



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 Advantage Solution® H0798-002 (HMO I-SNP)
Medica Group Prime SolutionSM (Cost)
Medica Group Advantage SolutionSM (PPO)

2022 List of Covered Drugs (Formulary)

Please Read: This document contains information about the drugs we cover in these plans.

Medica Part D Prime Solution/Advantage Solution Formulary ID #00022245, v.6

This formulary was updated on 08/31/2021. Effective: January 1, 2022

For more recent information or other questions, please contact Medica Customer Service at **1 (800) 234-8755** (TTY: **711**) for Prime Solution (Cost); **1 (866) 269-6804** (TTY: **711**) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); **1 (800) 575-2330** (TTY: **711**) for Group Prime Solution (Cost) 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) and Advatage Solution H0798-002 (HMO I-SNP); 8 a.m.-8 p.m. CT, seven days a week, or visit **Medica.com/Members**.

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2022 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 31, 2021. For a complete listing or other questions, please contact Medica Customer Service at:

1 (800) 234-8755 (TTY users should call 711) for Prime Solution (Cost) Part D,

1 (866) 269-6804 (TTY users should call 711) for Advantage Solution (HMO-POS) and Advantage Solution (PPO),

1 (866) 398-7374 (TTY users should call 711) for Advantage Solution with CHI Health (HMO) and Advantage Solution H3632-001 (PPO),

1 (877) 335-9181 (TTY users should call 711) for Advantage Solution PartnerCare (HMO I-SNP) and Medica Advantage Solution H0798-002 (HMO I-SNP),

1 (800) 575-2330 (TTY users should call 711) for Group Prime Solution (Cost) and Group Advantage Solution (PPO).

From October 1 through March 31, we are open from 8 a.m. to 8 p.m. Central Time, seven days a week. You'll speak with a representative. From April 1 to September 30, call us 8 a.m. to 8 p.m. Central Time, Monday through Friday to speak with a representative. On weekends and holidays, you can leave a voicemail message, which will be returned within one business day, or visit [Medica.com/Members](https://www.Medica.com/Members).



Formulary ID: 00022245

Version Number: 6

Effective: 01/01/2022

Y0088_57176_C

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 31, 2021. 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, 2023, 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:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to Medica’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our

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 online 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 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 your medications. You are allowed "refill-too-soon" overrides for each medication that you no longer have access, due to the Level of Care change.

formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- o 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 Medica's Formulary?"

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

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 31, 2021. 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 3. 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 3. 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 121. 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.

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 121.

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.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

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: H6154-001, H6154-002, H6154-003, H6154-004, H8889-001, H8889-002, H8889-003, H8889-004, H8889-005, H8889-009, H8889-007, H8889-008, H0798-001, H3632-001.

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.

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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>casprofungin intravenous recon soln 50 mg</i>	5	B/D PA
<i>casprofungin intravenous recon soln 70 mg</i>	4	B/D PA
<i>clotrimazole mucous membrane troche</i>	2	MO
CRESEMBA INTRAVENOUS RECON SOLN	5	PA
CRESEMBA ORAL CAPSULE	5	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	5	MO
<i>griseofulvin microsize oral suspension</i>	4	MO
<i>griseofulvin microsize oral tablet</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet</i>	4	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>	3	MO
<i>miconazole intravenous recon soln</i>	5	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO; QL (630 per 30 days)
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	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 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral tablet, delayed release (drlec)</i>	5	PA; MO; QL (96 per 30 days)
<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
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir oral solution</i>	4	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>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir oral tablet</i>	4	MO
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral tablet</i>	3	MO
APTIVUS ORAL CAPSULE	5	MO
<i>atazanavir oral capsule</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY ORAL TABLET	5	MO
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	MO
<i>cidofovir intravenous solution</i>	5	B/D PA; MO
COMPLERA ORAL TABLET	5	MO
DELSTRIGO ORAL TABLET	5	MO
DESCOVY ORAL TABLET	5	MO
DOVATO ORAL TABLET	5	MO
EDURANT ORAL TABLET	5	MO
<i>efavirenz oral capsule</i>	4	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	5	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 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	5	MO
<i>emtricitabine oral capsule</i>	2	MO
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	5	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir oral tablet</i>	3	MO
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO
EVOTAZ ORAL TABLET	5	MO
<i>famciclovir oral tablet 125 mg</i>	2	MO
<i>famciclovir oral tablet 250 mg, 500 mg</i>	3	MO
<i>fosamprenavir oral tablet</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements/Limits
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 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
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

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 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET	5	MO
KALETRA ORAL TABLET 100-25 MG	4	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
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
NORVIR ORAL SOLUTION	4	MO
ODEFSEY ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements/Limits
<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	4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	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 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine oral tablet</i>	4	MO
<i>ritonavir oral tablet</i>	3	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	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>	3	MO
STRIBILD ORAL TABLET	5	MO
SYMTUZA ORAL TABLET	5	MO
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO; LA
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	5	MO

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ ORAL TABLET	5	MO
TROGARZO INTRAVENOUS SOLUTION	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY ORAL TABLET	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
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 20 MG, 40 MG	3	MO
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	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 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	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
<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>	3	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	4	
<i>cefepime injection recon soln</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral capsule</i>	3	MO
<i>cefixime oral suspension for reconstitution</i>	4	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	4	PA
<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>	4	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 250 mg</i>	2	MO
<i>cefprozil oral tablet 500 mg</i>	3	MO
<i>ceftazidime injection recon soln 1 gram</i>	2	PA; MO
<i>ceftazidime injection recon soln 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<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
<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 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET, CHEWABLE	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tazicef injection recon soln 1 gram, 2 gram</i>	4	PA
<i>tazicef injection recon soln 6 gram</i>	4	PA; MO
<i>tazicef intravenous recon soln</i>	4	PA
TEFLARO INTRAVENOUS RECON SOLN	5	PA; MO
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 100 mg/5 ml</i>	3	MO
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	2	MO

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<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>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	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; LA

Drug Name	Drug Tier	Requirements/Limits
<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>	4	MO
BENZNIDAZOLE ORAL TABLET	3	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sodium succinate intravenous recon soln</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	2	MO
<i>clindamycin hcl oral capsule 75 mg</i>	4	MO
<i>clindamycin in 5% dextrose intravenous piggyback</i>	4	PA; 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 na) 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	PA; MO; QL (14 per 14 days)
<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

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	4	PA; MO
<i>hydroxychloroquine oral tablet</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln</i>	4	PA; MO
IMPAVIDO ORAL CAPSULE	5	PA; MO
<i>isoniazid injection solution</i>	4	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral tablet</i>	3	MO
<i>lincomycin injection solution</i>	4	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	4	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>	4	PA
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; MO; QL (30 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	2	PA; MO
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	2	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin oral tablet</i>	2	MO
<i>nitazoxanide oral tablet</i>	5	MO
<i>paromomycin oral capsule</i>	4	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
<i>pentamidine inhalation recon soln</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	4	MO
<i>praziquantel oral tablet</i>	4	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	3	MO
<i>pyrazinamide oral tablet</i>	4	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate oral capsule</i>	4	MO
<i>rifabutin oral capsule</i>	4	MO
<i>rifampin intravenous recon soln</i>	4	MO
<i>rifampin oral capsule</i>	4	MO
SIRTURO ORAL TABLET	5	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	PA; MO
SYNERCID INTRAVENOUS RECON SOLN	5	PA
<i>tigecycline intravenous recon soln</i>	5	PA; MO
<i>tinidazole oral tablet</i>	4	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 inhalation solution for nebulization</i>	5	B/D PA; MO; QL (224 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection recon soln</i>	4	PA
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR ORAL TABLET	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (3000 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	4	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 750 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	5	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; 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
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	4	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	4	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
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	4	PA

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

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Drug Name	Drug Tier	Requirements/Limits
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, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium injection recon soln</i>	4	PA; MO
<i>penicillin g procaine intramuscular syringe</i>	4	PA; MO
<i>penicillin g sodium injection recon soln</i>	4	PA; MO
<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 13.5 gram, 40.5 gram</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	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</i>	2	PA; MO
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous solution</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin-sod. chloride (iso) intravenous piggyback</i>	4	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	4	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 100 mg, 20 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 75 mg</i>	3	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	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 100 mg, 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydlm-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</i>	5	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	5	MO
KEPIVANCE INTRAVENOUS RECON SOLN	5	
KHAPZORY INTRAVENOUS RECON SOLN	5	B/D PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	3	MO
<i>leucovorin calcium oral tablet 5 mg</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<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
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 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

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Drug Name	Drug Tier	Requirements/Limits
<i>adriamycin intravenous solution 10 mg/5 ml</i>	2	B/D PA; MO
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	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; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 30 days)
<i>anastrozole oral tablet</i>	2	MO
ARRANON INTRAVENOUS SOLUTION	5	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ARZERRA INTRAVENOUS SOLUTION	5	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; 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; LA
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO
BESPONSА INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet</i>	2	MO
BLENREP INTRAVENOUS RECON SOLN	5	PA
<i>bleomycin injection recon soln</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INTRAVENOUS RECON SOLN	5	B/D PA
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; LA
<i>busulfan intravenous solution</i>	5	B/D PA
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE ORAL CAPSULE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	5	PA; 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
<i>cladribine intravenous solution</i>	5	B/D PA; MO
<i>clofarabine intravenous solution</i>	5	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE	5	PA; 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide intravenous recon soln</i>	3	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA; MO
<i>cyclosporine intravenous solution</i>	3	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule 100 mg</i>	3	B/D PA; MO
<i>cyclosporine oral capsule 25 mg</i>	4	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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin intravenous recon soln</i>	2	B/D PA
DANYELZA INTRAVENOUS SOLUTION	5	PA
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
<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), 80 mg/8 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)</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 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO
DROXIA ORAL CAPSULE	3	MO
ELZONRIS INTRAVENOUS SOLUTION	5	PA; LA
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<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>	3	MO
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; MO
FOTIVDA ORAL CAPSULE	5	PA; LA; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO
GAVRETO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf oral capsule</i>	3	B/D PA; MO
<i>gengraf oral solution</i>	3	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days)
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	5	PA; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
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)
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION	5	PA; MO
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA
<i>lapatinib oral tablet</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA ORAL CAPSULE	5	PA; MO
<i>letrozole oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN ORAL TABLET	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	5	PA; LA
LONSURF ORAL TABLET	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET	5	PA; MO
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; LA
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

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Drug Name	Drug Tier	Requirements/Limits
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	
MARQIBO INTRAVENOUS KIT	3	B/D PA
MATULANE ORAL CAPSULE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
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>melphalan hcl intravenous recon soln</i>	5	B/D PA
<i>melphalan 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
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
MONJUVI INTRAVENOUS RECON SOLN	5	PA; LA
MVASI INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	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) 180 mg</i>	4	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (drlec) 360 mg</i>	3	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
NERLYNX ORAL TABLET	5	PA; MO; LA
NEXAVAR ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
ONCASPAR INJECTION SOLUTION	5	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
ONUREG ORAL TABLET	5	PA; MO; QL (14 per 14 days)
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO
ORGOVYX ORAL TABLET	5	PA; LA; QL (30 per 30 days)
<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 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<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; LA; QL (14 per 21 days)
PEPAXTO INTRAVENOUS RECON SOLN	5	PA

Drug Name	Drug Tier	Requirements/Limits
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
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA; 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)

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; MO; QL (90 per 30 days)
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	5	PA; MO
RYBREVAANT INTRAVENOUS SOLUTION	5	PA; MO
RYDAPT ORAL CAPSULE	5	PA; MO
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EX TENDED REL RECON	5	PA; MO
SARCLISA INTRAVENOUS SOLUTION	5	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
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</i>	4	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)
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
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO
<i>tacrolimus oral capsule</i>	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAGRISSE 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
TARGETIN TOPICAL GEL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	5	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; MO
TEPMETKO ORAL TABLET	5	PA; LA
THALOMID ORAL CAPSULE	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<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
<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
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	5	MO
TRODELVY INTRAVENOUS RECON SOLN	5	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21 per 21 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42 per 21 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63 per 21 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE	5	PA; LA; QL (120 per 30 days)
UKONIQ ORAL TABLET	5	PA; LA; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA
<i>valrubicin intravesical solution</i>	5	B/D PA; MO
VANTAS IMPLANT KIT	4	PA; MO
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
VELCADE INJECTION RECON SOLN	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; 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)

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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
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XATMEP ORAL SOLUTION	4	B/D PA; MO
XERMELO ORAL TABLET	5	PA; LA; QL (90 per 30 days)
XOSPATA ORAL TABLET	5	PA; LA
XPOVIO ORAL TABLET	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA
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; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO
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)

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Drug Name	Drug Tier	Requirements/Limits
ZYNLONTA INTRAVENOUS RECON SOLN	5	PA; LA
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION	4	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<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, 1 mg</i>	3	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	5	PA; LA
DIACOMIT ORAL POWDER IN PACKET	5	PA; LA
<i>diazepam rectal kit</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN 30 MG ORAL CAPSULE	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<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
FINTEPLA ORAL SOLUTION	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin injection solution</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<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)
<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>	3	MO; QL (120 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

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	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
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet 150 mg, 600 mg</i>	3	MO
<i>oxcarbazepine oral tablet 300 mg</i>	2	MO
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 200 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>rowepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet</i>	5	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
<i>subvenite oral tablet</i>	1	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

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral tablet</i>	2	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
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	LA
VIMPAT INTRAVENOUS SOLUTION	3	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	5	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution</i>	2	MO
<i>benztropine oral tablet</i>	2	PA; MO
<i>bromocriptine oral capsule</i>	4	MO
<i>bromocriptine oral tablet</i>	4	MO
<i>carbidopa oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-250 mg</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg</i>	4	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	MO
<i>entacapone oral tablet</i>	4	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO; QL (150 per 30 days)
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
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl oral tablet</i>	3	MO
<i>trihexyphenidyl oral tablet</i>	2	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	
<i>dihydroergotamine nasal spray, non-aerosol</i>	5	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)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING	3	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	2	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)
<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)
UBRELVY ORAL TABLET	3	PA; QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan oral tablet</i>	4	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet, disintegrating</i>	4	MO; QL (18 per 28 days)

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AUBAGIO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
FIRDAPSE ORAL TABLET	5	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	4	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; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; 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; QL (6 per 365 days)
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral solution</i>	4	PA; MO
<i>memantine oral tablet</i>	2	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; LA; QL (20 per 180 days)
RADICAVA INTRAVENOUS SOLUTION	5	PA
<i>rivastigmine tartrate oral capsule</i>	3	MO
<i>rivastigmine transdermal patch 24 hour</i>	4	MO
<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; LA; QL (15 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 5 mg</i>	2	MO
<i>baclofen oral tablet 20 mg</i>	3	MO
<i>chlorzoxazone oral tablet 500 mg</i>	3	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous recon soln</i>	4	
<i>dantrolene oral capsule</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>neostigmine methylsulfate intravenous solution</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	4	MO
<i>regonol injection solution</i>	3	
<i>revonto intravenous recon soln</i>	4	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	3	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QL (4500 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	3	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, 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>	2	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	2	MO; QL (390 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	3	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	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)
<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 2 mg, 4 mg</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</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>levorphanol tartrate oral tablet 2 mg</i>	5	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone injection solution</i>	3	QL (150 per 30 days)
<i>methadone intensol oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	3	QL (250 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	3	MO; QL (200 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine injection syringe 4 mg/ml</i>	3	MO; QL (500 per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	3	QL (250 per 30 days)
<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 solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet 15 mg</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet 30 mg</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	2	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>oxycodone oral tablet 10 mg, 15 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	2	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)

Drug Name	Drug Tier	Requirements/Limits
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	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>	3	MO; QL (10 per 28 days)
<i>cataflam oral tablet</i>	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	MO
<i>celecoxib oral capsule 400 mg</i>	3	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 (drlec)</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diflunisal oral tablet</i>	3	MO
<i>ec-naproxen oral tablet, delayed release (drlec) 500 mg</i>	2	MO
<i>etodolac oral capsule 200 mg</i>	2	MO
<i>etodolac oral capsule 300 mg</i>	3	MO
<i>etodolac oral tablet 400 mg</i>	2	MO
<i>etodolac oral tablet 500 mg</i>	3	MO
<i>etodolac oral tablet extended release 24 hr 400 mg</i>	2	MO
<i>etodolac oral tablet extended release 24 hr 500 mg, 600 mg</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone 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>	1	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone oral tablet</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (drlec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
NARCAN NASAL SPRAY, NON-AEROSOL	3	MO
<i>oxaprozin oral tablet</i>	3	MO
<i>piroxicam oral capsule 10 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule 20 mg</i>	2	MO
<i>salsalate oral tablet</i>	1	MO
<i>sulindac oral tablet</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 MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	MO; QL (1 per 28 days)
<i>alprazolam oral tablet</i>	2	MO
<i>amitriptyline oral tablet</i>	2	MO
<i>amoxapine oral tablet</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</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; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupropion 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>	4	MO
<i>citalopram oral solution</i>	3	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>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<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	
<i>clozapine oral tablet, disintegrating</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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>dexmethylphenidate oral capsule, er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 5 mg</i>	4	MO
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	4	MO
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine -amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral concentrate</i>	4	MO
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>	2	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>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(drlec)</i>	4	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	3	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution</i>	4	MO
<i>fluphenazine hcl injection solution</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	4	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)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	4	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate injection solution</i>	2	MO
<i>haloperidol lactate intramuscular syringe</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet</i>	2	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	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QL (2.63 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
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>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	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; 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>	4	MO
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	2	MO
<i>methylphenidate hcl oral tablet 20 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 10mg, 20mg</i>	4	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>mirtazapine oral tablet 7.5 mg</i>	2	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>	4	MO
<i>nefazodone oral tablet</i>	4	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>	4	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>	4	MO; QL (30 per 30 days)
<i>oxazepam oral capsule</i>	3	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 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>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	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 16 mg, 2 mg, 8 mg</i>	4	MO
<i>perphenazine oral tablet 4 mg</i>	2	MO
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING	5	MO; QL (1 per 30 days)
<i>phenelzine oral tablet</i>	3	MO
<i>pimozide oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline oral tablet</i>	4	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>	4	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; QL (2 per 28 days)

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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; QL (2 per 28 days)
<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>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	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)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	MO

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 1 mg, 10 mg</i>	3	MO
<i>trifluoperazine oral tablet 2 mg, 5 mg</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)

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	MO; QL (7 per 30 days)
XYREM ORAL SOLUTION	5	PA; 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 recon soln</i>	4	
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	3	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)
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 intravenous syringe</i>	3	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>dofetilide oral capsule</i>	4	MO
<i>flecainide oral tablet 100 mg, 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 150 mg</i>	3	MO
<i>ibutilide fumarate intravenous solution</i>	2	
<i>lidocaine (pf) in d7.5w intrathecal solution</i>	2	
<i>lidocaine (pf) intravenous solution</i>	2	
<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
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	MO
<i>procainamide injection solution</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</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, 80 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol af oral tablet 160 mg</i>	3	
<i>sotalol oral tablet</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	2	MO
<i>aliskiren oral tablet</i>	4	MO
<i>amiloride oral tablet</i>	2	MO
<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 10-40 mg, 5-40 mg</i>	3	MO
<i>amlodipine-valsartan oral tablet 10-160 mg</i>	2	MO
<i>amlodipine-valsartan oral tablet 10-320 mg, 5-160 mg, 5-320 mg</i>	3	MO
<i>amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg, 5-160-25 mg</i>	3	MO
<i>atenolol oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet</i>	2	MO
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 5-6.25 mg</i>	2	MO
<i>benazepril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	MO
<i>betaxolol oral tablet</i>	2	MO
BIDIL ORAL TABLET	3	MO; QL (180 per 30 days)
<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 0.5 mg, 1 mg</i>	2	MO
<i>bumetanide oral tablet 2 mg</i>	3	MO
BYSTOLIC ORAL TABLET	3	MO
<i>candesartan oral tablet</i>	3	MO
<i>candesartan-hydrochlorothiazid oral tablet</i>	4	MO
<i>captopril oral tablet 100 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</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>	1	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)
<i>diltiazem hcl intravenous recon soln</i>	3	
<i>diltiazem hcl intravenous solution</i>	3	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO

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This drug list was last updated on 09/01/2021.

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	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>	3	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
EDARBI ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR ORAL TABLET	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<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	
<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

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<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
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>methyldopa oral tablet</i>	2	MO
<i>metolazone oral tablet</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol ta-hydrochlorothiazide oral tablet</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metyrosine oral capsule</i>	5	PA; 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	
<i>nicardipine oral capsule</i>	4	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

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine oral tablet extended release 24 hr</i>	4	MO
<i>olmesartan oral tablet</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg</i>	2	MO
<i>olmesartan-amlodipin-hcthiazid oral tablet 40-10-25 mg, 40-5-25 mg</i>	3	MO
<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>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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol-hydrochlorothiazid 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
<i>spironolacton-hydrochlorothiaz 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-hydrochlorothiazid oral tablet</i>	3	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

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>torseamide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	1	MO
<i>treprostinil sodium injection solution</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid 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	
<i>verapamil intravenous syringe</i>	3	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>verapamil oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution</i>	2	MO
<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; 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

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Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
<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>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<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>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml</i>	3	MO
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
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>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	MO
<i>jantoven oral tablet</i>	1	MO
MULPLETA ORAL TABLET	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
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
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	3	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

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine (with sugar) oral powder in packet</i>	3	MO
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	
<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>	2	MO
<i>ezetimibe-simvastatin oral tablet</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	MO
<i>fenofibrate micronized oral capsule 43 mg</i>	3	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg</i>	3	MO
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 45 mg</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>	4	MO; QL (30 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO
<i>icosapent ethyl oral capsule</i>	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	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)

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Drug Name	Drug Tier	Requirements/Limits
NEXLETOL ORAL TABLET	3	PA; MO
NEXLIZET ORAL TABLET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	3	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg</i>	3	
<i>niacin oral tablet extended release 24 hr 750 mg</i>	4	
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
<i>pravastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	4	MO
<i>prevalite oral powder in packet</i>	4	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	ST; MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln perfusion solution</i>	2	
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digitek oral tablet</i>	2	MO
<i>digox oral tablet</i>	2	MO
<i>digoxin oral solution</i>	3	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), 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
<i>milrinone intravenous solution</i>	2	B/D PA
<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	
VERQUVO ORAL TABLET	3	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; MO
VYNDAQEL ORAL CAPSULE	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 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>	2	MO
<i>nitro-bid transdermal ointment</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<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>	3	MO

DERMATOLOGICAL/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHOEIC

<i>acitretin oral capsule</i>	4	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>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol topical ointment</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA INTRAVENOUS SOLUTION	5	PA; MO; QL (104 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 (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
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	
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical cream</i>	4	MO; QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)

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

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	MO
<i>lidocaine-epinephrine (pf) injection solution</i>	2	
<i>lidocaine-epinephrine injection solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	5	MO
<i>pimecrolimus topical cream</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf injection solution</i>	2	
REGRANEX TOPICAL GEL	5	MO
SANTYL TOPICAL OINTMENT	3	MO
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical ointment</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	5	PA; MO
THERAPY FOR ACNE		
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	4	
<i>azelaic acid topical gel</i>	4	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg</i>	4	
<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>	2	MO; QL (120 per 30 days)
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	4	
<i>ivermectin topical cream</i>	2	MO
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel 0.75 %</i>	3	MO

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel 1 %</i>	4	MO
<i>metronidazole topical gel with pump</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>myorisan oral capsule</i>	4	
<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 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	2	MO; QL (60 per 30 days)
<i>mupirocin topical ointment</i>	2	MO; QL (44 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (acne) topical suspension</i>	4	MO
SULFAMYLON TOPICAL CREAM	3	MO
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>	4	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>econazole topical cream</i>	2	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 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; QL (180 per 30 days)
<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	QL (180 per 30 days)
<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; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tavaborole topical solution with applicator</i>	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR TOPICAL CREAM	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<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
<i>betamethasone valerate topical lotion</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>clobetasol scalp solution</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 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>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream</i>	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-emollient topical cream</i>	4	
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<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>	4	MO
<i>prednicarbate topical ointment</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>triderm topical cream</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	2	MO
<i>ivermectin topical lotion</i>	4	MO
<i>malathion topical lotion</i>	4	MO
<i>permethrin topical cream</i>	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	3	
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet</i>	5	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>deferiprone oral tablet</i>	5	PA; MO
<i>deferoxamine injection recon soln</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	4	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	4	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%-0.3 % sod. chloride intravenous parenteral solution</i>	2	
<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	
<i>disulfiram oral tablet</i>	2	MO
<i>droxidopa oral capsule</i>	5	PA; MO
FERRIPROX (2 TIMES A DAY) ORAL TABLET	5	PA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	MO; LA
<i>levocarnitine (with sugar) oral solution</i>	3	MO
<i>levocarnitine oral solution 100 mg/ml</i>	3	MO
<i>levocarnitine oral tablet</i>	2	MO

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
<i>pilocarpine hcl oral tablet</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
RAVICTI ORAL LIQUID	5	PA; MO
REVCIVI INTRAMUSCULAR SOLUTION	5	PA; LA
<i>riluzole oral tablet</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i>	4	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral suspension</i>	3	MO
<i>sps (with sorbitol) rectal enema</i>	3	
<i>trientine oral capsule</i>	5	PA; MO
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	5	PA; MO
VELTASSA ORAL POWDER IN PACKET	3	MO
<i>water for irrigation, sterile irrigation solution</i>	2	MO
XIAFLEX INJECTION RECON SOLN	5	PA
XURIDEN ORAL GRANULES IN PACKET	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	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
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)

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Drug Name	Drug Tier	Requirements/Limits
<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	MO
<i>fluoride (sodium) dental gel</i>	2	MO
<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
<i>paroex oral rinse mucous membrane mouthwash</i>	1	MO
<i>periogard mucous membrane mouthwash</i>	1	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 dry mouth dental gel</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	MO
<i>triamcinolone acetone 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>fluocinolone acetone oil otic (ear) drops</i>	4	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	MO
<i>ofloxacin otic (ear) drops</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) drops, suspension</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
<i>decadron oral tablet 0.5 mg</i>	1	
<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 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
<i>fludrocortisone oral tablet</i>	2	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

Drug Name	Drug Tier	Requirements/Limits
<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</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol oral concentrate</i>	2	MO
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	3	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<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)
ALCOHOL PADS TOPICAL PADS, MEDICATED	3	
BAQSIMI NASAL SPRAY, NON- AEROSOL	3	MO
BYDUREON BCISE SUBCUTANEOUS AUTO- 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)
<i>diazoxide oral suspension</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI ORAL TABLET	3	MO; QL (30 per 30 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
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	MO; SSM
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	MO; SSM

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	MO; SSM
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO; SSM
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	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

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R REGULAR U-100 INSULIN 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
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	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	MO; SSM
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN	3	MO; SSM
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO; SSM
<i>metformin oral solution</i>	4	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<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>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)
ONGLYZA ORAL TABLET	3	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; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
QTERN ORAL TABLET	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	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 (90 per 30 days); SSM
STEGLATRO ORAL TABLET	3	MO; QL (30 per 30 days)
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)
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO; SSM
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN	3	MO; SSM
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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) injection solution</i>	5	MO
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	2	
CERDELGA ORAL CAPSULE	5	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	PA; MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	PA; MO
<i>clomiphene citrate oral tablet</i>	2	PA; MO
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MO; LA
<i>danazol oral capsule</i>	4	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	
<i>desmopressin oral tablet 0.1 mg</i>	2	MO
<i>desmopressin oral tablet 0.2 mg</i>	3	MO
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	4	MO
ELAPRASE INTRAVENOUS SOLUTION	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
KANUMA INTRAVENOUS SOLUTION	5	PA; MO
KORLYM ORAL TABLET	5	PA
LUMIZYME INTRAVENOUS RECON SOLN	5	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	5	PA; MO
<i>miglustat oral capsule</i>	5	PA; MO; LA
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO; LA
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	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)

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Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral capsule</i>	4	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO
<i>sapropterin oral powder in packet</i>	5	PA; MO
<i>sapropterin oral tablet, soluble</i>	5	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<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>	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>	3	MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5 gram), 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>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp</i>	4	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO
VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO; LA
<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>	3	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 25 mcg, 50 mcg, 88 mcg</i>	1	MO
<i>levoxyl oral tablet 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 75 mcg</i>	3	MO
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid oral tablet 100 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>unithroid oral tablet 112 mcg, 137 mcg</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	3	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	3	
<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
<i>diphenoxylate-atropine oral liquid</i>	4	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate injection solution</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg</i>	2	MO
<i>glycopyrrolate oral tablet 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture oral</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	5	PA; 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 extended release</i>	5	
CHENODAL ORAL TABLET	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONSTITUTIONAL 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>	4	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>	4	MO
CYSTADANE ORAL POWDER	5	
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM ORAL CAPSULE	5	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS ORAL CAPSULE	3	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	
<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	
<i>metoclopramide hcl oral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet</i>	1	MO
MOTEGRITY ORAL TABLET	4	ST; MO; QL (30 per 30 days)
MOVANTIK ORAL TABLET	3	MO; QL (30 per 30 days)
OCALIVA 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>	4	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	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte oral recon soln</i>	2	MO
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>	2	MO
<i>prochlorperazine rectal suppository</i>	4	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
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
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>	4	MO
SUCRAID ORAL SOLUTION	5	PA
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (drlec)</i>	2	MO
<i>trilyte with flavor packets oral recon soln</i>	2	MO
TRULANCE ORAL TABLET	3	MO
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet 250 mg</i>	3	MO
<i>ursodiol oral tablet 500 mg</i>	4	MO
VARUBI ORAL TABLET	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
VIOKACE ORAL TABLET	3	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ULCER THERAPY		
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	1	MO
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	2	MO
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<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>	4	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 100 mcg</i>	3	MO
<i>misoprostol oral tablet 200 mcg</i>	2	MO
<i>nizatidine oral capsule 150 mg</i>	1	
<i>nizatidine oral capsule 300 mg</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
<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>rabeprazole oral tablet, delayed release (drlec)</i>	4	MO
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	2	MO

**IMMUNOLOGY,
VACCINES /
BIOTECHNOLOGY**

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	B/D PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days)
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
NYVEPRIA SUBCUTANEOUS SYRINGE	5	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; MO; QL (1 per 28 days)
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

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT 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
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
ZARXIO INJECTION SYRINGE	5	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO

Drug Name	Drug Tier	Requirements/Limits
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
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

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>fomepizole intravenous solution</i>	2	
GAMASTAN INTRAMUSCULAR SOLUTION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
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 INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B INTRAMUSCULAR SYRINGE	3	

Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL INJECTION SUSPENSION	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF) INTRAMUSCULAR KIT	3	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
TETANUS,DIPH THERIA TOX PED(PF) INTRAMUSCUL AR SUSPENSION	3	MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTI ON	3	B/D PA; MO
TRUMENBA INTRAMUSCUL AR SYRINGE	3	MO
TWINRIX (PF) INTRAMUSCUL AR SYRINGE	3	MO
TYPHIM VI INTRAMUSCUL AR SOLUTION	3	
TYPHIM VI INTRAMUSCUL AR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCUL AR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCUL AR SYRINGE	3	MO
VARIVAX (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTI ON	3	
VARIZIG INTRAMUSCUL AR SOLUTION	3	MO

Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTI ON	3	
ZOSTAVAX (PF) SUBCUTANEOU S SUSPENSION FOR RECONSTITUTI ON	3	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
GAUZE PADS 2 X 2	3	
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE (DISP) U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet</i>	1	MO
<i>allopurinol sodium intravenous reconstituted solution</i>	2	
<i>aloprim intravenous reconstituted 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>	3	MO
KRYSTEXXA INTRAVENOUS SOLUTION	5	MO
<i>probenecid oral tablet</i>	2	MO
<i>probenecid-colchicine oral tablet</i>	2	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	5	PA; MO; QL (160 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 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)

Drug Name	Drug Tier	Requirements/Limits
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 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)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS 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 SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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) PEN SUBCUTANEOU S PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 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 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)

Drug Name	Drug Tier	Requirements/Limits
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)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG(19)	5	
<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)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 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>	4	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane oral tablet</i>	4	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>dotti transdermal patch semiweekly 0.05 mg/24 hr, 0.1 mg/24 hr</i>	4	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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch semiweekly</i>	4	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<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	
<i>incassia oral tablet</i>	2	MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	PA; MO
<i>lyllana transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone oral tablet</i>	2	MO
MENEST ORAL TABLET	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nora-be oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA
<i>norethindrone acetate estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda oral tablet</i>	2	MO
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>yuvafem vaginal tablet</i>	4	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal cream</i>	4	MO
<i>metronidazole vaginal gel</i>	4	MO
<i>mifepristone oral tablet</i>	2	LA
MIRENA INTRAUTERINE DEVICE	3	LA
NEXPLANON SUBDERMAL IMPLANT	4	
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	3	MO
<i>xulane transdermal patch weekly</i>	4	MO
<i>zafemy transdermal patch weekly</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amethia oral tablets,dose pack,3 month</i>	4	MO
<i>amethyst (28) oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	4	MO
<i>aubra eq oral tablet</i>	2	MO
<i>aubra oral tablet</i>	2	
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>balziva (28) oral tablet</i>	2	MO
<i>blisovi 24 fe oral tablet</i>	4	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	MO
<i>briellyn oral tablet</i>	2	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	4	MO
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>caziant (28) oral tablet</i>	4	MO
<i>cryselle (28) oral tablet</i>	2	MO
<i>cyclafem 1/35 (28) oral tablet</i>	2	MO
<i>cyclafem 7/7/7 (28) oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cyred eq oral tablet</i>	2	MO
<i>cyred oral tablet</i>	2	
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	4	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	
<i>elinest oral tablet</i>	2	MO
<i>emoquette oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	
<i>falmina (28) oral tablet</i>	2	MO
<i>fayosim oral tablets,dose pack,3 month</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>femynor oral tablet</i>	2	MO
<i>hailey 24 fe oral tablet</i>	4	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>	4	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>juleber oral tablet</i>	2	MO
<i>junel 1.5/30 (21) oral tablet</i>	2	MO
<i>junel 1/20 (21) oral tablet</i>	2	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	2	MO
<i>junel fe 1/20 (28) oral tablet</i>	2	MO
<i>junel fe 24 oral tablet</i>	4	MO
<i>kaitlib fe oral tablet,chewable</i>	4	MO
<i>kalliga oral tablet</i>	4	
<i>kariva (28) oral tablet</i>	4	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kelnor 1-50 (28) oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	4	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
<i>larin fe 1/20 (28) oral tablet</i>	2	MO
<i>larissia oral tablet</i>	2	MO
<i>layolis fe oral tablet,chewable</i>	4	MO
<i>leena 28 oral tablet</i>	4	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<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>	4	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
<i>mono-linyah oral tablet</i>	2	MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nikki (28) oral tablet</i>	4	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable</i>	4	
<i>norethindrone acet eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone acet eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<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>ocella oral tablet</i>	4	MO
<i>orsythia oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	4	MO
<i>pirmella oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>portia 28 oral tablet</i>	2	MO
<i>previfem oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>rivelsa oral tablets,dose pack,3 month</i>	4	MO
<i>setlakin oral tablets,dose pack,3 month</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	4	MO
<i>tarina 24 fe oral tablet</i>	4	MO
<i>tarina fe 1/20 (28) oral tablet</i>	2	
<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-linyah oral tablet</i>	2	MO
<i>tri-lo-estarylla oral tablet</i>	4	MO
<i>tri-lo-marzia oral tablet</i>	2	MO
<i>tri-lo-sprintec oral tablet</i>	2	MO
<i>tri-mili oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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>tri-vylibra lo oral tablet</i>	4	MO
<i>tri-vylibra oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vestura (28) oral tablet</i>	2	
<i>vienva oral tablet</i>	2	MO
<i>vioarele (28) oral tablet</i>	2	MO
<i>vyfemla (28) oral tablet</i>	2	MO
<i>vylibra oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>wymzya fe oral tablet,chewable</i>	4	MO
<i>zarah oral tablet</i>	4	MO
<i>zovia 1/35e (28) oral tablet</i>	2	MO
<i>zovia 1-35 (28) oral tablet</i>	2	
<i>zumandimine (28) oral tablet</i>	4	MO
OXYTOCICS		
<i>methergine oral tablet</i>	4	PA

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This drug list was last updated on 09/01/2021.

Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine oral tablet</i>	4	PA

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; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	4	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	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
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophthalmic (eye) drops</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	4	MO
ZIRGAN OPHTHALMIC (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>	4	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	2	MO

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

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Drug Name	Drug Tier	Requirements/Limits
LUCENTIS INTRAVITREAL SYRINGE	5	PA; MO
<i>olopatadine ophthalmic (eye) drops</i>	2	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %</i>	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 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
<i>sulfacetamide- prednisolone ophthalmic (eye) drops</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
NON- STEROIDAL ANTI- INFLAMMATO RY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	3	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
<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>	2	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	4	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>	2	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
ROCKLATAN OPTHALMIC (EYE) DROPS	3	MO
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost ophthalmic (eye) drops</i>	4	MO
STEROID-ANTIBIOTIC COMBINATION S		
<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>	4	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	MO
TOBRADEX OPTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	3	MO; QL (10 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	3	MO
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA; MO; QL (8.3 per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	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>	2	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	3	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	2	PA; MO
<i>hydroxyzine hcl oral tablet 25 mg</i>	3	PA; 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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020503)</i>	2	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
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alyq oral tablet</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; MO; LA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	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)

Drug Name	Drug Tier	Requirements/Limits
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>bosentan oral tablet</i>	5	PA; MO; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 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

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	5	B/D PA; MO
DALIRESP ORAL TABLET	4	PA; MO; QL (30 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	4	MO
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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</i>	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension</i>	2	MO; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant subcutaneous syringe</i>	5	PA; MO
<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)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	4	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)

Drug Name	Drug Tier	Requirements/Limits
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)
ORLADEYO ORAL CAPSULE	5	PA; LA
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO
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)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (90 per 90 days)

Drug Name	Drug Tier	Requirements/Limits
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 (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<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
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	3	MO
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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 100-50-75 MG(D) /150 MG (N)	5	PA; MO; QL (84 per 28 days)
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 (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 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>	4	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin oral tablet</i>	3	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>	2	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	
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE	3	MO
<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 10 meq (1,080 mg), 15 meq</i>	3	MO
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	MO
RENACIDIN IRRIGATION SOLUTION	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 % intravenous parenteral solution</i>	2	
<i>alburx (human) 25 % intravenous parenteral solution</i>	2	

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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	
<i>plasbumin 5 % intravenous parenteral solution</i>	2	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	3	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution</i>	2	
<i>calcium chloride intravenous syringe</i>	2	
<i>calcium gluconate intravenous solution</i>	2	
<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>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	2	MO
<i>magnesium chloride injection solution</i>	2	
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</i>	2	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate intravenous solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous solution</i>	4	
<i>potassium chloride oral capsule, extended release</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	4	
<i>potassium phosphate m-l-d-basic intravenous solution 3 mmol/ml</i>	2	
<i>ringer's intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium acetate intravenous solution</i>	2	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4%)</i>	2	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4%), 7.5% (0.9 meq/ml), 8.4% (1 meq/ml)</i>	2	
<i>sodium chloride 0.45% intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3% intravenous parenteral solution</i>	4	
<i>sodium chloride 5% intravenous parenteral solution</i>	4	MO
<i>sodium chloride intravenous parenteral solution</i>	2	
<i>sodium phosphate intravenous solution</i>	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
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
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Drug Tier	Requirements/Limits
<i>plasmanate intravenous parenteral solution</i>	2	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	

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<i>chlorhexidine gluconate</i>	75	CLINIMIX 5%-	CRYSVITA	82
<i>chloroprocaine (pf)</i>	66	D20W(SULFITE-FREE)	<i>cyclafem 1/35 (28)</i>	100
<i>chloroquine phosphate</i>	10	CLINIMIX 6%-D5W	<i>cyclafem 7/7/7 (28)</i>	100
<i>chlorothiazide sodium</i>	55	(SULFITE-FREE)	<i>cyclobenzaprine</i>	39
<i>chlorpromazine</i>	46	CLINIMIX 8%-	<i>cyclophosphamide</i>	20
<i>chlorthalidone</i>	55	D10W(SULFITE-FREE)	CYCLOPHOSPHAMIDE	20
<i>chlorzoxazone</i>	39	CLINIMIX 8%-	<i>cyclosporine</i>	20
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