



**Clear Spring Health Value Rx
2021 Formulary
(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00021594, Version Number 11

This formulary was updated on 03/15/2021. For more recent information or other questions, please contact us Clear Spring Health Member Services, at 1-877-317-6082 or, for TTY users, 711, during our hours of operations are from October 1 – March 31, seven days a week, from 8:00am - 8:00pm and from April 1 - September 30, Monday through Friday, 8:00am - 8:00pm, or visit www.clearspringhealthcare.com

Y1045_RX P244-102120_C

03/26/2021

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Clear Spring Health. When it refers to “plan” or “our plan,” it means Clear Spring Health Value Rx.

This document includes list of the drugs (formulary) for our plan which is current as of 09/04/2020. For a comprehensive updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020 and from time to time during the year.

What is the Clear Spring Value Rx Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also

find information in the section below entitled “How do I request an exception to the Clear Spring Health Value Rx formulary?”

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/04/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Miscellaneous Cardiovascular

Agents”. If you know what your drug is used for, look for the category name in the list that begins 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the our plan formulary?” on page 7 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along the date we last updated the formulary, appears on the front and back cover pages.

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

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

How do I request an exception to the Clear Spring Health Formulary?

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

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions

would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

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

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

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

Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole oral</i>	2	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO; QL (840 per 30 days)
<i>nystatin oral suspension</i>	4	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (93 per 28 days)
<i>terbinafine hcl oral</i>	2	MO
<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	PA; MO; QL (120 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; MO; QL (120 per 30 days)
ANTIVIRALS		
<i>abacavir oral solution</i>	4	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	4	MO; QL (60 per 30 days)
<i>abacavir-lamivudine</i>	4	MO; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QL (60 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 03/15/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO; QL (120 per 30 days)
APTIVUS (WITH VITAMIN E)	5	QL (285 per 28 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	4	MO; QL (30 per 30 days)
ATRIPLA	5	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO; QL (30 per 30 days)
CIMDUO	5	MO; QL (30 per 30 days)
COMPLERA	5	MO; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QL (90 per 30 days)
DELSTRIGO	5	MO; QL (30 per 30 days)
DESCOVY	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	MO; QL (30 per 30 days)
DOVATO	5	MO; QL (30 per 30 days)
EDURANT	5	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QL (180 per 30 days)
<i>efavirenz oral tablet</i>	4	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	MO; QL (30 per 30 days)
<i>emtricitabine</i>	2	MO; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	4	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QL (680 per 28 days)
<i>entecavir</i>	4	MO; QL (30 per 30 days)
EPCLUSA	5	PA; MO
EPIVIR HBV ORAL SOLUTION	4	MO
EVOTAZ	5	MO; QL (30 per 30 days)
<i>famciclovir</i>	3	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)
GENVOYA	5	MO; QL (30 per 30 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO
INTELENCE ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QL (120 per 30 days)
INVIRASE ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS HD	5	MO; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	5	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	MO; QL (180 per 30 days)
JULUCA	5	MO; QL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
KALETRA ORAL TABLET 200-50 MG	3	MO; QL (150 per 30 days)
<i>lamivudine oral solution</i>	4	MO
<i>lamivudine oral tablet 100 mg</i>	4	MO
<i>lamivudine oral tablet 150 mg</i>	4	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	4	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir</i>	4	MO; QL (400 per 30 days)
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO; QL (360 per 30 days)
NORVIR ORAL SOLUTION	4	MO; QL (450 per 30 days)
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir oral capsule 45 mg</i>	2	MO
<i>oseltamivir oral capsule 75 mg</i>	4	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PIFELTRO	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	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 (420 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; QL (180 per 30 days)
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	4	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	4	MO; QL (360 per 30 days)
RUKOBIA	5	MO

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL SOLUTION	3	MO; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	4	MO; QL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
STRIBILD	5	MO; QL (30 per 30 days)
SYMFI	5	MO; QL (30 per 30 days)
SYMFI LO	5	MO; QL (30 per 30 days)
SYMTUZA	5	MO; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)
TIVICAY PD	5	MO
TRIUMEQ	5	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRUVADA	5	MO; QL (30 per 30 days)
TYBOST	3	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	5	MO
VEMLIDY	5	PA; MO
VIRACEPT ORAL TABLET 250 MG	5	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	3	MO; QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO; QL (30 per 30 days)
VOSEVI	5	PA; MO
XOFLUZA	4	MO; QL (4 per 365 days)
<i>zidovudine oral capsule</i>	4	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	4	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	4	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime axetil oral tablet</i>	4	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	4	MO
<i>cephalexin oral tablet</i>	4	MO
TEFLARO	5	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	4	MO
<i>azithromycin oral suspension for reconstitution</i>	3	MO
<i>azithromycin oral tablet</i>	2	MO
<i>clarithromycin</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO

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This drug list was last updated on 03/15/2021.

Drug Name	Drug Tier	Requirements /Limits
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	4	MO
ARIKAYCE	4	PA; QL (235.2 per 28 days)
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	4	MO
AZACTAM INJECTION RECON SOLN 2 GRAM	4	MO
<i>aztreonam injection recon soln 1 gram</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
CAYSTON	5	PA; MO; QL (84 per 28 days)
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	2	MO
<i>clindamycin hcl oral capsule 75 mg</i>	4	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin pediatric</i>	4	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	MO
COARTEM	4	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ethambutol</i>	4	MO
FIRVANQ	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	
<i>gentamicin injection solution 40 mg/ml</i>	4	MO
<i>hydroxychloroquine</i>	2	MO
<i>imipenem-cilastatin</i>	4	MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	MO
<i>linezolid in dextrose 5%</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	5	PA; MO
<i>linezolid oral tablet</i>	4	PA; MO
<i>linezolid-0.9% sodium chloride</i>	5	PA
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE	4	
<i>metro i.v.</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole in nacl (iso-os)</i>	4	MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	4	MO
<i>paromomycin</i>	4	MO
PASER	4	MO
<i>pentamidine inhalation</i>	4	B/D PA; MO
<i>pentamidine injection</i>	4	MO
PLAQUENIL	3	MO
PRIFTIN	4	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PA; MO; QL (42 per 7 days)
<i>rifabutin</i>	4	MO
<i>rifampin</i>	4	MO
SIRTURO	5	PA
SIVEXTRO INTRAVENOUS	5	
SIVEXTRO ORAL	5	MO
<i>tigecycline</i>	5	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MO
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin sulfate injection recon soln</i>	4	
<i>tobramycin sulfate injection solution</i>	4	MO
TRECATOR	4	MO
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	4	MO
<i>vancomycin intravenous recon soln 10 gram</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	4	
<i>vancomycin oral capsule 125 mg</i>	4	MO
<i>vancomycin oral capsule 250 mg</i>	5	MO
<i>vancomycin oral recon soln</i>	4	MO
XIFAXAN	4	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral tablet, chewable 125 mg</i>	4	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</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

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Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous</i>	4	
BICILLIN L-A	4	MO
<i>dicloxacillin</i>	4	MO
<i>nafcillin in dextrose iso-osm</i>	4	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	4	
<i>nafcillin intravenous</i>	4	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	4	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	
<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

Drug Name	Drug Tier	Requirements /Limits
<i>penicillin v potassium</i>	2	MO
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	4	
QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO
TETRACYCLINES		
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tetracycline</i>	4	MO

URINARY TRACT AGENTS

<i>methenamine hippurate</i>	4	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium oral</i>	2	MO
MESNEX ORAL	5	MO
XGEVA	5	PA; MO; QL (1.7 per 28 days)

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

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

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Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG	5	PA; MO; QL (30 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
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azathioprine</i>	2	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	5	PA; LA; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
CABOMETYX	5	PA; MO
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
COTELLIC	5	PA; MO; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	2	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
DROXIA	3	MO
ELIGARD	4	PA; MO
ELIGARD (3 MONTH)	4	PA; MO
ELIGARD (4 MONTH)	4	PA; MO
ELIGARD (6 MONTH)	4	PA; MO
EMCYT	4	MO
ENVARUSUS XR	4	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (28 per 28 days)
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)

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (immunosuppressive)</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
<i>flutamide</i>	4	MO
GAVRETO	5	PA; LA
<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; QL (30 per 30 days)
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>imatinib</i>	5	PA; MO; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL TABLET	5	PA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (60 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; QL (120 per 30 days)
IRESSA	5	PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
LYSODREN	3	
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; LA; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium (pf) injection solution</i>	4	B/D PA; MO
<i>methotrexate sodium injection</i>	4	B/D PA; MO
<i>methotrexate sodium oral</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<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; QL (180 per 30 days)
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO; QL (60 per 30 days)
NINLARO	5	PA; MO
NUBEQA	5	PA; MO; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA; MO
ODOMZO	5	PA; MO
ONUREG	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 30 days)
PEMAZYRE	5	PA; QL (14 per 21 days)
PIQRAY	5	PA; MO
POMALYST	5	PA; MO; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	5	PA; MO; LA; QL (28 per 28 days)
REVLIMID ORAL CAPSULE 20 MG	5	PA; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA
RUXIENCE	5	MO
RYDAPT	5	PA; MO; QL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SIGNIFOR	5	PA; LA; QL (60 per 30 days)
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	4	PA; MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA; MO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA; MO; QL (0.3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (28 per 28 days)
SYNRIBO	5	PA
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	4	B/D PA; MO
TAFINLAR	5	PA; MO; LA; QL (120 per 30 days)
TAGRISSE	5	PA; MO
TALZENNA	5	PA; MO
<i>tamoxifen</i>	2	MO
TARGRETIN TOPICAL	5	PA; MO
TASIGNA	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; QL (240 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 150 MG	5	PA; MO; QL (60 per 30 days)
TIBSOVO	5	PA; LA; QL (60 per 30 days)
<i>toremifene</i>	5	PA; MO; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	5	PA; MO
<i>tratinoid (antineoplastic)</i>	5	MO
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO	5	PA; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK	3	PA; LA
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XOSPATA	5	PA; LA; QL (90 per 30 days)
XPOVIO	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
YONSA	5	PA; MO; QL (120 per 30 days)
ZEJULA	5	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG	5	B/D PA; MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	5	B/D PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; MO; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; MO; QL (60 per 30 days)
BANZEL ORAL TABLET 200 MG	5	ST; MO; QL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	5	ST; MO; QL (240 per 30 days)
BRIVIACT ORAL	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	4	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam oral suspension</i>	4	MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
DIACOMIT	5	
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
<i>diazepam rectal</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
DILANTIN 30 MG	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	3	MO
EPIDIOLEX	4	PA; MO
<i>epitol</i>	3	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA
FYCOMPA ORAL SUSPENSION	4	ST; MO
FYCOMPA ORAL TABLET 10 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 12 MG	5	ST; MO; QL (30 per 30 days)
<i>gabapentin oral capsule</i>	2	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	4	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet 1,000 mg, 750 mg</i>	3	MO
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	4	MO
NAYZILAM	4	MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral elixir</i>	4	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	4	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	4	MO
<i>phenytoin oral tablet, chewable</i>	4	MO
<i>phenytoin sodium extended</i>	2	MO
<i>pregabalin</i>	3	MO
<i>primidone</i>	2	MO
<i>rufinamide</i>	5	MO; QL (2760 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	MO; QL (120 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>topiramate oral capsule, sprinkle</i>	4	MO
<i>topiramate oral tablet</i>	2	MO
<i>valproic acid</i>	3	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	3	MO
VALTOCO	4	QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigabatrin oral tablet</i>	5	PA; MO; QL (180 per 30 days)
<i>vigadrone</i>	5	PA; QL (180 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG, 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)

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
<i>zonisamide</i>	2	MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; QL (60 per 30 days)
<i>benztropine oral</i>	2	MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	5	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	5	PA; QL (31 per 31 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pramipexole oral tablet extended release 24 hr 3.75 mg</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
RYTARY	4	MO
<i>selegiline hcl</i>	3	MO
<i>trihexyphenidyl oral elixir</i>	4	MO
<i>trihexyphenidyl oral tablet</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	4	MO; QL (20 per 28 days)
<i>naratriptan</i>	4	MO; QL (18 per 28 days)
<i>rizatriptan</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO
<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
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AUSTEDO	5	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	4	MO
FIRDAPSE	5	PA; QL (240 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral capsule, sprinkle, er 24hr</i>	3	MO
<i>memantine oral solution</i>	4	MO; QL (300 per 30 days)
<i>memantine oral tablet</i>	3	MO
MEMANTINE ORAL TABLETS, DOSE PACK	3	MO
NAMZARIC	3	MO
NUEDEXTA	3	PA; MO
OCREVUS	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
TEGSEDI	5	PA; MO; LA; QL (6 per 28 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>	2	MO
BACLOFEN ORAL TABLET 5 MG	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metaxalone oral tablet 800 mg</i>	4	MO
<i>methocarbamol oral</i>	3	MO
<i>orphenadrine citrate oral</i>	4	MO
<i>pyridostigmine bromide oral syrup</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QL (180 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO
<i>butalbital compound w/codeine</i>	4	MO; QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	4	MO; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	MO; QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	4	MO; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff</i>	4	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>endocet oral tablet 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	MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	QL (240 per 30 days)
<i>hydromorphone oral liquid</i>	4	MO; QL (1984 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	4	MO; QL (180 per 30 days)
<i>ibuprofen-oxycodone</i>	4	MO; QL (28 per 28 days)
<i>methadone oral tablet 10 mg</i>	2	MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	MO; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	4	MO; QL (300 per 30 days)
<i>morphine oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	4	MO; QL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	2	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 (1080 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-aspirin</i>	4	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	4	PA; MO; QL (90 per 30 days)

NON-NARCOTIC ANALGESICS

<i>buprenorphine-naloxone sublingual tablet</i>	2	MO
<i>celecoxib</i>	4	MO
<i>diclofenac potassium</i>	4	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	4	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	MO
<i>diclofenac sodium topical drops</i>	4	MO
<i>diclofenac sodium topical gel 1 %</i>	4	MO
<i>diflunisal</i>	4	MO
<i>ec-naproxen</i>	2	MO
<i>etodolac</i>	4	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>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	4	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketorolac oral</i>	4	QL (20 per 30 days)
<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>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral suspension</i>	4	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO
NUCYNTA ER	4	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam</i>	4	MO
SUBOXONE	3	MO
<i>sulindac</i>	2	MO
TRAMADOL ORAL TABLET 100 MG	2	MO; QL (120 per 30 days)
<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)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ABILIFY MYCITE	5	
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	4	ST; MO
<i>aripiprazole oral solution</i>	4	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	5	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	3	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	3	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i>	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i>	3	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
CAPLYTA	5	MO; QL (30 per 30 days)
<i>chlordiazepoxide hcl</i>	2	MO; QL (120 per 30 days)
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	4	MO
<i>citalopram oral tablet</i>	1	MO
<i>clomipramine</i>	4	ST; MO
<i>clorazepate dipotassium</i>	4	MO
<i>clozapine oral tablet 100 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	ST; QL (120 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet,disintegrating 100 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	4	ST; QL (120 per 30 days)
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG	4	ST; QL (180 per 30 days)
CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG	4	ST; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clozapine oral tablet,disintegrating 25 mg</i>	4	ST; QL (90 per 30 days)
<i>desipramine</i>	4	MO
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QL (120 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	4	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</i>	3	MO; QL (90 per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i>	3	MO; QL (120 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	2	MO; QL (360 per 30 days)
<i>dextroamphetamine oral solution</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine oral tablet 10 mg</i>	4	MO; QL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	4	MO; QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>diazepam intensol</i>	4	MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	4	MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
DRIZALMA SPRINKLE	4	MO; QL (60 per 30 days)
<i>duloxetine</i>	4	MO; QL (60 per 30 days)
EMSAM	5	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i>	2	MO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule</i>	2	MO
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO
<i>fluphenazine hcl oral elixir</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral tablet</i>	3	MO; QL (90 per 30 days)
GEODON INTRAMUSCULAR	4	ST; MO; QL (18 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	MO
<i>guanidine</i>	3	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	4	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate oral</i>	4	MO
<i>haloperidol oral tablet 0.5 mg</i>	2	MO
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	MO
<i>haloperidol oral tablet 20 mg</i>	4	MO
<i>imipramine hcl</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	5	ST; MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	5	ST; MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	4	MO
<i>lorazepam intensol</i>	4	MO; QL (240 per 30 days)
<i>lorazepam oral concentrate</i>	4	MO; QL (240 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>	4	MO
<i>maprotiline</i>	4	MO
MARPLAN	4	ST; 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>	4	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>	2	MO
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO; QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>modafinil oral tablet 200 mg</i>	4	PA; MO; QL (60 per 30 days)
<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
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; LA
<i>olanzapine intramuscular</i>	4	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	4	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	4	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 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

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Drug Name	Drug Tier	Requirements /Limits
PAXIL ORAL SUSPENSION	4	MO; QL (900 per 30 days)
<i>perphenazine</i>	4	MO
<i>perphenazine-amitriptyline</i>	4	MO
PERSERIS	4	MO
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	4	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr</i>	4	MO
REXULTI	5	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 12.5 MG/2 ML	4	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	4	MO; QL (480 per 30 days)
<i>risperidone oral tablet</i>	2	MO
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg, 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet</i>	1	MO
SILENOR	4	MO
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	4	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine</i>	4	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	4	ST; MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	2	MO
<i>venlafaxine oral tablet</i>	2	MO
VERSACLOZ	5	ST; QL (540 per 30 days)
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	ST; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	ST; MO
XYREM	5	PA; MO; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 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	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	ST; MO; QL (2 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	MO
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>mexiletine</i>	4	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	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	

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Drug Name	Drug Tier	Requirements /Limits
<i>sotalol af oral tablet 120 mg</i>	2	MO
<i>sotalol oral</i>	2	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	2	MO; QL (45 per 30 days)
<i>amlodipine-olmesartan</i>	4	MO; QL (30 per 30 days)
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazyd</i>	4	MO; QL (30 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
BYSTOLIC	4	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	3	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	4	MO; QL (30 per 30 days)
<i>captopril</i>	4	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg</i>	2	MO
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>	4	MO
<i>cartia xt oral capsule,extended release 24hr 120 mg</i>	3	
<i>cartia xt oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</i>	3	MO
<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

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO; QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>isradipine</i>	4	MO
KATERZIA	4	MO; QL (300 per 30 days)
<i>labetalol oral</i>	2	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>	2	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	3	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	2	MO
<i>nadolol</i>	4	MO
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nimodipine</i>	4	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	2	MO; QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i>	4	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
<i>propranolol oral capsule,extended release 24 hr</i>	4	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	4	MO
<i>telmisartan</i>	2	MO; QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid</i>	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin</i>	1	MO
<i>tiadylt er</i>	4	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 ORAL TABLET 1,000 MCG	5	PA; MO; LA; QL (90 per 30 days)
UPTRAVI ORAL TABLET 1,200 MCG, 1,400 MCG, 1,600 MCG	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; MO; LA; QL (240 per 30 days)
UPTRAVI ORAL TABLET 400 MCG	5	PA; MO; LA; QL (320 per 30 days)
UPTRAVI ORAL TABLET 600 MCG	5	PA; MO; LA; QL (150 per 30 days)
UPTRAVI ORAL TABLET 800 MCG	5	PA; MO; LA; QL (120 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	MO; QL (90 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	4	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO; QL (60 per 30 days)
CABLIVI INJECTION KIT	5	PA; LA; QL (32 per 30 days)
<i>cilostazol</i>	2	MO
<i>clopidogrel</i>	2	MO
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (60 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (48 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QL (18 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (24 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QL (36 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO; QL (14 per 28 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (7 per 28 days)
<i>heparin (porcine) injection solution</i>	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	MO; QL (180 per 30 days)
PROMACTA ORAL TABLET	5	MO; QL (30 per 30 days)
<i>warfarin</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	4	MO
<i>atorvastatin</i>	1	MO
<i>cholestyramine (with sugar)</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam oral powder in packet</i>	2	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>	4	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 67 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 200 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	4	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FENOFIBRATE ORAL CAPSULE 150 MG	4	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	2	MO
LIVALO	3	MO
<i>lovastatin</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	4	MO
PRALUENT PEN	4	PA
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	4	MO
REPATHA	4	PA
REPATHA PUSHTRONEX	4	PA
REPATHA SURECLICK	4	PA
<i>rosuvastatin</i>	2	MO
<i>simvastatin oral tablet</i>	1	MO
VASCEPA	4	MO
WELCHOL ORAL TABLET	3	MO
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	4	PA
CORLANOR ORAL TABLET	4	PA; MO
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	MO
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	3	MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	MO
<i>digox oral tablet 250 mcg (0.25 mg)</i>	3	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	4	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	3	MO
ENTRESTO	3	PA; MO
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	4	MO; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	4	MO; QL (120 per 30 days)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide mononitrate</i>	2	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	PA; MO
<i>acitretin oral capsule 17.5 mg</i>	5	PA; MO
<i>calcipotriene scalp</i>	4	MO
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
COSENTYX	5	PA; MO; QL (8 per 28 days)
COSENTYX (2 SYRINGES)	5	PA; MO; QL (8 per 28 days)
COSENTYX PEN	5	PA; MO; QL (8 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; MO; QL (8 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO

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This drug list was last updated on 03/15/2021.

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</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)
EUCRISA	4	ST; MO
FLUOROPLEX	4	MO
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution 2 %</i>	2	MO
<i>fluorouracil topical solution 5 %</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>imiquimod topical cream in packet</i>	4	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	3	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (72 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO
PICATO	4	MO
<i>pimecrolimus</i>	4	ST; MO
<i>podofilox</i>	4	MO
REGRANEX	5	PA; MO
SANTYL	4	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical ointment 0.03 %</i>	4	PA; MO; QL (100 per 30 days)
<i>tacrolimus topical ointment 0.1 %</i>	4	MO

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This drug list was last updated on 03/15/2021.

Drug Name	Drug Tier	Requirements /Limits
VALCHLOR	5	PA; MO; QL (60 per 14 days)

THERAPY FOR ACNE

<i>amnesteem</i>	4	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	4	
<i>clindamycin phosphate topical gel</i>	4	MO
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	MO
<i>clindamycin phosphate topical lotion</i>	4	MO
<i>clindamycin phosphate topical solution</i>	4	MO
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	4	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	

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical</i>	4	MO

<i>tazarotene</i>	4	PA; MO
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TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
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TAZORAC TOPICAL GEL	3	PA; MO
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<i>tretinoin topical cream</i>	3	PA; MO
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TOPICAL ANTIBACTERIALS

<i>gentamicin topical</i>	2	MO
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<i>mupirocin</i>	2	MO
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<i>sulfacetamide sodium (acne)</i>	4	MO
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TOPICAL ANTIFUNGALS

<i>ciclopirox</i>	4	MO
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<i>clotrimazole topical</i>	3	MO
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<i>clotrimazole-betamethasone topical cream</i>	3	MO
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<i>clotrimazole-betamethasone topical lotion</i>	4	MO
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<i>econazole</i>	4	MO
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JUBLIA	4	MO
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<i>ketoconazole topical cream</i>	2	MO
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<i>ketoconazole topical shampoo</i>	2	MO
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<i>nyamyc</i>	2	MO
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<i>nystatin topical</i>	2	MO
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This drug list was last updated on 03/15/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	2	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented</i>	4	MO
<i>desonide topical cream</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical gel</i>	4	MO
<i>fluocinonide topical ointment</i>	4	MO
<i>fluocinonide topical solution</i>	4	MO
<i>fluocinonide-e</i>	4	MO
<i>fluocinonide-emollient</i>	4	MO
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	MO
<i>permethrin topical cream</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>anagrelide</i>	2	MO
AURYXIA	3	PA; MO
CARBAGLU	5	PA; MO
CHEMET	4	
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox</i>	5	PA; MO
<i>deferiprone</i>	5	PA
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>disulfiram</i>	2	MO
ENDARI	5	PA; MO; LA; QL (180 per 30 days)
FERRIPROX (2 TIMES A DAY)	5	PA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET 1,000 MG	5	PA
INCRELEX	5	PA; MO
<i>kionex (with sorbitol)</i>	3	MO
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>midodrine oral tablet 10 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	3	MO
<i>nitisinone</i>	5	PA; MO
NORTHERA	5	MO
ORFADIN ORAL CAPSULE 20 MG	5	PA
ORFADIN ORAL SUSPENSION	5	PA; LA
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PA
RAVICTI	5	PA; MO
<i>riluzole</i>	4	MO
<i>sevelamer carbonate</i>	4	MO
<i>sevelamer hcl</i>	4	MO
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene (sorb free)</i>	4	MO
<i>sodium polystyrene sulfonate oral powder</i>	4	MO
<i>sps (with sorbitol) oral</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sps (with sorbitol) rectal</i>	4	
TIGLUTIK	5	QL (600 per 30 days)
<i>trientine</i>	5	PA; MO
VELTASSA	3	MO
XIAFLEX	5	PA
XURIDEN	5	PA; QL (120 per 30 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	3	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	4	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	MO; QL (60 per 30 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	MO; QL (30 per 30 days)
<i>paroex oral rinse</i>	2	MO
<i>triamcinolone acetonide dental</i>	4	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	4	MO
<i>ofloxacin otic (ear)</i>	4	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	2	MO
CIPROFLOXACIN-FLUOCINOLONE	4	MO; QL (14 per 28 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone intensol</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral elixir</i>	4	MO
<i>dexamethasone oral solution</i>	4	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone</i>	2	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	4	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	4	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 25 mg, 50 mg</i>	2	MO; QL (150 per 30 days)
<i>alcohol pads</i>	3	
FIASP FLEXTOUCH U-100 INSULIN	3	MO
FIASP PENFILL U-100 INSULIN	3	MO
FIASP U-100 INSULIN	3	MO
GAUZE PADS 2 X 2	3	
<i>glimepiride</i>	1	MO
<i>glipizide oral tablet</i>	1	MO
<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
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	2	MO; QL (90 per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
<i>glyburide</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>glyburide micronized</i>	4	MO
HUMULIN R U-500 (CONC) INSULIN	5	MO
HUMULIN R U-500 (CONC) KWIKPEN	5	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	3	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION	3	
INSULIN ASPART U-100	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE (DISP) U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	MO
LEVEMIR U-100 INSULIN	3	MO
<i>metformin oral tablet</i>	1	MO
<i>metformin oral tablet extended release 24 hr</i>	1	MO
<i>nateglinide</i>	2	MO; QL (90 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOLIN 70/30 U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N NPH U-100 INSULIN	3	MO
NOVOLIN R REGULAR U-100 INSULN	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 U-100 INSULN	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	MO
NOVOLOG PENFILL U-100 INSULIN	3	MO
NOVOLOG U-100 INSULIN ASPART	3	MO
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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	MO; QL (30 per 30 days)
SOLIQUA 100/33	3	MO; 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, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRESIBA FLEXTOUCH U-100	3	MO
TRESIBA FLEXTOUCH U-200	3	MO
TRESIBA U-100 INSULIN	3	MO

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

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Drug Name	Drug Tier	Requirements /Limits
KORLYM	5	PA
<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
SAMSCA ORAL TABLET 15 MG	5	PA; MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO; QL (30 per 30 days)
SYNAREL	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	4	MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	4	
<i>testosterone enanthate</i>	4	MO
<i>testosterone transdermal gel</i>	3	MO
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	MO
<i>testosterone transdermal gel in packet</i>	3	MO
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO
THYROID HORMONES		
<i>euthyrox</i>	3	MO
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 137 mcg, 175 mcg, 200 mcg, 50 mcg</i>	2	MO
<i>levoxyl oral tablet 112 mcg, 125 mcg, 150 mcg, 25 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine oral</i>	3	MO
SYNTHROID	3	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>unithroid oral tablet 175 mcg</i>	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	2	MO
MYTESI	3	PA; MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO; QL (60 per 30 days)
AMITIZA	3	MO; QL (60 per 30 days)
<i>aprepitant oral capsule</i>	4	B/D PA; MO; QL (30 per 30 days)
<i>aprepitant oral capsule,dose pack</i>	4	B/D PA; MO; QL (12 per 30 days)
<i>balsalazide</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide oral capsule,delayed,extended.release</i>	4	MO
<i>budesonide oral tablet,delayed and extended.release</i>	5	MO
CLENPIQ	4	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron hcl oral</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO

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This drug list was last updated on 03/15/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	4	MO
INFLECTRA	5	PA; MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LIALDA	3	MO; QL (120 per 30 days)
LINZESS	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO; QL (120 per 30 days)
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	4	MO; QL (30 per 30 days)
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>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	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
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	4	MO
<i>procto-pak</i>	4	MO
<i>proctosol hc topical</i>	3	
<i>proctozone-hc</i>	4	MO
RECTIV	4	MO
<i>scopolamine base</i>	4	MO
SUCRAID	5	
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	4	MO
SYNDROS	5	B/D PA; MO; QL (120 per 30 days)
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO
UCERIS RECTAL	4	MO
<i>ursodiol oral capsule</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ursodiol oral tablet 250 mg</i>	2	MO
<i>ursodiol oral tablet 500 mg</i>	4	MO
VIOKACE	4	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ULCER THERAPY		
DEXILANT	3	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	4	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>misoprostol</i>	3	MO
<i>nizatidine</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	2	MO
<i>sucralfate oral suspension</i>	4	MO
<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 (15 per 30 days)
INTRON A INJECTION	5	PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
NEUPOGEN	5	PA; MO; QL (14 per 30 days)
NORDITROPIN FLEXPPO	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML	4	PA; MO; QL (23 per 30 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 3,000 UNIT/ML	4	PA; MO; QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; QL (12 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	4	PA; MO; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML	4	PA; MO; QL (16 per 30 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO; QL (12 per 30 days)
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
IPOL	3	
IXIARO (PF)	3	
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	B/D PA; MO
PANZYGA	5	B/D PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PRIVIGEN	5	B/D PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
TDVAX	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHTERIA TOX PED(PF)	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF)	3	MO
VARIVAX (PF)	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	
ZOSTAVAX (PF)	3	QL (1 per 274 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>colchicine oral tablet</i>	4	MO
COLCRYS	3	MO
<i>febuxostat</i>	3	MO
MITIGARE	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	MO
<i>ibandronate oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	MO; QL (1 per 180 days)
<i>raloxifene</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet 150 mg</i>	4	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)

OTHER RHEUMATOLOGICALS

BENLYSTA SUBCUTANEOUS	5	MO
ENBREL	5	PA; MO; QL (8 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF)	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
KEVZARA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2.28 per 28 days)
<i>leflunomide</i>	3	MO
<i>penicillamine oral tablet</i>	4	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (110 per 365 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	4	MO
<i>deblitane</i>	4	MO
DUAVEE	4	MO
<i>errin</i>	4	MO
<i>estradiol oral</i>	2	MO
<i>estradiol transdermal</i>	4	MO
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>fyavolv</i>	4	MO
IMVEXXY MAINTENANCE PACK	4	MO
IMVEXXY STARTER PACK	4	MO
<i>jinteli</i>	4	MO
<i>lyza</i>	4	
<i>medroxyprogesteron e intramuscular</i>	4	MO
<i>medroxyprogesteron e oral</i>	1	MO
<i>nora-be</i>	4	
<i>norethindrone (contraceptive)</i>	4	MO
<i>norethindrone acetate</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone micronized</i>	3	MO
<i>sharobel</i>	4	MO
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	4	MO
<i>eluryng</i>	4	
<i>etonogestrel-ethinyl estradiol</i>	4	MO
INTRAROSA	4	PA; MO
<i>metronidazole vaginal</i>	4	MO
OSPHENA	4	PA; MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	4	MO
<i>apri</i>	4	
<i>aranelle (28)</i>	4	MO
<i>aubra</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aubra eq</i>	4	MO
<i>aviane</i>	4	MO
<i>balziva (28)</i>	4	MO
<i>briellyn</i>	4	MO
<i>caziant (28)</i>	4	MO
<i>cryselle (28)</i>	4	MO
<i>cyclafem 1/35 (28)</i>	4	MO
<i>cyclafem 7/7/7 (28)</i>	4	MO
<i>cyred</i>	4	
<i>cyred eq</i>	4	MO
<i>desog-e.estradiol/e.estradiol</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	MO
<i>emoquette</i>	4	MO
<i>enpresse</i>	4	
<i>enskyce</i>	4	MO
<i>estarylla</i>	4	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	4	MO
<i>falmina (28)</i>	4	MO
<i>gianvi (28)</i>	4	MO
<i>hailey 24 fe</i>	4	MO
<i>introvale</i>	4	MO
<i>isibloom</i>	4	MO
<i>jasmiel (28)</i>	4	MO
<i>juleber</i>	4	MO
<i>junel 1.5/30 (21)</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>junel 1/20 (21)</i>	4	MO
<i>junel fe 1.5/30 (28)</i>	4	MO
<i>junel fe 1/20 (28)</i>	4	MO
<i>kariva (28)</i>	4	MO
<i>kelnor 1/35 (28)</i>	4	
<i>kelnor 1-50 (28)</i>	4	MO
<i>kurvelo (28)</i>	4	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	4	MO
<i>larin 1.5/30 (21)</i>	4	MO
<i>larin 1/20 (21)</i>	4	MO
<i>larin fe 1.5/30 (28)</i>	4	MO
<i>larin fe 1/20 (28)</i>	4	MO
<i>larissia</i>	4	MO
<i>leena 28</i>	4	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estradiol triphasic</i>	4	MO
<i>levora-28</i>	4	MO
<i>loryna (28)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>low-ogestrel (28)</i>	4	MO
<i>lutera (28)</i>	4	MO
<i>marlissa (28)</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>mili</i>	4	MO
<i>necon 0.5/35 (28)</i>	4	MO
<i>nikki (28)</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	4	MO
<i>nortrel 0.5/35 (28)</i>	4	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	4	MO
<i>ocella</i>	4	MO
<i>orsythia</i>	4	MO
<i>pimtrea (28)</i>	4	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	4	MO
<i>portia 28</i>	4	
<i>previfem</i>	4	MO
<i>reclipsen (28)</i>	4	MO
<i>setlakin</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sprintec (28)</i>	4	
<i>sronyx</i>	4	
<i>syeda</i>	4	MO
<i>tarina 24 fe</i>	4	MO
<i>tarina fe 1/20 (28)</i>	4	
<i>tarina fe 1-20 eq (28)</i>	4	MO
<i>tri-estarylla</i>	4	
<i>tri-legest fe</i>	4	MO
<i>tri-mili</i>	4	MO
<i>tri-previfem (28)</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>trivora (28)</i>	4	
<i>tri-vylibra</i>	4	MO
<i>velivet triphasic regimen (28)</i>	4	MO
<i>vienva</i>	4	MO
<i>vyfemla (28)</i>	4	MO
<i>vylibra</i>	4	MO
<i>zovia 1/35e (28)</i>	4	MO
<i>zovia 1-35 (28)</i>	4	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
BESIVANCE	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	4	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
MOXEZA	3	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	4	MO
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	4	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	4	MO
<i>carteolol</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	4	MO
<i>azelastine ophthalmic (eye)</i>	4	MO
BEPREVE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %</i>	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 2 %, 4 %</i>	4	MO
RESTASIS	3	MO

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

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

Drug Name	Drug Tier	Requirements /Limits
LOTEMAX SM	4	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	4	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>cyproheptadine oral tablet</i>	4	MO
<i>desloratadine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	3	MO
<i>hydroxyzine pamoate</i>	3	MO
<i>levocetirizine oral tablet</i>	2	MO
<i>promethazine oral tablet</i>	2	MO
SYMJEPI	3	MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	4	B/D PA; MO
ADEMPAS	5	PA; MO; 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 solution for nebulization</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>ambroxol sulfate</i>	5	PA; MO; QL (30 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARNUIITY ELLIPTA	3	MO; QL (30 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
<i>bosentan</i>	5	PA; MO; QL (60 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
BROVANA	4	B/D PA; MO
<i>budesonide inhalation</i>	4	B/D PA; MO
COMBIVENT RESPIMAT	4	MO; QL (4 per 20 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DALIRESP	3	MO; QL (30 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO
ESBRIET ORAL TABLET 801 MG	5	PA; MO
FLOVENT DISKUS	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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>	4	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (1 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO
<i>montelukast oral granules in packet</i>	4	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)
OFEV	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
OPSUMIT	5	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; LA; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
PULMOZYME	5	PA; MO
RUCONEST	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)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (30 per 30 days)
SYMDEKO	5	PA; MO; LA; QL (56 per 28 days)
TAKHZYRO	5	PA; MO; LA; QL (4 per 28 days)
<i>terbutaline oral</i>	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>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; QL (120 per 30 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA	5	PA; MO; LA; QL (84 per 28 days)
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XOLAIR	5	PA; MO
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	4	MO
MYRBETRIQ	3	MO
<i>oxybutynin chloride</i>	4	MO
<i>tolterodine</i>	4	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	4	MO
<i>tamsulosin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	3	MO
CYSTAGON	4	PA
ELMIRON	4	MO
<i>potassium citrate</i>	4	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	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>	3	MO
<i>klor-con m20</i>	2	MO
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
NORMOSOL-R	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	3	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	MO
TPN ELECTROLYTES	4	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
HEPATAMINE 8%	4	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
NEPHRAMINE 5.4 %	4	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	4	
NUTRILIPID	4	B/D PA
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	

Drug Name	Drug Tier	Requirements /Limits
<i>premasol 10 %</i>	4	B/D PA
PROCALAMINE 3%	4	B/D PA
PROSOL 20 %	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA

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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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