
verapamil hcl er cp24 100mg, 300mg	2	
verapamil hcl er tbcr 120mg, 240mg	1	
verapamil hcl sr cp24	2	
verapamil hcl tabs 40mg, 80mg	1	
verapamil hydrochloride er cp24 200mg	2	
verapamil hydrochloride er tbcr 180mg	1	
verapamil hydrochloride tabs 120mg	1	
Cardiac Drugs		
amiodarone hydrochloride tabs 200mg	1	
amiodarone hydrochloride tabs 100mg, 400mg	2	
CAMZYOS	3	QL(30 EA per 30 days); PA; NEDS
CORLANOR	3	
digitek tabs 0.125mg, 0.25mg	1	
digox	1	
digoxin oral soln	1	
digoxin inj 0.25mg/ml	1	
digoxin tabs 125mcg, 250mcg	1	
digoxin tabs 62.5mcg	3	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl	1	
MULTAQ	2	
NORPACE CR	3	
propafenone hcl	1	
propafenone hydrochloride er	3	
quinidine gluconate cr	2	

Drug Name	Drug Tier	Requirements/Limits
quinidine sulfate tabs	1	
ranolazine er	2	
Hypotensive Agents		
clonidine	2	
clonidine hydrochloride er tb12	2	
clonidine hydrochloride tabs	1	
hydralazine hcl tabs 10mg	1	
hydralazine hydrochloride tabs 100mg, 25mg, 50mg	1	
minoxidil tabs	1	
Renin-Angiotensin-Aldosterone Sys Inhib		
aliskiren	1	
benazepril hcl tabs 10mg, 40mg, 5mg	1	
benazepril hydrochloride/hydrochlorothiazide	1	
benazepril hydrochloride tabs 20mg	1	
candesartan cilexetil	1	
candesartan cilexetil/hydrochlorothiazide	1	
captopril tabs	1	
enalapril maleate/hydrochlorothiazide	1	
enalapril maleate tabs	1	
ENTRESTO	2	
eplerenone	1	
fosinopril sodium	1	
fosinopril sodium/hydrochlorothiazide	1	
irbesartan	1	
irbesartan/hydrochlorothiazide	1	
KERENDIA	3	PA
lisinopril/hydrochlorothiazide	1	
lisinopril tabs	1	
losartan potassium/hydrochlorothiazide	1	
losartan potassium tabs	1	
moexipril hcl	1	
olmesartan medoxomil/hydrochlorothiazide	1	
olmesartan medoxomil tabs	1	
perindopril erbumine	1	
quinapril hydrochloride	1	
quinapril/hydrochlorothiazide	1	
ramipril	1	
spironolactone/hydrochlorothiazide	1	
spironolactone tabs	1	
TEKTURNA HCT	2	
telmisartan	1	
telmisartan/hydrochlorothiazide	1	
trandolapril	1	
valsartan/hydrochlorothiazide	1	
valsartan tabs	1	

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Drug Name	Drug Tier	Requirements/Limits
Vasodilating Agents		
alyq	3	PA; NEDS; SP-Optum Specialty
CAVERJECT IMPULSE	3	EC
CAVERJECT INJ 20MCG, 40MCG	3	EC
dipyridamole tabs	2	
EDEX INJ 10MCG, 20MCG, 40MCG	3	EC
isosorbide dinitrate/hydralazine hydrochloride	2	
isosorbide dinitrate tabs	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
MUSE	3	EC
NITRO-BID	3	
nitroglycerin transdermal	1	
nitroglycerin soln 0.4mg/spray	2	
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	1	
sildenafil citrate tabs 20mg	2	PA; SP-Optum Specialty
sildenafil citrate tabs 100mg, 25mg, 50mg	2	QL(4 EA per 30 days); EC
tadalafil tabs 2.5mg, 5mg	2	QL(30 EA per 30 days); PA
tadalafil tabs 10mg, 20mg	2	QL(4 EA per 30 days); EC
tadalafil tabs 20mg	3	PA; NEDS; SP-Optum Specialty
vardenafil hydrochloride odt	2	QL(4 EA per 30 days); EC
vardenafil hydrochloride tabs	2	QL(4 EA per 30 days); EC
VERQUVO	3	
Central Nervous System Agents		
Analgesics and Antipyretics		
acetaminophen/codeine tabs	1	QL(240 EA per 30 days)
acetaminophen/codeine soln	1	QL(3600 ML per 30 days)
BELBUCA	3	QL(60 EA per 30 days)
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	1	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	1	QL(90 EA per 30 days)
buprenorphine hcl subl 2mg	1	QL(360 EA per 30 days)
buprenorphine hcl subl 8mg	1	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg	1	QL(180 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg	1	QL(360 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg	1	QL(90 EA per 30 days)
buprenorphine ptwk	2	QL(4 EA per 28 days)
butorphanol tartrate soln	2	QL(7.5 ML per 30 days)
celecoxib caps 100mg, 200mg, 50mg	1	
celecoxib caps 400mg	2	
codeine sulfate tabs	2	QL(180 EA per 30 days)
diclofenac epolamine	2	QL(60 EA per 30 days); PA
diclofenac potassium tabs 50mg	2	

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Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium dr	1	
diclofenac sodium er	1	
diclofenac sodium/misoprostol	3	
diflunisal tabs 500mg	2	
ec-naproxen tbec 500mg	1	
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QL(240 EA per 30 days)
etodolac er	2	
etodolac tabs	1	
etodolac caps	2	
fentanyl citrate oral transmucosal lpop 200mcg	3	QL(120 EA per 30 days); PA
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	3	QL(120 EA per 30 days); PA; NEDS
fentanyl citrate tabs	3	QL(120 EA per 30 days); PA; NEDS
fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	1	QL(10 EA per 30 days)
flurbiprofen tabs 100mg	1	
hydrocodone bitartrate er t24a	2	QL(60 EA per 30 days)
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	1	QL(3600 ML per 30 days)
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	1	QL(240 EA per 30 days)
hydrocodone/acetaminophen tabs 325mg; 7.5mg	1	QL(240 EA per 30 days)
hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	1	QL(240 EA per 30 days)
hydromorphone hcl er tb24 12mg, 16mg, 8mg	2	QL(30 EA per 30 days)
hydromorphone hcl liqd	1	QL(1350 ML per 30 days)
hydromorphone hcl tabs 8mg	1	QL(120 EA per 30 days)
hydromorphone hcl tabs 2mg, 4mg	1	QL(240 EA per 30 days)
hydromorphone hydrochloride er tb24 32mg	2	QL(30 EA per 30 days)
ibu	1	
ibuprofen susp	1	
ibuprofen tabs 400mg, 600mg, 800mg	1	
indomethacin er	2	
indomethacin caps 25mg, 50mg	1	
ketoprofen er cp24 200mg	3	
ketoprofen caps 25mg, 50mg	1	
LAZANDA SOLN 400MCG/ACT	3	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	3	QL(30 EA per 30 days); PA; NEDS
levorphanol tartrate tabs	3	QL(240 EA per 30 days); NEDS
meclofenamate sodium caps	3	
mefenamic acid caps	3	
meloxicam tabs	1	
meloxicam caps	2	
methadone hcl tabs	1	QL(120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
methadone hcl soln 5mg/5ml	1	QL(1200 ML per 30 days)
methadone hcl soln 10mg/5ml	1	QL(600 ML per 30 days)
morphine sulfate er cp24	3	QL(60 EA per 30 days)
morphine sulfate er tbcr 15mg	1	QL(60 EA per 30 days)
morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg	2	QL(60 EA per 30 days)
morphine sulfate tabs	1	QL(180 EA per 30 days)
morphine sulfate soln 20mg/ml	1	QL(180 ML per 30 days)
morphine sulfate soln 10mg/5ml, 20mg/5ml	1	QL(900 ML per 30 days)
nabumetone tabs	1	
naproxen sodium cr	3	
naproxen sodium er tb24 375mg	3	
naproxen sodium er tb24 500mg	3	NEDS
naproxen sodium tabs 275mg, 550mg	1	
naproxen sodium tb24 750mg	3	
naproxen tbec	1	
naproxen susp	2	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs	3	
oxycodone hcl er t12a	2	QL(60 EA per 30 days)
oxycodone hydrochloride er t12a 10mg, 20mg	2	QL(60 EA per 30 days)
oxycodone hydrochloride conc	1	QL(120 ML per 30 days)
oxycodone hydrochloride caps	1	QL(240 EA per 30 days)
oxycodone hydrochloride soln	1	QL(2400 ML per 30 days)
oxycodone hydrochloride tabs 20mg, 30mg	1	QL(120 EA per 30 days)
oxycodone hydrochloride tabs 10mg, 15mg	1	QL(180 EA per 30 days)
oxycodone hydrochloride tabs 5mg	1	QL(240 EA per 30 days)
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(240 EA per 30 days)
OXYCONTIN T12A	2	QL(60 EA per 30 days)
oxymorphone hydrochloride	1	QL(180 EA per 30 days)
oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg	1	QL(60 EA per 30 days)
oxymorphone hydrochlorideer	1	QL(60 EA per 30 days)
piroxicam caps	2	
pregabalin er	2	
salsalate tabs	1	
SUBSYS	3	QL(120 EA per 30 days); PA; NEDS
sulindac tabs	1	
tramadol hcl er cp24 100mg, 200mg, 300mg	1	QL(30 EA per 30 days)
tramadol hcl er tb24	2	QL(30 EA per 30 days)
tramadol hydrochloride er	2	QL(30 EA per 30 days)
tramadol hydrochloride/acetaminophen	1	QL(240 EA per 30 days)
tramadol hydrochloride tabs 100mg	1	QL(120 EA per 30 days)
tramadol hydrochloride tabs 50mg	1	QL(240 EA per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		

Drug Name	Drug Tier	Requirements/Limits
ADIPEX-P	3	EC; PA
amphetamine/dextroamphetamine	2	
armodafinil	2	PA
CONTRAVE	3	PA
dexmethylphenidate hcl er cp24 20mg, 35mg	2	
dexmethylphenidate hcl tabs 10mg, 5mg	1	
dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg	2	
dexmethylphenidate hydrochloride cp24	2	
dexmethylphenidate hydrochloride tabs 2.5mg	1	
dextroamphetamine sulfate er	2	
dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg	2	
diethylpropion hcl	2	EC
diethylpropion hcl er	2	EC
lisdexamfetamine dimesylate	2	PA
methamphetamine hcl	1	PA
methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg	2	
methylphenidate hydrochloride er (la)	2	
methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg	2	
methylphenidate hydrochloride er cpcr 40mg	2	
methylphenidate hydrochloride er tbcr	2	
methylphenidate hydrochloride er tb24 18mg	2	
methylphenidate hydrochloride soln, tabs	1	
methylphenidate hydrochloride chew	2	
modafinil tabs	1	PA
phendimetrazine tartrate	2	EC
phendimetrazine tartrate er	2	EC
phentermine hcl tabs 37.5mg	2	EC; PA
phentermine hydrochloride caps	2	EC; PA
QSYMIA	3	EC; PA
SUNOSI	3	PA
VYVANSE	3	PA
Anticonvulsants		
APTIOM	3	
BRIVIACT SOLN, TABS	3	NEDS
carbamazepine er	2	
carbamazepine chew, tabs	1	
carbamazepine susp	3	
CELONTIN CAPS 300MG	3	
clobazam susp	2	
clobazam tabs	2	QL(60 EA per 30 days)
clonazepam odt	2	

Drug Name	Drug Tier	Requirements/Limits
clonazepam tabs	1	
DIACOMIT	3	PA NSO; NEDS
DILANTIN INFATABS	2	
DILANTIN-125	2	
DILANTIN CAPS	2	
divalproex sodium dr	1	
divalproex sodium er	2	
divalproex sodium csdr	1	
EPIDIOLEX	3	PA NSO
epitol	1	
EPRONTIA	3	
EQUETRO	3	
ethosuximide soln	1	
ethosuximide caps	2	
felbamate susp	1	
felbamate tabs	2	
FINTEPLA	3	PA NSO; NEDS
FYCOMPA	3	
gabapentin caps, soln	1	
gabapentin tabs 600mg, 800mg	1	
HORIZANT	3	
lacosamide inj, oral soln	3	
lacosamide tabs 50mg	2	QL(60 EA per 30 days)
lacosamide tabs 100mg, 150mg, 200mg	3	QL(60 EA per 30 days)
lamotrigine er	2	
lamotrigine odt	2	
lamotrigine starter kit/blue	1	
lamotrigine starter kit/green	1	
lamotrigine starter kit/orange	1	
lamotrigine titration	1	
lamotrigine tabs	1	
lamotrigine chew	2	
levetiracetam er	1	
levetiracetam oral soln, tabs	1	
levetiracetam inj 500mg/5ml	1	
magnesium sulfate inj 50%	1	
methsuximide	2	
NAYZILAM	3	QL(10 EA per 30 days); PA NSO
oxcarbazepine tabs	1	
oxcarbazepine susp	2	
phenytek	1	
phenytoin sodium extended	1	
phenytoin chew, susp	1	
pregabalin caps, soln	2	
primidone tabs	1	

Drug Name	Drug Tier	Requirements/Limits
roweepra tabs 500mg	1	
rufinamide	2	
SPRITAM	3	
subvenite	1	
subvenite starter kit/blue	1	
subvenite starter kit/green	1	
subvenite starter kit/orange	1	
SYMPAZAN	3	
tiagabine hydrochloride	3	
topiramate er cs24	1	
topiramate cpsp, tabs	1	
valproic acid caps, soln	1	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); PA NSO
vigabatrin	3	NEDS
vigadrone	3	NEDS
vigpoder	3	NEDS
XCOPRI TABS	3	NEDS
XCOPRI TBPK 0	3	
XCOPRI TBPK 0	3	NEDS
ZONISADE	3	
zonisamide caps	1	
ZTALMY	3	PA NSO; NEDS
Antimanic Agents		
lithium	1	
lithium carbonate er	1	
lithium carbonate caps, tabs	1	
Antimigraine Agents		
AIMOVIG	2	QL(1 ML per 30 days); PA
almotriptan	3	
eletriptan hydrobromide	2	
EMGALITY INJ 120MG/ML	2	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	2	QL(3 ML per 30 days); PA
frovatriptan succinate	3	
naratriptan hcl	3	
NURTEC	3	PA
rizatriptan benzoate	1	
rizatriptan benzoate odt	1	
sumatriptan succinate refill inj 6mg/0.5ml	2	
sumatriptan succinate tabs	1	
sumatriptan succinate inj 6mg/0.5ml	2	
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	3	
sumatriptan soln	2	

Drug Name	Drug Tier	Requirements/Limits
UBRELVY	3	PA
zolmitriptan odt	1	
zolmitriptan tabs	3	
zolmitriptan soln 5mg	2	
Antiparkinsonian Agents		
amantadine hcl caps, soln, tabs	1	
benztropine mesylate tabs	1	
bromocriptine mesylate caps, tabs	2	
cabergoline	1	
carbidopa/levodopa	1	
carbidopa/levodopa er	1	
carbidopa/levodopa odt	1	
carbidopa/levodopa/entacapone	2	
carbidopa tabs	1	
EMSAM	3	ST NSO; NEDS
entacapone	1	
GOCOVRI	3	PA
INBRIJA	3	NEDS
KYNMOBI	3	NEDS
NEUPRO	3	QL(30 EA per 30 days)
ONGENTYS	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	3	
rasagiline mesylate tabs	3	
ropinirole er	1	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tabs 0.25mg, 3mg	1	
RYTARY	3	
selegiline hcl caps	1	
selegiline hcl tabs	2	
trihexyphenidyl hcl soln	1	
trihexyphenidyl hydrochloride	1	
Anxiolytics, Sedatives, and Hypnotics		
alprazolam er	1	
alprazolam odt	2	
alprazolam tabs	1	
BELSOMRA	2	
buspirone hcl tabs 15mg	1	
buspirone hydrochloride tabs 10mg, 5mg	1	
buspirone hydrochloride tabs 30mg, 7.5mg	2	
clorazepate dipotassium tabs	3	
DAYVIGO	3	
diazepam intensol	1	
diazepam rectal gel	1	
diazepam soln, tabs	1	

Drug Name	Drug Tier	Requirements/Limits
estazolam	1	
eszopiclone	2	
flurazepam hcl	1	
flurazepam hydrochloride	1	
HETLIOZ LQ	3	PA; NEDS
hydroxyzine hcl inj 25mg/ml	1	
hydroxyzine hcl tabs 50mg	1	
hydroxyzine hydrochloride syrp	1	
hydroxyzine hydrochloride tabs 10mg, 25mg	1	
hydroxyzine pamoate caps	1	
lorazepam intensol	1	
lorazepam tabs	1	
oxazepam	2	
phenobarbital elix 20mg/5ml	1	
phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	1	
ramelteon	2	QL(30 EA per 30 days)
tasimelteon	3	PA; NEDS
temazepam	1	
triazolam	1	
zaleplon	1	
zolpidem tartrate er	3	
zolpidem tartrate tabs	1	
zolpidem tartrate subl	2	
Central Nervous System Agents, Misc		
acamprosate calcium dr	1	
ADDYI	3	EC
atomoxetine hydrochloride caps 10mg, 25mg	3	QL(60 EA per 30 days)
atomoxetine caps 100mg, 80mg	3	QL(30 EA per 30 days)
atomoxetine caps 18mg, 40mg, 60mg	3	QL(60 EA per 30 days)
EXSERVAN	3	NEDS
guanfacine er tb24 2mg	2	QL(90 EA per 90 days)
guanfacine hydrochloride tb24 1mg, 3mg, 4mg	2	QL(90 EA per 90 days)
memantine hcl titration pak	1	
memantine hydrochloride er	2	
memantine hydrochloride tabs	1	
memantine hydrochloride soln	2	
NAMZARIC	2	
NOURIANZ	3	QL(30 EA per 30 days); NEDS
NUEDEXTA	2	PA
RADICAVA ORS	3	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	3	PA; NEDS; SP-Optum Specialty
RELYVRIO	3	QL(60 EA per 30 days); PA; NEDS
riluzole	2	
SODIUM OXYBATE	3	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
Fibromyalgia Agents		
SAVELLA	2	
SAVELLA TITRATION PACK	2	
Opiate Antagonists		
naloxone hcl inj 2mg/2ml, 4mg/10ml	1	
naloxone hydrochloride liqd	2	QL(4 EA per 30 days)
naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml	1	
naltrexone hcl tabs	1	
OPVEE	2	QL(4 EA per 30 days)
VIVITROL	3	NEDS
Psychotherapeutic Agents		
ABILIFY ASIMTUFII	3	NEDS
ABILIFY MAINTENA	3	NEDS
ABILIFY MYCITE	3	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT	3	QL(30 EA per 30 days); PA NSO; NEDS
amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg	1	
amitriptyline hydrochloride tabs 100mg, 10mg, 50mg	1	
amoxapine	1	
APLENZIN TB24 174MG, 348MG	3	ST NSO
APLENZIN TB24 522MG	3	ST NSO; NEDS
aripiprazole	2	
aripiprazole odt	2	
ARISTADA	3	NEDS
ARISTADA INITIO	3	NEDS
asenapine maleate sl	2	ST NSO
AUVELITY	3	
bupropion hcl tabs 100mg	1	
bupropion hydrochloride er (sr)	1	
bupropion hydrochloride er (xl)	1	
bupropion hydrochloride tabs 75mg	1	
CAPLYTA	3	QL(30 EA per 30 days); PA NSO; NEDS
chlordiazepoxide/amitriptyline	1	
chlorpromazine hcl tabs	3	
chlorpromazine hydrochloride conc, tabs	3	
citalopram hydrobromide tabs	1	
citalopram hydrobromide caps, soln	2	
clomipramine hydrochloride	2	
clozapine odt	1	
clozapine tabs 100mg, 200mg, 25mg, 50mg	1	
desipramine hydrochloride	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine er	1	
doxepin hcl caps 75mg	2	
doxepin hcl conc	1	
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	2	
doxepin hydrochloride tabs 3mg, 6mg	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL(90 EA per 30 days)
duloxetine hcl cpep 40mg	3	QL(90 EA per 30 days)
duloxetine hydrochloride cpep 20mg, 60mg	1	QL(60 EA per 30 days)
duloxetine hydrochloride cpep 30mg	1	QL(90 EA per 30 days)
escitalopram oxalate tabs	1	
escitalopram oxalate soln	3	
FANAPT	3	ST NSO
FANAPT TITRATION PACK	3	ST NSO
FETZIMA	3	ST NSO
FETZIMA TITRATION PACK	3	ST NSO
fluoxetine dr	1	
fluoxetine hydrochloride caps	1	
fluoxetine hydrochloride soln	2	
fluoxetine hydrochloride tabs	3	
fluphenazine decanoate inj	2	
fluphenazine hcl conc, inj	1	
fluphenazine hcl tabs 1mg	2	
fluphenazine hydrochloride elix	1	
fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg	2	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
haloperidol decanoate inj	1	
haloperidol lactate	1	
haloperidol conc, tabs	1	
imipramine hcl tabs 25mg, 50mg	1	
imipramine hydrochloride tabs 10mg	1	
imipramine pamoate	3	
INVEGA HAFYERA	3	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NEDS
INVEGA TRINZA	3	NEDS
loxapine	1	
lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg	3	QL(30 EA per 30 days)
lurasidone hydrochloride tabs 80mg	3	QL(60 EA per 30 days)
LYBALVI	3	PA NSO; NEDS
MARPLAN	3	
mirtazapine odt	1	

Drug Name	Drug Tier	Requirements/Limits
mirtazapine tabs	1	
molindone hydrochloride	2	
nefazodone hydrochloride	1	
nortriptyline hcl caps 25mg, 75mg	1	
nortriptyline hcl soln	1	
nortriptyline hydrochloride caps 10mg, 50mg	1	
NUPLAZID CAPS	3	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	3	QL(60 EA per 30 days); PA NSO; NEDS
olanzapine	1	
olanzapine odt	1	
olanzapine/fluoxetine	1	
paliperidone er	3	
paroxetine	1	
paroxetine hcl er	3	
paroxetine hcl tabs 30mg, 40mg	1	
paroxetine hydrochloride susp	2	
paroxetine hydrochloride tabs 10mg, 20mg	1	
perphenazine/amitriptyline	2	
perphenazine tabs	1	
PERSERIS	3	NEDS
phenelzine sulfate tabs	1	
pimozide	3	
prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml	1	
prochlorperazine maleate tabs	1	
prochlorperazine supp 25mg	2	
protriptyline hcl	2	
quetiapine fumarate er	2	
quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg	1	
quetiapine fumarate tabs 25mg, 50mg	1	QL(60 EA per 30 days)
REXULTI	3	NEDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	3	NEDS
risperidone	1	
risperidone er inj 12.5mg	3	
risperidone er inj 25mg, 37.5mg, 50mg	3	NEDS
risperidone odt	1	
SECUADO	3	NEDS
sertraline hcl conc	1	
sertraline hcl tabs 50mg	1	
sertraline hydrochloride tabs 100mg, 25mg	1	
thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg	1	
thiothixene caps 10mg, 1mg, 2mg, 5mg	2	

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Drug Name	Drug Tier	Requirements/Limits
tranylcypromine sulfate	1	
trazodone hydrochloride	1	
trifluoperazine hcl tabs 10mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tabs 1mg	1	
trimipramine maleate caps	1	
TRINTELLIX	3	
venlafaxine besylate er	1	
venlafaxine hcl er tb24 37.5mg	2	
venlafaxine hydrochloride	1	
venlafaxine hydrochloride er cp24	1	
venlafaxine hydrochloride er tb24	2	
VERSACLOZ	3	NEDS
VIIBRYD STARTER PACK	3	
vilazodone hydrochloride	2	
VRAYLAR CPPK	3	
VRAYLAR CAPS	3	NEDS
ziprasidone hcl	1	
ziprasidone mesylate	2	
ZURZUVAE CAPS 30MG	3	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	3	QL(28 EA per 14 days); PA NSO; NEDS
ZYPREXA RELPREVV INJ 210MG	2	
ZYPREXA RELPREVV INJ 300MG, 405MG	3	NEDS
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		
AUSTEDO	3	PA; NEDS; SP-Optum Specialty
INGREZZA	3	PA; NEDS
tetrabenazine	3	PA; NEDS; SP-Optum Specialty
Devices		
Devices		
alcohol prep pads	1	
b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"	1	
bd insulin syringe safetyglide/1ml/29g x 1/2"	1	
bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	1	
bd insulin syringe ultra-fine/1ml/31g x 8mm	1	
bd insulin syringe/u-100/1ml/27g x 1/2"	1	
bd insulin syringe/u-500/0.5ml/31g x 6mm	1	
bd pen needle/original/ultra-fine/29g x 12.7mm	1	
curity gauze pads 2"x2" 12 ply	1	
gauze pads 2"x2"	1	
gnp insulin syringe/0.3ml/30g x 5/16"	1	
gnp insulin syringe/0.5ml/30g x 5/16"	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	
techlite insulin syringe u-100/0.5ml/30g x 1/2"	1	
techlite pen needles 29g x 10mm	1	
trueplus insulin syringe /u-100/1ml/29g x 1/2"	1	
trueplus pen needles 29gx12mm	1	
Electrolytic, Caloric, and Water Balance		
Alkalinizing Agents		
potassium citrate er	1	
Ammonia Detoxicants		
carglumic acid	3	PA; NEDS
constulose	1	
enulose	1	
generlac	1	
KRISTALOSE	2	
lactulose soln	1	
lactulose pack	2	
sodium phenylbutyrate powd, tabs	3	NEDS
Caloric Agents		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	2	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5%	2	PA BvD
CLINIMIX 5%/DEXTROSE 15%	2	PA BvD
CLINIMIX 5%/DEXTROSE 20%	2	PA BvD
CLINIMIX 6/5	2	PA BvD
CLINIMIX 8/10	2	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	2	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	2	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	2	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	2	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	2	PA BvD
CLINIMIX E 8/10	2	PA BvD
CLINISOL SF 15%	2	PA BvD
dextrose 10%	1	
dextrose 5%	1	
dextrose 50%	1	
dextrose 70%	1	
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	PA BvD
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	2	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	2	PA BvD
NUTRILIPID	2	PA BvD
PLENAMINE	2	PA BvD
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	PA BvD
PROSOL	2	PA BvD
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	PA BvD
Diuretics		
amiloride hcl tabs	1	
amiloride/hydrochlorothiazide	1	
bumetanide	1	
chlorthalidone tabs 25mg, 50mg	1	
ethacrynic acid tabs	3	
furosemide inj, oral soln, tabs	1	
hydrochlorothiazide caps, tabs	1	
indapamide	1	
metolazone	1	
torsemide tabs	1	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs	1	
Ion-removing Agents		
AURYXIA	3	PA; NEDS
LOKELMA	2	
sevelamer carbonate tabs	2	
sevelamer carbonate pack	3	
sevelamer hydrochloride	3	
sodium polystyrene sulfonate powd	1	
sps	1	
VELPHORO	3	NEDS
VELTASSA	2	
Irrigating Solutions		
acetic acid 0.25%	1	
sodium chloride 0.9%	2	
sterile water for irrigation	1	
Replacement Preparations		
calcium acetate caps	1	
calcium acetate tabs 667mg	1	
dextrose 10%/sodium chloride 0.2%	1	
dextrose 10%/sodium chloride 0.45%	1	
dextrose 2.5%/sodium chloride 0.45%	1	
dextrose 5%/sodium chloride 0.2%	1	
dextrose 5%/sodium chloride 0.3%	1	
dextrose 5%/sodium chloride 0.33%	1	
dextrose 5%/sodium chloride 0.45%	1	
dextrose 5%/sodium chloride 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
dextrose/sodium chloride	1	
effer-k tbef 25meq	1	
k-prime	1	
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.2%	1	
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	1	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	1	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	1	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	1	
potassium chloride er	1	
potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	1	
potassium chloride pack, oral soln	1	
potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	1	
sodium chloride 0.45%	1	
sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%	1	
Uricosuric Agents		
probenecid/colchicine	1	
probenecid tabs	1	
Enzymes		
Enzymes		
REVCOVI	3	NEDS
SUCRAID	3	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	3	
bacitracin	3	
bacitracin/polymyxin b	1	
BESIVANCE	3	
chlorhexidine gluconate	1	
ciprofloxacin hydrochloride soln 0.3%	1	
ciprofloxacin soln 0.2%	1	
erythromycin oint 5mg/gm	1	

Drug Name	Drug Tier	Requirements/Limits
gatifloxacin	3	
gentak oint	1	
gentamicin sulfate ophthalmic soln 0.3%	1	
levofloxacin ophthalmic soln 0.5%, 1.5%	2	
moxifloxacin hydrochloride soln 0.5%	1	
NATACYN	3	
neo-polycin	1	
neomycin/bacitracin/polymyxin	1	
neomycin/polymyxin/gramicidin	1	
ofloxacin ophthalmic soln 0.3%	1	
ofloxacin otic soln 0.3%	2	
periogard	1	
polycin	1	
polymyxin b sulfate/trimethoprim sulfate	1	
sulfacetamide sodium oint 10%	1	
sulfacetamide sodium soln 10%	1	
tobramycin soln 0.3%	1	
trifluridine soln	1	
XDEMVY	3	PA; NEDS
ZIRGAN	3	
Anti-inflammatory Agents		
ALREX	2	
bromfenac	2	
bromfenac sodium soln 0.07%	2	
bromfenac sodium soln 0.075%	3	
BROMSITE	3	
ciprofloxacin/dexamethasone	2	
CORTISPORIN-TC	3	
cyclosporine emul 0.05%	2	
dexamethasone sodium phosphate ophthalmic soln 0.1%	1	
diclofenac sodium ophthalmic soln 0.1%	1	
difluprednate	2	
flac	1	
FLAREX	2	
flunisolide soln 0.025%	2	QL(150 ML per 90 days)
fluocinolone acetonide oil 0.01%	1	
fluorometholone susp	1	
flurbiprofen sodium	1	
fluticasone propionate susp 50mcg/act	1	QL(48 GM per 90 days)
FML	2	
FML FORTE	3	
hydrocortisone/acetic acid	1	
ILEVRO	2	
INVELTYS	3	
ketorolac tromethamine	1	

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OINT	3	
loteprednol etabonate	2	
MAXIDEX SUSP	3	
mometasone furoate susp 50mcg/act	2	QL(102 GM per 90 days)
neo-polycin hc	1	
neomycin/polymyxin/bacitracin/hydrocortisone	1	
neomycin/polymyxin/dexamethasone	1	
neomycin/polymyxin/hc	1	
neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp	1	
PRED MILD	2	
prednisolone acetate	2	
prednisolone sodium phosphate ophthalmic soln 1%	1	
PROLENSA	2	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
sulfacetamide sodium/prednisolone sodium phosphate	1	
TOBRADEX ST	2	
TOBRADEX OINT	2	
tobramycin/dexamethasone	2	
ZYLET	2	
Antiallergic Agents		
ALOCRIL	3	
ALOMIDE	3	
azelastine hcl ophthalmic soln	1	
azelastine hcl nasal soln 0.15%	1	QL(120 ML per 90 days)
azelastine hydrochloride soln 0.1%	1	QL(120 ML per 90 days)
bepotastine besilate	2	
cromolyn sodium soln 4%	1	
epinastine hcl	3	
olopatadine hcl ophthalmic soln	2	
olopatadine hcl nasal soln	2	QL(91.5 GM per 90 days)
olopatadine hydrochloride soln 0.2%	2	
Antiglaucoma Agents		
acetazolamide er	2	
acetazolamide tabs	1	
ALPHAGAN P SOLN 0.1%	2	
betaxolol hcl soln 0.5%	2	
BETIMOL	3	
BETOPTIC-S	2	
bimatoprost soln	1	
brimonidine tartrate/timolol maleate	2	
brimonidine tartrate soln 0.2%	1	
brimonidine tartrate soln 0.1%	2	
brimonidine tartrate soln 0.15%	3	

Drug Name	Drug Tier	Requirements/Limits
brinzolamide	2	
carteolol hcl	1	
dorzolamide hcl/timolol maleate	1	
dorzolamide hydrochloride/timolol maleate pf	3	
dorzolamide hydrochloride soln	1	
latanoprost soln	1	
levobunolol hcl soln 0.5%	1	
LUMIGAN	2	
methazolamide tabs	3	
PHOSPHOLINE IODIDE SOLR 0.125%	2	
pilocarpine hcl soln 1%, 2%, 4%	1	
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	
tafluprost	2	
timolol maleate ophthalmic gel forming	2	
timolol maleate soln 0.25%, 0.5%	1	
timolol maleate soln 0.25%, 0.5%	2	
travoprost	2	
VYZULTA	2	
EENT Drugs, Miscellaneous		
acetic acid	1	
apraclonidine	2	
CYSTARAN	2	
OXERVATE	3	PA; NEDS
Local Anesthetics		
lidocaine hydrochloride viscous	1	
lidocaine viscous	1	
Mydriatics		
atropine sulfate soln 1%	1	
cyclopentolate hcl soln 2%	1	
cyclopentolate hydrochloride soln	1	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
alosetron hydrochloride	3	NEDS
balsalazide disodium	2	
mesalamine dr	3	
mesalamine er	3	
mesalamine enem, kit, supp	3	
Antidiarrhea Agents		
loperamide hcl caps	1	
opium	1	
opium tincture tinc 1%	1	
XERMELO	3	PA; NEDS; SP-Optum Specialty
Antiemetics		

Drug Name	Drug Tier	Requirements/Limits
aprepitant caps 0, 40mg, 80mg	2	PA BvD
aprepitant caps 125mg	3	PA BvD; NEDS
dronabinol	3	PA BvD
granisetron hydrochloride tabs	2	PA BvD
meclizine hcl tabs	1	
ondansetron hcl soln	1	PA BvD
ondansetron hcl tabs 24mg	1	PA BvD
ondansetron hydrochloride tabs	1	PA BvD
ondansetron odt	1	PA BvD
scopolamine	2	
Antiulcer Agents and Acid Suppressants		
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo	1	
cimetidine tabs	2	
DEXLANSOPRAZOLE	2	
esomeprazole magnesium cpdr	2	
esomeprazole magnesium pack	3	
famotidine susr	3	
famotidine tabs 20mg, 40mg	1	
lansoprazole/amoxicillin/clarithromycin thpk	2	
lansoprazole cpdr	1	
lansoprazole tbdd	3	
misoprostol tabs	1	
nizatidine soln	1	
omeprazole dr cpdr 10mg	1	
omeprazole/sodium bicarbonate caps	3	
omeprazole/sodium bicarbonate pack	3	NEDS
omeprazole cpdr 20mg, 40mg	1	
pantoprazole sodium tbec	1	
pantoprazole sodium pack	3	
PYLERA	2	
rabeprazole sodium	2	
sucralfate tabs	1	
sucralfate susp	2	
Cathartics and Laxatives		
CLENPIQ	2	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
OSMOPREP	3	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbate	2	
peg-3350/nacl/na bicarbonate/kcl	1	
peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic	2	
sodium sulfate/potassium sulfate/magnesium sulfate	2	
Cholelitholytic Agents		

Drug Name	Drug Tier	Requirements/Limits
ursodiol caps 300mg	2	
ursodiol caps 200mg	3	
ursodiol tabs	3	
Digestants		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
GI Drugs, Miscellaneous		
BYLVAY	3	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	3	PA; NEDS; SP-Optum Specialty
CHOLBAM	3	PA; NEDS
GATTEX	3	PA; NEDS
LINZESS	2	
LIVMARLI	3	PA; NEDS
lubiprostone	2	
MOVANTIK	2	
RELISTOR	3	NEDS
SKYRIZI INJ 600MG/10ML	3	PA; NEDS
SKYRIZI INJ 180MG/1.2ML	3	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	3	QL(2.4 ML per 28 days); PA; NEDS
XENICAL	3	EC
Prokinetic Agents		
metoclopramide hcl inj, oral soln	1	
metoclopramide hcl tabs 5mg	1	
metoclopramide hydrochloride tabs 10mg	1	
metoclopramide odt	1	
Gold Compounds		
Gold Compounds		
RIDAURA	3	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	3	
deferasirox pack	3	NEDS; SP-Optum Specialty
deferasirox tabs 90mg	2	SP-Optum Specialty
deferasirox tabs 180mg, 360mg	3	NEDS; SP-Optum Specialty
deferasirox tbso 125mg	2	SP-Optum Specialty

Drug Name	Drug Tier	Requirements/Limits
deferasirox tbso 250mg, 500mg	3	NEDS; SP-Optum Specialty
deferiprone	3	NEDS
penicillamine tabs	2	
penicillamine caps	3	NEDS
trientine hydrochloride	3	NEDS
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	2	QL(180 EA per 90 days)
BREYNA	2	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	2	QL(32.1 GM per 90 days)
budesonide er	3	NEDS
budesonide/formoterol fumarate dihydrate	2	QL(30.6 GM per 90 days)
budesonide cpep 3mg	2	
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	PA BvD
DEPO-MEDROL	2	
dexamethasone 10-day dose pack	1	
dexamethasone 13-day dose pack	1	
dexamethasone 6-day dose pack	1	
dexamethasone intensol	1	
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	1	
dexamethasone elix, soln	1	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(720 EA per 90 days); ST
fludrocortisone acetate tabs	1	
fluticasone propionate diskus aepb 100mcg/act, 50mcg/act	3	QL(180 EA per 90 days); ST
fluticasone propionate diskus aepb 250mcg/act	3	QL(720 EA per 90 days); ST
fluticasone propionate hfa aero 44mcg/act	3	QL(63.6 GM per 90 days); ST
fluticasone propionate hfa aero 110mcg/act, 220mcg/act	3	QL(72 GM per 90 days); ST
hydrocortisone tabs 10mg, 20mg, 5mg	1	
INTRAROSA	3	
kenalog-10	1	
MEDROL TABS 2MG	3	
methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml	1	
methylprednisolone dose pack tbpk	1	
methylprednisolone tabs	1	
MILLIPRED TABS	3	
prednisolone sodium phosphate odt	2	
prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	
prednisolone soln, tabs	1	
prednisone soln, tbpk	1	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER	2	QL(63.6 GM per 90 days)
SOLU-CORTEF INJ 100MG	3	
TRELEGY ELLIPTA	2	QL(180 EA per 90 days)
triamcinolone acetonide inj 40mg/ml	1	
Androgens		
AVEED	3	
danazol caps	3	
testosterone cypionate inj 100mg/ml, 200mg/ml	1	
testosterone enanthate inj	1	
testosterone pump	2	
testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	2	
testosterone soln	3	
XYOSTED	3	
Antidiabetic Agents		
acarbose tabs	1	
BYDUREON BCISE	2	PA
BYETTA	3	PA
CYCLOSET	2	
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide/metformin hydrochloride	1	
glipizide tabs 10mg, 5mg	1	
glyburide micronized	1	
glyburide/metformin hydrochloride	1	
glyburide tabs 1.25mg, 2.5mg, 5mg	1	
GLYXAMBI	2	
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KORLYM	3	QL(120 EA per 30 days); PA; NEDS
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
metformin hydrochloride er tb24 500mg, 750mg	1	
metformin hydrochloride soln	1	
metformin hydrochloride tabs 1000mg, 500mg, 850mg	1	
mifepristone	3	QL(120 EA per 30 days); PA; NEDS
miglitol	1	
MOUNJARO	2	PA
nateglinide	1	
OZEMPIC	2	PA
pioglitazone hcl-glimepiride	1	
pioglitazone hcl/metformin hcl	1	
pioglitazone hcl tabs 45mg	1	
pioglitazone hydrochloride tabs 15mg, 30mg	1	
repaglinide	1	
RYBELSUS	2	PA
SAXENDA	3	EC
SYMLINPEN 120	2	
SYMLINPEN 60	2	
SYNJARDY	2	
SYNJARDY XR	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRADJENTA	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
TRULICITY	2	PA
VICTOZA	2	PA
WEGOVY	3	EC
XIGDUO XR	2	
Antihypoglycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide susp	2	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
Contraceptives		
amethia	1	
apri	1	
ashlyna	1	
aviane	1	
balziva	1	
briellyn	1	
camila	1	
deblitane	1	
desogestrel/ethinyl estradiol tabs 0; 0	1	
drospirenone/ethinyl estradiol tabs 3mg; 0.03mg	1	
eluryng	2	
enilloring	2	
errin	1	
etonogestrel/ethinyl estradiol	2	
falmina	1	
finzala	1	
haloette	2	
heather	1	
iclevia	1	
introvale	1	
joyeaux	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kariva	1	
kelnor 1/35	1	
larin 1.5/30	1	
larin 1/20	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonest	1	
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	1	
levonorgestrel/ethinyl estradiol	1	
levora 0.15/30-28	1	
LO LOESTRIN FE	3	
marlissa	1	
mibelas 24 fe	1	

Drug Name	Drug Tier	Requirements/Limits
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
necon 0.5/35-28	1	
nikki	1	
norelgestromin/ethinyl estradiol	1	
norethindrone & ethinyl estradiol ferrous fumarate	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35	1	
nortrel 7/7/7	1	
portia-28	1	
sharobel	1	
tarina fe 1/20 eq	1	
taysofy	1	
tri-sprintec	1	
trivora-28	1	
turqoz	1	
tyblume	1	
velivet	1	
vyfemla	1	
xulane	1	
zafemy	1	
zovia 1/35	1	
Estrogens and Antiestrogens		
amabelz	1	
anastrozole	1	
COMBIPATCH	3	
DEPO-ESTRADIOL	2	
dotti	2	
ELESTRIN	3	
estradiol valerate	1	
estradiol/norethindrone acetate	1	
estradiol oral tabs	1	
estradiol crea, gel, pttw, ptwk, vaginal tabs	2	
ESTRING	2	
EVAMIST	3	
exemestane	2	
FEMRING	2	
fyavolv	2	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
jinteli	1	

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 200 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
letrozole	1	
MENEST	3	
MENOSTAR	3	
mimvey	1	
norethindrone acetate/ethinyl estradiol	1	
OSPHENA	3	
PREMARIN CREA	2	
PREMARIN TABS	3	
PREMPHASE	3	
PREMPRO	3	
raloxifene hydrochloride	1	
SOLTAMOX	2	
tamoxifen citrate	1	
toremifene citrate	2	
yuvafem	2	
Gonadotropins and Antigonadotropins		
ELIGARD	2	
FIRMAGON INJ 80MG	2	
FIRMAGON INJ 120MG/VIAL	3	NEDS
leuprolide acetate inj 1mg/0.2ml	1	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	3	NEDS
LUPRON DEPOT (3-MONTH)	3	NEDS
LUPRON DEPOT (4-MONTH)	3	NEDS
LUPRON DEPOT (6-MONTH)	3	NEDS
MYFEMBREE	3	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	3	PA NSO; NEDS
ORILISSA TABS 150MG	3	QL(30 EA per 30 days); PA; NEDS
ORILISSA TABS 200MG	3	QL(60 EA per 30 days); PA; NEDS
SYNAREL	3	NEDS
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	3	
TRELSTAR MIXJECT INJ 11.25MG	3	NEDS
Parathyroid and Antiparathyroid Agents		
CALCITONIN SALMON INJ	2	
calcitonin-salmon soln	1	
cinacalcet hydrochloride tabs 30mg, 60mg	3	
cinacalcet hydrochloride tabs 90mg	3	NEDS
FORTEO INJ 600MCG/2.4ML	3	PA; NEDS
NATPARA	3	QL(2 EA per 28 days); PA; NEDS
teriparatide	3	PA; NEDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
TYMLOS	3	PA; NEDS
Pituitary		
CORTROPHIN	3	PA; NEDS; SP-Optum Specialty
desmopressin acetate tabs	1	
desmopressin acetate soln 0.01%	1	
Progestins		
DEPO-SUBQ PROVERA 104	2	
medroxyprogesterone acetate inj, tabs	1	
megestrol acetate tabs	1	
megestrol acetate susp 40mg/ml	1	
megestrol acetate susp 625mg/5ml	3	
norethindrone acetate tabs	1	
progesterone caps	1	
Somatostatin Agonists and Antagonists		
lanreotide acetate	3	NEDS
octreotide acetate inj 100mcg/ml, 50mcg/ml	1	
octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml	1	SP-Optum Specialty
SIGNIFOR	3	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	3	NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	3	PA; NEDS; SP-Optum Specialty
genotropin miniquick inj 1.8mg	3	PA; NEDS; SP-Optum Specialty
INCRELEX	3	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	3	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	3	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	3	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	3	PA; NEDS; SP-Optum Specialty
OMNITROPE	3	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	3	PA; NEDS; SP-Optum Specialty
SOMAVERT	3	PA; NEDS; SP-Optum Specialty
ZORBTIVE	3	PA; NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
ARMOUR THYROID	3	
euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t	1	
levothyroxine sodium tabs	1	
levothyroxine sodium caps	2	

Drug Name	Drug Tier	Requirements/Limits
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
liothyronine sodium tabs	1	
methimazole tabs 10mg, 5mg	1	
NIVA THYROID	3	
np thyroid 120	1	
np thyroid 15	1	
np thyroid 30	1	
np thyroid 60	1	
np thyroid 90	1	
propylthiouracil tabs	1	
SYNTHROID TABS	3	
THYQUIDITY	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
TIROSINT-SOL	3	
unithroid	1	
Local Anesthetics		
Local Anesthetics		
lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%	1	
lidocaine hydrochloride inj 1%, 2%	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
dutasteride/tamsulosin hydrochloride	2	
dutasteride caps	1	
finasteride tabs	1	
Alcohol Deterrents		
disulfiram tabs	1	
Antidotes		
acetylcysteine soln	1	PA BvD
leucovorin calcium tabs	1	
Antigout Agents		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs	1	
colchicine caps	2	
febuxostat	2	ST
GLOPERBA	3	
Antisense Oligonucleotides		
TEGSEDI	3	QL(6 ML per 30 days); PA; NEDS
Bone Anabolic Agents		
EVENITY	3	PA; NEDS
Bone Resorption Inhibitors		
alendronate sodium soln	2	
alendronate sodium tabs 10mg, 35mg, 70mg	1	
ibandronate sodium	1	
PROLIA	3	PA

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Drug Name	Drug Tier	Requirements/Limits
risedronate sodium	2	
risedronate sodium dr	2	
XGEVA	3	PA; NEDS
zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml	1	
Carbonic Anhydrase Inhibitors		
dichlorphenamide	3	PA; NEDS
Cariostatic Agents		
sf 5000 plus	1	
sodium fluoride 1.1	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm crea	1	
Disease-modifying Antirheumatic Drugs		
COSENTYX SENSOREADY PEN	3	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	3	PA; NEDS
COSENTYX INJ 125MG/5ML	3	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	3	PA; NEDS; SP-Optum Specialty
ENBREL MINI	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	3	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	3	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
KINERET	3	QL(20.1 ML per 28 days); PA; NEDS
leflunomide tabs	1	
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	3	QL(4 ML per 28 days); PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPK	3	QL(110 EA per 365 days); PA; NEDS
OTEZLA TABS	3	QL(60 EA per 30 days); PA; NEDS
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	3	
RINVOQ	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	3	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
Immunomodulatory Agents		
ACTIMMUNE	3	NEDS; SP-Optum Specialty
AUBAGIO	3	NEDS; SP-Optum Specialty
AVONEX PEN	3	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	3	NEDS; SP-Optum Specialty
BAFIERTAM	3	NEDS; SP-Optum Specialty
BETASERON	3	NEDS; SP-Optum Specialty
COPAXONE	3	NEDS; SP-Optum Specialty
dimethyl fumarate starterpack	3	NEDS; SP-Optum Specialty
dimethyl fumarate cpdr	3	NEDS; SP-Optum Specialty
EXTAVIA	3	NEDS; SP-Optum Specialty
fingolimod hydrochloride	3	NEDS
KESIMPTA	3	PA; NEDS; SP-Optum Specialty
MAYZENT	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	SP-Optum Specialty
PLEGRIDY	3	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	3	NEDS; SP-Optum Specialty
REBIF	3	NEDS; SP-Optum Specialty
REBIF REBIDOSE	3	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	3	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	3	NEDS; SP-Optum Specialty
teriflunomide	3	
THALOMID	3	NEDS; SP-Optum Specialty
VUMERITY	3	NEDS; SP-Optum Specialty
ZEPOSIA	3	NEDS
ZEPOSIA 7-DAY STARTER PACK	3	NEDS
ZEPOSIA STARTER KIT	3	NEDS
Immunosuppressive Agents		
azathioprine tabs 50mg	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
azathioprine tabs 100mg, 75mg	2	PA BvD
BENLYSTA INJ 200MG/ML	3	PA; NEDS; SP-Optum Specialty
cyclosporine modified soln	1	PA BvD
cyclosporine modified caps	2	PA BvD
cyclosporine caps 100mg, 25mg	3	PA BvD
ENVARSUS XR	3	PA BvD
everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg	3	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	1	PA BvD
gengraf caps 100mg, 25mg	2	PA BvD
mycophenolate mofetil caps, tabs	1	PA BvD
mycophenolate mofetil susr	3	PA BvD; NEDS
mycophenolic acid dr	3	PA BvD
NULOJIX	3	NEDS
PROGRAF PACK	3	PA BvD
sirolimus soln, tabs	2	PA BvD
tacrolimus caps 0.5mg, 1mg, 5mg	1	PA BvD
Kallikrein-Kinin System Inhibitors		
BERINERT	3	PA; NEDS
CINRYZE	3	PA; NEDS
HAEGARDA	3	PA; NEDS; SP-Optum Specialty
icatibant acetate	3	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	3	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	3	PA; NEDS
Other Miscellaneous Therapeutic Agents		
ARCALYST	3	PA; NEDS
betaine anhydrous	3	NEDS
CERDELGA	3	PA; NEDS; SP-Optum Specialty
CYSTAGON	3	
dalfampridine er	2	SP-Optum Specialty
ELMIRON	3	
ENDARI	3	NEDS
EVRYSDI	3	PA; NEDS
FIRDAPSE	3	PA; NEDS
GALAFOLD	3	PA; NEDS
levocarnitine tabs	2	
metyrosine	3	NEDS
miglustat	3	PA; NEDS; SP-Optum Specialty
nitisinone caps 20mg	3	PA; NEDS
nitisinone caps 10mg, 2mg, 5mg	3	PA; NEDS; SP-Optum Specialty
ORFADIN SUSP	3	PA; NEDS
ORFADIN CAPS 20MG	3	PA; NEDS
REZUROCK	3	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride	3	PA; NEDS; SP-Optum Specialty
THIOLA EC	3	NEDS
tiopronin tbec	3	NEDS
TYBOST	2	
VIJOICE TBPK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPK 0	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
VOXZOGO	3	PA; NEDS; SP-Optum Specialty
VYNDAMAX	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
VYNDAQEL	3	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
YARGESA	3	PA; NEDS
Protective Agents		
MESNEX TABS	3	NEDS
Respiratory Tract Agents		
Anti-inflammatory Agents		
cromolyn sodium conc 100mg/5ml	3	
cromolyn sodium nebu 20mg/2ml	3	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	3	PA; NEDS; SP-Optum Specialty
FASENRA	3	PA; NEDS
FASENRA PEN	3	PA; NEDS; SP-Optum Specialty
montelukast sodium chew, pack, tabs	1	
NUCALA INJ 100MG, 40MG/0.4ML	3	PA; NEDS
NUCALA INJ 100MG/ML	3	PA; NEDS; SP-Optum Specialty
zafirlukast	2	
zileuton er	3	NEDS
Antifibrotic Agents		
ESBRIET CAPS	3	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	3	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	3	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
pirfenidone caps	3	QL(270 EA per 30 days); PA; NEDS
pirfenidone tabs 534mg	3	QL(135 EA per 30 days); PA; NEDS
pirfenidone tabs 267mg	3	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
pirfenidone tabs 801mg	3	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Antitussives		
benzonatate	2	EC

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate/homatropine methylbromide soln, tabs	2	EC
promethazine dm	2	EC
promethazine vc/codeine	2	EC
promethazine/codeine syrp	2	EC
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO TABS	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	3	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	3	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	3	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	3	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	3	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPK	3	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
Mucolytic Agents		
PULMOZYME	3	PA BvD; NEDS; SP-Optum Specialty
Phosphodiesterase Type 4 Inhibitors		
roflumilast	2	
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	3	NEDS
PROLASTIN-C	3	PA; NEDS
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	3	PA; NEDS
XOLAIR INJ 150MG/ML	3	PA; NEDS; SP-Optum Specialty
Vasodilating Agents		
ADEMPAS	3	PA; NEDS
ambrisentan	3	PA; NEDS; SP-Optum Specialty
bosentan	3	PA; NEDS; SP-Optum Specialty
OPSUMIT	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	3	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	3	PA
ORENITRAM TBCR 5MG	3	PA; NEDS
TRACLEER TBSO	3	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	3	PA; NEDS
UPTRAVI TABS	3	PA; NEDS
VENTAVIS	3	PA; NEDS

Drug Name	Drug Tier	Requirements/Limits
Skin and Mucous Membrane Agents		
Anti-infectives		
klayesta	1	
naftifine hydrochloride gel 1%	2	
Anti-inflammatory Agents		
CORTIFOAM FOAM	3	
fluocinolone acetonide topical	3	
kourzeq	1	
Antipruritics and Local Anesthetics		
glydo	1	QL(100 ML per 30 days)
lidocaine hcl jelly	1	QL(100 ML per 30 days)
lidocaine hcl prsy 2%	1	QL(100 ML per 30 days)
lidocaine hydrochloride prsy 2%	1	QL(100 ML per 30 days)
PROCTOFOAM HC	3	
Cell Stimulants and Proliferants		
RETIN-A MICRO GEL 0.06%	3	PA
tretinoin microsphere gel 0.08%	2	PA
Skin and Mucous Membrane Agents, Misc		
nitroglycerin oint 0.4%	3	QL(30 GM per 30 days)
podofilox gel 0.5%	3	
Skin and Mucous Membrane Preparations		
Anti-infectives		
acyclovir crea 5%	2	
ciclopirox nail lacquer	2	
ciclopirox olamine	1	
ciclopirox gel, susp	1	
ciclopirox sham	3	
CLEOCIN	3	
clindacin	3	
clindacin etz pledgets	1	
clindacin-p	1	
clindamycin phosphate/benzoyl peroxide	3	
clindamycin phosphate crea 2%	1	
clindamycin phosphate foam 1%	3	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotn 1%	3	
clindamycin phosphate external soln 1%	1	
clindamycin phosphate swab 1%	1	
clindamycin/benzoyl peroxide	3	
clotrimazole/betamethasone dipropionate crea	2	
clotrimazole/betamethasone dipropionate lotn	3	
clotrimazole soln, troc	1	
clotrimazole crea	2	
econazole nitrate	2	
ery	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin/benzoyl peroxide	3	
erythromycin gel 2%	1	
erythromycin soln 2%	1	
gentamicin sulfate crea 0.1%	2	
gentamicin sulfate oint 0.1%	2	
GYNAZOLE-1	3	
ivermectin crea 1%	3	
ketoconazole crea 2%	2	QL(120 GM per 30 days)
ketoconazole foam 2%	3	
ketoconazole sham 2%	1	
KETODAN	3	
malathion	3	
MENTAX	3	
metronidazole vaginal	2	
metronidazole crea 0.75%	1	
metronidazole gel 0.75%, 1%	1	
metronidazole lotn 0.75%	3	
miconazole 3	1	
mupirocin oint	1	QL(44 GM per 30 days)
mupirocin crea	2	QL(180 GM per 30 days)
naftifine hcl	2	
naftifine hydrochloride crea 2%	2	
NEUAC	3	
NUVESSA	3	
nyamyc	1	
nystatin crea 100000unit/gm	1	
nystatin oint 100000unit/gm	1	
nystatin powd 100000unit/gm	1	
nystop	1	
oxiconazole nitrate	3	QL(90 GM per 30 days)
penciclovir	3	
permethrin	2	
rosadan	1	
selenium sulfide	1	
silver sulfadiazine	1	
ssd	1	
sulfacetamide sodium lotn 10%	2	
SULFAMYLON	3	
terconazole crea	1	
terconazole supp	2	
Anti-inflammatory Agents		
ala-cort	1	
alclometasone dipropionate oint	1	
alclometasone dipropionate crea	3	
amcinonide lotn	1	

Drug Name	Drug Tier	Requirements/Limits
amcinonide crea	3	
betamethasone dipropionate augmented crea, oint	1	
betamethasone dipropionate augmented gel, lotn	3	
betamethasone dipropionate lotn	1	
betamethasone dipropionate crea, oint	3	
betamethasone valerate crea, lotn, oint	1	
betamethasone valerate foam	3	
budesonide foam 2mg	2	
calcipotriene/betamethasone dipropionate oint	3	
calcipotriene/betamethasone dipropionate susp	3	NEDS
clobetasol propionate e	2	QL(240 GM per 30 days)
clobetasol propionate emollient	3	QL(200 GM per 30 days)
clobetasol propionate soln	2	QL(200 ML per 30 days)
clobetasol propionate gel, oint	2	QL(240 GM per 30 days)
clobetasol propionate foam	3	QL(200 GM per 30 days)
clobetasol propionate lotn, sham	3	QL(236 ML per 30 days)
clobetasol propionate crea	3	QL(240 GM per 30 days)
clobetasol propionate liqd	3	QL(250 ML per 30 days)
clocortolone pivalate	3	
clodan	2	QL(236 ML per 30 days)
CORDRAN	3	
desonide	3	
desoximetasone	3	
DESRX	3	
diclofenac sodium gel 3%	2	QL(200 GM per 30 days)
diclofenac sodium gel 1%	2	QL(960 GM per 30 days)
diclofenac sodium external soln 1.5%	3	QL(300 ML per 30 days)
diflorasone diacetate	3	
EUCRISA	3	PA
fluocinolone acetonide body	3	
fluocinolone acetonide scalp	2	
fluocinolone acetonide crea 0.01%, 0.025%	2	
fluocinolone acetonide oint 0.025%	2	
fluocinolone acetonide soln 0.01%	3	
fluocinonide emulsified base	3	
fluocinonide crea	2	
fluocinonide gel, oint, soln	3	
fluticasone propionate crea 0.05%	1	
fluticasone propionate lotn 0.05%	3	
fluticasone propionate oint 0.005%	1	
halcinonide	2	
halobetasol propionate	3	
hydrocortisone butyrate lotn	1	
hydrocortisone butyrate crea, oint, soln	3	
hydrocortisone valerate	3	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone crea 1%, 2.5%	1	
hydrocortisone enem 100mg/60ml	3	
hydrocortisone lotn 2.5%	1	
hydrocortisone oint 1%, 2.5%	1	
mometasone furoate crea 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate soln 0.1%	1	
nystatin/triamcinolone crea	1	
nystatin/triamcinolone oint	2	
oralone dental paste	1	
prednicarbate	1	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
TOVET	3	QL(200 GM per 30 days)
triamcinolone acetonide dental paste	1	
triamcinolone acetonide aers 0.147mg/gm	3	
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotn 0.025%, 0.1%	1	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide oint 0.05%	2	
TRIANEX	2	
triderm	1	
TRITOCIN	2	
UCERIS	3	
Antipruritics and Local Anesthetics		
doxepin hydrochloride crea 5%	3	QL(90 GM per 30 days)
hydrocortisone acetate/pramoxine	1	
lidocaine hydrochloride external soln 4%	1	QL(100 ML per 30 days)
lidocaine/prilocaine	2	QL(60 GM per 30 days)
lidocaine oint	2	QL(100 GM per 30 days)
lidocaine ptch	2	QL(90 EA per 30 days); PA
premium lidocaine	2	QL(100 GM per 30 days)
Cell Stimulants and Proliferants		
avita	1	PA
RETIN-A MICRO PUMP	3	PA
tretinoin microsphere gel 0.04%, 0.1%	3	PA
tretinoin crea 0.025%, 0.05%, 0.1%	1	PA
tretinoin gel 0.01%, 0.025%, 0.05%	3	PA
Emollients, Demulcents, and Protectants		
ammonium lactate lotn	1	
ammonium lactate crea	2	
Skin and Mucous Membrane Agents, Misc		
accutane	3	

Drug Name	Drug Tier	Requirements/Limits
acitretin	3	
adapalene	3	PA
amnesteem	1	
azelaic acid	2	
AZELEX	3	
bexarotene gel 1%	3	PA NSO; NEDS
calcipotriene crea	2	QL(120 GM per 30 days)
calcipotriene oint	3	QL(120 GM per 30 days)
calcipotriene soln	3	QL(120 ML per 30 days)
calcitriol oint 3mcg/gm	2	
claravis	3	
CONDYLOX	3	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	3	PA; NEDS; SP-Optum Specialty
fluorouracil crea	1	
fluorouracil soln	3	
HYFTOR	3	PA; NEDS
imiquimod pump	3	
imiquimod crea 5%	2	
imiquimod crea 3.75%	3	
isotretinoin	3	
KLISYRI	3	PA; NEDS
MYORISAN	3	
PANRETIN	3	NEDS
pimecrolimus	2	
podofilox soln 0.5%	1	
RECTIV	3	QL(30 GM per 30 days)
REGRANEX	2	
SANTYL	2	
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	3	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	3	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
tacrolimus oint 0.03%, 0.1%	2	
tazarotene crea, gel	2	PA
tazarotene foam	3	PA
TAZORAC	3	PA
VALCHLOR	3	NEDS; SP-Optum Specialty
WINLEVI	3	PA
ZENATANE	3	
Smooth Muscle Relaxants		

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Smooth Muscle Relaxants		
darifenacin hydrobromide er	3	
fesoterodine fumarate er	3	
flavoxate hcl	1	
GEMTESA	3	
MYRBETRIQ	2	
oxybutynin chloride er	1	
oxybutynin chloride soln	1	
oxybutynin chloride tabs 5mg	1	
oxybutynin chloride tabs 2.5mg	2	
solifenacin succinate	2	
tolterodine tartrate	2	
tolterodine tartrate er	2	
trospium chloride	2	
trospium chloride er	3	
Respiratory Smooth Muscle Relaxants		
elixophyllin	1	
theophylline er tb24	1	
theophylline er tb12 300mg, 450mg	1	
theophylline elix	1	
Vitamins		
Multivitamin Preparations		
prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	1	
Vitamin B Complex		
cyanocobalamin inj 1000mcg/ml	2	EC
folic acid inj	2	EC
folic acid tabs 1mg	2	EC
NASCOBAL SOLN	3	EC
niacin tabs 500mg	1	
niacor	1	
Vitamin D		
calcitriol caps 0.25mcg, 0.5mcg	1	
calcitriol soln 1mcg/ml	1	
doxercalciferol caps	3	
paricalcitol caps	1	
RAYALDEE	3	
vitamin d caps 50000unit	2	EC
Vitamin K Activity		
phytonadione tabs	2	EC

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TUFTS Health Plan

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Form Approved
OMB# 0938-1421

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-701-9000. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-701-9000. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-701-9000。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-701-9000。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-701-9000. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-701-9000 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-701-9000. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-701-9000 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-701-9000. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-701-9000**. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية بمساعدتك.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-701-9000 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-701-9000. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-701-9000. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-701-9000. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-701-9000. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-701-9000 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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This formulary was updated on 05/01/2024. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

TUFTS Health Plan
1 Wellness Way
Canton, MA 02021

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