

2021 Formulary

(List of covered drugs)

Senior Whole Health Senior Care Options
(SCO)



We have made no changes to this formulary since 10/1/2021. For more recent information or other questions, please contact Senior Whole Health at 1-888-794-7268 (TTY 711) 8 a.m. to 8 p.m., 7 days a week, or visit www.seniorwholehealthMA.com.

Senior Whole Health

Senior Care Options (SCO)

2021 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Senior Whole Health. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Senior Whole Health.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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

This formulary includes a list of the drugs covered by our plan which is current as of 10/1/2021, formulary version 17. For an updated formulary, please contact us. Our phone number, and the date we last updated the formulary, is on the front and back cover.

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A. Disclaimers

This is a list of drugs that members can get in *Senior Whole Health*.

- ❖ You can always check Senior Whole Health’s up-to-date *List of Covered Drugs* online at www.seniorwholehealthMA.com or by calling 1-888-794-7268 (TTY 711).
- ❖ You can always check Senior Whole Health’s up-to-date *List of Covered Drugs* online at www.seniorwholehealthMA.com or by calling 1-888-794-7268 (TTY 711).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-794-7268 (TTY 711), from 8 a.m. to 8 p.m., 7 days a week. The call is free.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week.
- ❖ Senior Whole Health will maintain a record of our members preferred language preference and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- ❖ Please call Member Services at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week if your language preferences (other than English) change at any time.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 11 are the drugs covered by Senior Whole Health. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Senior Whole Health will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Senior Whole Health agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Senior Whole Health network pharmacy.
- In some cases, you have to do something before you can get a drug. See question B4 for more information.



If you have questions, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit www.seniorwholehealthMA.com

You can also see an up-to-date list of drugs that we cover on our website at www.seniorwholehealthMA.com or call Member Services at 1-888-794-7268 (TTY 711), from 8 a.m. to 8 p.m., 7 days a week.

B2. Does the Drug List ever change?

Yes, and Senior Whole Health must follow Medicare and Mass Health rules when making changes.

We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Senior Whole Health before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Senior Whole Health's up-to-date Drug List online at www.seniorwholehealthma.com
- You can also call Member Services at 1-888-794-7268 (TTY 711), from 8 a.m. to 8 p.m., 7 days a week to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug



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will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. After you receive notice of the change, you should be working with your prescriber to switch to a different drug that we cover.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead or
- Whether to ask for an exception from these changes. To learn more about exceptions, see questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug.

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Senior Whole Health before you fill your prescription. Prior authorization



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is different from a referral. Senior Whole Health may not cover the drug if you don't get prior authorization.

- **Quantity limits:** Sometimes Senior Whole Health limits the amount of a drug you can get.
- **Step therapy:** Sometimes Senior Whole Health requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 11. You can also get more information by visiting our website at www.seniorwholehealthMA.com. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead of whether to ask for an exception. See questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The *List of Covered Drugs* on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Senior Whole Health changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 103. The index alphabetically lists all drugs covered by Senior Whole Health.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page 11. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category cardiovascular, Hypertension/Lipids. That is where you will find drugs that treat heart conditions.



If you have questions, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit www.seniorwholehealthMA.com

B8. What if the drug I want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member at 1-888-794-7268 (TTY 711) 8 a.m. to 8 p.m., 7 days a week and ask about it. If you learn that Senior Whole Health will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. See questions B10-B12 for more information about exceptions.

B9. What if I am a new Senior Whole Health member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 90-day supply of your drug during the first 90 days you are a member of Senior Whole Health. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 90 days of medication.

We will cover a 90-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Senior Whole Health, **or**
- you are taking a drug that is part of a step therapy restriction

If you are taking a drug that Senior Whole Health does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Senior Whole Health member.
- This is in addition to the temporary supply during the first 90 days you are a member of Senior Whole Health.



If you have questions, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit www.seniorwholehealthMA.com

In certain situations, we can provide a temporary supply of your drug called a Transition (or temporary) supply. This applies to:

- Current members affected by an annual formulary change during the first 90 days of the New Year.
- You may request a formulary exception in advance for the following year.

During the transition period, we will automatically process a 30-day refill of your drug. Quantity may be less if your prescription is written for less than a 30-day supply. Once we cover the temporary supply, we Generally won't cover the drug again under our transition policy. You'll receive a written notice explaining the steps you can take to request an exception or to work with your doctor on finding another drug on our formulary.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Senior Whole Health to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Senior Whole Health may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call SWH Member Services. A member services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

First, we must get a statement from your prescriber supporting your request for an exception.

Send the prescriber statement to
Senior Whole Health
Attn: Pharmacy Department
1075 Main Street
Suite 400
Waltham, MA 02451

Or fax to: 1-888-251-7823

After we get the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a



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decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Senior Whole Health covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". Senior Whole Health covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Senior Whole Health Over-the-Counter Drug List to see what OTC drugs are covered.

B15. Does Senior Whole Health cover non-drug OTC products?

Senior Whole Health may cover some non-drug OTC products when they are written as prescriptions by your provider.

You can read the Senior Whole Health Over-the-Counter Drug List to see what non-drug OTC products are covered.

B16. Does Senior Whole Health cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
 - **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.
-

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B18. What is my copay?

Senior Whole Health members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. See questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs have \$0 copay.



If you have questions, please call Senior Whole Health at 1-888-794-7268 (TTY 711), 8 a.m. to 8p.m., 7 days a week. The call is free. **For more information**, visit www.seniorwholehealthMA.com

- Tier 1 Brand name drugs have \$0 copay.

All Tier 1 drugs have no copay.

OTCs have a \$0 copay.

C Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by Senior Whole Health. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 103. The index alphabetically lists all drugs covered by Senior Whole Health.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, for example, cardiovascular, Hypertension/Lipids. That is where you will find drugs that treat heart conditions.

List of Abbreviations

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Member Services.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*), brand name drugs are capitalized (for example, ADAIR DISKUS). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Senior Whole Health has any rules for covering your drug.



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Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	MO
AMBISOME	1	MO
<i>amphotericin b</i>	1	MO
<i>casprofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA	1	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>micafungin</i>	1	MO
NOXAFIL ORAL SUSPENSION	1	PA; MO
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO
<i>voriconazole oral tablet 200 mg</i>	1	PA; MO
<i>voriconazole oral tablet 50 mg</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>abacavir-lamivudine-zidovudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir sodium intravenous solution</i>	1	MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	1	MO
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	MO
<i>atazanavir oral capsule 300 mg</i>	1	MO
ATRIPLA	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
CABENUVA	1	MO
<i>cidofovir</i>	1	MO
CIMDUO	1	MO
COMPLERA	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	MO
DOVATO	1	MO
EDURANT	1	MO
<i>efavirenz oral capsule 200 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz oral capsule 50 mg</i>	1	MO
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofovir</i>	1	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofovir (tdf)</i>	1	MO
EMTRIVA	1	MO
<i>entecavir</i>	1	MO
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	1	MO
<i>etravirine</i>	1	MO
EVOTAZ	1	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	1	MO
<i>ganciclovir sodium</i>	1	MO
GENVOYA	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days)	<i>lamivudine-zidovudine</i>	1	MO
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days)	LEXIVA ORAL SUSPENSION	1	MO
HARVONI ORAL TABLET 45-200 MG	1	PA; MO; QL (56 per 28 days)	<i>lopinavir-ritonavir oral solution</i>	1	MO
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days)	<i>lopinavir-ritonavir oral tablet</i>	1	MO
INTELENCE	1	MO	<i>nevirapine oral suspension</i>	1	
INVIRASE ORAL TABLET	1	MO	<i>nevirapine oral tablet</i>	1	MO
ISENTRESS HD	1	MO	<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO	NORVIR ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO	NORVIR ORAL SOLUTION	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO	ODEFSEY	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO	<i>oseltamivir</i>	1	MO
JULUCA	1	MO	PIFELTRO	1	MO
KALETRA ORAL TABLET 100-25 MG	1	MO	PREVYMIS INTRAVENOUS	1	
KALETRA ORAL TABLET 200-50 MG	1	MO	PREVYMIS ORAL	1	MO; QL (30 per 30 days)
<i>lamivudine</i>	1	MO	PREZCOBIX	1	MO
			PREZISTA ORAL SUSPENSION	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO	SYMTUZA	1	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	1	MO	SYNAGIS	1	MO; LA
RELENZA DISKHALER	1	MO	TEMIXYS	1	MO
RETROVIR INTRAVENOUS	1	MO	<i>tenofovir disoproxil fumarate</i>	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO	TIVICAY ORAL TABLET 10 MG	1	MO
<i>ribavirin oral capsule</i>	1		TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO	TIVICAY PD	1	MO
<i>rimantadine</i>	1	MO	TRIUMEQ	1	MO
<i>ritonavir</i>	1	MO	TROGARZO	1	MO; LA
RUKOBIA	1	MO	TRUVADA	1	MO
SELZENTRY ORAL SOLUTION	1	MO	<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	1	MO	<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO	<i>valganciclovir</i>	1	MO
<i>stavudine oral capsule</i>	1	MO	VEMLIDY	1	MO
STRIBILD	1	MO	VIRACEPT ORAL TABLET	1	MO
SYMFI	1	MO	VIREAD ORAL POWDER	1	MO
SYMFI LO	1	MO	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
			XOFLUZA	1	MO
			<i>zidovudine</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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Drug Name	Drug Tier	Requirements /Limits
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin</i>	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	1	
SUPRAX ORAL TABLET,CHEWABLE	1	MO
<i>tazicef injection recon soln 1 gram, 2 gram</i>	1	PA
<i>tazicef injection recon soln 6 gram</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	1	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
<i>e.e.s. 400 oral tablet</i>	1	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin oral tablet</i>	1	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
<i>bacitracin intramuscular</i>	1	MO
BENZNIDAZOLE	1	MO
BETHKIS	1	MO; QL (224 per 28 days)
CAYSTON	1	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	PA; MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
EMVERM	1	MO
<i>ertapenem</i>	1	MO
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
IMPAVIDO	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	MO
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA
<i>linezolid oral suspension for reconstitution</i>	1	MO
<i>linezolid oral tablet</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	MO
<i>meropenem</i>	1	MO
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO
<i>paromomycin</i>	1	MO
PASER	1	MO
<i>pentamidine inhalation</i>	1	MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	1	PA; LA
STREPTOMYCIN	1	PA; MO
SYNERCID	1	PA
<i>tigecycline</i>	1	PA; MO
<i>tinidazole</i>	1	MO
<i>tobramycin in 0.225 % nacl</i>	1	MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	1	MO; QL (224 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin sulfate injection recon soln</i>	1	PA
<i>tobramycin sulfate injection solution</i>	1	PA; MO
TRECTOR	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	1	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	1	MO
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	1	
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	1	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
BICILLIN C-R	1	PA; MO
BICILLIN L-A	1	PA; MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin injection recon soln 10 gram</i>	1	PA
<i>nafcillin intravenous recon soln 1 gram</i>	1	PA
<i>nafcillin intravenous recon soln 2 gram</i>	1	PA; MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	PA; MO
<i>oxacillin injection recon soln 1 gram</i>	1	PA
<i>oxacillin injection recon soln 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g procaine</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
CIPRO ORAL SUSPENSION, MICRO CAPSULE RECON	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO

SULFA'S / RELATED AGENTS

<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO

TETRACYCLINES

<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	MO
<i>morgidox oral capsule 100 mg</i>	1	MO
<i>tetracycline</i>	1	MO

URINARY TRACT AGENTS

<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

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Drug Name	Drug Tier	Requirements /Limits
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	MO
ELITEK	1	MO
KEPIVANCE	1	
KHAPZORY	1	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	MO
<i>levoleucovorin calcium intravenous solution</i>	1	
<i>mesna</i>	1	MO
MESNEX ORAL	1	MO
VISTOGARD	1	PA
XGEVA	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
ABRAXANE	1	MO
ADCETRIS	1	MO
<i>adriamycin intravenous recon soln 10 mg</i>	1	MO
<i>adriamycin intravenous solution 10 mg/5 ml</i>	1	MO
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	
AFINITOR DISPERZ	1	PA; MO
AFINITOR ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIMTA	1	MO
ALIQOPA	1	LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 30 days)
<i>anastrozole</i>	1	MO
ARRANON	1	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	MO
ARZERRA	1	MO
ASPARLAS	1	PA
AVASTIN	1	MO
AYVAKIT	1	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	1	MO
<i>azathioprine</i>	1	MO
<i>azathioprine sodium</i>	1	
BALVERSA	1	PA; LA
BAVENCIO	1	LA
BELEODAQ	1	
BENDEKA	1	MO
BESPONSA	1	MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BLENREP	1	PA
<i>bleomycin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
BLINCYTO INTRAVENOUS KIT	1	
BORTEZOMIB	1	
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; LA
<i>busulfan</i>	1	
CABOMETYX	1	PA; MO; LA
CALQUENCE	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	MO
<i>carmustine</i>	1	MO
<i>cisplatin intravenous solution</i>	1	MO
<i>cladribine</i>	1	MO
<i>clofarabine</i>	1	
COMETRIQ	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
COPIKTRA	1	PA; LA; QL (60 per 30 days)
COSMEGEN	1	MO
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	MO
<i>cyclophosphamide oral capsule</i>	1	MO
CYCLOPHOSPHAMIDE ORAL TABLET	1	MO
<i>cyclosporine intravenous</i>	1	
<i>cyclosporine modified oral capsule</i>	1	MO
<i>cyclosporine modified oral solution</i>	1	
<i>cyclosporine oral capsule</i>	1	MO
CYRAMZA	1	MO
<i>cytarabine</i>	1	MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	
<i>dacarbazine</i>	1	MO
<i>dactinomycin</i>	1	
DANYELZA	1	PA
DARZALEX	1	MO; LA
<i>daunorubicin intravenous solution</i>	1	
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	1	MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous recon soln 50 mg</i>	1	MO	ETOPOPHOS	1	MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	MO	<i>etoposide intravenous</i>	1	MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1		<i>everolimus (antineoplastic)</i>	1	PA; MO; QL (30 per 30 days)
<i>doxorubicin, peg-liposomal</i>	1	MO	<i>everolimus (immunosuppressive)</i>	1	MO
DROXIA	1	MO	<i>exemestane</i>	1	MO
ELZONRIS	1	PA; LA	FARYDAK	1	PA; MO; QL (6 per 21 days)
EMCYT	1	MO	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	MO
EMPLICITI	1	MO	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	MO
<i>epirubicin intravenous solution</i>	1	MO	<i>floxuridine</i>	1	
ERBITUX	1	MO	<i>fludarabine intravenous recon soln</i>	1	MO
ERIVEDGE	1	PA; MO; QL (30 per 30 days)	<i>fludarabine intravenous solution</i>	1	
ERLEADA	1	PA; MO; QL (120 per 30 days)	<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	MO
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)			
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	
<i>flutamide</i>	1	MO
FOLOTYN	1	MO
FOTIVDA	1	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	1	MO
GAVRETO	1	PA; MO; LA
GAZYVA	1	MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	
<i>gengraf</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
GILOTRIF	1	PA; MO; QL (30 per 30 days)
HALAVEN	1	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	1	PA; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA; QL (60 per 30 days)
<i>idarubicin</i>	1	MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)	ISTODAX	1	MO
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)	IXEMPRA	1	MO
IMBRUVICA ORAL TABLET	1	PA; QL (30 per 30 days)	JAKAFI	1	PA; MO; QL (60 per 30 days)
IMFINZI	1	MO; LA	JEMPERLI	1	PA; MO
INFUGEM	1		JEVTANA	1	MO
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)	KADCYLA	1	PA; MO
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)	KEYTRUDA	1	PA
INQOVI	1	PA; MO; QL (5 per 28 days)	KISQALI	1	PA; MO
INREBIC	1	PA; MO; LA; QL (120 per 30 days)	KISQALI FEMARA CO-PACK	1	PA; MO
IRESSA	1	PA; MO; QL (30 per 30 days)	KYPROLIS	1	
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	MO	<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1		LENVIMA	1	PA; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	MO	<i>letrozole</i>	1	MO
			LEUKERAN	1	MO
			<i>leuprolide subcutaneous kit</i>	1	PA; MO
			LIBTAYO	1	PA; LA
			LONSURF	1	PA; MO
			LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
			LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LUMAKRAS	1	PA; MO	MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
LUMOXITI	1	PA; LA	MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
LUPRON DEPOT	1	PA; MO	<i>melphalan</i>	1	MO
LUPRON DEPOT (3 MONTH)	1	PA; MO	<i>melphalan hcl</i>	1	
LUPRON DEPOT (4 MONTH)	1	PA; MO	<i>mercaptopurine</i>	1	MO
LUPRON DEPOT (6 MONTH)	1	PA; MO	<i>methotrexate sodium</i>	1	MO
LUPRON DEPOT-PED	1	PA; MO	<i>methotrexate sodium (pf) injection recon soln</i>	1	
LUPRON DEPOT-PED (3 MONTH)	1	PA; MO	<i>methotrexate sodium (pf) injection solution</i>	1	MO
LYNPARZA	1	PA; MO; QL (120 per 30 days)	<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	MO
LYSODREN	1		<i>mitomycin intravenous recon soln 40 mg</i>	1	MO
MARQIBO	1		<i>mitoxantrone</i>	1	MO
MATULANE	1		MONJUVI	1	PA; LA
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA	MVASI	1	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO	<i>mycophenolate mofetil (hcl)</i>	1	
<i>megestrol oral tablet</i>	1	PA; MO	<i>mycophenolate mofetil oral capsule</i>	1	MO
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	MO	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	MO
<i>mycophenolate mofetil oral tablet</i>	1	MO	ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
<i>mycophenolate sodium</i>	1	MO	ONCASPAR	1	
MYLOTARG	1	MO; LA	ONIVYDE	1	
NERLYNX	1	PA; MO; LA	ONUREG	1	PA; MO
NEXAVAR	1	PA; MO; LA; QL (120 per 30 days)	OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA; MO
<i>nilutamide</i>	1	PA; MO	OPDIVO INTRAVENOUS SOLUTION 120 MG/12 ML	1	PA
NINLARO	1	PA; MO; QL (3 per 28 days)	ORGOVYX	1	PA; LA; QL (32 per 30 days)
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)	<i>oxaliplatin intravenous recon soln 100 mg</i>	1	MO
NULOJIX	1	MO	<i>oxaliplatin intravenous recon soln 50 mg</i>	1	
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	MO	<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	MO			
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1		REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
<i>paclitaxel</i>	1	MO	RITUXAN	1	PA; MO
PADCEV	1	PA; MO	ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)
<i>paraplatin</i>	1		ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
PEMAZYRE	1	PA; LA; QL (14 per 21 days)	RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
PEPAXTO	1	PA	RUXIENCE	1	PA; MO
PERJETA	1	MO	RYBREVANT	1	PA; MO
PIQRAY	1	PA; MO	RYDAPT	1	PA; MO
POLIVY	1	PA; MO	SANDIMMUNE ORAL SOLUTION	1	MO
POMALYST	1	PA; MO; LA	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	PA; MO
PORTRAZZA	1	MO	SARCLISA	1	PA; LA
POTELIGEO	1	PA	SIGNIFOR	1	PA
PROGRAF INTRAVENOUS	1	MO	SIMULECT INTRAVENOUS RECON SOLN 10 MG	1	
PROGRAF ORAL GRANULES IN PACKET	1	MO	SIMULECT INTRAVENOUS RECON SOLN 20 MG	1	MO
PURIXAN	1				
QINLOCK	1	PA; LA; QL (90 per 30 days)			
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days)			
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>sirolimus oral solution</i>	1	MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>sirolimus oral tablet 2 mg</i>	1	MO
SOLTAMOX	1	MO
SOMATULINE DEPOT	1	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
SUTENT	1	PA; MO; QL (30 per 30 days)
SYNRIBO	1	
TABLOID	1	MO
TABRECTA	1	PA; MO
<i>tacrolimus oral</i>	1	MO
TAFINLAR	1	PA; MO; QL (120 per 30 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARGRETIN TOPICAL	1	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; LA
TECENTRIQ	1	MO; LA
TEMODAR INTRAVENOUS	1	MO
<i>temsirolimus</i>	1	MO
TEPMETKO	1	PA; LA
THALOMID	1	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	1	
<i>thiotepa injection recon soln 15 mg</i>	1	MO
TIBSOVO	1	PA
<i>toposar</i>	1	MO
<i>topotecan intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	MO	TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)
<i>toremifene</i>	1	MO	TURALIO	1	PA; LA; QL (120 per 30 days)
TRAZIMERA	1	MO			
TREANDA	1	MO	TYKERB	1	PA; MO; LA; QL (180 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	MO	UKONIQ	1	PA; LA; QL (120 per 30 days)
<i>tretinoin (antineoplastic)</i>	1	MO	UNITUXIN	1	
TRISENOX	1	MO	<i>valrubicin</i>	1	MO
TRODELVY	1	PA; LA	VANTAS	1	PA; MO
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	1	PA; LA; QL (21 per 21 days)	VECTIBIX	1	MO
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	1	PA; LA; QL (42 per 21 days)	VELCADE	1	MO
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	1	PA; LA; QL (63 per 21 days)	VENCLEXTA ORAL TABLET 10 MG, 50 MG	1	PA; LA
TRUXIMA	1	PA; MO	VENCLEXTA ORAL TABLET 100 MG	1	PA; LA
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)	VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 30 days)
			VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
			<i>vinblastine</i>	1	MO
			<i>vincasar pfs</i>	1	MO
			<i>vincristine</i>	1	MO
			<i>vinorelbine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)	XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)			
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)			
VIZIMPRO	1	PA; MO; QL (30 per 30 days)			
VOTRIENT	1	PA; MO; QL (120 per 30 days)	XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
VYXEOS	1				
XALKORI	1	PA; MO; QL (60 per 30 days)	XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XATMEP	1	MO	XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
XERMELO	1	PA; LA; QL (90 per 30 days)			
XOSPATA	1	PA; LA	YERVOY	1	MO
			YONDELIS	1	
			YONSA	1	PA; MO; QL (120 per 30 days)
			ZALTRAP	1	MO
			ZANOSAR	1	MO
			ZEJULA	1	PA; LA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA
ZIRABEV	1	MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO
ZORTRESS ORAL TABLET 1 MG	1	MO
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYTIGA ORAL TABLET 500 MG	1	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM	1	MO
BANZEL	1	PA; MO
BRIVIACT INTRAVENOUS	1	
BRIVIACT ORAL	1	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DIACOMIT	1	
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	1	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	MO
EPIDIOLEX	1	PA; MO; LA
<i>epitol</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	1	MO
<i>felbamate oral tablet</i>	1	MO
FINTEPLA	1	PA; LA
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	1	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1	MO
FYCOMPA ORAL TABLET 2 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>lamotrigine oral tablets, dose pack</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>primidone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>roweepra</i>	1	MO
<i>rufinamide</i>	1	PA; MO
SPRITAM	1	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	1	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	MO; LA
<i>vigadrone</i>	1	LA
VIMPAT INTRAVENOUS	1	MO
VIMPAT ORAL SOLUTION	1	MO
VIMPAT ORAL TABLET	1	MO
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	1	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	1	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	1	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	1	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	1	MO; QL (56 per 28 days)
<i>zonisamide</i>	1	PA; MO

ANTIPARKINSONISM AGENTS

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Drug Name	Drug Tier	Requirements /Limits
APOKYN	1	PA; MO; LA
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO
NEUPRO	1	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	1	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	1	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	1	PA; MO; QL (1.5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
<i>ergotamine-caffeine migergot</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
<i>rizatriptan</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>zolmitriptan oral</i>	1	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
FIRDAPSE	1	PA; LA
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
LEMTRADA	1	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC	1	PA; MO
NUEDEXTA	1	PA; MO
OCREVUS	1	PA; MO; LA
RADICAVA	1	PA
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	1	PA; MO; LA; QL (14 per 30 days)

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This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	1	PA; MO; LA; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI	1	PA; MO; LA

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
<i>danrolene intravenous</i>	1	
<i>danrolene oral</i>	1	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	

Drug Name	Drug Tier	Requirements /Limits
<i>neostigmine methylsulfate intravenous solution</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>regonol</i>	1	
<i>revonto</i>	1	
<i>tizanidine</i>	1	MO

NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>endocet</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	QL (150 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	1	QL (300 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; QL (150 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection syringe 2 mg/ml</i>	1	QL (150 per 30 days)	<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	MO; QL (75 per 30 days)	<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)	<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	QL (4000 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)	<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; QL (2000 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)	<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)	<i>morphine injection solution 8 mg/ml</i>	1	QL (250 per 30 days)
<i>methadone injection solution</i>	1	QL (150 per 30 days)	<i>morphine injection syringe 4 mg/ml</i>	1	MO; QL (500 per 30 days)
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)	<i>morphine intravenous solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)	<i>morphine intravenous solution 4 mg/ml</i>	1	MO; QL (500 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)	<i>morphine intravenous syringe 10 mg/ml</i>	1	QL (200 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)	<i>morphine intravenous syringe 2 mg/ml</i>	1	QL (1000 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous syringe 4 mg/ml</i>	1	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection solution 1 mg/ml</i>	1	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	1	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>cataflam</i>	1	
<i>celecoxib</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>etodolac</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>KLOXXADO</i>	1	
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml</i>	1	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
NARCAN	1	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	1	MO
<i>tolmetin oral tablet 600 mg</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	1	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	1	MO
ADASUVE	1	LA
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA	1	MO
ARISTADA INITIO	1	MO
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
CAPLYTA	1	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	1	MO
<i>chlorpromazine oral tablet</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	1	MO
<i>dextroamphetamine -amphetamine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam injection</i>	1	PA
<i>diazepam oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
EMSAM	1	MO
<i>ergoloid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>escitalopram oxalate oral solution</i>	1	MO	<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)	<i>fluoxetine oral solution</i>	1	MO
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)	<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	1	MO; QL (60 per 30 days)	<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	MO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	1	MO; QL (60 per 30 days)	<i>fluphenazine decanoate</i>	1	MO
FANAPT ORAL TABLETS, DOSE PACK	1	MO; QL (8 per 28 days)	<i>fluphenazine hcl</i>	1	MO
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	1	MO; QL (28 per 28 days)	<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO; QL (60 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	1	MO; QL (30 per 30 days)	<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>flumazenil</i>	1		<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (30 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1		GEODON INTRAMUSCULAR	1	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)	<i>haloperidol</i>	1	MO
<i>fluoxetine oral capsule 20 mg</i>	1	MO	<i>haloperidol decanoate</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>haloperidol lactate injection</i>	1	MO
			<i>haloperidol lactate intramuscular</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	1	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO
INVEGA TRINZA	1	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam injection syringe 4 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>maprotiline</i>	1	MO
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID ORAL CAPSULE	1	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	1	MO
<i>perphenazine</i>	1	MO
PERSERIS	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
REXULTI	1	MO; QL (30 per 30 days)	<i>sertraline oral concentrate</i>	1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO	<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO	<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>risperidone oral solution</i>	1	MO	<i>thioridazine</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)	<i>thiothixene</i>	1	MO
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)	<i>tranylcypromine</i>	1	MO
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)	<i>trazodone</i>	1	MO
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)	<i>trifluoperazine</i>	1	MO
SAPHRIS	1	MO; QL (60 per 30 days)	<i>trimipramine</i>	1	MO
SECUADO	1	MO; QL (30 per 30 days)	TRINTELLIX	1	MO; QL (30 per 30 days)
			<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
			<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
			<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
			<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
			VERSACLOZ	1	
			VIIBRYD ORAL TABLET	1	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	1	MO; QL (7 per 30 days)
XYREM	1	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	MO
<i>amiodarone oral tablet 100 mg, 400 mg</i>	1	
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) in d7.5w</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan-hctiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
DEMSEER	1	PA; MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg, 360 mg</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol (glycine)</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	MO
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	1	MO
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>methyldopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	1	
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	PA; MO
<i>phentolamine</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pindolol</i>	1	MO	<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>prazosin</i>	1	MO	<i>tiadylt er</i>	1	MO
<i>propranolol intravenous</i>	1		<i>timolol maleate oral</i>	1	MO
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO	<i>torse mide oral</i>	1	MO
<i>propranolol oral solution</i>	1	MO	<i>trandolapril</i>	1	MO
<i>propranolol oral tablet</i>	1	MO	<i>trandolapril-verapamil</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	1	MO	<i>treprostinil sodium</i>	1	PA; MO; LA
<i>quinapril</i>	1	MO	<i>triamterene</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO	<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>ramipril</i>	1	MO	<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
<i>spironolactone</i>	1	MO	UPTRAVI ORAL	1	PA; MO; LA
<i>spironolacton-hydrochlorothiaz</i>	1	MO	<i>valsartan</i>	1	MO
<i>taztia xt</i>	1	MO	<i>valsartan-hydrochlorothiazide</i>	1	MO
TEKTURNA HCT	1	MO	<i>veletri</i>	1	MO
<i>telmisartan</i>	1	MO	<i>verapamil intravenous</i>	1	
<i>telmisartan-amlodipine</i>	1	MO	<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO	<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	1	PA
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
ELIQUIS	1	MO
ELIQUIS DVT-PE TREAT 30D START	1	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO
<i>jantoven</i>	1	MO
MULPLETA	1	PA; MO
NPLATE	1	MO
<i>pentoxifylline</i>	1	MO
<i>prasugrel</i>	1	MO
PROMACTA	1	PA; MO; LA
<i>protamine</i>	1	
<i>warfarin</i>	1	MO
XARELTO	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)	JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA
<i>cholestyramine (with sugar)</i>	1	MO	JUXTAPID ORAL CAPSULE 40 MG, 60 MG	1	PA; MO
<i>cholestyramine light</i>	1				
<i>colesevelam</i>	1	MO	<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>colestipol</i>	1	MO	<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>ezetimibe</i>	1	MO	<i>niacin oral tablet 500 mg</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)	<i>niacin oral tablet extended release 24 hr</i>	1	
<i>fenofibrate micronized</i>	1	MO	<i>omega-3 acid ethyl esters</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO	PRALUENT PEN	1	PA; QL (2 per 28 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO	<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibric acid</i>	1	MO	<i>prevalite</i>	1	MO
<i>fenofibric acid (choline)</i>	1	MO	REPATHA	1	PA; QL (3 per 28 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)	REPATHA	1	PA; QL (3.5 per 28 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	PUSHTRONEX	1	PA; QL (3 per 28 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)	REPATHA SURECLICK	1	PA; QL (3 per 28 days)
<i>gemfibrozil</i>	1	MO	<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>icosapent ethyl</i>	1	MO	<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VASCEPA	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	1	
CORLANOR ORAL SOLUTION	1	
CORLANOR ORAL TABLET	1	MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO
<i>digoxin oral</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	MO
ENTRESTO	1	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	1	MO
<i>milrinone</i>	1	
<i>milrinone in 5 % dextrose</i>	1	
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	
VECAMYL	1	
VYNDAMAX	1	PA; MO
VYNDAQEL	1	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	
<i>nitroglycerin intravenous</i>	1	
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 25 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	1	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TALTZ AUTOINJECTOR (2 PACK)	1	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	1	PA; MO; QL (3 per 28 days)
TALTZ SYRINGE	1	PA; MO; QL (1 per 28 days)

MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate</i>	1	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>chloroprocaine (pf)</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	MO
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>methoxsalen</i>	1	MO
PANRETIN	1	PA; MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
<i>prudoxin</i>	1	MO; QL (45 per 30 days)
REGRANEX	1	MO
SANTYL	1	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
UVADEX	1	
VALCHLOR	1	PA; MO
THERAPY FOR ACNE		
<i>avita topical cream</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>azelaic acid</i>	1	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>dapsone topical gel</i>	1	MO
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>ivermectin topical cream</i>	1	MO
<i>metronidazole topical</i>	1	MO
<i>myorisan</i>	1	
<i>rosadan topical cream</i>	1	MO
<i>rosadan topical gel</i>	1	MO
<i>tazarotene topical cream</i>	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	1	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits
TAZORAC TOPICAL GEL	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLON TOPICAL CREAM	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	MO
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	MO; QL (100 per 28 days)
<i>naftifine</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO
<i>oxiconazole</i>	1	MO; QL (60 per 28 days)

TOPICAL ANTIVIRALS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

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Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	1	MO

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>desonide</i>	1	MO
<i>desrx</i>	1	
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate topical lotion</i>	1	MO; QL (118 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>prednicarbate</i>	1	MO
<i>tovet emollient</i>	1	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment</i>	1	MO
<i>triderm topical cream</i>	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lindane topical shampoo</i>	1	MO
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	MO
<i>neomycin-polymyxin b gu</i>	1	MO
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
ARALAST NP	1	MO; LA
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	1	PA; MO; LA
<i>cevimeline</i>	1	MO
CHEMET	1	PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D5W SULFIT FREE	1		<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>clovique</i>	1	PA; MO	<i>dextrose 70 % in water (d70w)</i>	1	
<i>d10 %-0.45 % sodium chloride</i>	1		<i>disulfiram</i>	1	MO
<i>d2.5 %-0.45 % sodium chloride</i>	1		<i>droxidopa</i>	1	PA; MO
<i>d5 % and 0.9 % sodium chloride</i>	1	MO	FERRIPROX	1	PA
<i>d5 %-0.45 % sodium chloride</i>	1	MO	FERRIPROX (2 TIMES A DAY)	1	PA
<i>deferasirox</i>	1	PA; MO	INCRELEX	1	MO; LA
<i>deferiprone</i>	1	PA; MO	<i>lanthanum</i>	1	MO
<i>deferoxamine</i>	1	MO	<i>levocarnitine (with sugar)</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1		<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>dextrose 10 % in water (d10w)</i>	1		<i>levocarnitine oral tablet</i>	1	MO
<i>dextrose 25 % in water (d25w)</i>	1		LOKELMA	1	MO
<i>dextrose 30 % in water (d30w)</i>	1		<i>midodrine</i>	1	MO
<i>dextrose 5 % in water (d5w)</i>	1	MO	<i>nitisinone</i>	1	PA; MO
<i>dextrose 5 %- lactated ringers</i>	1	MO	NORTHERA	1	PA; MO
<i>dextrose 5%-0.2 % sod chloride</i>	1		ORFADIN ORAL CAPSULE 20 MG	1	PA; LA
<i>dextrose 5%-0.3 % sod.chloride</i>	1		ORFADIN ORAL SUSPENSION	1	PA; LA
			<i>pilocarpine hcl oral</i>	1	MO
			PROLASTIN-C	1	LA
			RAVICTI	1	PA; MO
			REVCOVI	1	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	1	MO
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sevelamer hcl oral tablet 400 mg</i>	1	MO
<i>sevelamer hcl oral tablet 800 mg</i>	1	
<i>sodium benzoate-sod phenylacet</i>	1	
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	1	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
THIOLA	1	

Drug Name	Drug Tier	Requirements /Limits
THIOLA EC	1	
<i>trientine</i>	1	PA; MO
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	1	PA; MO
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	1	PA
XURIDEN	1	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX	1	MO
CHANTIX CONTINUING MONTH BOX	1	MO
CHANTIX STARTING MONTH BOX	1	MO
NICOTROL	1	MO
NICOTROL NS	1	MO
VARENICLINE	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
<i>azelastine nasal</i>	1	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	MO
<i>fluoride (sodium) dental gel</i>	1	MO
<i>fluoride (sodium) dental paste</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
<i>oralone</i>	1	MO
<i>paroex oral rinse</i>	1	MO
<i>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetone dental</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetone oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>decadron oral tablet 0.5 mg</i>	1	
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>millipred oral tablet</i>	1	MO
<i>prednisolone oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ALCOHOL PADS	1	
BD AUTOSHIELD DUO PEN NEEDLE	1	MO
BD INSULIN SYRINGE (HALF UNIT)	1	MO
BD INSULIN SYRINGE U-500	1	MO
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	1	MO
BD NANO 2ND GEN PEN NEEDLE	1	MO
BD ULTRA-FINE MICRO PEN NEEDLE	1	MO
BD ULTRA-FINE MINI PEN NEEDLE	1	MO
BD ULTRA-FINE NANO PEN NEEDLE	1	MO
BD ULTRA-FINE SHORT PEN NEEDLE	1	MO
BD VEO INSULIN SYR (HALF UNIT)	1	MO
BD VEO INSULIN SYRINGE UF	1	MO

Drug Name	Drug Tier	Requirements /Limits
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
CYCLOSET	1	MO; QL (180 per 30 days)
<i>diazoxide</i>	1	MO
DROPLET INSULIN SYR(HALF UNIT)	1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64"	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	1	MO	FREESTYLE LIBRE 14 DAY SENSOR	1	MO
DROPLET MICRON PEN NEEDLE	1	MO	FREESTYLE LIBRE 2 READER	1	MO
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	MO	FREESTYLE LIBRE 2 SENSOR	1	MO
DROPSAFE PEN NEEDLE	1	MO	FREESTYLE LITE METER	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)	FREESTYLE LITE STRIPS	1	MO
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)	FREESTYLE PRECISION NEO STRIPS	1	MO
FREESTYLE FREEDOM	1		FREESTYLE TEST	1	MO
FREESTYLE FREEDOM LITE	1	MO	GAUZE PADS 2 X 2	1	
FREESTYLE INSULINX	1	MO	<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
FREESTYLE INSULINX TEST STRIPS	1	MO	<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
FREESTYLE LIBRE 14 DAY READER	1	MO	<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
			<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
			<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
			<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
			<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GVOKE HYPOPEN 1-PACK	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE	1	MO
GVOKE PFS 2-PACK SYRINGE	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 INSULN U-100	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INSULIN PEN NEEDLE	1	MO
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	1	MO
INVOKAMET	1	MO; QL (60 per 30 days)
INVOKAMET XR	1	MO; QL (60 per 30 days)
INVOKANA	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
JANUMET	1	MO; QL (60 per 30 days)	<i>metformin oral solution</i>	1	MO; QL (765 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)	<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)	<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)	<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	1	MO; QL (30 per 30 days)	<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO	<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
LANTUS U-100 INSULIN	1	MO	<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	1	MO	<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	1	MO	<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
LYUMJEV U-100 INSULIN	1	MO	<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
			NEEDLES, INSULIN DISP.,SAFETY	1	MO
			NOVOFINE 32	1	MO
			NOVOFINE PLUS	1	MO
			NOVOTWIST	1	MO
			OMNIPOD DASH 5 PACK POD	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OMNIPOD INSULIN MANAGEMENT	1	MO	PRECISION POINT OF CARE TEST	1	
OMNIPOD INSULIN REFILL	1	MO	PRECISION Q-I-D TEST	1	MO
ONETOUCH ULTRA TEST	1	MO	PRECISION XTRA MONITOR	1	MO
ONETOUCH ULTRA2 METER	1	MO	PRECISION XTRA TEST	1	MO
ONETOUCH ULTRAMINI	1	MO	<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
ONETOUCH VERIO FLEX METER	1	MO	<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
ONETOUCH VERIO IQ METER	1	MO	<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
ONETOUCH VERIO METER	1	MO	TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	1	
ONETOUCH VERIO REFLECT METER	1	MO	TECHLITE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	MO
ONETOUCH VERIO TEST STRIPS	1	MO			
ONGLYZA	1	MO; QL (30 per 30 days)			
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)			
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)			
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)			
PRECISION PCX PLUS TEST	1				
PRECISION PCX TEST	1				

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Drug Name	Drug Tier	Requirements /Limits
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64"	1	MO
TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	1	MO
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO

Drug Name	Drug Tier	Requirements /Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	MO
TRUEPLUS PEN NEEDLE	1	MO
TRULICITY	1	PA; MO; QL (2 per 28 days)
V-GO 20	1	MO
V-GO 30	1	MO
V-GO 40	1	MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)

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This drug list was last updated on 09/20/2021.

Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
CERDELGA	1	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	1	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	1	MO
<i>clomiphene citrate</i>	1	PA; MO
CRYSVITA	1	PA; MO; LA
<i>danazol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
DDAVP NASAL SOLUTION	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	1	PA; MO
FABRAZYME	1	PA; MO
KANUMA	1	PA; MO
KORLYM	1	PA
KUVAN	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN INJECTION	1	MO
<i>miglustat</i>	1	PA; MO; LA
MYALEPT	1	PA; MO; LA
NAGLAZYME	1	PA; MO; LA
NATPARA	1	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>oxandrolone oral tablet 10 mg</i>	1	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	1	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	1	MO
<i>paricalcitol oral</i>	1	MO
SAMSCA ORAL TABLET 15 MG	1	PA; MO
<i>sapropterin</i>	1	PA; MO
SOMAVERT	1	PA; MO
STRENSIQ	1	PA; LA
SYNAREL	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; MO
VIMIZIM	1	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>liothyronine</i>	1	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	MO
<i>aprepitant</i>	1	MO
<i>balsalazide</i>	1	MO
<i>budesonide oral capsule, delayed, extended release</i>	1	MO
<i>budesonide oral tablet, delayed and extended release</i>	1	
CHENODAL	1	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	1	PA
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days)
CINVANTI	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	1	
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	1	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dronabinol oral capsule 10 mg</i>	1	MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	MO
<i>droperidol injection solution</i>	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	
ENTYVIO	1	PA; MO; QL (2 per 28 days)
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	MO
<i>hydrocortisone rectal</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule,extended release 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal enema</i>	1	MO
<i>mesalamine rectal suppository</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating</i>	1	MO
MOVANTIK	1	MO; QL (30 per 30 days)
OCALIVA	1	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	MO
<i>ondansetron hcl (pf)</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>peg-electrolyte</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	1	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RECTIV	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	1	MO
RELISTOR SUBCUTANEOUS SYRINGE	1	MO
REMICADE	1	PA; MO; QL (20 per 28 days)
<i>scopolamine base</i>	1	MO
SUCRAID	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>sulfasalazine</i>	1	MO
TRULANCE	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI ORAL	1	
VIBERZI	1	MO; QL (60 per 30 days)
VIOKACE	1	MO
ULCER THERAPY		
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	MO
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol</i>	1	MO
<i>nizatidine oral capsule</i>	1	
<i>nizatidine oral solution</i>	1	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
<i>sucralfate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	MO
ARCALYST	1	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (4 per 28 days)
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION	1	MO
LEUKINE INJECTION RECON SOLN	1	PA; MO
MOZOBIL	1	MO
NIVESTYM	1	PA; MO
NYVEPRIA	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
REBIF (WITH ALBUMIN)	1	PA; MO; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	1	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
ZIEXTENZO	1	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	1	MO
ADACEL(TDAP ADOLESN/ADULT)(P F)	1	MO
BCG VACCINE, LIVE (PF)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BEXSERO	1	MO
BOOSTRIX TDAP	1	MO
BOTOX	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	MO
ENGERIX-B (PF)	1	MO
ENGERIX-B PEDIATRIC (PF)	1	MO
<i>fomepizole</i>	1	
GAMASTAN	1	MO
GAMASTAN S/D	1	
GARDASIL 9 (PF)	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
HIBERIX (PF)	1	MO
HIZENTRA	1	MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	1	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	1	MO
HYPERHEP B INTRAMUSCULAR SYRINGE	1	
HYPERHEP B NEONATAL	1	

Drug Name	Drug Tier	Requirements /Limits
HYQVIA	1	MO
IMOVAX RABIES VACCINE (PF)	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	MO
IPOL	1	
IXIARO (PF)	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO
MENQUADFI (PF)	1	MO
MENVEO A-C-Y-W-135-DIP (PF)	1	MO
M-M-R II (PF)	1	MO
ODACTRA	1	PA; MO
PEDIARIX (PF)	1	MO
PEDVAX HIB (PF)	1	
PENTACEL (PF)	1	
PRIVIGEN	1	PA; MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	
ROTARIX	1	
ROTATEQ VACCINE	1	MO
SHINGRIX (PF)	1	MO
STAMARIL (PF)	1	
TDVAX	1	MO
TENIVAC (PF)	1	MO
TETANUS,DIPHThERI A TOX PED(PF)	1	MO
TICE BCG	1	MO
TRUMENBA	1	MO
TWINRIX (PF)	1	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF)	1	MO
VARIVAX (PF)	1	
VARIZIG	1	MO
YF-VAX (PF)	1	
ZOSTAVAX (PF)	1	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	1	MO
MITIGARE	1	MO
<i>probenecid</i>	1	MO
<i>probenecid- colchicine</i>	1	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)	ENBREL MINI	1	PA; MO; QL (8 per 28 days)
PROLIA	1	PA; MO; QL (1 per 180 days)	ENBREL SUBCUTANEOUS RECON SOLN	1	PA; MO; QL (16 per 28 days)
<i>raloxifene</i>	1	MO	ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)	ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
<i>risedronate oral tablet 35 mg (4 pack)</i>	1	QL (4 per 28 days)	ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack)</i>	1	MO; QL (4 per 28 days)	HUMIRA PEN	1	PA; MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)	HUMIRA PEN CROHNS-UC-HS START	1	PA; MO; QL (6 per 180 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)	HUMIRA PEN PSOR-UVEITS-ADOL HS	1	PA; MO; QL (4 per 180 days)
TERIPARATIDE	1	PA; MO; QL (2.48 per 28 days)	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
OTHER RHEUMATOLOGICALS			HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days)
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)			
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)			
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)			
BENLYSTA	1	PA; MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; QL (2 per 180 days)	ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	1	PA; MO; QL (3 per 180 days)	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC	1	PA; MO; QL (4 per 28 days)	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA; MO; QL (3 per 180 days)	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	OTEZLA	1	PA; MO; QL (60 per 30 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)	<i>penicillamine</i>	1	PA; MO
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	RIDAURA	1	MO
<i>leflunomide</i>	1	MO; QL (30 per 30 days)	RINVOQ	1	PA; MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)	XELJANZ ORAL SOLUTION	1	PA; MO; QL (300 per 30 days)
			XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XELJANZ XR	1	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz</i>	1	PA; MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	
<i>incassia</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyllana</i>	1	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
MENEST	1	PA; MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone aceth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	PA
<i>norethindrone aceth estradiol oral tablet 1-5 mg-mcg</i>	1	PA; MO
<i>norlyda</i>	1	MO
PREMARIN VAGINAL	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>tulana</i>	1	MO
<i>yuvafem</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>metronidazole vaginal</i>	1	MO
<i>mifepristone</i>	1	LA
MIRENA	1	LA
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra</i>	1	
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>camrese</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>caziant (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyclafem 1/35 (28)</i>	1	MO
<i>cyclafem 7/7/7 (28)</i>	1	MO
<i>cyred</i>	1	
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-1m.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>larissia</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levora-28</i>	1	MO
<i>lillow (28)</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1/20 (21)</i>	1	MO	<i>nortrel 7/7/7 (28)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO	<i>orsythia</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO	<i>philith</i>	1	MO
<i>mili</i>	1	MO	<i>pimtrea (28)</i>	1	MO
<i>mono-linyah</i>	1	MO	<i>pirmella</i>	1	MO
<i>nikki (28)</i>	1	MO	<i>portia 28</i>	1	MO
<i>norethindrone acetate estradiol oral tablet 1.5-30 mcg</i>	1		<i>previfem</i>	1	MO
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	1	MO	<i>reclipsen (28)</i>	1	MO
<i>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1		<i>setlakin</i>	1	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mcg</i>	1		<i>sprintec (28)</i>	1	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO	<i>sronyx</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO	<i>syeda</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO	<i>tarina 24 fe</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO	<i>tarina fe 1/20 (28)</i>	1	
			<i>tarina fe 1-20 eq (28)</i>	1	MO
			<i>tilia fe</i>	1	MO
			<i>tri femynor</i>	1	MO
			<i>tri-estarylla</i>	1	MO
			<i>tri-legest fe</i>	1	MO
			<i>tri-linyah</i>	1	MO
			<i>tri-lo-estarylla</i>	1	MO
			<i>tri-lo-marzia</i>	1	MO
			<i>tri-lo-sprintec</i>	1	MO
			<i>tri-previfem (28)</i>	1	MO
			<i>tri-sprintec (28)</i>	1	MO
			<i>trivora (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methergine</i>	1	PA
<i>methylergonovine oral</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	1	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (15 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	1	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO

MISCELLANEOUS OPHTHALMOLOGICS

<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
BLEPHAMIDE	1	MO
BLEPHAMIDE S.O.P.	1	MO
<i>bss</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	1	PA
<i>epinastine</i>	1	MO
EYLEA	1	PA; MO
LUCENTIS	1	PA; MO
<i>olopatadine ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
OXERVATE	1	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	MO
XIIDRA	1	MO; QL (60 per 30 days)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO

OTHER GLAUCOMA DRUGS

<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	1	
<i>travoprost</i>	1	MO

STEROID-ANTIBIOTIC COMBINATIONS

<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	MO
<i>tobramycin-dexamethasone</i>	1	MO

STEROIDS

<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	1	MO
OZURDEX	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO

SYMPATHOMIMETICS

ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

RESPIRATORY AND ALLERGY

ANTIHISTAMINE / ANTIALLERGENIC AGENTS

<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl oral elixir</i>	1	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
SYMJEPI	1	MO; QL (2 per 30 days)

PULMONARY AGENTS		
<i>acetylcysteine</i>	1	MO
ADEMPAS	1	PA; MO; LA
ADVAIR DISKUS	1	MO; QL (60 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	MO
<i>alyq</i>	1	PA; QL (60 per 30 days)
<i>ambriasantan</i>	1	PA; MO; LA
<i>arformoterol</i>	1	MO
ASMANEX HFA	1	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	1	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)	DALIRESP ORAL TABLET 250 MCG	1	PA; MO; QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)	DALIRESP ORAL TABLET 500 MCG	1	PA; MO
ATROVENT HFA	1	MO; QL (25.8 per 30 days)	DULERA	1	MO; QL (13 per 30 days)
<i>bosentan</i>	1	PA; MO; LA	ESBRIET ORAL CAPSULE	1	PA; MO; QL (270 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)	ESBRIET ORAL TABLET 267 MG	1	PA; MO; QL (270 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	MO; QL (120 per 30 days)	ESBRIET ORAL TABLET 801 MG	1	PA; MO; QL (90 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	MO; QL (60 per 30 days)	FASENRA	1	PA; MO; QL (1 per 28 days)
CINRYZE	1	PA; MO	FASENRA PEN	1	PA; MO; QL (1 per 28 days)
COMBIVENT RESPIMAT	1	MO; QL (8 per 30 days)	<i>flunisolide</i>	1	MO; QL (50 per 30 days)
<i>cromolyn inhalation</i>	1	MO	<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
			<i>formoterol fumarate</i>	1	MO
			HAEGARDA	1	PA; MO; LA
			<i>icatibant</i>	1	PA; MO
			INCRUSE ELLIPTA	1	MO; QL (30 per 30 days)
			<i>ipratropium bromide inhalation</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium-albuterol</i>	1	MO	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	MO; QL (21.2 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)	<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA
KALYDECO ORAL TABLET	1	PA; MO; QL (60 per 30 days)	<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; MO; QL (224 per 30 days)
<i>levalbuterol hcl</i>	1	MO	<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>metaproterenol oral syrup</i>	1	MO	SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)	SPIRIVA WITH HANDIHALER	1	MO; QL (90 per 90 days)
<i>montelukast</i>	1	MO	STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
OFEV	1	PA; MO; QL (60 per 30 days)	STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
OPSUMIT	1	PA; MO; LA	SYMBICORT	1	MO; QL (10.2 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)	SYMDEKO	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)			
ORLADEYO	1	PA; LA			
PERFOROMIST	1	MO			
PULMOZYME	1	MO			
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	1	MO
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
TRIKAFTA	1	PA; MO
TYVASO	1	MO
TYVASO INSTITUTIONAL START KIT	1	
TYVASO REFILL KIT	1	MO
TYVASO STARTER KIT	1	MO
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate</i>	1	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
<i>oxybutynin chloride</i>	1	MO
<i>tolterodine</i>	1	MO
<i>trospium</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	1	
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Drug Name	Drug Tier	Requirements /Limits
<i>bethanechol chloride</i>	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
<i>potassium citrate</i>	1	MO
RENACIDIN	1	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	1	
<i>albuminar 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>plasbumin 25 %</i>	1	
<i>plasbumin 5 %</i>	1	

ELECTROLYTES

Drug Name	Drug Tier	Requirements /Limits
<i>calcium acetate(phosphat bind)</i>	1	MO
<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium chloride injection</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
<i>potassium acetate</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 1r-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	
<i>sodium acetate</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 3 %</i>	1	
<i>sodium chloride 5 %</i>	1	MO
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphate</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15 %	1	
AMINOSYN-PF 7 % (SULFITE-FREE)	1	
CLINIMIX 5%/D15W SULFITE FREE	1	
CLINIMIX 4.25%/D10W SULF FREE	1	
CLINIMIX 5%-D20W(SULFITE-FREE)	1	
CLINIMIX 6%-D5W (SULFITE-FREE)	1	

Drug Name	Drug Tier	Requirements /Limits
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CLINIMIX 8%-D14W(SULFITE-FREE)	1	
<i>electrolyte-48 in d5w</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	
IONOSOL-MB IN D5W	1	
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLASMA-LYTE 148	1	
PLASMA-LYTE A	1	
<i>plasmanate</i>	1	
<i>plenamine</i>	1	
<i>premasol 10 %</i>	1	
<i>travasol 10 %</i>	1	
TROPHAMINE 10 %	1	
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prenatal vitamin oral tablet</i>	1	

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