

MEDICA PRIME SOLUTION® (COST) PART D
MEDICA ADVANTAGE SOLUTION® (HMO-POS)
MEDICA ADVANTAGE SOLUTION® (PPO)
MEDICA ADVANTAGE SOLUTION® WITH CHI HEALTH (HMO)
MEDICA ADVANTAGE SOLUTION® PARTNERCARE (HMO I-SNP)
MEDICA GROUP PRIME SOLUTIONSM (COST)
MEDICA GROUP ADVANTAGE SOLUTIONSM (PPO)



2021 FORMULARY

(List of Covered Drugs)

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

Medica Part D Prime Solution/Advantage Solution Formulary ID # 21101, v 8

This formulary was updated on 08/26/2020 .

For more recent information or other questions, please contact Medica Customer Service at **1 (800) 234-8755** (TTY: **711**) for Prime Solution (Cost) and Group Prime Solution (Cost); **1 (866) 269-6804** (TTY: **711**) for Advantage Solution (HMO-POS), Advantage Solution (PPO) and Group Advantage Solution (PPO); **1 (866) 398-7374** (TTY: **711**) for Advantage Solution with CHI Health (HMO) and Advantage Solution H3632-001 (PPO); **1 (877) 335-9181** (TTY: **711**) for Advantage Solution PartnerCare (HMO I-SNP); 8 a.m. to 8 p.m. Central, 7 days a week (access to representatives may be limited at times), or visit **Medica.com/Members**.

Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person based on his or her race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTYcommunication
- Written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages

If you need these services, contact the number on the back of your identification card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of your race, color, creed, religion, national origin, sex, gender, gender identity, health status including mental and physical medical conditions, marital status, familial status, status with regard to public assistance, disability, sexual orientation, age, political beliefs, membership or activity in a local commission, or any other classification protected by law, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422, TTY: 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim
ntawv no, hu rau tus xov tooj nyob hauv daim ntawv
no los yog nyob nraum qab ntawm koj daim npav
Medica ID.

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Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات،
فأتصل على الرقم الوارد في هذه الوثيقة أو على ظهر
بطاقة تعريف مبدك الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

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Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면,
이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의
전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

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 နနီငခလံအုပ်သးခးကအလံခံတကပအဖီခံနီတကံ.

Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica.

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Medica Prime Solution® (Cost) Part D
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Medica Advantage Solution® PartnerCare (HMO I-SNP)
Medica Group Prime SolutionSM (Cost)
Medica Group Advantage SolutionSM (PPO)

2021 Formulary

(List of Covered Drugs)

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

This formulary was updated on August 26, 2020. For more recent information or other questions, please contact Medica Customer Service at:

1-800-234-8755 (TTY: 711) for Prime Solution (Cost) and Group Prime Solution (Cost);

1-866-269-6804 (TTY: 711) for Advantage Solution (HMO-POS) and Advantage Solution (PPO) and Group Advantage Solution (PPO);

1-866-398-7374 (TTY: 711) for Advantage Solution with CHI Health (HMO) and Advantage Solution H3632-001 (PPO);

1-877-335-9181 (TTY: 711) for Advantage Solution PartnerCare (HMO I-SNP).

From October 1 through March 31, we are open from 8 a.m. to 8 p.m. Central, seven days a week to speak with a representative. From April 1 to September 30, call us 8 a.m. to 8 p.m. Central, Monday through Friday to speak with a representative. On Saturdays, Sundays and holidays, you can leave a voicemail message, which will be returned within one business day, or visit medica.com/members.

Formulary ID: 21101
Version Number: 8
Effective: 01/01/2021

MEDICA®

Y0088_56097_C

This drug list was last updated on 08/26/2020.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Medica Insurance Company, Medica Health Plans and Medica Community Health Plan. When it refers to “plan” or “our plan,” it means Medica Prime Solution Part D and Medica Advantage Solution.

This document includes the list of the drugs (formulary) for our plan which is current as of August 26, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Medica Prime Solution Part D and Medica Advantage Solution Formulary?

A formulary is a list of covered drugs selected by Medica in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Medica will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medica network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

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

This drug list was last updated on 08/26/2020.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medica Formulary?"

Changes that will not affect you if you are currently taking the drug:

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of August 26, 2020. To get updated information about the drugs covered by Medica, please contact us. Our contact information appears on the front and back cover pages. Our print-ready formulary is updated monthly on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page number 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 117. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medica covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Medica requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medica before you fill your prescriptions. If you don't get approval, Medica may not cover the drug.
- **Quantity Limits:** For certain drugs, Medica limits the amount of the drug that Medica will cover. For example, Medica provides 18 tablets per 28 days prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medica 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, Medica may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medica will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medica to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medica Prime Solution Part D and Medica Advantage Solution formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Medica does not cover your drug, you have two options:

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

How do I request an exception to the Medica Prime Solution Part D and Medica Advantage Solution Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Medica limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Medica will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need

a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For current members who experience a Level of Care change:

We will cover a temporary supply of your drug, in order to ensure that you have continued access to you medications. You are allowed "refill-too-soon" overrides for each medication that you no longer have access due to the Level of Care change.

For more information

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

If you have questions about Medica, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit www.medicare.gov.

Medica's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medica. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

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

This drug list was last updated on 08/26/2020.

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List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

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.

SSM: Senior Savings Model. This prescription drug is a model insulin under the Part D Senior Savings Program for select plans. Your copay is the same in all stages until you reach Catastrophic Coverage Stage. See Chapter 6 "What you pay for your Part D prescription drugs" in the Evidence of Coverage for complete information. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level applies. The select plans are: H8889-001 (PPO), H8889-002 (PPO), H8889-003 (PPO), H3632-001 (PPO), H6154-003(HMO I-SNP).

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.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>amphotericin b injection recon soln</i>	4	B/D PA; MO
<i>caspofungin intravenous recon soln</i>	5	B/D PA
<i>clotrimazole mucous membrane troche</i>	2	MO
CRESEMBA INTRAVENOUS RECON SOLN	5	PA
CRESEMBA ORAL CAPSULE	5	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	5	MO
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	2	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral tablet</i>	2	MO
<i>micafungin intravenous recon soln</i>	5	
NOXAFIL ORAL SUSPENSION	5	PA; MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (drlec)</i>	5	PA; MO
<i>terbinafine hcl oral tablet</i>	2	MO
<i>voriconazole intravenous recon soln</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO

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

This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 200 mg</i>	5	PA; MO
<i>voriconazole oral tablet 50 mg</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir oral solution</i>	3	MO
<i>abacavir oral tablet</i>	4	MO
<i>abacavir-lamivudine oral tablet</i>	4	MO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir oral tablet</i>	5	MO
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	3	MO
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	5	
APTIVUS ORAL CAPSULE	5	MO
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir oral capsule 300 mg</i>	4	MO
ATRIPLA ORAL TABLET	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY ORAL TABLET	5	MO
<i>cidofovir intravenous solution</i>	5	B/D PA; MO
CIMDUO ORAL TABLET	5	MO
COMPLERA ORAL TABLET	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO ORAL TABLET	5	MO
DESCOVY ORAL TABLET	5	MO
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	2	MO
DOVATO ORAL TABLET	5	MO
EDURANT ORAL TABLET	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	4	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	3	MO

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

This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir oral tablet</i>	3	MO
EPCLUSA ORAL TABLET	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ ORAL TABLET	5	MO
<i>famciclovir oral tablet</i>	3	MO
<i>fosamprenavir oral tablet</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD ORAL TABLET	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet 100 mg</i>	3	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	MO
<i>lamivudine-zidovudine oral tablet</i>	4	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY ORAL TABLET	5	MO
<i>oseltamivir oral capsule</i>	3	MO
<i>oseltamivir oral suspension for reconstitution</i>	3	MO
PIFELTRO ORAL TABLET	5	MO
PREVYMIS INTRAVENOUS SOLUTION	5	
PREVYMIS ORAL TABLET	5	MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine oral tablet</i>	2	MO
<i>ritonavir oral tablet</i>	3	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD ORAL TABLET	5	MO
SYMFI LO ORAL TABLET	5	MO
SYMFI ORAL TABLET	5	MO
SYMTUZA ORAL TABLET	5	MO

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Drug Name	Drug Tier	Requirements/Limits
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO
TEMIXYS ORAL TABLET	5	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	MO
TRIUMEQ ORAL TABLET	5	MO
TROGARZO INTRAVENOUS SOLUTION	5	MO
TRUVADA ORAL TABLET	5	MO
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	5	MO
VEMLIDY ORAL TABLET	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI ORAL TABLET	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET	3	MO
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	2	MO
<i>cefactor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefactor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefactor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefepime injection recon soln</i>	4	MO
<i>cefixime oral capsule</i>	2	MO
<i>cefixime oral suspension for reconstitution</i>	2	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime oral suspension for reconstitution</i>	2	MO
<i>cefpodoxime oral tablet 100 mg</i>	3	MO
<i>cefpodoxime oral tablet 200 mg</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	3	MO
<i>cefprozil oral tablet</i>	3	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-os intravenous piggyback</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous recon soln</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cephalexin oral tablet</i>	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET, CHEWABLE	4	MO
<i>tazicef injection recon soln 1 gram</i>	2	PA
<i>tazicef injection recon soln 2 gram, 6 gram</i>	2	PA; MO
<i>tazicef intravenous recon soln</i>	2	PA
TEFLARO INTRAVENOUS RECON SOLN	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	4	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	3	MO
<i>azithromycin oral tablet</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin oral capsule, delayed release (drlec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (drlec)</i>	2	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	5	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; MO; LA
<i>atovaquone oral suspension</i>	5	MO
<i>atovaquone-proguanil oral tablet</i>	4	MO
<i>aztreonam injection recon soln</i>	4	PA; MO
<i>bacitracin intramuscular recon soln</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE ORAL TABLET	3	MO
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; QL (224 per 28 days)
CAPASTAT INJECTION RECON SOLN	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sodium succinate intravenous recon soln</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	4	MO
<i>clindamycin hcl oral capsule 300 mg</i>	2	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>clindamycin palmitate hcl oral recon soln</i>	4	MO
<i>clindamycin pediatric oral recon soln</i>	4	MO
<i>clindamycin phosphate injection solution</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA; MO
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate sodium) injection recon soln</i>	4	PA; MO
<i>dapsone oral tablet</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM ORAL TABLET,CHEWABLE	5	MO
<i>ertapenem injection recon soln</i>	4	MO
<i>ethambutol oral tablet</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (ped) (pf) injection solution</i>	2	PA; MO
<i>hydroxychloroquine oral tablet</i>	3	MO
<i>imipenem-cilastatin intravenous recon soln</i>	4	PA; MO
IMPAVIDO ORAL CAPSULE	5	PA; MO
<i>isoniazid injection solution</i>	2	
<i>isoniazid oral solution</i>	2	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral tablet</i>	3	MO
<i>lincomycin injection solution</i>	2	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	PA
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln</i>	4	MO
<i>metro i.v. intravenous piggyback</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin oral tablet</i>	2	MO
<i>paromomycin oral capsule</i>	4	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
<i>pentamidine inhalation recon soln</i>	2	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	2	MO
<i>praziquantel oral tablet</i>	2	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	3	MO
<i>pyrazinamide oral tablet</i>	2	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO
<i>quinine sulfate oral capsule</i>	2	MO
<i>rifabutin oral capsule</i>	2	MO
<i>rifampin intravenous recon soln</i>	4	MO
<i>rifampin oral capsule</i>	4	MO
SIRTURO ORAL TABLET 100 MG	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 20 MG	5	PA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	PA; MO
SYNERCID INTRAVENOUS RECON SOLN	5	PA
<i>tigecycline intravenous recon soln</i>	5	PA
<i>tinidazole oral tablet</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	PA
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR ORAL TABLET	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION RECON SOLN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	4	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 250 mg, 500 mg</i>	4	PA; MO
<i>ampicillin sodium injection recon soln 2 gram</i>	2	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	PA; MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	PA; MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA; MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA; MO
<i>nafcillin intravenous recon soln</i>	4	PA; MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	PA; MO
<i>oxacillin injection recon soln 1 gram</i>	2	PA
<i>oxacillin injection recon soln 10 gram</i>	5	PA
<i>oxacillin injection recon soln 2 gram</i>	2	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	4	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	4	PA; MO
<i>penicillin g potassium injection recon soln</i>	4	PA; MO
<i>penicillin g procaine intramuscular syringe</i>	2	PA; MO
<i>penicillin g sodium injection recon soln</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO
<i>pfizerpen-g injection recon soln</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous solution</i>	4	PA; MO
<i>levofloxacin oral solution</i>	2	MO
<i>levofloxacin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin oral tablet</i>	3	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	4	PA
<i>ofloxacin oral tablet 300 mg</i>	4	
<i>ofloxacin oral tablet 400 mg</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	4	MO
<i>doxy-100 intravenous recon soln</i>	4	PA; MO
<i>doxycycline hyclate intravenous recon soln</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 20 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 50 mg</i>	4	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	3	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>mondoxyne nl oral capsule 100 mg</i>	2	MO
<i>morgidox oral capsule 100 mg</i>	4	MO
<i>tetracycline oral capsule</i>	4	MO
VIBRAMYCIN ORAL SYRUP	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	4	MO
<i>methenamine mandelate oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate-cryst oral capsule</i>	2	MO
<i>nitrofurantoin oral suspension</i>	4	MO
<i>trimethoprim oral tablet</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	5	B/D PA
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	5	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	5	MO
KEPIVANCE INTRAVENOUS RECON SOLN	5	MO
KHAPZORY INTRAVENOUS RECON SOLN	5	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO
VISTOGARD ORAL GRANULES IN PACKET	5	PA; MO
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	5	PA; MO; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
ADCETRIS INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution</i>	2	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	3	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE	5	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; MO
ALIQOPA INTRAVENOUS RECON SOLN	5	B/D PA; MO
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole oral tablet</i>	2	MO
ARRANON INTRAVENOUS SOLUTION	5	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ARZERRA INTRAVENOUS SOLUTION	5	B/D PA; MO
AVASTIN INTRAVENOUS SOLUTION	5	B/D PA; MO
AYVAKIT ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	5	B/D PA; MO
<i>azathioprine oral tablet</i>	2	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA
BALVERSA ORAL TABLET	5	PA; MO; LA
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; MO
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; MO
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO
BESPONSA INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>bexarotene oral capsule</i>	5	PA; MO
<i>bicalutamide oral tablet</i>	2	MO
<i>bleomycin injection recon soln</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB INTRAVENOUS RECON SOLN	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; MO; LA
<i>busulfan intravenous solution</i>	5	B/D PA
CABOMETYX ORAL TABLET	5	PA; MO; LA
CALQUENCE ORAL CAPSULE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cladribine intravenous solution</i>	5	B/D PA; MO
<i>clofarabine intravenous solution</i>	5	B/D PA
COMETRIQ ORAL CAPSULE	5	PA; MO
COPIKTRA ORAL CAPSULE	5	PA; MO; LA; QL (60 per 30 days)
COSMEGEN INTRAVENOUS RECON SOLN	5	B/D PA; MO
COTELLIC ORAL TABLET	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	3	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	2	B/D PA
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous solution</i>	2	B/D PA; MO
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO
DROXIA ORAL CAPSULE	3	MO
ELZONRIS INTRAVENOUS SOLUTION	5	PA; MO
EMCYT ORAL CAPSULE	5	MO
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; MO
ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINAZE INJECTION RECON SOLN	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive) oral tablet</i>	5	B/D PA; MO
<i>exemestane oral tablet</i>	4	MO
FARYDAK ORAL CAPSULE	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO
<i>floxuridine injection recon soln</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution</i>	3	B/D PA; MO
<i>flutamide oral capsule</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	2	B/D PA
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO
INFUGEM INTRAVENOUS PIGGYBACK	5	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INREBIC ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
IRESSA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET	5	PA; MO
KISQALI ORAL TABLET	5	PA; MO
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA; MO
LENVIMA ORAL CAPSULE	5	PA; MO
<i>letrozole oral tablet</i>	2	MO
LEUKERAN ORAL TABLET	3	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	5	PA; MO
LONSURF ORAL TABLET	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements/Limits
MARQIBO INTRAVENOUS KIT	3	B/D PA; MO
MATULANE ORAL CAPSULE	5	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
<i>melfhalan hcl intravenous recon soln</i>	5	B/D PA
<i>melfhalan oral tablet</i>	2	B/D PA; MO
<i>mercaptopurine oral tablet</i>	3	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	3	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MVASI INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (drlec)</i>	3	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO
NERLYNX ORAL TABLET	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide oral tablet</i>	5	PA; MO
NINLARO ORAL CAPSULE	5	PA; MO; QL (3 per 28 days)
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days)
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA; MO
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution</i>	2	B/D PA; MO
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	5	PA; MO
<i>paraplatin intravenous solution</i>	2	B/D PA
PEMAZYRE ORAL TABLET	5	PA; MO; LA; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; MO
PIQRAY ORAL TABLET	5	PA; MO
POLIVY INTRAVENOUS RECON SOLN	5	PA; MO
POMALYST ORAL CAPSULE	5	PA; MO; LA
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	5	PA; MO
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA; MO; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN INTRAVENOUS CONCENTRATE	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS CONCENTRATE	5	PA; MO
RYDAPT ORAL CAPSULE	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	PA; MO
SARCLISA INTRAVENOUS SOLUTION	5	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	3	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX ORAL SOLUTION	5	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; MO
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAGRISSO ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	2	MO
TARGRETIN TOPICAL GEL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	5	PA; MO; LA
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; MO
THALOMID ORAL CAPSULE	5	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO ORAL TABLET	5	PA; MO
<i>toposar intravenous solution</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO
<i>toremifene oral tablet</i>	5	MO
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TRODELVY INTRAVENOUS RECON SOLN	3	PA; MO
TRUXIMA INTRAVENOUS CONCENTRATE	5	PA; MO
TUKYSA ORAL TABLET 150 MG	5	PA; MO; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; MO; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
TYKERB ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>valrubicin intravesical solution</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VANTAS IMPLANT KIT	4	PA; MO
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO
VELCADE INJECTION RECON SOLN	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs intravenous solution</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
VOTRIENT ORAL TABLET	5	PA; MO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	5	B/D PA; MO
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XATMEP ORAL SOLUTION	4	B/D PA; MO
XERMELO ORAL TABLET	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA ORAL TABLET	5	PA; MO; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60MG TWICE WEEK (120 MG/WEEK)	5	PA; MO
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA; MO
YONSA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE	5	PA; MO
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG ORAL TABLET	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	5	MO
BANZEL ORAL SUSPENSION	5	PA; MO
BANZEL ORAL TABLET	5	PA; MO
BRIVIACT INTRAVENOUS SOLUTION	4	
BRIVIACT ORAL SOLUTION	5	MO
BRIVIACT ORAL TABLET	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	MO; QL (300 per 30 days)
<i>diazepam rectal kit</i>	2	MO
DILANTIN 30 MG ORAL CAPSULE	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO
EPIDIOLEX ORAL SOLUTION	5	PA; MO; LA
<i>epitol oral tablet</i>	2	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
<i>fosphenytoin injection solution</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	MO
FYCOMPA ORAL TABLET 2 MG	4	MO
<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>	3	MO; QL (2160 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	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)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablets, dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	MO
<i>levetiracetam intravenous solution</i>	3	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	3	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	3	MO
PEGANONE ORAL TABLET	4	MO
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>primidone oral tablet</i>	2	MO
<i>roweepra oral tablet</i>	2	MO
<i>roweepra xr oral tablet extended release 24 hr</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
<i>subvenite oral tablet</i>	2	MO
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	2	MO
<i>subvenite starter (green) kit oral tablets, dose pack</i>	2	MO
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium intravenous solution</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	5	MO; LA
<i>vigabatrin oral tablet</i>	5	MO; LA
<i>vigadrone oral powder in packet</i>	5	MO; LA
VIMPAT INTRAVENOUS SOLUTION	3	MO
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO
XCOPRI MAINTENANCE PACK ORAL TABLET	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	4	MO; QL (56 per 28 days)
<i>zonisamide oral capsule</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA
<i>benztropine injection solution</i>	2	MO
<i>benztropine oral tablet</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	4	MO
<i>bromocriptine oral tablet</i>	4	MO
<i>carbidopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	3	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	MO
<i>entacapone oral tablet</i>	3	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl oral capsule</i>	3	MO
<i>selegiline hcl oral tablet</i>	3	MO
<i>tolcapone oral tablet</i>	5	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution</i>	2	MO
<i>dihydroergotamine nasal spray, non-aerosol</i>	5	MO; QL (8 per 28 days)
<i>eletriptan oral tablet</i>	4	MO; QL (18 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine oral tablet</i>	2	MO
<i>migergot rectal suppository</i>	4	MO
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING	5	PA; MO; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/lactuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET	5	PA; MO; QL (20 per 30 days)
<i>zolmitriptan oral tablet</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet, disintegrating</i>	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	5	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>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet, disintegrating</i>	1	MO
FIRDAPSE ORAL TABLET	5	PA; MO; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO
<i>galantamine oral solution</i>	3	MO
<i>galantamine oral tablet</i>	3	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA INTRAVENOUS SOLUTION	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr 14 mg</i>	3	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr 21 mg, 28 mg, 7 mg</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablet</i>	3	PA; MO
NAMZARIC ORAL CAP,SPRINKLE, ER 24HR DOSE PACK	3	PA; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	5	PA; MO
OCREVUS INTRAVENOUS SOLUTION	5	PA; MO
RADICAVA INTRAVENOUS PIGGYBACK	5	PA; MO
<i>rivastigmine tartrate oral capsule</i>	3	MO
<i>rivastigmine transdermal patch 24 hour</i>	4	MO
TECFIDERA ORAL CAPSULE,DELA YED RELEASE(DR/EC) 120 MG	5	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELA YED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; MO; LA; QL (120 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELA YED RELEASE(DR/EC) 240 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI INTRAVENOUS SOLUTION	5	PA; MO
VUMERITY ORAL CAPSULE,DELA YED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	3	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene intravenous recon soln</i>	4	
<i>dantrolene oral capsule</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
neostigmine methylsulfate intravenous solution 0.5 mg/ml	2	MO
neostigmine methylsulfate intravenous solution 1 mg/ml	2	
pyridostigmine bromide oral syrup	5	MO
pyridostigmine bromide oral tablet 60 mg	3	MO
pyridostigmine bromide oral tablet extended release	4	MO
regonol injection solution	2	
revonto intravenous recon soln	4	
tizanidine oral capsule	3	MO
tizanidine oral tablet	2	MO
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	2	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	3	QL (4500 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen-codeine oral solution 120-12 mg/5 ml	3	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	3	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	3	MO; QL (180 per 30 days)
BELBUCA BUCCAL FILM	3	PA; MO; QL (60 per 30 days)
buprenorphine hcl injection syringe	2	
buprenorphine hcl sublingual tablet	2	MO
buprenorphine transdermal patch weekly	4	PA; MO; QL (4 per 28 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
endocet oral tablet 2.5-325 mg	3	MO; QL (360 per 30 days)
fentanyl citrate (pf) injection solution	2	MO; QL (400 per 30 days)
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML)	3	QL (400 per 30 days)
fentanyl citrate buccal lozenge on a handle	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	3	PA; MO; QL (90 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml (15 ml)</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4	QL (150 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	4	QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QL (150 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO; QL (300 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO; QL (75 per 30 days)
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	4	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i>	3	MO; QL (28 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	5	MO; QL (120 per 30 days)
<i>lorcet (hydrocodone) oral tablet</i>	2	MO; QL (360 per 30 days)
<i>lorcet hd oral tablet</i>	2	MO; QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>methadone injection solution</i>	2	QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone intensol oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	3	MO; QL (1000 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	3	MO; QL (500 per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	3	QL (400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous solution 10 mg/ml</i>	3	MO; QL (200 per 30 days)
<i>morphine intravenous solution 4 mg/ml</i>	3	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	3	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	3	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	3	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	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>	3	MO; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet</i>	3	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	3	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	3	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol nasal spray, non-aerosol</i>	2	MO; QL (10 per 28 days)
<i>celecoxib oral capsule</i>	3	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	2	MO
<i>diflunisal oral tablet</i>	3	MO
<i>ec-naproxen oral tablet,delayed release (drlec)</i>	2	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg</i>	3	
<i>ketoprofen oral capsule 75 mg</i>	3	MO
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	4	MO
<i>meclofenamate oral capsule</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid oral capsule</i>	4	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 oral tablet</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone oral tablet</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (drlec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
<i>oxaprozin oral tablet</i>	3	MO
<i>piroxicam oral capsule</i>	3	MO
<i>salsalate oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet</i>	1	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	MO
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
<i>amitriptyline oral tablet</i>	2	MO
<i>amoxapine oral tablet</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	3	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	MO
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	MO
<i>armodafinil oral tablet</i>	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	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>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)
<i>bupirone oral tablet</i>	2	MO
CAPLYTA ORAL CAPSULE	5	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	3	MO
<i>chlorpromazine oral tablet</i>	3	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	3	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
<i>desipramine oral tablet</i>	3	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr</i>	3	MO
<i>dextroamphetamine -amphetamine oral tablet</i>	3	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA; MO
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	3	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	3	MO; QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	MO
<i>ergoloid oral tablet</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone oral tablet</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	2	MO
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(drlec)</i>	3	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	3	MO
<i>fluphenazine decanoate injection solution</i>	3	MO
<i>fluphenazine hcl injection solution</i>	3	MO
<i>fluphenazine hcl oral concentrate</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	3	MO
<i>fluphenazine hcl oral tablet</i>	3	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	4	MO
<i>guanidine oral tablet</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 50 mg/ml (1ml)</i>	3	MO
<i>haloperidol lactate injection solution</i>	2	MO
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet</i>	1	MO
HETLIOZ ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	4	MO
<i>imipramine pamoate oral capsule</i>	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam injection syringe 4 mg/ml</i>	2	PA
<i>lorazepam intensol oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	2	MO
<i>maprotiline oral tablet</i>	2	MO
MARPLAN ORAL TABLET	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 10mg, 20mg</i>	3	MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet</i>	2	MO
<i>nefazodone oral tablet</i>	3	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	2	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	3	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<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>	4	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine oral tablet</i>	3	MO
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYR KIT	5	MO
<i>phenelzine oral tablet</i>	3	MO
<i>pimozide oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>procentra oral solution</i>	2	MO
<i>protriptyline oral tablet</i>	3	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
<i>ramelteon oral tablet</i>	2	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	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>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	MO; QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET	5	MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	QL (30 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine oral tablet</i>	4	MO
<i>thiothixene oral capsule</i>	2	MO
<i>tranlycypromine oral tablet</i>	4	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	4	MO
TRINTELLIX ORAL TABLET	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE, DOSE PACK	4	MO; QL (7 per 30 days)
XYREM ORAL SOLUTION	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular reconstruction</i>	2	
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine intravenous solution</i>	2	
<i>adenosine intravenous syringe</i>	2	
<i>amiodarone intravenous solution</i>	3	B/D PA; MO
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	3	MO
<i>dofetilide oral capsule</i>	4	MO
<i>flecainide oral tablet</i>	3	MO
<i>ibutilide fumarate intravenous solution</i>	2	MO
<i>lidocaine (pf) in d7.5w intrathecal solution</i>	2	MO
<i>lidocaine (pf) intravenous solution</i>	2	MO
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	MO
<i>pacerone oral tablet 400 mg</i>	3	MO
<i>procainamide injection solution 100 mg/ml</i>	2	MO
<i>procainamide injection solution 500 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate oral tablet extended release</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	MO
<i>sotalol af oral tablet 160 mg, 80 mg</i>	3	MO
<i>sotalol oral tablet</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	2	MO
<i>aliskiren oral tablet</i>	3	MO
<i>amiloride oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	2	MO
<i>amlodipine-valsartan oral tablet</i>	2	MO
<i>amlodipine-valsartan-hcthiacid oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	2	MO
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	2	MO
<i>betaxolol oral tablet</i>	2	MO
BIDIL ORAL TABLET	3	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	4	MO
<i>bumetanide oral tablet</i>	3	MO
BYSTOLIC ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan oral tablet</i>	2	MO
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	MO
<i>captopril oral tablet</i>	2	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	4	MO; QL (4 per 28 days)
DEMSER ORAL CAPSULE	5	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	3	
<i>diltiazem hcl intravenous solution</i>	3	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	MO
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	MO
<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)
EDARBI ORAL TABLET	3	MO
EDARBYCLOR ORAL TABLET	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>eplerenone oral tablet</i>	3	MO
<i>epoprostenol (glycine) intravenous recon soln</i>	2	B/D PA; MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium intravenous recon soln</i>	5	MO
<i>ethacrynic acid oral tablet</i>	4	MO
<i>felodipine oral tablet extended release 24 hr</i>	2	MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>furosemide injection solution</i>	4	MO
<i>furosemide injection syringe</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	2	MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isradipine oral capsule</i>	2	MO
<i>labetalol intravenous solution</i>	2	MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet</i>	2	MO
<i>lisinopril oral tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>mannitol 20 % intravenous parenteral solution</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>methyldopa oral tablet</i>	2	MO
<i>metolazone oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol tartrate hydrochlorothiazide oral tablet</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	4	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nicardipine intravenous solution</i>	2	MO
<i>nicardipine oral capsule</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	4	MO
<i>olmesartan oral tablet</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>osmitrol 15 % intravenous parenteral solution</i>	2	
<i>osmitrol 20 % intravenous parenteral solution</i>	2	
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phenoxymethamine oral capsule</i>	5	PA; MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol oral tablet</i>	3	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazide oral tablet</i>	2	MO
<i>quinapril oral tablet</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone-hydrochlorothiazide oral tablet</i>	2	MO
<i>taztia xt oral capsule, extended release 24 hr</i>	2	MO
TEKTURNA HCT ORAL TABLET	3	MO
<i>telmisartan oral tablet</i>	2	MO
<i>telmisartan-amlodipine oral tablet</i>	2	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr</i>	2	MO
<i>timolol maleate oral tablet 10 mg, 20 mg</i>	3	MO
<i>timolol maleate oral tablet 5 mg</i>	2	MO
<i>torseamide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	3	MO
<i>treprostinil sodium injection solution</i>	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene oral capsule</i>	2	MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA
UPTRAVI ORAL TABLETS, DOSE PACK	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>veletri intravenous recon soln</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	3	MO
<i>verapamil intravenous syringe</i>	3	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid oral solution</i>	5	MO
<i>aminocaproic acid oral tablet</i>	5	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous solution</i>	4	PA
<i>dipyridamole oral tablet</i>	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
ELIQUIS ORAL TABLET	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	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>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	2	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution</i>	2	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
<i>jantoven oral tablet</i>	1	MO
MULPLETA ORAL TABLET	5	PA; MO
NPLATE SUBCUTANEOUS RECON SOLN	5	MO
<i>pentoxifylline oral tablet extended release</i>	2	MO
<i>prasugrel oral tablet</i>	3	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA
PROMACTA ORAL TABLET	5	PA; MO; LA
<i>protamine intravenous solution</i>	2	
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
XARELTO ORAL TABLET	3	MO
ZONTIVITY ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	3	MO
<i>cholestyramine light oral powder</i>	3	MO
<i>cholestyramine light oral powder in packet</i>	3	MO
<i>colesevelam oral powder in packet</i>	4	MO
<i>colesevelam oral tablet</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	MO
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe oral tablet</i>	3	MO
<i>ezetimibe-simvastatin oral tablet</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release (drlec)</i>	2	MO
<i>fenofibric acid oral tablet</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	3	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	3	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO
JUXTAPID ORAL CAPSULE	5	PA; MO; LA
LIVALO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL ORAL TABLET	3	PA; MO
NEXLIZET ORAL TABLET	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet 500 mg</i>	3	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
PRALUENT SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
<i>pravastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	3	MO
<i>prevalite oral powder in packet</i>	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; MO; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE	3	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln perfusion solution</i>	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
<i>digitek oral tablet</i>	2	MO
<i>digox oral tablet</i>	2	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	MO
<i>digoxin oral tablet</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	2	B/D PA; MO
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO ORAL TABLET	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone in 5 % dextrose intravenous piggyback</i>	2	B/D PA; MO
<i>milrinone intravenous solution</i>	2	B/D PA; MO
<i>norepinephrine bitartrate intravenous solution</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine oral tablet extended release 12 hr</i>	3	MO
<i>sodium nitroprusside intravenous solution</i>	2	B/D PA
VECAMYL ORAL TABLET	5	
VYNDAMAX ORAL CAPSULE	5	PA; MO
VYNDAQEL ORAL CAPSULE	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATICS / ANTISEBORRHOEIC		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp solution</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	4	MO; QL (400 per 30 days)
<i>calcipotriene-betamethasone topical suspension</i>	4	MO; QL (400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol topical ointment</i>	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA INTRAVENOUS SOLUTION	5	PA; MO; QL (4 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (2 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (3 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TALTZ SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf) injection solution</i>	2	
CONDYLOX TOPICAL GEL	4	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical cream</i>	5	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod topical cream in packet</i>	2	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	2	MO
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>lidocaine hcl injection solution</i>	2	MO
<i>lidocaine hcl laryngotracheal solution</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	5	MO
PANRETIN TOPICAL GEL	5	PA; MO
PICATO TOPICAL GEL	5	MO
<i>pimecrolimus topical cream</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf injection solution</i>	2	
<i>prudoxin topical cream</i>	4	MO; QL (45 per 30 days)
REGRANEX TOPICAL GEL	5	MO
SANTYL TOPICAL OINTMENT	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	PA; MO; QL (100 per 30 days)
UVADEX INJECTION SOLUTION	4	B/D PA
VALCHLOR TOPICAL GEL	5	PA; MO
THERAPY FOR ACNE		
<i>avita topical cream</i>	2	PA; MO
<i>azelaic acid topical gel</i>	4	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg</i>	4	MO
<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO; QL (120 per 30 days)
<i>dapsone topical gel</i>	4	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	4	MO

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel with pump</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>myorisan oral capsule</i>	2	MO
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA; MO
TAZORAC TOPICAL GEL	4	PA; MO
<i>tretinoin topical cream</i>	4	PA; MO
<i>tretinoin topical gel</i>	4	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO
<i>gentamicin topical ointment</i>	2	MO
<i>mafenide acetate topical packet</i>	2	MO
<i>mupirocin topical ointment</i>	2	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension</i>	4	MO
SULFAMYLON TOPICAL CREAM	3	MO

Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole topical cream</i>	2	MO; QL (85 per 28 days)
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan topical foam</i>	2	MO; QL (100 per 28 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel</i>	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	4	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO
<i>nystatin-triamcinolone topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxiconazole topical cream</i>	4	PA; MO; QL (60 per 28 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical cream</i>	4	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR TOPICAL CREAM	5	MO
XERESE TOPICAL CREAM	4	MO

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	2	MO
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>betamethasone dipropionate topical cream</i>	3	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO
<i>betamethasone dipropionate topical ointment</i>	3	MO
<i>betamethasone valerate topical cream</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical foam</i>	3	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	MO
CAPEX TOPICAL SHAMPOO	4	MO
<i>clobetasol scalp solution</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>clodan topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical gel</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone and shower cap scalp oil</i>	3	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	2	MO
<i>fluocinonide topical cream 0.05 %</i>	3	MO; QL (120 per 30 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream</i>	3	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	3	MO
<i>halobetasol propionate topical ointment</i>	3	MO
<i>hydrocortisone butyrate topical lotion</i>	4	MO; QL (118 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical cream</i>	2	MO
<i>prednicarbate topical ointment</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tovet emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	3	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO
<i>triderm topical cream 0.5 %</i>	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	2	MO
<i>lindane topical shampoo</i>	2	MO
<i>malathion topical lotion</i>	2	MO
<i>permethrin topical cream</i>	2	MO
SKLICE TOPICAL LOTION	4	MO

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC S / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	2	MO
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO
<i>ringer's irrigation solution</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (drlec)</i>	4	MO
<i>acetic acid irrigation solution</i>	2	MO
<i>anagrelide oral capsule</i>	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	MO; LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	MO
<i>caffeine citrate intravenous solution</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate oral solution</i>	2	MO
CARBAGLU ORAL TABLET, DISPERSIBLE	5	PA; MO; LA
<i>cevimeline oral capsule</i>	2	MO
CHEMET ORAL CAPSULE	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>clovique oral capsule</i>	5	PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	MO
<i>deferasirox oral tablet</i>	5	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>deferoxamine injection recon soln</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	MO
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	2	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	MO
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	2	MO
<i>dextrose with sodium chloride intravenous parenteral solution</i>	2	
<i>disulfiram oral tablet</i>	2	MO
FERRIPROX (2 TIMES A DAY) ORAL TABLET	5	PA
FERRIPROX ORAL SOLUTION	5	PA; MO
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX SUBCUTANEOUS SOLUTION	5	MO; LA
<i>kionex (with sorbitol) oral suspension</i>	2	MO
<i>lanthanum oral tablet, chewable</i>	4	MO
<i>levocarnitine (with sugar) oral solution</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
LOKELMA ORAL POWDER IN PACKET	3	MO
<i>midodrine oral tablet</i>	3	MO
<i>nitisinone oral capsule</i>	5	PA; MO
NORTHERA ORAL CAPSULE	5	PA; MO
ORFADIN ORAL CAPSULE 20 MG	5	PA; MO; LA
ORFADIN ORAL SUSPENSION	5	PA; MO; LA
<i>pilocarpine hcl oral tablet</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO
RAVICTI ORAL LIQUID	5	PA; MO
REVCIVI INTRAMUSCULAR SOLUTION	5	PA; MO
<i>riluzole oral tablet</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	ST; MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	4	MO
<i>sevelamer hcl oral tablet 400 mg</i>	2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sodium benzoate-sod phenylacet intravenous solution</i>	5	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	MO
<i>sodium chloride irrigation solution</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA; MO
<i>sodium polystyrene (sorb free) oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps (with sorbitol) oral suspension</i>	3	MO
<i>sps (with sorbitol) rectal enema</i>	3	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	5	MO
THIOLA ORAL TABLET	5	MO
<i>trientine oral capsule</i>	5	PA; MO
ULTOMIRIS INTRAVENOUS SOLUTION	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA ORAL POWDER IN PACKET	3	MO
<i>water for irrigation, sterile irrigation solution</i>	2	MO
XIAFLEX INJECTION RECON SOLN	5	PA; MO
XURIDEN ORAL GRANULES IN PACKET	5	PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	3	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4	MO
CHANTIX ORAL TABLET	4	MO
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	4	MO
NICOTROL INHALATION CARTRIDGE	4	MO

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal spray, non-aerosol</i>	2	MO; QL (30 per 30 days)
<i>olopatadine nasal spray, non-aerosol</i>	3	MO; QL (30.5 per 30 days)
<i>oralone dental paste</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>paroex oral rinse mucous membrane mouthwash</i>	1	MO
<i>periogard mucous membrane mouthwash</i>	2	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	3	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	4	MO
<i>flac oil otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	3	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	MO
<i>ofloxacin otic (ear) drops</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROID / ANTIBIOTIC		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	3	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet</i>	2	MO
<i>decadron oral tablet</i>	2	
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	4	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection solution</i>	3	MO
<i>dexamethasone sodium phosphate injection syringe</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone oral tablet</i>	1	MO
<i>hydrocortisone oral tablet</i>	2	MO
<i>methylprednisolone acetate injection suspension</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln 500 mg</i>	2	
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<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>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol oral concentrate</i>	2	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	3	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	3	MO
APIDRA SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN	4	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	4	ST; MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET	4	MO; QL (180 per 30 days)
<i>diazoxide oral suspension</i>	4	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<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)
<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 SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO

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Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 1-PACK SUBCUTANEOUS SYRINGE	3	MO
GVOKE PFS 2-PACK SUBCUTANEOUS SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	ST; MO; SSM
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO; SSM
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	ST; MO; SSM
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO; SSM
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO; SSM
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	ST; MO; SSM
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST; MO; SSM

Drug Name	Drug Tier	Requirements/Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO; SSM
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO; SSM
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO; SSM
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	MO; SSM
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	MO; SSM
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
INSULIN PEN NEEDLE	3	MO

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
INVOKAMET ORAL TABLET	3	MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	MO; QL (60 per 30 days)
INVOKANA ORAL TABLET	3	MO; QL (30 per 30 days)
JANUMET ORAL TABLET	3	ST; MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	4	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
KAZANO ORAL TABLET	4	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	ST; MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN	3	MO; SSM
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO; SSM
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO; SSM
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN	3	ST; MO; SSM

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO; SSM
<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO

Drug Name	Drug Tier	Requirements/Limits
NESINA ORAL TABLET	4	ST; MO; QL (30 per 30 days)
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	4	ST; MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	4	ST; MO
ONGLYZA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; MO; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	2	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	2	MO; QL (90 per 30 days)
QTERN ORAL TABLET	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	3	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	3	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	3	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET	3	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	MO; QL (15 per 30 days); SSM
STEGLATRO ORAL TABLET	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (6 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO; SSM
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN	3	MO; SSM
TRADJENTA ORAL TABLET	4	ST; MO; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	MO; QL (15 per 30 days); SSM
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; MO; QL (30 per 30 days)
<i>cabergoline oral tablet</i>	3	MO
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	2	MO
CERDELGA ORAL CAPSULE	5	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate oral tablet</i>	2	PA; MO
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>danazol oral capsule</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
<i>desmopressin injection solution</i>	4	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol</i>	4	MO
<i>desmopressin oral tablet</i>	2	MO
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	2	MO
ELAPRASE INTRAVENOUS SOLUTION	5	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
KANUMA INTRAVENOUS SOLUTION	5	PA; MO
KORLYM ORAL TABLET	5	PA; MO
KUVAN ORAL POWDER IN PACKET	5	PA; MO
KUVAN ORAL TABLET, SOLUBLE	5	PA; MO
LUMIZYME INTRAVENOUS RECON SOLN	5	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION SOLUTION	5	MO
<i>miglustat oral capsule</i>	5	PA; MO; LA
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	4	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous recon soln</i>	2	MO
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral capsule</i>	4	MO
SAMSCA ORAL TABLET	5	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MO
STIMATE NASAL SPRAY, NON-AEROSOL	5	MO
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; MO
SYNAREL NASAL SPRAY, NON-AEROSOL	5	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	PA; MO
<i>testosterone enanthate intramuscular oil</i>	3	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>	3	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet</i>	5	PA; MO
VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox oral tablet</i>	1	MO
<i>levo-t oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	MO
<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
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
<i>unithroid oral tablet</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	MO
<i>atropine injection syringe 0.05 mg/ml</i>	3	
<i>atropine injection syringe 0.1 mg/ml</i>	3	MO
<i>dicyclomine intramuscular solution</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral liquid</i>	2	MO
<i>diphenoxylate-atropine oral tablet</i>	4	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection solution</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture oral</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	5	MO
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA; MO
<i>balsalazide oral capsule</i>	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	MO
CHENODAL ORAL TABLET	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (3 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION	3	MO
<i>compro rectal suppository</i>	2	MO
<i>constulose oral solution</i>	2	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	MO
<i>cromolyn oral concentrate</i>	3	MO
CYSTADANE ORAL POWDER	5	MO
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM ORAL CAPSULE	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec)</i>	4	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
ENTYVIO INTRAVENOUS RECON SOLN	5	PA; MO; QL (2 per 28 days)
<i>enulose oral solution</i>	2	MO
<i>fosaprepitant intravenous recon soln</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>gavilyte-n oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl intravenous solution</i>	4	MO
<i>granisetron hcl oral tablet</i>	4	B/D PA; MO
<i>hydrocortisone rectal enema</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	4	MO
<i>lactulose oral solution</i>	2	MO
LINZESS ORAL CAPSULE	3	ST; MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (drlec)</i>	4	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating</i>	4	MO
MOTEGRITY ORAL TABLET	4	ST; MO; QL (30 per 30 days)
MOVANTIK ORAL TABLET	3	ST; MO; QL (30 per 30 days)
OICALIVA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	MO
<i>ondansetron hcl intravenous solution</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte oral recon soln</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine edisylate injection solution</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	2	MO
<i>procto-med hc topical cream with perineal applicator</i>	2	MO
<i>procto-pak topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO
<i>proctozone-hc topical cream with perineal applicator</i>	2	MO
RECTIV RECTAL OINTMENT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; QL (20 per 28 days)
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO
<i>scopolamine base transdermal patch 3 day</i>	3	MO
SUCRAID ORAL SOLUTION	5	PA; MO
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (drlec)</i>	2	MO
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	MO
SYMPROIC ORAL TABLET	3	MO
<i>trilyte with flavor packets oral recon soln</i>	2	MO
TRULANCE ORAL TABLET	3	ST; MO
<i>ursodiol oral capsule</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI ORAL TABLET	3	B/D PA; MO
VIBERZI ORAL TABLET	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIOKACE ORAL TABLET	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	MO
ULCER THERAPY		
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	4	MO
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 20 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	3	MO
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	3	MO
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	
<i>famotidine (pf) intravenous solution</i>	2	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>	2	MO
<i>misoprostol oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	MO; QL (30 per 30 days)
<i>nizatidine oral capsule</i>	2	MO
<i>nizatidine oral solution</i>	4	MO
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(drlec) 40 mg</i>	1	MO
<i>pantoprazole intravenous recon soln</i>	2	MO
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	1	MO
<i>sucralfate oral suspension</i>	2	MO
<i>sucralfate oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; QL (2 per 28 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION RECON SOLN	5	B/D PA; MO
INTRON A INJECTION SOLUTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO
NIVESTYM INJECTION SOLUTION	5	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	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	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN INTRAVENOUS RECON SOLN	5	B/D PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; MO; QL (6 per 28 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA; MO
ZARXIO INJECTION SYRINGE	5	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	MO
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
BEXSERO INTRAMUSCULAR SYRINGE	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	MO
BOTOX INJECTION RECON SOLN	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole intravenous solution</i>	2	
GAMASTAN INTRAMUSCULAR SOLUTION	3	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements/Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL INJECTION SUSPENSION	3	MO
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	MO
ODACTRA SUBLINGUAL TABLET	3	PA; MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	MO
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
RAGWITEK SUBLINGUAL TABLET	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	MO
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SYRINGE	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet</i>	1	MO
<i>allopurinol sodium intravenous reconstruction solution</i>	2	
<i>aloprim intravenous reconstruction solution</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat oral tablet 40 mg</i>	4	MO
<i>febuxostat oral tablet 80 mg</i>	2	MO
KRYSTEXXA INTRAVENOUS SOLUTION	5	MO
MITIGARE ORAL CAPSULE	3	MO
<i>probenecid oral tablet</i>	2	MO
<i>probenecid-colchicine oral tablet</i>	2	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	3	ST; MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg</i>	1	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	ST; MO; QL (4 per 28 days)
<i>alendronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
FOSAMAX PLUS D ORAL TABLET	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA; MO
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral tablet</i>	2	ST; MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	3	MO
<i>risedronate oral tablet 150 mg</i>	3	ST; MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	ST; MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	ST; MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	2	ST; MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.48 per 28 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	5	PA; MO; QL (16 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML)	5	PA; MO; QL (8 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	5	PA; MO; QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; MO
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR	5	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (8 per 28 days)
HUMIRA CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (6 per 180 days)
HUMIRA PSOR- UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOU S SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) CROHNS-UC-HS SUBCUTANEOU S PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PSOR-UV-ADOL HS SUBCUTANEOU S PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOU S PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOU S SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; MO; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOU S AUTO- INJECTOR	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOU S SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOU S SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOU S SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 days)
<i>penicillamine oral capsule</i>	5	PA; MO
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA ORAL CAPSULE	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA; MO; QL (16 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane oral tablet</i>	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>	4	PA; MO; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.0375 mg/24 hr, 0.075 mg/24 hr</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	3	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	4	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO
<i>estradiol vaginal tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet oral tablet</i>	4	PA; MO
ESTRING VAGINAL RING	3	MO
<i>fyavolv oral tablet</i>	4	PA; MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	5	MO
<i>incassia oral tablet</i>	2	MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	PA; MO
<i>lyza oral tablet</i>	2	MO
<i>medroxyprogesterone intramuscular suspension</i>	4	MO
<i>medroxyprogesterone intramuscular syringe</i>	4	MO
<i>medroxyprogesterone oral tablet</i>	2	MO
MENEST ORAL TABLET	3	PA; MO
<i>nora-be oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	MO
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET	3	MO
PREMARIN VAGINAL CREAM	3	MO
PREMPHASE ORAL TABLET	3	MO
PREMPRO ORAL TABLET	3	MO
<i>progesterone intramuscular oil</i>	2	MO
<i>progesterone micronized oral capsule</i>	2	MO
<i>sharobel oral tablet</i>	2	MO
<i>tulana oral tablet</i>	2	MO
<i>yuvafem vaginal tablet</i>	4	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal cream</i>	4	MO
<i>eluryng vaginal ring</i>	2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	MO
<i>metronidazole vaginal gel</i>	4	MO
<i>mifepristone oral tablet</i>	2	
MIRENA INTRAUTERINE DEVICE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NEXPLANON SUBDERMAL IMPLANT	4	MO
terconazole vaginal cream	2	MO
terconazole vaginal suppository	3	MO
tranexamic acid oral tablet	2	MO
vandazole vaginal gel	2	MO
xulane transdermal patch weekly	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet	2	MO
alyacen 1/35 (28) oral tablet	2	MO
alyacen 7/7/7 (28) oral tablet	2	MO
amethyst (28) oral tablet	2	MO
apri oral tablet	2	MO
aranelle (28) oral tablet	2	MO
aubra eq oral tablet	2	MO
aubra oral tablet	2	MO
aviane oral tablet	2	MO
azurette (28) oral tablet	2	MO
bekyree (28) oral tablet	2	MO
camrese oral tablets,dose pack,3 month	2	MO

Drug Name	Drug Tier	Requirements/Limits
caziant (28) oral tablet	2	MO
cryselle (28) oral tablet	2	MO
cyclafem 1/35 (28) oral tablet	2	MO
cyclafem 7/7/7 (28) oral tablet	2	MO
cyred eq oral tablet	2	MO
cyred oral tablet	2	MO
dasetta 1/35 (28) oral tablet	2	MO
dasetta 7/7/7 (28) oral tablet	2	MO
daysee oral tablets,dose pack,3 month	2	MO
desog-e.estradiol.e.estradiol oral tablet	2	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	2	MO
drospirenone-ethinyl estradiol oral tablet	2	MO
elinest oral tablet	2	MO
emoquette oral tablet	2	MO
enpresse oral tablet	2	MO
enskyce oral tablet	2	MO
estarylla oral tablet	2	MO
ethynodiol diac-eth estradiol oral tablet	2	
falmina (28) oral tablet	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fayosim oral tablets,dose pack,3 month</i>	2	MO
<i>femynor oral tablet</i>	2	MO
<i>gianvi (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	MO
<i>isibloom oral tablet</i>	2	MO
<i>jasmiel (28) oral tablet</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>juleber oral tablet</i>	2	MO
<i>kalliga oral tablet</i>	2	
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kelnor 1-50 oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	2	MO
<i>larin 1.5/30 (21) oral tablet</i>	2	MO
<i>larin 1/20 (21) oral tablet</i>	2	MO
<i>larin 24 fe oral tablet</i>	2	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1/20 (28) oral tablet</i>	2	MO
<i>larissia oral tablet</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO
<i>levora-28 oral tablet</i>	2	MO
<i>lillow (28) oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lo-zumandimine (28) oral tablet</i>	2	MO
<i>luteria (28) oral tablet</i>	2	MO
<i>marlissa (28) oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mili oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mono-lynyah oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>norethindrone acetate estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>orsythia oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	2	MO
<i>pirmella oral tablet</i>	2	MO
<i>portia 28 oral tablet</i>	2	MO
<i>previfem oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>setlakin oral tablets, dose pack, 3 month</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tarina 24 fe oral tablet</i>	2	MO
<i>tarina fe 1/20 (28) oral tablet</i>	2	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri femynor oral tablet</i>	2	MO
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-lynyah oral tablet</i>	2	MO
<i>tri-lo-estarylla oral tablet</i>	2	MO
<i>tri-lo-marzia oral tablet</i>	2	MO
<i>tri-lo-sprintec oral tablet</i>	2	MO
<i>tri-previfem (28) oral tablet</i>	2	MO
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vienva oral tablet</i>	2	MO
<i>vioarele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zarah oral tablet</i>	2	MO
<i>zovia 1/35e (28) oral tablet</i>	2	MO
<i>zumandimine (28) oral tablet</i>	2	MO
OXYTOCICS		
<i>methergine oral tablet</i>	2	PA
<i>methylergonovine oral tablet</i>	4	PA; MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	2	MO
AZASITE OPHTHALMIC (EYE) DROPS	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gatifloxacin ophthalmic (eye) drops</i>	4	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (15 per 30 days)
<i>levofloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	MO
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	MO
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	MO
<i>tobramycin ophthalmic (eye) drops</i>	2	MO
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	4	MO
ZIRGAN OPTHALMIC (EYE) GEL	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	3	MO
<i>carteolol ophthalmic (eye) drops</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OPTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye) drops</i>	2	MO
<i>balanced salt intraocular solution</i>	2	
BLEPHAMIDE OPTHALMIC (EYE) DROPS,SUSPENSION	4	MO
BLEPHAMIDE S.O.P. OPTHALMIC (EYE) OINTMENT	4	MO
<i>bss intraocular solution</i>	2	MO
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
CYSTARAN OPTHALMIC (EYE) DROPS	5	PA; MO
<i>epinastine ophthalmic (eye) drops</i>	2	MO
EYLEA INTRAVITREAL SOLUTION	5	PA; MO
EYLEA INTRAVITREAL SYRINGE	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
LUCENTIS INTRAVITREAL SOLUTION	5	PA; MO
LUCENTIS INTRAVITREAL SYRINGE	5	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	2	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO
PAZEO OPHTHALMIC (EYE) DROPS	3	MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	MO; QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	2	MO
BROMSITE OPHTHALMIC (EYE) DROPS	3	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO
PROLENSA OPHTHALMIC (EYE) DROPS	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	2	MO
COMBIGAN OPTHALMIC (EYE) DROPS	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	4	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	4	MO
<i>latanoprost ophthalmic (eye) drops</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat intraocular solution</i>	2	
RHOPRESSA OPTHALMIC (EYE) DROPS	3	MO

Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN OPTHALMIC (EYE) DROPS	3	MO
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	4	MO
<i>travoprost ophthalmic (eye) drops</i>	4	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	MO
TOBRADEX OPTHALMIC (EYE) OINTMENT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	4	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	3	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	MO
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION	4	MO
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	4	MO
OZURDEX INTRAVITREAL IMPLANT	5	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTI ALLERGIC AGENTS		
<i>adrenalin injection solution</i>	3	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral syrup</i>	4	PA; MO
<i>promethazine oral tablet</i>	4	PA; MO
SYMJEPI INJECTION SYRINGE	4	MO; QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/lactuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/lactuation (nda020503)</i>	2	MO; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
<i>alyq oral tablet</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; MO; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER	3	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol</i>	2	MO; QL (23 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; MO
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension</i>	2	MO; QL (16 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA
<i>icatibant subcutaneous syringe</i>	5	PA; MO
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	2	B/D PA; MO
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal spray, non-aerosol</i>	4	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	2	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE	5	PA; MO; LA; QL (3 per 28 days)
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)

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This drug list was last updated on 08/26/2020.

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>sildenafil</i> (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	5	PA
<i>sildenafil</i> (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	5	PA; MO; QL (224 per 30 days)
<i>sildenafil</i> (pulmonary arterial hypertension) oral tablet 20 mg	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER	3	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
<i>tadalafil</i> (pulmonary arterial hypertension) oral tablet 20 mg	5	PA; MO; QL (60 per 30 days)
<i>terbutaline oral tablet</i>	2	MO
<i>terbutaline subcutaneous solution</i>	2	MO
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	3	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast oral tablet</i>	3	MO
ZYFLO ORAL TABLET	5	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate oral tablet</i>	2	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	4	MO
<i>tolterodine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>trospium oral capsule, extended release 24hr</i>	4	MO
<i>trospium oral tablet</i>	3	MO
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin oral capsule</i>	3	MO
<i>tamsulosin oral capsule</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	2	MO
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	4	PA; MO; LA
ELMIRON ORAL CAPSULE	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>glycine urologic irrigation solution</i>	2	
<i>glycine urologic irrigation solution</i>	2	
K-PHOS NO 2 ORAL TABLET	3	MO
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE	3	MO
<i>potassium citrate oral tablet extended release</i>	3	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 % intravenous parenteral solution</i>	2	
<i>albuminar 25 % intravenous parenteral solution</i>	2	MO
<i>alburx (human) 25 % intravenous parenteral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>alburx (human) 5 % intravenous parenteral solution</i>	2	
<i>albutein 25 % intravenous parenteral solution</i>	2	
<i>albutein 5 % intravenous parenteral solution</i>	2	
<i>plasbumin 25 % intravenous parenteral solution</i>	2	MO
<i>plasbumin 5 % intravenous parenteral solution</i>	2	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	3	MO
<i>calcium acetate(phosphat bind) oral tablet</i>	3	MO
<i>calcium chloride intravenous solution</i>	2	
<i>calcium chloride intravenous syringe</i>	2	
<i>calcium gluconate intravenous solution</i>	2	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	4	MO
<i>klor-conlef oral tablet, effervescent</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO
<i>lactated ringers intravenous parenteral solution</i>	2	MO
<i>magnesium chloride injection solution</i>	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	2	MO
<i>magnesium sulfate injection solution</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	4	MO
<i>potassium acetate intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride- d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride- d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	4	MO
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous solution</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	1	MO
<i>potassium chloride- 0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium phosphate m-l-d-basic intravenous solution 3 mmol/ml</i>	2	
<i>ringer's intravenous parenteral solution</i>	2	
<i>sodium acetate intravenous solution</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	2	MO
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 % intravenous parenteral solution</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 5 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride intravenous parenteral solution</i>	2	MO
<i>sodium phosphate intravenous solution</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	
<i>freamine iii 10 % intravenous parenteral solution</i>	2	B/D PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	

Drug Name	Drug Tier	Requirements/Limits
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
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<i>plasmanate intravenous parenteral solution</i>	2	
<i>plenamine intravenous parenteral solution</i>	4	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	2	B/D PA; MO
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA; MO
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO

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<i>cidofovir</i>	4	<i>clorazepate dipotassium</i>	43	<i>cytarabine (pf)</i>	19
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<i>d2.5 %-0.45 % sodium</i>	<i>dexamethasone sodium</i>	<i>dipyridamole</i>	55
<i>chloride</i>	<i>phosphate</i>	<i>disulfiram</i>	68
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<i>dactinomycin</i>	<i>amphetamine</i>	<i>dofetilide</i>	49
<i>dalfampridine</i>	<i>dextrose 10 % and 0.2 % nacl</i> ..	<i>donepezil</i>	35
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<i>danazol</i>	<i>(d10w)</i>	<i>dopamine in 5 % dextrose</i>	59
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DAPTACEL (DTAP	<i>dextrose 30 % in water</i>	DOTTELET (15 TAB	
PEDIATRIC) (PF).....	<i>(d30w)</i>	PACK).....	55
DAPTOMYCIN.....	<i>dextrose 40 % in water</i>	DOTTELET (30 TAB	
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<i>dasetta 7/7/7 (28)</i>	<i>dextrose 5%-0.2 % sod</i>	<i>dorzolamide-timolol (pf)</i>	103
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<i>decadron</i>	<i>dextrose 70 % in water</i>	<i>doxorubicin</i>	19, 20
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<i>larin fe 1.5/30 (28)</i>	98	<i>linezolid</i>	11	LYUMJEV U-100 INSULIN	76
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<i>letrozole</i>	22	<i>lithium citrate</i>	46		
<i>leucovorin calcium</i>	16	LIVALO	57		
		LOKELMA	69		

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<i>magnesium sulfate in water</i> ... 112	<i>methyldopa</i>52	<i>mondoxyne nl</i>16
<i>malathion</i>66	<i>methylergonovine</i>100	<i>mono-lynyah</i>99
<i>mannitol 20 %</i>52	<i>methylphenidate hcl</i>46	<i>montelukast</i>108
<i>mannitol 25 %</i>52	<i>methylprednisolone</i>72	<i>morgidox</i>16
<i>maprotiline</i>46	<i>methylprednisolone acetate</i>72	<i>morphine</i>39
<i>marlissa (28)</i>98	<i>methylprednisolone sodium</i>	<i>morphine (pf)</i>39
MARPLAN46	<i>succ</i>72	<i>morphine concentrate</i>39
MARQIBO23	<i>methyltestosterone</i>79	MOTEGRITY83
MATULANE23	<i>metoclopramide hcl</i>82, 83	MOVANTIK83
<i>matzim la</i>52	<i>metolazone</i>52	<i>moxifloxacin</i>15, 100
<i>meclizine</i>82	<i>metoprolol succinate</i>53	<i>moxifloxacin-</i>
<i>meclofenamate</i>41	<i>metoprolol ta-</i>	<i>sod.chloride (iso)</i>15
<i>medroxyprogesterone</i>96	<i>hydrochlorothiaz</i>53	MOZOBIL87
<i>mefenamic acid</i>41	<i>metoprolol tartrate</i>53	MULPLETA56
<i>mefloquine</i>11	<i>metro i. v.</i>11	<i>mupirocin</i>63
<i>megestrol</i>23	<i>metronidazole</i>12, 62, 63, 96	MVASI24
MEKINIST23	<i>metronidazole in nacl (iso-os)</i> 12	MYALEPT79
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<i>meloxicam</i>41	MIACALCIN79	<i>mycophenolate mofetil (hcl)</i> ...24
<i>melphalan</i>23	<i>micafungin</i>3	<i>mycophenolate sodium</i>24
<i>melphalan hcl</i>23	<i>microgestin 1.5/30 (21)</i>98	MYLOTARG24
<i>memantine</i>35, 36	<i>microgestin 1/20 (21)</i>98	<i>myorisan</i>63
MENACTRA (PF)90	<i>microgestin fe 1.5/30 (28)</i>98	MYRBETRIQ110
MENEST96	<i>microgestin fe 1/20 (28)</i>98	<i>nabumetone</i>41
MENVEO A-C-Y-W-135-	<i>midodrine</i>69	<i>nadolol</i>53
DIP (PF)90	<i>mifepristone</i>96	<i>nadolol-bendroflumethiazide</i> ...53
MEPSEVII78	<i>migergot</i>34	<i>nafcillin</i>14
<i>mercaptapurine</i>23	<i>miglitol</i>76	<i>nafcillin in dextrose iso-osm</i> ...14
<i>meropenem</i>11	<i>miglustat</i>79	<i>naftifine</i>64
<i>mesalamine</i>82	<i>mili</i>98	NAFTIN64
<i>mesalamine with cleansing</i>	<i>millipred</i>72	NAGLAZYME79
<i>wipe</i>82	<i>milrinone</i>59	<i>nalbuphine</i>41
<i>mesna</i>17	<i>milrinone in 5 % dextrose</i>59	<i>naloxone</i>41
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<i>methadone intensol</i>39	<i>mirtazapine</i>46	<i>naratriptan</i>34
<i>methadose</i>39	<i>misoprostol</i>85	NARCAN41
<i>methazolamide</i>103	MITIGARE92	NATACYN100
<i>methenamine hippurate</i>16	<i>mitomycin</i>24	<i>nateglinide</i>76
<i>methenamine mandelate</i>16	<i>mitoxantrone</i>24	NATPARA79
<i>methergine</i>100	M-M-R II (PF)90	NAYZILAM31
<i>methimazole</i>72	<i>modafinil</i>46	NEEDLES, INSULIN
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<i>neomycin</i>	12	<i>norethindrone ac-eth estradiol</i>	96, 99	<i>olanzapine-fluoxetine</i>	47
<i>neomycin-bacitracin-poly-hc</i>	103	<i>norethindrone-e.estradiol-iron</i>	99	<i>olmesartan</i>	53
<i>neomycin-bacitracin-</i> <i>polymyxin</i>	100	<i>norgestimate-ethinyl estradiol</i>	99	<i>olmesartan-amlodipin-</i> <i>hcthiacid</i>	53
<i>neomycin-polymyxin b gu</i>	67	<i>norlyda</i>	96	<i>olmesartan-</i> <i>hydrochlorothiazide</i>	53
<i>neomycin-polymyxin b-</i> <i>dexameth</i>	103	NORMOSOL-R	113	<i>olopatadine</i>	70, 102
<i>neomycin-polymyxin-</i> <i>gramicidin</i>	100	NORMOSOL-R IN 5 % DEXTROSE	113	<i>omeprazole</i>	85
<i>neomycin-polymyxin-hc</i> ..	71, 103	NORMOSOL-R PH 7.4	115	OMNITROPE	87
<i>neo-polycin</i>	100	NORTHERA	69	<i>ondansetron</i>	83
<i>neo-polycin hc</i>	103	<i>nortrel 0.5/35 (28)</i>	99	<i>ondansetron hcl</i>	83
<i>neostigmine methylsulfate</i>	37	<i>nortrel 1/35 (21)</i>	99	<i>ondansetron hcl (pf)</i>	83
NEPHRAMINE 5.4 %	115	<i>nortrel 1/35 (28)</i>	99	ONGLYZA	76
NERLYNX	24	<i>nortrel 7/7/7 (28)</i>	99	ONIVYDE	24
NESINA	76	<i>nortriptyline</i>	46	OPDIVO	24
NEUPRO	33	NORVIR	6	<i>opium tincture</i>	81
<i>nevirapine</i>	6	NOVOLOG FLEXPEN U- 100 INSULIN	76	OPSUMIT	108
NEXAVAR	24	NOVOLOG MIX 70-30 U- 100 INSULN	76	<i>oralone</i>	70
NEXIUM PACKET	85	NOVOLOG MIX 70- 30FLEXPEN U-100	76	ORENCIA	94
NEXLETOL	57	NOVOLOG MIX 70- 30FLEXPEN U-100	76	ORENCIA (WITH MALTOSE)	94
NEXLIZET	57	NOVOLOG PENFILL U- 100 INSULIN	76	ORENCIA CLICKJECT	94
NEXPLANON	97	NOVOLOG U-100 INSULIN ASPART	76	ORFADIN	69
<i>niacin</i>	58	NOXAFIL	3	ORKAMBI	108
<i>nicardipine</i>	53	NPLATE	56	<i>orsythia</i>	99
NICOTROL	70	NUBEQA	24	<i>oseltamivir</i>	6
NICOTROL NS	70	NUCALA	108	<i>osmitrol 15 %</i>	53
<i>nifedipine</i>	53	NUEDEXTA	36	<i>osmitrol 20 %</i>	53
<i>nikki (28)</i>	99	NULOJIX	24	OTEZLA	94
<i>nilutamide</i>	24	NUPLAZID	46	OTEZLA STARTER	94
<i>nimodipine</i>	53	NURTEC ODT	34	<i>oxacillin</i>	14
NINLARO	24	<i>nyamyc</i>	64	<i>oxacillin in dextrose(iso-osm)</i>	14
<i>nisoldipine</i>	53	<i>nystatin</i>	3, 64	<i>oxaliplatin</i>	25
<i>nitisinone</i>	69	<i>nystatin-triamcinolone</i>	64	<i>oxandrolone</i>	79
<i>nitro-bid</i>	59	<i>nystop</i>	64	<i>oxaprozin</i>	41
<i>nitrofurantoin</i>	16	OALIVA	83	<i>oxcarbazepine</i>	31
<i>nitrofurantoin macrocrystal</i>	16	OCREVUS	36	OXERVATE	102
<i>nitrofurantoin monohydlm-</i> <i>cryst</i>	16	<i>octreotide acetate</i>	24	<i>oxiconazole</i>	64
<i>nitroglycerin</i>	60	ODACTRA	90	<i>oxybutynin chloride</i>	110
<i>nitroglycerin in 5 % dextrose</i> ..	59	ODEFSEY	6	<i>oxycodone</i>	39, 40
NIVESTYM	87	ODOMZO	24	<i>oxycodone-acetaminophen</i>	40
<i>nizatidine</i>	85	OFEV	108	<i>oxycodone-aspirin</i>	40
<i>nora-be</i>	96	<i>ofloxacin</i>	15, 71, 100	OXYCONTIN	40
<i>norepinephrine bitartrate</i>	59			<i>oxymorphone</i>	40
<i>norethindrone (contraceptive)</i>	96			OZEMPIC	76
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<i>pacerone</i>	50	<i>phenobarbital sodium</i>	32	<i>potassium chloride in 5 % dex</i>	113
<i>paclitaxel</i>	25	<i>phenoxybenzamine</i>	53	<i>potassium chloride in lr-d5</i>	113
PADCEV	25	<i>phentolamine</i>	53	<i>potassium chloride in water</i> ...	113
<i>paliperidone</i>	47	<i>phenytoin</i>	32	<i>potassium chloride-0.45 %</i>	
<i>palonosetron</i>	83	<i>phenytoin sodium</i>	32	<i>nacl</i>	113
PALYNZIQ	79	<i>phenytoin sodium extended</i>	32	<i>potassium chloride-d5-</i>	
<i>pamidronate</i>	79	<i>philith</i>	99	<i>0.2%nacl</i>	113, 114
PANRETIN	62	PHOSPHOLINE IODIDE ..	102	<i>potassium chloride-d5-</i>	
<i>pantoprazole</i>	85	PICATO	62	<i>0.9%nacl</i>	114
<i>paraplatin</i>	25	PIFELTRO	6	<i>potassium citrate</i>	111
<i>paricalcitol</i>	79	<i>pilocarpine hcl</i>	69, 102	<i>potassium phosphate m-ld-</i>	
<i>paroex oral rinse</i>	71	<i>pimecrolimus</i>	62	<i>basic</i>	114
<i>paromomycin</i>	12	<i>pimozide</i>	47	POTELIGEO	25
<i>paroxetine hcl</i>	47	<i>pimtrea (28)</i>	99	PRALUENT PEN	58
PASER	12	<i>pindolol</i>	53	<i>pramipexole</i>	33
PAXIL	47	<i>pioglitazone</i>	77	<i>prasugrel</i>	56
PAZEO	102	<i>pioglitazone-glimepiride</i>	77	<i>pravastatin</i>	58
PEDIARIX (PF)	90	<i>pioglitazone-metformin</i>	77	<i>praziquantel</i>	12
PEDVAX HIB (PF)	90	<i>piperacillin-tazobactam</i>	15	<i>prazosin</i>	53
<i>peg 3350-electrolytes</i>	83	PIQRAY	25	<i>prednicarbate</i>	66
PEGANONE	31	<i>pirmella</i>	99	<i>prednisolone</i>	72
PEGASYS	87	<i>piroxicam</i>	41	<i>prednisolone acetate</i>	104
PEGASYS PROCLICK	87	<i>plasbumin 25 %</i>	112	<i>prednisolone sodium</i>	
<i>peg-electrolyte</i>	83	<i>plasbumin 5 %</i>	112	<i>phosphate</i>	72, 104
PEGINTRON	87	PLASMA-LYTE 148	115	<i>prednisone</i>	72
PEMAZYRE	25	PLASMA-LYTE A	115	<i>prednisone intensol</i>	72
<i>penicillamine</i>	94	<i>plasmanate</i>	115	<i>pregabalin</i>	32
PENICILLIN G POT IN		PLEGRIDY	87	PREMARIN	96
DEXTROSE	14	<i>plenamine</i>	115	<i>premasol 10 %</i>	115
<i>penicillin g potassium</i>	14	<i>podofilox</i>	62	PREMPHASE	96
<i>penicillin g procaine</i>	14	POLIVY	25	PREMPRO	96
<i>penicillin g sodium</i>	14	<i>polocaine</i>	62	<i>prenatal vitamin oral tablet</i> ...	116
<i>penicillin v potassium</i>	15	<i>polocaine-mpf</i>	62	<i>prevalite</i>	58
PENTACEL (PF)	90	<i>polycin</i>	100	PREVIDENT 5000	
<i>pentamidine</i>	12	<i>polyethylene glycol 3350</i>	83	BOOSTER PLUS	71
PENTASA	83	<i>polymyxin b sulf-</i>		<i>previfem</i>	99
<i>pentoxifylline</i>	56	<i>trimethoprim</i>	101	PREVYMIS	6
PERFOROMIST	108	POMALYST	25	PREZCOBIX	6
<i>perindopril erbumine</i>	53	<i>portia 28</i>	99	PREZISTA	6
<i>periogard</i>	71	PORTRAZZA	25	PRIFTIN	12
PERJETA	25	<i>posaconazole</i>	3	PRIMAQUINE	12
<i>permethrin</i>	66	<i>potassium acetate</i>	113	<i>primidone</i>	32
<i>perphenazine</i>	47	<i>potassium chlorid-d5-</i>		PRIVIGEN	90
PERSERIS	47	<i>0.45%nacl</i>	113	<i>probenecid</i>	92
<i>pfizerpen-g</i>	15	<i>potassium chloride</i>	113	<i>probenecid-colchicine</i>	92
<i>phenelzine</i>	47	<i>potassium chloride in</i>		<i>procainamide</i>	50
<i>phenobarbital</i>	31, 32	<i>0.9%nacl</i>	113	<i>procentra</i>	47

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<i>prochlorperazine edisylate</i>	83	<i>ramelteon</i>	47	<i>rivastigmine tartrate</i>	36
<i>prochlorperazine maleate oral</i>	83	<i>ramipril</i>	53	<i>rizatriptan</i>	34
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<i>proctosol hc</i>	83	REBIF (WITH ALBUMIN).....	87	<i>rosuvastatin</i>	58
<i>proctozone-hc</i>	83	REBIF REBIDOSE.....	88	ROTARIX.....	91
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<i>progesterone micronized</i>	96	<i>reclipsen (28)</i>	99	<i>roweepra</i>	32
PROGRAF.....	25	RECOMBIVAX HB (PF).....	90	<i>roweepra xr</i>	32
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<i>promethazine</i>	105	REMICADE.....	84	<i>salsalate</i>	41
<i>propafenone</i>	50	RENACIDIN.....	111	SAMSCA.....	79
<i>propranolol</i>	53	<i>repaglinide</i>	77	SANCUSO.....	84
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<i>propylthiouracil</i>	72	REPATHA.....		SANDOSTATIN LAR DEPOT.....	26
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<i>protriptyline</i>	47	RESTASIS.....	102	SARCLISA.....	26
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<i>pyrazinamide</i>	12	REVCovi.....	69	<i>selegiline hcl</i>	34
<i>pyridostigmine bromide</i>	37	REVLIMID.....	25	<i>selenium sulfide</i>	60
<i>pyrimethamine</i>	12	<i>revonto</i>	37	SELZENTRY.....	6
QINLOCK.....	25	REXULTI.....	47	SEREVENT DISKUS.....	109
QNASL.....	108	REYATAZ.....	6	<i>sertraline</i>	48
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QUADRACEL (PF).....	90	<i>ribavirin</i>	6	<i>sevelamer carbonate</i>	69
<i>quetiapine</i>	47	<i>rifabutin</i>	12	<i>sevelamer hcl</i>	69
<i>quinapril</i>	53	<i>rifampin</i>	12	<i>sf</i>	71
<i>quinapril-hydrochlorothiazide</i>	53	<i>riluzole</i>	69	<i>sf 5000 plus</i>	71
<i>quinidine gluconate</i>	50	<i>rimantadine</i>	6	<i>sharobel</i>	96
<i>quinidine sulfate</i>	50	<i>ringer's</i>	67, 114	SHINGRIX (PF).....	91
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<i>sodium benzoate-sod</i>		<i>subvenite starter (blue) kit</i>	32	TALTZ AUTOINJECTOR	
<i>phenylacet</i>	69	<i>subvenite starter (green) kit</i> ...	32	(3 PACK).....	60
<i>sodium bicarbonate</i>	114	<i>subvenite starter (orange) kit</i> ..	32	TALTZ SYRINGE.....	61
<i>sodium chloride</i>	69, 114	SUCRAID.....	84	TALZENNA.....	26
<i>sodium chloride 0.45 %</i>	114	<i>sucralfate</i>	85	<i>tamoxifen</i>	26
<i>sodium chloride 0.9 %</i>	69	<i>sulfacetamide sodium</i>	102	<i>tamsulosin</i>	111
<i>sodium chloride 3 %</i>	114	<i>sulfacetamide sodium (acne)</i> ..	63	TARGRETIN.....	26
<i>sodium chloride 5 %</i>	114	<i>sulfacetamide-prednisolone</i> ...	102	<i>tarina 24 fe</i>	99
<i>sodium fluoride 5000 plus</i>	71	<i>sulfadiazine</i>	15	<i>tarina fe 1/20 (28)</i>	99
<i>sodium fluoride-pot nitrate</i>	71	<i>sulfamethoxazole-</i>		<i>tarina fe 1-20 eq (28)</i>	99
<i>sodium nitroprusside</i>	59	<i>trimethoprim</i>	15	TASIGNA.....	26, 27
<i>sodium phenylbutyrate</i>	69	SULFAMYLON.....	63	<i>tazarotene</i>	63
<i>sodium phosphate</i>	114	<i>sulfasalazine</i>	84	<i>tazicef</i>	9
<i>sodium polystyrene (sorb</i>		<i>sulindac</i>	42	TAZORAC.....	63
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<i>sorine</i>	50	<i>syeda</i>	99	TEKTRNA HCT.....	54
<i>sotalol</i>	50	SYLATRON.....	88	<i>telmisartan</i>	54
<i>sotalol af</i>	50	SYMBICORT.....	109	<i>telmisartan-amlodipine</i>	54
SPIRIVA RESPIMAT.....	109	SYMDEKO.....	109	<i>telmisartan-</i>	
SPIRIVA WITH		SYMFI.....	6	<i>hydrochlorothiazid</i>	54
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<i>spironolactone</i>	53	SYMJEPI.....	105	TEMODAR.....	27
<i>spironolacton-</i>		SYMLINPEN 120.....	77	<i>temsirolimus</i>	27
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