

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
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</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
<b>ANTIVIRALS</b>		
<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

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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, 400 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

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	4	MO
<i>efavirenz oral tablet</i>	5	MO
EMTRIVA	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
ISENTRESS ORAL POWDER IN PACKET	3	MO
ISENTRESS ORAL TABLET	5	MO

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Drug Name	Drug Tier	Requirements /Limits
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
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO

Drug Name	Drug Tier	Requirements /Limits
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
<i>ribavirin oral tablet 200 mg</i>	4	MO
<i>rimantadine</i>	3	MO
<i>ritonavir</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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
TRIUMEQ	5	MO
TRUVADA	5	MO; QL (30 per 30 days)
TYBOST	4	MO
<i>valacyclovir</i>	3	MO
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements /Limits
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
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefadroxil oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<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
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
DIFICID	5	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<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
CAYSTON	5	PA; MO; LA
<i>chloroquine phosphate</i>	3	MO
<i>clindamycin hcl</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin palmitate hcl</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

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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
RIFATER	4	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	

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin sulfate injection solution</i>	3	MO
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
<b>PENICILLINS</b>		
<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

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

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	4	MO
<b>BICILLIN L-A</b>	4	MO
<i>dicloxacillin</i>	3	MO
<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
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML</b>	4	

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Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	4	MO
<i>penicillin g potassium</i>	4	MO
<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
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	4	MO
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<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
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<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

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<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
<i>minocycline oral capsule</i>	2	MO
<i>mondoxynone nl oral capsule 100 mg</i>	2	MO
<i>tetracycline</i>	4	MO
<b>URINARY TRACT AGENTS</b>		
<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
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<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

Drug Name	Drug Tier	Requirements /Limits
XGEVA	5	PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	5	PA; MO
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

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This drug list was last updated on 09/08/2020.

Drug Name	Drug Tier	Requirements /Limits
BRUKINSA	5	PA; MO; LA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; MO; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; LA
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; 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

Drug Name	Drug Tier	Requirements /Limits
<i>exemestane</i>	4	MO
FARYDAK ORAL CAPSULE 10 MG, 20 MG	5	PA; MO; LA
<i>flutamide</i>	3	MO
<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; 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)
INREBIC	5	PA; MO; LA
IRESSA	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
JAKAFI	5	PA; MO; LA; QL (60 per 30 days)
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
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 (10 ml)</i>	3	
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</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
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)

Drug Name	Drug Tier	Requirements /Limits
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; QL (180 per 30 days)
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
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

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Drug Name	Drug Tier	Requirements /Limits
TAGRISSEO	5	PA; MO; LA; QL (30 per 30 days)
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

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 10 MG	4	PA; MO; LA
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 ORAL TABLET 100 MG/WEEK (20 MG X 5), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	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

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Drug Name	Drug Tier	Requirements /Limits
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; LA

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

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

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	MO; QL (300 per 30 days)
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
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
FYCOMPA ORAL SUSPENSION	5	PA; MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	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 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	

Drug Name	Drug Tier	Requirements /Limits
<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)
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
PEGANONE	4	MO
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet</i>	3	PA; MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	3	
<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

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Drug Name	Drug Tier	Requirements /Limits
<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>roweepra xr</i>	3	
SPRITAM	4	MO
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
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	3	
VALTOCO	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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)
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
<b>ANTIPARKINSONISM AGENTS</b>		
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

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Drug Name	Drug Tier	Requirements /Limits
<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
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
<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</i>	4	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
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>donepezil oral tablet 10 mg</i>	2	MO
<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)

Drug Name	Drug Tier	Requirements /Limits
<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
MEMANTINE ORAL TABLETS, DOSE PACK	4	PA; MO
NAMZARIC	4	MO
NUEDEXTA	4	PA; MO; QL (60 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; MO; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAY ED 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
<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**

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<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)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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	B/D PA; 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>lorcet (hydrocodone)</i>	3	MO; QL (240 per 30 days)
<i>lorcet hd</i>	3	MO; QL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	3	MO; QL (180 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)
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
<b>NON-NARCOTIC ANALGESICS</b>		
<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)
<i>buprenorphine-naloxone sublingual tablet</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
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)
<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	MO
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	PA; QL (270 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	4	PA
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	PA; QL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	PA; 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)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>paroxetine hcl oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
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 REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	3	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
SAPHRIS	4	MO; QL (60 per 30 days)
SECUADO	4	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>tranlycypromine</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

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**

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Drug Name	Drug Tier	Requirements /Limits
<b>ANTIARRHYTHMIC AGENTS</b>		
<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
<b>SOTYLIZE</b>	4	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO

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-hcthiazyd</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
<b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	4	MO; QL (30 per 30 days)
<b>BYSTOLIC ORAL TABLET 20 MG</b>	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

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Drug Name	Drug Tier	Requirements /Limits
<i>carvedilol</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO
<i>clonidine hcl oral tablet</i>	1	MO
DEMSER	5	PA; 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>epplerenone</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

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>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
<i>olmesartan</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan-amlodipin-hcthiazid</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
<i>terazosin oral capsule 10 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	3	MO
<i>torse mide 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
<b>COAGULATION THERAPY</b>		
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO

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This drug list was last updated on 09/08/2020.

Drug Name	Drug Tier	Requirements /Limits
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)
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

Drug Name	Drug Tier	Requirements /Limits
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)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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; MO
<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
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
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)
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<b>NITRATES</b>		
<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
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<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)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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)
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	3	MO
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</i>	3	MO; QL (24 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
VALCHLOR	5	PA; MO; LA; QL (60 per 30 days)
<b>THERAPY FOR ACNE</b>		
<i>amnesteem</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>metronidazole topical gel 0.75 %</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>myorisan</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<b>TOPICAL ANTIBACTERIALS</b>		
<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
<b>TOPICAL ANTIFUNGALS</b>		
<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
<i>clotrimazole topical solution</i>	3	MO; QL (30 per 30 days)
<i>clotrimazole- betamethasone topical cream</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical cream</i>	3	MO; QL (60 per 30 days)
<i>ketoconazole 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)
<b>TOPICAL CORTICOSTEROIDS</b>		
<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
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>fluocinonide-e</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	4	MO
<i>permethrin topical cream</i>	3	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<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
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	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>dextrose with sodium chloride</i>	2	
<i>disulfiram</i>	3	MO
ENDARI	5	PA; MO; LA
INCRELEX	5	PA; MO; LA
JADENU SPRINKLE	5	PA; MO
<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	B/D PA; MO
<i>levocarnitine oral tablet</i>	4	B/D PA; MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>sps (with sorbitol) oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO
VELTASSA	4	PA; MO; LA
ZEMAIRA	5	PA; MO; LA
<b>SMOKING DETERRENTS</b>		
<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
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<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
<i>triamcinolone acetonide dental</i>	3	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	3	MO
<i>flac otic oil</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone acetonide oil</i>	4	MO
<i>ofloxacin otic (ear)</i>	4	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<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
<i>prednisolone oral solution 15 mg/5 ml</i>	2	B/D PA; MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	B/D PA
<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	B/D PA; MO
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	4	B/D PA; MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	3	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	3	MO
<b>DIABETES THERAPY</b>		
<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)

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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)

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)

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

This drug list was last updated on 09/08/2020.

Drug Name	Drug Tier	Requirements /Limits
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE HYOPEN 1-PACK	3	MO
GVOKE HYOPEN 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	B/D PA; 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)

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)

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Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R FLEXPEN	3	MO; SSM (\$35.00)
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)

Drug Name	Drug Tier	Requirements /Limits
SOLIQUA 100/33	3	MO; SSM (\$35.00); QL (15 per 30 days)
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)

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This drug list was last updated on 09/08/2020.

Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
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	B/D PA; 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

Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin oral</i>	3	MO
KORLYM	5	PA; MO; LA
KUVAN	5	PA; MO; LA
<i>miglustat</i>	5	PA; MO
NATPARA	5	PA; MO
<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	5	PA; MO
SOMAVERT	5	PA; MO; LA
STIMATE	5	MO
SYNAREL	5	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	PA; MO
<i>testosterone enanthate</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)

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Drug Name	Drug Tier	Requirements /Limits
<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)

### THYROID HORMONES

<i>euthyrox</i>	2	MO
<i>levo-t</i>	2	
<i>levothyroxine oral</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

<i>synthroid 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
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### GASTROENTEROLOGY

#### ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine oral capsule</i>	3	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	3	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO

<i>loperamide oral capsule</i>	3	MO
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### MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	5	PA; MO
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AMITIZA	3	MO; QL (60 per 30 days)
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<i>aprepitant</i>	4	B/D PA; MO
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<i>balsalazide</i>	3	MO
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<i>budesonide oral capsule, delayed, extended release</i>	4	MO
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<i>budesonide oral tablet, delayed and extended release</i>	5	MO
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<i>compro</i>	4	MO
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<i>constulose</i>	3	MO
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CREON	3	MO
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<i>cromolyn oral</i>	5	MO
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CYSTADANE	5	MO; LA
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<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
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EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
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<i>enulose</i>	3	MO
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GATTEX 30-VIAL	5	PA; MO; LA
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GATTEX ONE-VIAL	5	PA; MO
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<i>gavilyte-c</i>	2	MO
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Drug Name	Drug Tier	Requirements /Limits
<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
<i>lactulose oral solution</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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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)

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Drug Name	Drug Tier	Requirements /Limits
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

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

<b>ULCER THERAPY</b>		
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

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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

Drug Name	Drug Tier	Requirements /Limits
PEGASYS	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA
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
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
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

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Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
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	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y- W-135-DIP (PF)	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	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO; QL (2 per 999 days)
TDVAX	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	B/D PA; 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 999 days)

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Drug Name	Drug Tier	Requirements /Limits
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<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)
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	3	MO
<b>OSTEOPOROSIS THERAPY</b>		
<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	B/D PA; 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)
TYMLOS	5	PA; MO
<b>OTHER RHEUMATOLOGICALS</b>		

Drug Name	Drug Tier	Requirements /Limits
BENLYSTA SUBCUTANEOUS	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	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)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO
HUMIRA PEN PSOR-UEVITS-ADOL HS	5	PA; MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER	5	PA; MO
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
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)
XELJANZ	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
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	B/D PA; MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<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
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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	
<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
<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

Drug Name	Drug Tier	Requirements /Limits
<i>kaitlib fe</i>	4	MO
<i>kariva (28)</i>	3	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50</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
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	3	MO
<i>levonorg-eth estradiol 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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<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
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

Drug Name	Drug Tier	Requirements /Limits
<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</i>	2	MO
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	3	MO
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

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Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<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
LASTACAFT	4	MO
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	4	MO
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
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
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	4	MO
BROMSITE	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>methazolamide</i>	4	MO
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	3	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<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
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		

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Drug Name	Drug Tier	Requirements /Limits
<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 OPTHALMIC (EYE) OINTMENT	3	MO
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	4	MO
ZYLET	3	MO
<b>STEROIDS</b>		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	3	MO
DUREZOL	3	MO
<i>fluorometholone</i>	3	MO
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPTHALMIC (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
<b>SYMPATHOMIMETICS</b>		

Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P OPTHALMIC (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
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral tablet</i>	2	MO
<i>promethazine oral</i>	2	PA; MO
SYMJEPI	4	MO
<b>PULMONARY AGENTS</b>		
<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	MO; QL (36 per 30 days)
<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

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	3	MO
<i>ambriasantan</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)
BREO ELLIPTA	3	MO; QL (60 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

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

Drug Name	Drug Tier	Requirements /Limits
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
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)

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Drug Name	Drug Tier	Requirements /Limits
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
<i>theophylline oral tablet extended release 24 hr</i>	3	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA	5	PA; MO; LA
VENTAVIS	5	PA; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XOLAIR	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>zafirlukast</i>	3	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
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)
<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)
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	2	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	3	MO
CYSTAGON	4	PA; MO; LA
ELMIRON	4	MO
<i>potassium citrate</i>	4	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<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
<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
NORMOSOL-R IN 5 % DEXTROSE	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<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	
<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

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

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Drug Name	Drug Tier	Requirements /Limits
<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	MO
<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
TPN ELECTROLYTES	4	B/D PA
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN II 10 %	4	B/D PA
AMINOSYN-PF 10 %	4	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
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
FREAMINE HBC 6.9 %	4	B/D PA
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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NORMOSOL-M IN 5 % DEXTROSE	4	
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<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

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Drug Name	Drug Tier	Requirements /Limits
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	4	B/D PA; MO
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	3	MO

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This drug list was last updated on 09/08/2020.