



Clear Spring Health



Clear Spring Health Silver Plan

2021 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00021594, Version Number 9

This formulary was updated on 02/17/2021. For more recent information or other questions, please contact us Clear Spring Health Member Services, at 1-877-364-4566 or, for TTY users, 711, during our hours of operations are from October 1 – March 31, seven days a week, from 8:00am - 8:00pm and from April 1 - September 30, Monday through Friday, 8:00am - 8:00pm, or visit <https://www.eonhp.com/>

Y1045_RX P237-10210_C

02/17/2021

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 Clear Spring Health. When it refers to “plan” or “our plan,” it means Clear Spring Health Silver Plan.

This document includes list of the drugs (formulary) for our plan which is current as of 09/04/2020. For a comprehensive 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, 2020 and from time to time during the year.

What is the Clear Spring Health Silver Plan Formulary?

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

Can the Formulary (drug list) change?

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30 day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Silver Plan Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. 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 09/04/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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, “Miscellaneous Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 72. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Clear Spring Health before you fill your prescriptions. If you don't get approval, Clear Spring Health may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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, our plan 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 our plan formulary?" on page 7 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Clear Spring Health Silver Plan Formulary?

You can ask our plan 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, our plan 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, our plan 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.

If you experience a level of care change (i.e. are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30- day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception. For more information

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

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

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

Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

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

The information in the Requirements/Limits column tells you if our plan 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 (\$35.00): Senior Savings Model. For this select insulin drug, your copay will be the same in all stages until you reach the Catastrophic Coverage Stage. Please refer to Chapter 4 of our Evidence of Coverage for more information. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>casprofungin</i>	5	
<i>clotrimazole mucous membrane</i>	4	MO
CRESEMBA ORAL	5	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	3	
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	3	MO
<i>fluconazole oral tablet 150 mg</i>	1	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	3	PA; MO
MYCAMINE	5	MO
NOXAFIL ORAL SUSPENSION	5	MO; QL (630 per 30 days)
<i>nystatin oral suspension</i>	3	MO
<i>nystatin oral tablet</i>	3	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO; QL (93 per 28 days)
<i>terbinafine hcl oral</i>	1	MO; QL (90 per 365 days)
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet 200 mg</i>	5	MO
<i>voriconazole oral tablet 50 mg</i>	4	MO
ANTIVIRALS		
<i>abacavir oral solution</i>	4	MO
<i>abacavir oral tablet</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</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 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
<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</i>	5	MO
<i>amantadine hcl oral capsule</i>	3	MO; QL (120 per 30 days)
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	3	MO
APTIVUS	5	MO
APTIVUS (WITH VITAMIN E)	5	
<i>atazanavir</i>	4	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG	4	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz oral capsule 50 mg</i>	4	MO
<i>efavirenz oral tablet</i>	5	MO
<i>efavirenz-emtricitabin-tenofov</i>	5	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO; QL (30 per 30 days)
EMTRIVA	3	MO
<i>entecavir</i>	4	MO
EPCLUSA	5	PA; MO
EPIVIR HBV ORAL SOLUTION	4	MO
EVOTAZ	5	MO
<i>famciclovir</i>	3	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
GENVOYA	5	MO
HARVONI ORAL TABLET 90-400 MG	5	PA; MO
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL POWDER IN PACKET	3	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	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>	4	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	MO
<i>lamivudine-zidovudine</i>	4	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir</i>	4	MO
MAVYRET	5	PA; MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
NORVIR ORAL SOLUTION	4	MO
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	3	MO; QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO; QL (1080 per 365 days)
PIFELTRO	5	MO
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	5	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
RELENZA DISKHALER	3	MO; QL (60 per 180 days)
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>ribavirin oral tablet 200 mg</i>	4	MO
<i>rimantadine</i>	3	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	MO
SELZENTRY ORAL TABLET 25 MG	3	MO
SOVALDI ORAL TABLET 400 MG	5	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	3	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRUVADA	5	MO; QL (30 per 30 days)
TYBOST	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valacyclovir</i>	3	MO
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA; MO
<i>zidovudine oral capsule</i>	4	MO
<i>zidovudine oral syrup</i>	4	MO
<i>zidovudine oral tablet</i>	3	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	3	MO
<i>cefactor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO
<i>cefactor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefactor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefadroxil oral tablet</i>	4	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	3	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	3	
<i>cefazolin intravenous</i>	3	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	4	MO
CEFEPIME IN DEXTROSE 5 %	4	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>cefepime injection</i>	4	MO
<i>cefixime oral suspension for reconstitution</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution</i>	4	MO
<i>cefpodoxime oral tablet</i>	3	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME IN D5W	3	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	MO
<i>ceftazidime injection recon soln 6 gram</i>	3	
<i>ceftriaxone in dextrose,iso-os</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	3	MO
<i>tazicef injection recon soln 1 gram</i>	3	
<i>tazicef injection recon soln 2 gram, 6 gram</i>	3	MO
<i>tazicef intravenous</i>	3	
TEFLARO	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	3	MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	3	MO
<i>azithromycin oral tablet</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
DIFICID ORAL TABLET	5	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
ALINIA	5	MO
<i>amikacin injection solution 500 mg/2 ml</i>	4	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam injection recon soln 1 gram</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
CAYSTON	5	PA; MO; LA
<i>chloroquine phosphate</i>	3	MO
<i>clindamycin hcl</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin pediatric</i>	4	MO
<i>clindamycin phosphate injection</i>	3	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	3	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO; QL (12 per 365 days)
<i>ertapenem</i>	4	MO
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>hydroxychloroquine</i>	3	MO
<i>imipenem-cilastatin</i>	3	MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral</i>	3	MO
<i>linezolid in dextrose 5%</i>	4	
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	
<i>mefloquine</i>	3	MO
<i>meropenem</i>	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	
<i>metro i.v.</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 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	4	MO
<i>pentamidine inhalation</i>	4	B/D PA; MO
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	3	MO
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PA; MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO ORAL TABLET 100 MG	5	PA; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PA; LA
SIVEXTRO INTRAVENOUS	5	
SIVEXTRO ORAL	5	MO
STREPTOMYCIN	5	MO
<i>tigecycline</i>	5	
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO
<i>tobramycin sulfate injection recon soln</i>	3	
<i>tobramycin sulfate injection solution</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
TRECTOR	4	MO
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	4	MO
<i>vancomycin oral capsule 125 mg</i>	4	MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	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>	3	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
<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 1 gram, 10 gram, 125 mg</i>	4	MO
<i>ampicillin sodium intravenous recon soln 1 gram</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO
BICILLIN L-A	4	MO
<i>dicloxacillin</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	4	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</i>	4	MO
<i>oxacillin injection recon soln 1 gram</i>	4	
<i>oxacillin injection recon soln 10 gram</i>	5	
<i>oxacillin injection recon soln 2 gram</i>	4	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	4	MO
<i>penicillin g potassium</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	MO
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	1	MO
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	MO
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	4	MO
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>minocycline oral capsule</i>	2	MO
<i>mondoxyne nl oral capsule 100 mg</i>	2	MO
<i>tetracycline</i>	4	MO

URINARY TRACT AGENTS

<i>methenamine hippurate</i>	3	MO
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	3	MO
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	4	MO
MESNEX ORAL	5	MO
XGEVA	5	PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone</i>	5	PA; MO
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Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; MO; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
ALECENSA	5	PA; MO; LA
ALUNBRIG	5	PA; MO; LA
<i>anastrozole</i>	1	MO
AYVAKIT	5	PA; MO; LA; QL (30 per 30 days)
<i>azathioprine</i>	3	B/D PA; MO
BALVERSA	5	PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BOSULIF	5	PA; MO
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA
BRUKINSA	5	PA; MO; LA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
CAPRELSA	5	PA; LA
COMETRIQ	5	PA; MO; LA
COPIKTRA	5	PA; MO; LA
COTELLIC	5	PA; MO; LA
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified</i>	4	B/D PA; MO
<i>cyclosporine oral capsule</i>	4	B/D PA; MO
DAURISMO	5	PA; MO; LA
DROXIA	3	MO
EMCYT	4	MO
ERIVEDGE	5	PA; MO; LA
ERLEADA	5	PA; MO; LA
<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 (90 per 30 days)
<i>everolimus (antineoplastic)</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FARYDAK ORAL CAPSULE 10 MG, 20 MG	5	PA; MO; LA
FARYDAK ORAL CAPSULE 15 MG	5	PA; MO; QL (6 per 21 days)
<i>flutamide</i>	3	MO
GAVRETO	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; LA
<i>hydroxyurea</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; LA; QL (21 per 28 days)
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; MO; LA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA	5	PA; MO; LA
INLYTA ORAL TABLET 1 MG	5	PA; MO; LA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; LA; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA
IRESSA	5	PA; MO; LA
JAKAFI	5	PA; MO; LA; QL (60 per 30 days)
KISQALI	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK	5	PA; MO
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA	5	PA; MO; LA
<i>letrozole</i>	1	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
LONSURF	5	PA; MO
LORBRENA	5	PA; MO; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	MO
LUPRON DEPOT (4 MONTH)	5	MO
LUPRON DEPOT (6 MONTH)	5	MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	MO

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	MO
LYNPARZA ORAL TABLET	5	PA; MO; LA
LYSODREN	3	MO
MATULANE	5	MO; LA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	MO
MEKINIST	5	PA; MO; LA
MEKTOVI	5	PA; MO; LA
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium injection</i>	2	B/D PA; MO
<i>methotrexate sodium oral</i>	3	MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA
<i>nilutamide</i>	5	MO
NINLARO	5	PA; MO
NUBEQA	5	PA; MO; LA
<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
ODOMZO	5	PA; MO; LA
ONUREG	5	PA; MO
PEMAZYRE	5	PA; MO; QL (14 per 21 days)
PIQRAY	5	PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; MO; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; QL (120 per 30 days)
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
ROZLYTREK	5	PA; MO; LA
RUBRACA	5	PA; MO; LA
RUXIENCE	5	MO
RYDAPT	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SIGNIFOR	5	PA; MO; LA
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL	5	PA; MO
STIVARGA	5	PA; MO; LA
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	PA; MO
TABLOID	5	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	4	B/D PA; MO
TAFINLAR	5	PA; MO; LA
TAGRISSE	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TALZENNA	5	PA; MO; LA
<i>tamoxifen</i>	1	MO
TARGRETIN TOPICAL	5	PA; MO; QL (60 per 30 days)
TASIGNA	5	PA; MO
TAZVERIK	5	PA; MO; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
TIBSOVO	5	PA; MO; LA
<i>toremifene</i>	5	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	5	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TUKYSA ORAL TABLET 150 MG	5	PA; MO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; MO; QL (300 per 30 days)
TURALIO	5	PA; MO; LA
TYKERB	5	PA; MO; LA
VENCLEXTA ORAL TABLET 10 MG	4	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA
VERZENIO	5	PA; MO; LA
VITRAKVI	5	PA; MO; LA
VIZIMPRO	5	PA; MO; LA
VOTRIENT	5	PA; MO; LA
XALKORI	5	PA; MO; LA
XATMEP	4	B/D PA; MO
XOSPATA	5	PA; MO; LA
XPOVIO	5	PA; MO; LA
XTANDI	5	PA; MO; LA
ZEJULA	5	PA; MO; LA
ZELBORAF	5	PA; MO; LA
ZOLINZA	5	PA; MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	5	PA; MO; LA
ZYKADIA ORAL TABLET	5	PA; MO; LA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	5	MO; QL (60 per 30 days)
BANZEL ORAL TABLET	5	PA; MO
BRIVIACT ORAL	5	PA; MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	3	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	3	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam</i>	4	PA; MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	MO; QL (300 per 30 days)
DIACOMIT	5	MO
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	3	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
DILANTIN-125 125 MG/5 ML	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	3	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	3	MO
EPIDIOLEX	5	PA; MO; LA; QL (600 per 30 days)
<i>epitol</i>	3	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; MO; LA
FYCOMPA ORAL SUSPENSION	5	PA; MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	PA; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	PA; MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	3	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	3	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	3	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
NAYZILAM	4	MO
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet</i>	3	PA; MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	PA; MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>rufinamide</i>	5	PA; MO
SPRITAM	4	MO

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO
SYMPAZAN ORAL FILM 5 MG	4	PA; MO
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	MO
<i>topiramate oral tablet</i>	2	MO
<i>valproic acid</i>	3	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	3	MO
VALTOCO	4	MO
<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigadrone</i>	5	PA; MO; LA; QL (180 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	4	MO; QL (60 per 30 days)
XCOPRI MAINTENANCE PACK	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)

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
<i>zonisamide</i>	2	MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (60 per 30 days)
<i>benztropine oral</i>	3	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	3	MO
<i>trihexyphenidyl</i>	3	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine nasal</i>	5	PA; MO; QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
<i>rizatriptan</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	MO; QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	MO; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; QL (60 per 30 days)
<i>dalfampridine</i>	5	PA; MO
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO; QL (60 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	4	PA; MO
<i>memantine oral tablet</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
MEMANTINE ORAL TABLETS, DOSE PACK	4	PA; MO
NAMZARIC	4	MO
NUEDEXTA	4	PA; MO; QL (60 per 30 days)
OCREVUS	5	PA; MO
<i>rivastigmine</i>	4	MO; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	4	MO; QL (90 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	4	MO; QL (60 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	5	PA; MO; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 240 MG	5	PA; MO; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA; MO
<i>dantrolene oral</i>	4	MO
<i>methocarbamol oral</i>	3	PA; MO
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<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)
<i>buprenorphine hcl sublingual</i>	3	PA; MO; QL (90 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	3	MO; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	3	MO; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO
<i>hydromorphone oral liquid</i>	4	MO; QL (600 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
HYSINGLA ER	3	PA; MO; QL (30 per 30 days)
<i>methadone oral solution</i>	3	PA; MO; QL (450 per 30 days)
<i>methadone oral tablet</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine concentrate oral solution</i>	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (90 per 30 days)
<i>oxycodone oral capsule</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QL (900 per 30 days)
<i>oxycodone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	MO; QL (240 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	4	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet</i>	2	MO; QL (90 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	3	MO; QL (30 per 30 days)
<i>diclofenac potassium</i>	3	MO; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 30 days)
<i>diflunisal</i>	3	MO
<i>ec-naproxen</i>	2	MO
<i>etodolac</i>	3	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	3	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO
<i>nabumetone</i>	2	MO
<i>naloxone injection solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	3	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
<i>piroxicam</i>	3	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	3	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>amitriptyline</i>	3	MO
<i>amoxapine</i>	3	MO
<i>aripiprazole oral solution</i>	5	MO; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
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 150 mg, 200 mg, 250 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	4	MO; QL (120 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
<i>atomoxetine oral capsule 40 mg</i>	4	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	3	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	3	MO
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	MO
<i>bupirone oral tablet 30 mg, 7.5 mg</i>	3	MO
CAPLYTA	5	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine</i>	4	PA; MO
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clozapine oral tablet 100 mg</i>	4	MO; QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	MO; QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	MO
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	PA; MO; QL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	4	PA; MO
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	PA; MO; QL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	PA; MO; QL (135 per 30 days)
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	4	PA; MO; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	3	MO; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	3	MO; QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg</i>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	4	MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	3	MO; QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 20 mg</i>	3	MO; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	MO; QL (60 per 30 days)
<i>diazepam intensol</i>	3	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	3	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	3	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>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	PA; MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	3	MO; QL (60 per 30 days)
EMSAM	5	PA; MO; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet</i>	1	MO
<i>eszopiclone</i>	3	PA; MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	PA; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	PA; MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	PA; MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	PA; MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral tablet</i>	2	MO
GEODON INTRAMUSCULAR	4	MO; QL (6 per 3 days)
<i>guanfacine oral tablet extended release 24 hr</i>	3	PA; MO
<i>haloperidol</i>	3	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	3	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	MO
<i>haloperidol lactate injection</i>	3	MO
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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	4	MO; QL (0.25 per 28 days)
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 (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QL (1.315 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 (2.625 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	4	MO
<i>lorazepam intensol</i>	3	MO; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>loxapine succinate</i>	3	MO
<i>maprotiline</i>	3	MO
MARPLAN	4	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	3	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	4	MO; QL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO
<i>mirtazapine oral tablet, disintegrating</i>	3	MO
<i>molindone</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; LA; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	4	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	4	MO; QL (30 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet</i>	2	MO
PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)
<i>perphenazine</i>	3	MO
PERSERIS	5	MO; QL (1 per 28 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet</i>	2	MO
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	PA; MO; QL (60 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	3	MO; QL (240 per 30 days)
<i>risperidone oral tablet</i>	2	MO
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	4	MO; QL (90 per 30 days)
<i>risperidone oral tablet,disintegrating 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	4	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet</i>	1	MO
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	4	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine oral capsule 100 mg</i>	4	MO; QL (60 per 30 days)
<i>trimipramine oral capsule 25 mg</i>	4	MO; QL (240 per 30 days)
<i>trimipramine oral capsule 50 mg</i>	4	MO; QL (120 per 30 days)
TRINTELLIX	4	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet</i>	2	MO
VERSACLOZ	5	PA; QL (600 per 30 days)
VIIBRYD ORAL TABLET	4	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	4	MO
VRAYLAR ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; MO
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon</i>	2	PA; MO; QL (60 per 30 days)
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	
<i>zolpidem oral tablet</i>	2	PA; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; MO; QL (2 per 28 days)

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS**

Drug Name	Drug Tier	Requirements /Limits
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	MO
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	4	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	3	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	1	MO
<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</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	3	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	MO; QL (30 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	MO; QL (60 per 30 days)
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	4	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin</i>	2	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	3	MO
<i>labetalol oral</i>	3	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>methyldopa</i>	4	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	3	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	3	MO
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	3	MO
<i>prazosin</i>	3	MO
<i>propranolol oral capsule, extended release 24 hr</i>	3	MO
<i>propranolol oral solution</i>	3	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	3	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 10 mg</i>	2	MO
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	3	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	4	PA; MO
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	3	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe</i>	4	MO
<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) injection solution</i>	3	B/D PA; MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
PRADAXA	4	MO; QL (60 per 30 days)
<i>prasugrel</i>	3	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; MO; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	MO; QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	MO
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	MO
<i>colestipol oral tablet</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe-simvastatin</i>	1	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	MO
<i>gemfibrozil</i>	1	MO
JUXTAPID	5	PA; MO; LA
<i>lovastatin</i>	1	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	4	MO
<i>niacin oral tablet extended release 24 hr 500 mg</i>	4	MO; QL (60 per 30 days)
NIACOR	4	MO
PRALUENT PEN	3	PA
<i>pravastatin</i>	1	MO
<i>prevalite</i>	4	MO
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 80 mg</i>	1	MO; QL (30 per 30 days)
VASCEPA	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	4	
CORLANOR ORAL TABLET	4	MO
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	2	PA; MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	PA; MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	4	PA; MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	PA; MO
ENTRESTO	3	MO
<i>ranolazine</i>	4	MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
MINITRAN	2	MO
<i>nitro-bid</i>	3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	MO
<i>nitroglycerin sublingual</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA; MO
<i>calcipotriene scalp</i>	4	PA; MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	PA; MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	PA; MO; QL (120 per 30 days)
COSENTYX	5	PA; MO; QL (5 per 28 days)
COSENTYX (2 SYRINGES)	5	PA; MO; QL (5 per 28 days)
COSENTYX PEN	5	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; MO; QL (5 per 28 days)
ENSTILAR	4	PA; MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; LA; 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)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	3	MO
DUPIXENT PEN	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	4	MO; QL (40 per 30 days)
<i>fluorouracil topical solution</i>	3	MO; QL (10 per 30 days)
<i>imiquimod topical cream in packet 3.75 %</i>	3	
<i>imiquimod topical cream in packet 5 %</i>	3	MO; QL (24 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl laryngotracheal</i>	3	PA; MO; QL (50 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	3	PA; MO; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	PA; MO; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	PA; MO; QL (50 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	4	PA; MO; QL (3 per 1 day)
<i>lidocaine topical ointment</i>	4	PA; MO; QL (50 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	3	PA; MO; QL (30 per 30 days)
PICATO TOPICAL GEL 0.015 %	4	MO; QL (3 per 30 days)
PICATO TOPICAL GEL 0.05 %	4	MO; QL (2 per 30 days)
<i>podofilox</i>	3	MO
REGRANEX	5	PA; MO; QL (30 per 30 days)
SANTYL	4	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	MO; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VALCHLOR	5	PA; MO; LA; QL (60 per 30 days)
THERAPY FOR ACNE		
<i>amneesteem</i>	4	PA; MO
<i>avita topical cream</i>	4	PA; MO; QL (45 per 30 days)
AVITA TOPICAL GEL	4	PA; MO; QL (45 per 30 days)
<i>claravis</i>	4	PA; MO
<i>clindamycin phosphate topical gel</i>	4	MO; QL (75 per 30 days)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	MO; QL (75 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO
<i>clindamycin phosphate topical solution</i>	4	MO; QL (60 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical gel</i>	4	MO
<i>erythromycin with ethanol topical solution</i>	3	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>isotretinoin</i>	4	PA; MO
<i>metronidazole topical cream</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical gel 0.75 %</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>myorisan</i>	4	PA; MO
<i>tazarotene</i>	3	PA; MO; QL (60 per 30 days)
TAZORAC TOPICAL CREAM 0.05 %	4	PA; MO; QL (60 per 30 days)
<i>tretinoin topical cream</i>	4	PA; MO; QL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	4	PA; MO; QL (45 per 30 days)
<i>zenatane</i>	4	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	MO
<i>gentamicin topical ointment</i>	3	MO
<i>mupirocin</i>	2	MO; QL (220 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	3	MO; QL (90 per 30 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 30 days)
<i>clotrimazole topical cream</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole topical solution</i>	3	MO; QL (30 per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO
<i>ketconazole topical cream</i>	3	MO; QL (60 per 30 days)
<i>ketconazole topical shampoo</i>	2	MO
<i>nyamyc</i>	3	MO; QL (60 per 30 days)
<i>nystatin topical cream</i>	3	MO
<i>nystatin topical ointment</i>	3	MO
<i>nystatin topical powder</i>	3	MO; QL (60 per 30 days)
<i>nystop</i>	3	MO; QL (60 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	3	MO
<i>betamethasone dipropionate topical cream</i>	3	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO
<i>betamethasone dipropionate topical ointment</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	3	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	4	MO; QL (90 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (60 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (60 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide-e</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halobetasol propionate topical cream</i>	4	MO; QL (50 per 30 days)
<i>halobetasol propionate topical ointment</i>	4	MO; QL (50 per 30 days)
<i>hydrocortisone butyrate topical cream</i>	4	MO; QL (45 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	4	MO; QL (45 per 30 days)
<i>hydrocortisone butyr-emollient</i>	4	MO; QL (45 per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	MO
<i>hydrocortisone topical cream 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	3	MO
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO
<i>mometasone topical</i>	3	MO
TEXACORT	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	MO
<i>triamcinolone acetonide topical cream 0.1 %</i>	2	MO; QL (454 per 30 days)
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO

TOPICAL SCABICIDES / PEDICULICIDES

<i>malathion</i>	4	MO
<i>permethrin topical cream</i>	3	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

MISCELLANEOUS AGENTS

<i>acamprosate</i>	4	MO
<i>anagrelide</i>	4	MO
ARALAST NP	5	PA; MO; LA
AURYXIA	5	PA; MO; QL (360 per 30 days)
CARBAGLU	5	PA; MO; LA
<i>cevimeline</i>	4	MO
CHEMET	4	MO
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg</i>	5	MO
<i>deferasirox oral tablet 360 mg, 90 mg</i>	5	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	2	MO
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>disulfiram</i>	3	MO
ENDARI	5	PA; MO; LA
INCRELEX	5	PA; MO; LA
<i>kionex (with sorbitol)</i>	3	MO
<i>levocarnitine (with sugar)</i>	4	B/D PA; MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
NORTHERA	5	MO
ORFADIN ORAL CAPSULE 20 MG	5	PA; MO; LA
ORFADIN ORAL SUSPENSION	5	PA; MO; LA
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
<i>riluzole</i>	3	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	MO; QL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	3	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate</i>	5	PA; MO
<i>sodium polystyrene (sorb free)</i>	3	MO
<i>sodium polystyrene sulfonate oral powder</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO
VELTASSA	4	PA; MO
XIAFLEX	5	PA; MO
ZEMAIRA	5	PA; MO; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	3	MO
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	3	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	3	MO
<i>paroex oral rinse</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide dental</i>	3	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	3	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>ofloxacin otic (ear)</i>	4	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	4	MO
<i>dexamethasone intensol</i>	4	MO
<i>dexamethasone oral elixir</i>	3	MO
<i>dexamethasone oral solution</i>	3	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	3	MO
<i>methylprednisolone oral tablet</i>	3	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	3	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose</i>	3	MO
<i>alcohol pads</i>	3	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	MO
BYDUREON BCISE	3	MO; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	MO; QL (1.2 per 30 days)
<i>diazoxide</i>	2	MO
FARXIGA	3	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	MO; SSM (\$35.00)
FIASP PENFILL U-100 INSULIN	3	MO; SSM (\$35.00)
FIASP U-100 INSULIN	3	MO; SSM (\$35.00)
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg, 2 mg</i>	2	MO; QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	2	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, 5 mg</i>	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	2	PA; MO; QL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMULIN R U-500 (CONC) INSULIN	5	MO
HUMULIN R U-500 (CONC) KWIKPEN	5	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LEVEMIR FLEXTOUCH U-100 INSULN	3	MO; SSM (\$35.00)
LEVEMIR U-100 INSULIN	3	MO; SSM (\$35.00)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>nateglinide</i>	1	MO; QL (90 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOLIN 70/30 U-100 INSULIN	3	MO; SSM (\$35.00)
NOVOLIN N FLEXPEN	3	MO; SSM (\$35.00)
NOVOLIN N NPH U-100 INSULIN	3	MO; SSM (\$35.00)
NOVOLIN R FLEXPEN	3	MO; SSM (\$35.00)

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R REGULAR U-100 INSULN	3	MO; SSM (\$35.00)
NOVOLOG FLEXPEN U-100 INSULIN	3	MO; SSM (\$35.00)
NOVOLOG MIX 70-30 U-100 INSULN	3	MO; SSM (\$35.00)
NOVOLOG MIX 70-30FLEXPEN U-100	3	MO; SSM (\$35.00)
NOVOLOG PENFILL U-100 INSULIN	3	MO; SSM (\$35.00)
NOVOLOG U-100 INSULIN ASPART	3	MO; SSM (\$35.00)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
SOLIQUA 100/33	3	MO; SSM (\$35.00); QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYNJARDY	3	MO; QL (60 per 30 days)
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)
TRADJENTA	3	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	MO; SSM (\$35.00)
TRESIBA FLEXTOUCH U-200	3	MO; SSM (\$35.00)
TRESIBA U-100 INSULIN	3	MO; SSM (\$35.00)
TRULICITY	3	MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	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)

Drug Name	Drug Tier	Requirements /Limits
XULTOPHY 100/3.6	3	MO; SSM (\$35.00); QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ANADROL-50	5	PA; MO
ANDRODERM	4	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon)</i>	3	MO
<i>calcitriol oral capsule</i>	2	B/D PA; MO
<i>calcitriol oral solution</i>	4	B/D PA; MO
CERDELGA	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	B/D PA; MO; QL (120 per 30 days)
<i>danazol</i>	4	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol</i>	4	MO
<i>desmopressin oral</i>	3	MO
KORLYM	5	PA; MO; LA
<i>miglustat</i>	5	PA; MO
NATPARA	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
<i>paricalcitol oral</i>	4	B/D PA; MO
RAYALDEE	5	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO; LA
SYNAREL	5	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid intravenous solution</i>	2	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO
ZOLEDRONIC AC-MANNITOL-0.9NAACL	2	MO
THYROID HORMONES		
<i>euthyrox</i>	2	MO
<i>levo-t</i>	2	
<i>levothyroxine oral tablet</i>	2	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO
<i>liothyronine oral</i>	3	MO
SYNTHROID	4	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	3	MO
<i>dicyclomine oral solution</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral tablet</i>	3	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	PA; MO
AMITIZA	3	MO; QL (60 per 30 days)
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
<i>compro</i>	4	MO
<i>constulose</i>	3	MO
CREON	3	MO
<i>cromolyn oral</i>	5	MO
CYSTADANE	5	MO; LA
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>enulose</i>	3	MO
GATTEX 30-VIAL	5	PA; MO; LA
GATTEX ONE-VIAL	5	PA; MO; LA
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	3	MO
GOLYTELY	3	MO
<i>granisetron hcl oral</i>	4	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	MO
INFLECTRA	5	PA; MO
<i>lactulose oral solution 10 gram/15 ml</i>	3	MO
LINZESS	4	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>	2	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	3	MO; QL (30 per 30 days)
NULYTELY LEMON-LIME	3	MO
NULYTELY WITH FLAVOR PACKS	3	MO
OICALIVA	5	PA; MO; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	3	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	3	B/D PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte</i>	2	
PENTASA	4	MO
PLENVU	4	MO
<i>prochlorperazine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	3	MO
<i>procto-pak</i>	3	MO
<i>proctosol hc topical</i>	3	MO
<i>proctozone-hc</i>	3	MO
RECTIV	4	MO; QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO
<i>scopolamine base</i>	4	PA; MO; QL (10 per 30 days)
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	3	MO
SUPREP BOWEL PREP KIT	4	MO
<i>trilyte with flavor packets</i>	2	MO
<i>ursodiol oral capsule</i>	3	MO
<i>ursodiol oral tablet</i>	4	MO
VIOKACE	4	MO

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
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	4	MO

ULCER THERAPY		
DEXILANT	4	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	4	ST; MO; QL (30 per 30 days)
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	3	MO; QL (30 per 30 days)
<i>misoprostol</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	MO
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	3	MO; QL (30 per 30 days)
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; MO; LA
ARCALYST	5	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
GENOTROPIN	5	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; MO
INTRON A INJECTION	5	B/D PA; MO
NEULASTA	4	MO

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This drug list was last updated on 02/17/2021.

Drug Name	Drug Tier	Requirements /Limits
NEULASTA ONPRO	4	MO
PEGASYS	5	PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
GAMMAGARD LIQUID	5	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	5	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GAMMAPLEX	5	PA; MO
GAMMAPLEX (WITH SORBITOL)	5	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA; MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y- W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
OCTAGAM	5	PA; MO
PANZYGA	5	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	

Drug Name	Drug Tier	Requirements /Limits
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO; QL (2 per 999 days)
TDVAX	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHTE RIA TOX PED(PF)	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO; QL (1 per 274 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	2	MO
COLCRYS	3	MO; QL (120 per 30 days)
<i>febuxostat</i>	3	MO
MITIGARE	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	4	MO
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	MO
<i>ibandronate oral</i>	3	MO
PROLIA	4	MO; QL (1 per 180 days)
<i>raloxifene</i>	3	MO
<i>risedronate oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	4	MO
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS	5	PA; MO
ENBREL	5	PA; MO; QL (8 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO
HUMIRA PEN PSOR-UEVITS-ADOL HS	5	PA; MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER	5	PA; MO
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
<i>penicillamine oral tablet</i>	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	2	MO
<i>estradiol transdermal patch weekly</i>	3	MO
<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>fyavolv</i>	3	MO
<i>incassia</i>	2	MO
<i>jinteli</i>	3	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone intramuscular</i>	2	MO
<i>medroxyprogesterone oral</i>	1	MO
<i>nora-be</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	3	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	MO
<i>metronidazole vaginal</i>	4	MO
OSPHENA	3	PA; MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	4	MO
<i>xulane</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>amethia</i>	3	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	3	MO
<i>ashlyna</i>	3	MO
<i>aubra</i>	2	MO
<i>aubra eq</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aviane</i>	2	MO
<i>balziva (28)</i>	3	MO
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>briellyn</i>	3	MO
<i>camrese lo</i>	3	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	MO
<i>cyred eq</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	3	MO
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	4	MO
<i>drospirenone-ethinyl estradiol</i>	3	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	3	
<i>falmina (28)</i>	2	MO
<i>fayosim</i>	3	MO
<i>femynor</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gianvi (28)</i>	3	MO
<i>hailey 24 fe</i>	3	MO
<i>introvale</i>	3	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	3	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	3	MO
<i>kaitlib fe</i>	4	MO
<i>kariva (28)</i>	3	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	3	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol</i>	3	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>layolis fe</i>	4	MO
<i>leena 28</i>	3	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	3	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	3	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>melodetta 24 fe</i>	4	MO
<i>mibelas 24 fe</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>necon 0.5/35 (28)</i>	3	MO
<i>nikki (28)</i>	3	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	3	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	3	MO
<i>orsythia</i>	2	MO
<i>pimtrea (28)</i>	3	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	3	MO
<i>setlakin</i>	3	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	3	MO
<i>tarina 24 fe</i>	3	MO
<i>tarina fe 1/20 (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	3	MO
<i>tri-lo-estarylla</i>	3	MO
<i>tri-lo-sprintec</i>	3	MO
<i>tri-mili</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	3	MO
<i>tydemy</i>	4	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>vyfemla (28)</i>	3	MO
<i>vylibra</i>	2	MO
<i>wymzya fe</i>	3	MO
<i>zarah</i>	3	MO
<i>zovia 1/35e (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	

OPHTHALMOLOGY

ANTIBIOTICS

<i>ak-poly-bac</i>	2	MO
AZASITE	4	MO
<i>bacitracin ophthalmic (eye)</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	3	MO

Drug Name	Drug Tier	Requirements /Limits
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	3	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
MOXEZA	3	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	4	MO
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO

ANTIVIRALS

<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
BETOPTIC S	3	MO
<i>carteolol</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>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
BEPREVE	3	MO
BLEPHAMIDE S.O.P.	4	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	5	PA; MO; LA
EYLEA	5	PA; MO
LASTACAFT	4	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	4	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	3	MO
<i>sulfacetamide-prednisolone</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	4	MO
BROMSITE	4	MO
<i>diclofenac sodium ophthalmic (eye)</i>	3	MO
<i>flurbiprofen sodium</i>	3	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
<i>travoprost</i>	4	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	4	MO
ZYLET	3	MO
STEROIDS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	3	MO
DUREZOL	3	MO
<i>fluorometholone</i>	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	MO

Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
<i>loteprednol etabonate</i>	3	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	3	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>cyproheptadine</i>	3	PA; MO
EPINEPHRINE INJECTION AUTO- INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	PA; MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO
<i>promethazine oral</i>	2	PA; MO
SYMJEPI	4	MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	3	MO; QL (17 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	QL (36 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml</i>	3	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</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>	3	MO
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BERINERT INTRAVENOUS KIT	5	PA; MO; LA; QL (24 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet 125 mg</i>	5	PA; MO; LA; QL (60 per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	5	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BREO ELLIPTA	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
BROVANA	4	B/D PA; MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DALIRESP	4	MO
ESBRIET	5	PA; MO
FASENRA	5	PA; MO; LA
FASENRA PEN	5	PA; MO; LA
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)

Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	3	MO; QL (75 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; MO; LA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; MO; LA; QL (20 per 30 days)
<i>icatibant</i>	5	PA; MO; QL (270 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	3	B/D PA; MO
KALYDECO	5	PA; MO
<i>levalbuterol hcl</i>	4	B/D PA; MO
LEVALBUTEROL TARTRATE	3	MO; QL (30 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet,chewable</i>	2	MO
NUCALA	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
OFEV	5	PA; MO
OPSUMIT	5	PA; MO; LA; QL (30 per 30 days)
ORKAMBI	5	PA; MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	4	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	MO; QL (1 per 30 days)
PULMOZYME	5	PA; MO
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	3	PA; MO; QL (90 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; LA
<i>terbutaline oral</i>	4	MO
THEO-24	4	MO
<i>theophylline oral elixir</i>	4	
<i>theophylline oral solution</i>	4	MO
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24 hr</i>	3	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	MO; QL (60 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	MO
TRIKAFTA	5	PA; MO; LA
VENTAVIS	5	PA; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XOLAIR	5	PA; MO; LA
<i>zafirlukast</i>	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ	4	MO; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	3	MO
<i>oxybutynin chloride oral tablet</i>	3	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	3	MO; QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tolterodine oral capsule,extended release 24hr</i>	4	ST; MO; QL (30 per 30 days)
<i>tolterodine oral tablet</i>	4	ST; MO
TOVIAZ	3	MO; QL (30 per 30 days)
<i>tropium oral tablet</i>	3	MO; QL (60 per 30 days)

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO; QL (30 per 30 days)
<i>dutasteride</i>	3	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	4	MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	2	MO

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	3	MO
CYSTAGON	4	PA; MO; LA
ELMIRON	4	MO
<i>potassium citrate</i>	4	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>klor-con</i>	4	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
NORMOSOL-R	4	MO
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	3	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	2	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride intravenous</i>	2	MO
<i>potassium chloride oral capsule, extended release</i>	3	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 3 %</i>	3	MO
<i>sodium chloride 5 %</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
TPN ELECTROLYTES	4	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINISOL SF 15 %	4	B/D PA; MO
HEPATAMINE 8%	4	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
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ISOLYTE-S	4	
NEPHRAMINE 5.4 %	4	B/D PA
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NORMOSOL-R PH 7.4	4	
NUTRILIPID	4	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
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PLASMA-LYTE A	4	
<i>plenamine</i>	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA; MO
PROCALAMINE 3%	4	B/D PA
PROSOL 20 %	4	B/D PA; MO
<i>travasol 10 %</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	4	B/D PA; MO
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	3	MO

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