



Express Scripts Medicare (PDP) for the UAW Retiree Medical Benefits Trust (the “Trust”) 2021 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN**

Formulary ID Number: 21085 v. 3

This formulary was updated on 06/24/2021. For more recent information or other questions, please contact **Express Scripts Medicare® (PDP)** Customer Service at **1.866.662.0274**, at the prompt, press 1. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**. You can also visit us on the Web at express-scripts.com.

Note to existing members: This formulary has changed since last year. Please review this document to understand your plan’s drug coverage.

When this drug list (formulary) refers to “we,” “us” or “our,” it means *Medco Containment Life Insurance Company*. When it refers to “plan” or “our plan,” it means *Express Scripts Medicare*.

This document includes a list of the covered drugs (formulary) for our plan, which is current as of June 24, 2021. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits and/or copayments/coinsurance may change on January 1, 2022. The formulary and/or pharmacy network may change at any time. You will receive notice if necessary.

This document is available in braille. Please contact Customer Service at **1.866.662.0274**, at the prompt, press 1, if you need plan information in another format. TTY users should call **1.800.716.3231**.

What is the plan formulary?

This formulary contains a **list of covered drugs** selected by the 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. The plan may provide coverage of additional drugs that are not listed in this formulary. Please contact Customer Service at **1.866.662.0274**, at the prompt, press 1, for more information about this plan's specific drug coverage or visit us on the Web at **express-scripts.com**. TTY users should call **1.800.716.3231**.

The plan will 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 other plan materials.

Can my drug coverage 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 Medicare rules in making these changes.

Changes that can affect you this year: In the cases below, you will be affected by coverage changes during the year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when your plan coverage began, except for cases in which you can save additional money or we can ensure your safety. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand-name drug from our formulary 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 formulary, 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 entitled "How do I request an exception to the formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) 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, add new requirements to the brand-name drug, or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy requirements on a drug or move a drug to a higher cost-sharing tier, if applicable, 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 one-month 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

This drug list was updated in June 2021.

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 formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described on the prior page. 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 receive direct notice this year about changes that do not affect you. However, on January 1 of the next year, it is important to check the Drug List for the new benefit year for any changes to drugs you may be filling. To get current information about the drugs covered by our plan, please contact us at **1.866.662.0274**, at the prompt, press 1.

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy requirements 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. If the FDA deems a drug on our formulary is unsafe, or if 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 are taking the drug. This formulary is updated on a quarterly basis and is current as of the date indicated on the front cover. **To get updated information about the drugs covered, please visit our website or call our Customer Service department at 1.866.662.0274, at the prompt, press 1. TTY users should call 1.800.716.3231.** If there are any additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time after the changes take effect, or you will be given a one-month refill of your brand-name drug at a network pharmacy for the plan’s standard one-month copayment.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.”

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 72. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) 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 (PA):** Prior authorization is a process that helps you get the medicine that you and your family need. When your pharmacist tells you that your prescription needs a prior authorization, your plan needs more information to know if the drug is covered. Only your own doctor can provide this information and request a prior authorization. Drugs with “PA” next to them in the formulary require prior authorization. If you do not get approval, the drug may not be covered.
 - Some drugs may be covered under Medicare Part B or under Medicare Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly. These drugs are noted with “B/D” next to them in the formulary.
- **Quantity Limits (QL):** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with “QL” next to them in the formulary.
- **Step Therapy (ST):** In some cases, you are required 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. These drugs are noted with “ST” next to them in the formulary.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at **express-scripts.com** or by using the Express Scripts mobile app.

You can ask us to make an exception to these restrictions or limits. See the section “How do I request an exception to the formulary?” below 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 list of covered drugs, you should first contact our Customer Service department at **1.866.662.0274**, at the prompt, press 1, and ask if your drug is covered. TTY users should call **1.800.716.3231**.

If you learn that your drug is not covered, you have two options:

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

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 are taking.

How do I request an exception to the formulary?

You can ask us 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 your drug even if it is not on our formulary. If approved, the drug will be covered at a Tier 3 copayment, and you will 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 tier copayment. If your drug is presently on our Non-Preferred Drug tier (Tier 3), you can ask us to cover it at the Preferred Brand Drug tier (Tier 2) copayment instead. 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. If, for example, your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You should contact us to ask for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting an 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 believes 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.

Generally, your request for an exception will only be approved if the alternative drugs that are included in the plan formulary, the lower-tiered drugs, or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

How do I request an appeal?

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your doctor or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service at **1.866.662.0274**, at the prompt, press 1. TTY users should call **1.800.716.3231**.

Can I get a temporary transition supply while I wait for an exception decision?

As a new or continuing member in our plan, you may be taking drugs that are not covered. Or, you may be taking a drug that is covered but your ability to get it is limited. For example, you may need a prior authorization approval 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, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for at least a 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a maximum of a one-month supply of medication. After your first refill of a

This drug list was updated in June 2021.

one-month supply, we will not pay for these drugs, even if you have been a plan member for 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 drug is limited but you are past the first 90 days of membership in our plan, we will cover a minimum of a 31-day emergency transition supply of that drug while you pursue an exception. Other times when we will cover at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

The plan will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

Other coverage provided by this plan

This plan also covers categories of drugs that are not normally covered by a Medicare prescription drug plan. **Drugs in the following categories may be covered subject to the rules and limitations of the plan:**

- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription Vitamin D and Vitamin K
- Federal Legend Medicare Part B medications – for example, oral chemotherapy agents

Please call Customer Service at **1.866.662.0274**, at the prompt, press 1, for additional information about specific drug coverage and your copay amount. TTY users should call **1.800.716.3231**.

Please note: Costs for drugs not normally covered by a Medicare prescription drug plan will not count toward your total drug costs or your total out-of-pocket expenses.

Your Costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Express Scripts Medicare has different stages of coverage. Your costs will remain the same in each stage until you reach the Catastrophic Coverage stage, at which point your costs may go down for the remainder of the plan year.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier has a different cost-sharing amount. The “Drug Tiers” chart on the following page explains what types of drugs are included in each tier and shows how costs may change with each tier.
- **When you meet the yearly out-of-pocket maximum for Tier 1 and Tier 2 drugs.** Once you reach this amount for drugs in Tier 1 and Tier 2, you will pay \$0 for your covered prescription drugs in Tier 1 and Tier 2 for the remainder of the calendar year, and the cost share amounts listed in the various stages will not apply to you. The yearly out-of-pocket maximum does not apply to drugs in Tier 3.

Your other plan materials have more information about your plan’s coverage stages. They also list the specific copays for each tier.

This drug list was updated in June 2021.

Specialty Drugs

Most specialty drugs are limited to a 31-day supply through retail and mail. Specialty drugs are typically high-cost drugs used to treat rare or complex diseases, require special storage, handling and administration, and involve a significant degree of patient education, monitoring and management.

Drug Tiers

Tier	Includes	Helpful tips	Your copayment
Tier 1: Generic Drugs	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.	\$5 for one-month supply at retail \$5 for 90-day supply through home delivery
Tier 2: Preferred Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.	\$45 for one-month supply at retail \$45 for 90-day supply through home delivery
Tier 3: Non- Preferred Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.	\$115 for one-month supply at retail \$115 for 90-day supply through home delivery

If you qualify for Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copay amounts may be lower than the standard plan benefit. Members who qualify for Extra Help will receive a notice called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (“Low Income Rider” or “LIS Rider”). Please read it to find out what your costs are. You can also contact Customer Service at **1.866.662.0274**, at the prompt, press 1, for more information. TTY users should call **1.800.716.3231**.

The Trust has contracted with Public Consulting Group (PCG) to provide assistance if you think that you qualify for Extra Help. Contact PCG at **1.877.522.1061**. Representatives are available Monday through Friday, 9:00 a.m. to 5:00 p.m., Eastern Time.

For more information

For more detailed information about your Medicare prescription drug coverage and this plan’s specific costs, please review your other plan materials. If you need additional information on network pharmacies or filling prescriptions via our home delivery service, or if you have any other questions, please call our Customer Service department at **1.866.662.0274**, at the prompt, press 1. TTY users should call **1.800.716.3231**.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1.800.MEDICARE** (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call **1.877.486.2048**, or visit <https://www.medicare.gov>.

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List of abbreviations

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.

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call Customer Service at **1.866.662.0274**, at the prompt, press 1. TTY users should call **1.800.716.3231**.

NM: This prescription is not available through our home delivery service.

PA: Prior Authorization. The plan requires prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. This process may confirm a medical diagnosis or other clinical information from your doctor before the medication is dispensed. If you do not get approval, we may not cover this drug.

B/D: Some drugs may be covered under Medicare Part B or under Medicare Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs so your pharmacy can process your prescription correctly.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that it will cover. This rule limits the permissible quantity per prescription fill based on FDA recommended or common dosing guidelines.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. Step therapy ensures that the treatment is closer to evidence-based or commonly accepted prescribing guidelines by having patients use acceptable first line therapies initially. 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.

SP: Specialty Drugs. Most specialty drugs are limited to a 31-day supply per prescription.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	B/D PA; SP
AMBISOME	2	B/D PA; SP
<i>amphotericin b</i>	1	B/D PA
<i>caspofungin</i>	1	B/D PA; NM; SP
<i>clotrimazole troche</i>	1	
CRESEMBA INJECTION	2	PA; NM; SP
CRESEMBA ORAL	2	PA; SP
<i>fluconazole in nacl 200 mg/100 ml</i>	1	
<i>fluconazole in nacl 400 mg/200 ml</i>	1	NM
<i>fluconazole</i>	1	
<i>flucytosine</i>	1	PA; SP
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	PA; QL (124 per 31 days)
<i>itraconazole oral solution</i>	1	PA
<i>ketoconazole oral</i>	1	PA
<i>micafungin</i>	1	NM; SP
MYCAMINE	2	SP
NOXAFIL ORAL SUSPENSION	2	PA; SP
<i>nystatin oral</i>	1	
<i>posaconazole</i>	1	PA; SP
<i>terbinafine oral</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole injection</i>	1	PA; SP
<i>voriconazole oral</i>	1	PA; SP
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL (930 per 31 days)
<i>abacavir oral tablet</i>	1	QL (62 per 31 days)
<i>abacavir-lamivudine</i>	1	QL (31 per 31 days)
<i>abacavir-lamivudine- zidovudine</i>	1	QL (62 per 31 days)
<i>acyclovir injection</i>	1	B/D PA
<i>acyclovir oral</i>	1	
<i>adefovir</i>	1	SP
<i>amantadine</i>	1	
APTIVUS ORAL CAPSULE	2	QL (124 per 31 days)
APTIVUS ORAL SOLUTION	2	NM; QL (310 per 31 days)
<i>atazanavir oral capsule 150mg, 300mg</i>	1	QL (31 per 31 days)
<i>atazanavir oral capsule 200mg</i>	1	QL (62 per 31 days)
ATRIPLA	2	QL (31 per 31 days)
BARACLUDE ORAL SOLUTION	2	QL (630 per 31 days)
BIKTARVY	2	QL (31 per 31 days)
CABENUVA	2	QL (31 per 31 days)
<i>cidofovir</i>	1	B/D PA; SP

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
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Drug Name	Drug Tier	Requirements /Limits
CIMDUO	2	QL (31 per 31 days)
COMPLERA	2	QL (31 per 31 days)
CRIXIVAN ORAL CAPSULE 200MG	2	QL (279 per 31 days)
CRIXIVAN ORAL CAPSULE 400MG	2	QL (186 per 31 days)
DELSTRIGO	2	QL (31 per 31 days)
DESCOVY	2	QL (31 per 31 days)
<i>didanosine</i>	1	QL (31 per 31 days)
DOVATO	2	QL (31 per 31 days)
EDURANT	2	QL (62 per 31 days)
<i>efavirenz oral capsule 200mg</i>	1	QL (62 per 31 days)
<i>efavirenz oral capsule 50mg</i>	1	QL (186 per 31 days)
<i>efavirenz oral tablet</i>	1	QL (31 per 31 days)
<i>efavirenz-emtricitabine-tenofovir</i>	1	QL (31 per 31 days)
<i>efavirenz-lamivudine-tenofovir</i>	1	QL (31 per 31 days)
<i>emtricitabine</i>	1	QL (31 per 31 days)
<i>emtricitabine-tenofovir</i>	1	QL (31 per 31 days)
EMTRIVA ORAL CAPSULE	2	QL (31 per 31 days)
EMTRIVA ORAL SOLUTION	2	QL (744 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>entecavir</i>	1	QL (31 per 31 days)
EPCLUSA	2	PA; SP; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	2	
EVOTAZ	2	QL (31 per 31 days)
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	1	QL (124 per 31 days)
FUZEON	2	QL (62 per 31 days)
<i>ganciclovir</i>	1	B/D PA
GENVOYA	2	QL (31 per 31 days)
HARVONI	2	PA; SP; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	2	QL (62 per 31 days)
INTELENCE ORAL TABLET 25 MG	2	QL (186 per 31 days)
INVIRASE ORAL TABLET	2	QL (124 per 31 days)
ISENTRESS CHEWABLE TABLET	2	QL (186 per 31 days)
ISENTRESS HD	2	QL (62 per 31 days)
ISENTRESS ORAL POWDER PACKET	2	QL (186 per 31 days)
ISENTRESS ORAL TABLET	2	QL (124 per 31 days)
JULUCA	2	QL (31 per 31 days)

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
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Drug Name	Drug Tier	Requirements /Limits
KALETRA ORAL TABLET 100-25 MG	2	QL (310 per 31 days)
KALETRA ORAL TABLET 200-50 MG	2	QL (124 per 31 days)
<i>lamivudine hbv</i>	1	
<i>lamivudine oral solution</i>	1	QL (930 per 31 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (62 per 31 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (31 per 31 days)
<i>lamivudine-zidovudine</i>	1	QL (62 per 31 days)
LEXIVA ORAL SUSPENSION	2	QL (1736 per 31 days)
<i>lopinavir-ritonavir</i>	1	QL (403 per 31 days)
MAVYRET	2	PA; SP; QL (84 per 28 days)
<i>nevirapine er oral tablet 100mg</i>	1	QL (93 per 31 days)
<i>nevirapine er oral tablet 400mg</i>	1	QL (31 per 31 days)
<i>nevirapine oral suspension</i>	1	NM; QL (1240 per 31 days)
<i>nevirapine oral tablet</i>	1	QL (62 per 31 days)
NORVIR ORAL POWDER PACKET	2	QL (372 per 31 days)
NORVIR ORAL SOLUTION	2	QL (465 per 31 days)
ODEFSEY	2	QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir oral capsule 30 mg</i>	1	QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (84 per 365 days)
<i>oseltamivir oral suspension</i>	1	QL (1080 per 365 days)
PIFELTRO	2	QL (62 per 31 days)
PREVYMIS INJECTION	2	PA; NM; SP
PREVYMIS ORAL	2	PA; SP; QL (30 per 30 days)
PREZCOBIX	2	QL (31 per 31 days)
PREZISTA ORAL SUSPENSION	2	QL (372 per 31 days)
PREZISTA ORAL TABLET 600 MG	2	QL (62 per 31 days)
PREZISTA ORAL TABLET 75 MG, 150 MG	2	
PREZISTA ORAL TABLET 800 MG	2	QL (31 per 31 days)
RELENZA	2	QL (60 per 180 days)
RETROVIR INJECTION	2	
REYATAZ ORAL POWDER PACKET	2	QL (248 per 31 days)
<i>ribavirin oral capsule</i>	1	SP
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	QL (372 per 31 days)
RUKOBIA	2	QL (62 per 31 days)

You can find information on what the abbreviations on this table mean by going to the beginning of this table. This drug list was last updated on 06/24/2021.

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL SOLUTION	2	QL (1860 per 31 days)
SELZENTRY ORAL TABLET	2	QL (124 per 31 days)
<i>stavudine</i>	1	QL (62 per 31 days)
STRIBILD	2	QL (31 per 31 days)
SYMFI LO	2	QL (31 per 31 days)
SYMFI	2	QL (31 per 31 days)
SYMTUZA	2	QL (31 per 31 days)
TEMIXYS	2	QL (31 per 31 days)
<i>tenofovir</i>	1	QL (31 per 31 days)
TIVICAY	2	QL (62 per 31 days)
TRIUMEQ	2	QL (31 per 31 days)
TROGARZO	2	PA
TRUVADA	2	QL (31 per 31 days)
TYBOST	2	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (124 per 31 days)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (62 per 31 days)
<i>valganciclovir oral solution</i>	1	SP; QL (1116 per 31 days)
<i>valganciclovir oral tablet</i>	1	SP; QL (124 per 31 days)
VEMLIDY	2	SP; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
VIRACEPT ORAL TABLET 250 MG	2	QL (279 per 31 days)
VIRACEPT ORAL TABLET 625 MG	2	QL (124 per 31 days)
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (31 per 31 days)
VOSEVI	2	PA; SP; QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG	2	QL (12 per 365 days)
XOFLUZA ORAL TABLET 40 MG	2	QL (6 per 365 days)
<i>zidovudine oral capsule</i>	1	QL (186 per 31 days)
<i>zidovudine oral syrup</i>	1	QL (1860 per 31 days)
<i>zidovudine oral tablet</i>	1	QL (62 per 31 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension 125 mg/5 ml</i>	1	
<i>cefaclor oral suspension 250 mg/5 ml</i>	1	NM
<i>cefadroxil</i>	1	
<i>cefazolin in dextrose 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE 2 GRAM/100 ML	2	NM

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Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection 1 gram, 500 mg</i>	1	
<i>cefazolin injection 10 gram, 100 gram, 20 gram, 300 gram</i>	1	NM
<i>cefdinir</i>	1	
<i>cefpeme in dextrose 1 gram/50 ml</i>	1	NM
<i>cefpeme in dextrose 2 gram/100 ml</i>	1	
<i>cefpeme injection</i>	1	
<i>cefixime</i>	1	
<i>cefoxitin in dextrose</i>	1	NM
<i>cefoxitin injection 1 gram, 2 gram</i>	1	
<i>cefoxitin injection 10 gram</i>	1	NM
<i>cefpodoxime</i>	1	
<i>ceprozil</i>	1	
CEFTAZIDIME IN DEXTROSE	1	NM
<i>ceftazidime injection 1 gram, 2 gram</i>	1	
<i>ceftazidime injection 6 gram</i>	1	NM
<i>ceftriaxone in dextrose</i>	1	
<i>ceftriaxone injection 1 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>ceftriaxone injection 10 gram</i>	1	NM
CEFTRIAXONE INJECTION 100 GRAM	1	NM
<i>cefuroxime injection 1.5 gram, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime injection 7.5 gram</i>	1	NM
<i>cefuroxime oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension</i>	1	
<i>cephalexin oral tablet</i>	1	
TEFLARO	2	PA; SP
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin injection</i>	1	
<i>azithromycin oral suspension</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
DIFICID ORAL TABLET	2	PA; SP; QL (20 per 10 days)
ERYTHROCIN INJECTION 500 MG	2	
<i>erythromycin delayed release tablet</i>	1	
<i>erythromycin ethylsuccinate oral suspension 200mg/5mL</i>	1	
<i>erythromycin oral tablet 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	SP
ALINIA ORAL SUSPENSION	2	PA; SP; QL (150 per 30 days)
ALINIA ORAL TABLET	2	PA; SP; QL (14 per 30 days)
<i>amikacin</i>	1	
ARIKAYCE	2	PA; LA; SP; QL (235 per 28 days)
<i>atovaquone-proguanil</i>	1	
<i>atovaquone</i>	1	PA; SP
<i>aztreonam</i>	1	
BENZNIDAZOLE	2	
CAYSTON	2	LA; SP; QL (84 per 28 days)
<i>chloramphenicol</i>	1	NM
<i>chloroquine</i>	1	
<i>clindamycin in dextrose</i>	1	
CLINDAMYCIN IN NACL	1	NM
<i>clindamycin injection</i>	1	
<i>clindamycin oral</i>	1	
COARTEM	2	QL (24 per 30 days)
<i>colistin</i>	1	
<i>dapsone oral</i>	1	

Drug Name	Drug Tier	Requirements /Limits
DAPTOMYCIN INJECTION 350 MG	2	SP
<i>daptomycin injection 500mg</i>	1	SP
DARAPRIM	2	PA; SP
<i>ertapenem</i>	1	
<i>ethambutol</i>	1	
<i>gentamicin in nacl 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	
GENTAMICIN IN NACL 100 MG/50 ML	2	
GENTAMICIN IN NACL 120 MG/100 ML	1	NM
<i>gentamicin in nacl 80 mg/100 ml</i>	1	NM
<i>gentamicin injection</i>	1	
<i>hydroxychloroquine</i>	1	
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	2	SP
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	
LAMPIT	2	PA
<i>linezolid in dextrose</i>	1	NM
<i>linezolid in nacl</i>	1	NM
<i>linezolid oral suspension</i>	1	QL (1800 per 30 days)
<i>linezolid oral tablet</i>	1	QL (56 per 28 days)
<i>mefloquine</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
MEROPENEM IN NACL 1 GRAM/50 ML	1	
MEROPENEM IN NACL 500 MG/50 ML	1	NM
<i>meropenem injection</i>	1	
<i>metro injection</i>	1	
<i>metronidazole in nacl</i>	1	
<i>metronidazole oral tablet</i>	1	
NEBUPENT	2	B/D PA; QL (1 per 28 days)
<i>neomycin</i>	1	
<i>nitazoxanide oral tablet</i>	1	PA; SP; QL (14 per 30 days)
<i>paromomycin</i>	1	
PASER	2	
<i>pentamidine inhalation</i>	1	B/D PA; NM; QL (1 per 28 days)
<i>pentamidine injection</i>	1	
<i>praziquantel</i>	1	
PRIFTIN	2	
PRIMAQUINE	2	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA; SP
<i>quinine sulfate</i>	1	PA; QL (42 per 30 days)
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	LA;SP

Drug Name	Drug Tier	Requirements /Limits
STREPTOMYCIN	2	
SYNERCID	2	NM; SP
<i>tigecycline</i>	1	NM; SP
<i>tinidazole</i>	1	
<i>tobramycin 300 mg/5 ml inhalation solution</i>	1	B/D PA; SP; QL (280 per 28 days)
<i>tobramycin injection 1.2 gram</i>	1	NM
<i>tobramycin injection 10 mg/ml, 40 mg/ml, 80 mg/2 ml, 1.2 gm/30 ml</i>	1	
TRECATOR	2	
VANCOMYCIN IN DEXTROSE 1 GRAM/200 ML	1	
VANCOMYCIN IN DEXTROSE 500 MG/100 ML, 750 MG/150 ML	1	NM
VANCOMYCIN IN NACL 1 GRAM/200 ML	1	NM
<i>vancomycin injection 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INJECTION 1.25 GM	2	
VANCOMYCIN INJECTION 250 MG, 1.5 GM, 100 GM	2	NM
<i>vancomycin oral capsule 125 mg</i>	1	
<i>vancomycin oral capsule 250 mg</i>	1	SP

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Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 200 MG	2	PA; SP; QL (9 per 31 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; SP; QL (62 per 31 days)
PENICILLINS		
<i>amoxicillin chewable tablet, 125 mg, 250 mg</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin-pot clavulanate chewable tablet</i>	1	
<i>amoxicillin-pot clavulanate oral suspension 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>ampicillin injection</i>	1	
<i>ampicillin oral capsule 250 mg</i>	1	NM
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin-sulbactam injection 1.5 gram, 3 gram</i>	1	
<i>ampicillin-sulbactam injection 15 gram</i>	1	NM
BICILLIN C-R	2	

Drug Name	Drug Tier	Requirements /Limits
BICILLIN L-A	2	
<i>dicloxacillin</i>	1	
<i>nafcillin in dextrose 1 gram/50 ml</i>	1	NM
<i>nafcillin in dextrose 2 gram/100 ml</i>	1	
<i>nafcillin injection 1 gram, 2 gram</i>	1	
<i>nafcillin injection 10 gram</i>	1	SP
<i>oxacillin in dextrose 1 gram/50 ml</i>	1	NM
<i>oxacillin in dextrose 2 gram/50 ml</i>	1	
<i>oxacillin injection 1 gram</i>	1	NM
<i>oxacillin injection 10 gram</i>	1	NM; SP
<i>oxacillin injection 2 gram</i>	1	
PENICILLIN G IN DEXTROSE 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	2	NM
PENICILLIN G IN DEXTROSE 3 MILLION UNIT/50 ML	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam injection</i> 2.25 gram, 3.375 gram, 4.5 gram, 13.5 gram, 40.5 gram	1	
QUINOLONES		
<i>ciprofloxacin in dextrose</i>	1	
<i>ciprofloxacin oral</i>	1	
<i>levofloxacin in dextrose 250 mg/50 ml</i>	1	NM
<i>levofloxacin in dextrose 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin injection</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
TETRACYCLINES		
<i>doxy-100</i>	1	
<i>doxycycline hyclate injection</i>	1	NM
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral suspension</i>	1	
<i>minocycline oral capsule</i>	1	
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate monocystal</i>	1	
<i>trimethoprim</i>	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane injection 250 mg</i>	1	NM; SP
<i>dexrazoxane injection 500 mg</i>	1	SP
<i>ELITEK</i>	2	SP
<i>KEPIVANCE</i>	2	SP
<i>leucovorin injection 100 mg, 200 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin injection 500 mg</i>	1	NM
<i>leucovorin injection 100 mg/10ml, 500 mg/50ml</i>	1	NM
<i>leucovorin oral</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>levoleucovorin injection</i>	1	NM; SP
<i>mesna</i>	1	
MESNEX ORAL	2	SP
VISTOGARD	2	SP
XGEVA	2	PA; SP; QL (1.7 per 28 days)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; SP; QL (124 per 31 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; SP; QL (62 per 31 days)
ABRAXANE	2	PA; SP
ADAKVEO	2	PA; SP
ADCETRIS	2	PA; SP
<i>adrucil</i>	1	B/D PA; NM
AFINITOR DISPERZ	2	PA; SP
AFINITOR ORAL TABLET 10 MG	2	PA; SP; QL (31 per 31 days)
ALECENSA	2	PA; SP; QL (248 per 31 days)
ALIMTA	2	PA; SP
ALIQOPA	2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; SP; QL (31 per 31 days)
ALUNBRIG ORAL TABLET 30 MG	2	PA; SP; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLETS, DOSE PACK	2	PA; SP; QL (30 per 180 days)
<i>anastrozole</i>	1	
ARRANON	2	NM; SP
<i>arsenic trioxide injection 1 mg/ml</i>	2	B/D PA; NM; SP
<i>arsenic trioxide injection 2 mg/ml</i>	2	B/D PA; SP
ARZERRA	2	B/D PA; SP
AVASTIN	2	PA; SP
AYVAKIT	2	PA; LA; SP; QL (31 per 31 days)
<i>azacitidine</i>	1	PA; SP
<i>azathioprine injection</i>	1	B/D PA; NM
<i>azathioprine oral</i>	1	B/D PA
BALVERSA	2	PA; LA; SP
BAVENCIO	2	PA; SP
BELEODAQ	2	SP
BENDEKA	2	PA; SP
BESPONSA	2	PA; SP
<i>bexarotene</i>	1	PA; SP
<i>bicalutamide</i>	1	
BLENREP	2	PA; SP
<i>bleomycin</i>	1	B/D PA
BLINCYTO	2	B/D PA; SP
BORTEZOMIB	2	PA; SP
BOSULIF ORAL TABLET 100 MG	2	PA; SP; QL (93 per 31 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; SP; QL (31 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; LA; SP; QL (186 per 31 days)
BRUKINSA	2	PA; LA; SP; QL (124 per 31 days)
<i>busulfan</i>	1	NM; SP
CABOMETYX	2	PA; LA; SP; QL (31 per 31 days)
CALQUENCE	2	PA; LA; SP; QL (62 per 31 days)
<i>capecitabine</i>	1	SP
CAPRELSA ORAL TABLET 100 MG	2	PA; NM, LA; SP; QL (62 per 31 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; SP; QL (31 per 31 days)
<i>carboplatin</i>	1	
<i>carmustine</i>	1	SP
<i>cisplatin</i>	1	
<i>cladribine</i>	1	B/D PA; SP
<i>clofarabine</i>	1	NM; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY	2	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY	2	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY	2	PA; SP; QL (84 per 28 days)
COPIKTRA	2	PA; LA; SP; QL (56 per 28 days)
COSMEGEN	3	SP

Drug Name	Drug Tier	Requirements /Limits
COTELLIC	2	PA; LA; SP; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	1	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET	2	B/D PA
<i>cyclosporine injection</i>	1	B/D PA; NM
<i>cyclosporine modified</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA
CYRAMZA	2	B/D PA; SP
<i>cytarabine injection 100 mg/5 ml, 1000mg/50ml, 2 gram/20 ml</i>	1	B/D PA
<i>cytarabine injection 20 mg/ml</i>	1	B/D PA; NM
<i>dacarbazine</i>	1	
<i>dactinomycin</i>	1	NM
DANYELZA	2	PA; SP
DARZALEX	2	PA; SP
<i>daunorubicin</i>	1	NM
DAURISMO ORAL TABLET 100 MG	2	PA; SP; QL (31 per 31 days)
DAURISMO ORAL TABLET 25 MG	2	PA; SP; QL (93 per 31 days)
<i>decitabine</i>	1	SP
<i>docetaxel injection 160 mg/16 ml, 20 mg/2 ml</i>	1	NM; SP

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Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel injection</i> 160 mg/8 ml, 20 mg/ml, 80 mg/4 ml, 80 mg/8 ml	1	SP
<i>doxorubicin</i>	1	
<i>doxorubicin, peg-liposomal</i>	1	SP
DROXIA	2	
ELIGARD	2	PA
ELLENCE	2	
ELZONRIS	2	PA; SP; LA
EMCYT	2	SP
EMPLICITI	2	PA; SP
ENSPRYNG	2	PA; SP
<i>epirubicin</i>	1	
ERBITUX	2	SP
ERIVEDGE	2	PA; SP; QL (31 per 31 days)
ERLEADA	2	PA; SP; QL (120 per 30 days)
<i>erlotinib oral tablet</i> 100mg, 150mg	1	PA; SP; QL (31 per 31 days)
<i>erlotinib oral tablet</i> 25 mg	1	PA; SP; QL (93 per 31 days)
ERWINAZE	2	SP
ETOPOPHOS	2	
<i>etoposide</i>	1	
<i>everolimus</i> (antineoplastic)	1	PA; SP; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus</i> (immunosuppressive)	1	B/D PA; SP
<i>exemestane</i>	1	QL (62 per 31 days)
FARYDAK	2	PA; SP; QL (6 per 21 days)
FIRMAGON INJECTION 120 MG	2	PA; SP
FIRMAGON INJECTION 80 MG	2	PA
<i>floxuridine</i>	1	B/D PA; NM
<i>fludarabine injection</i> 50mg	1	
<i>fludarabine injection</i> 50mg/2ml	1	NM
<i>fluorouracil</i> <i>injection</i>	1	B/D PA
<i>flutamide</i>	1	
FOLOTYN	2	PA; SP
FOTIVDA	2	PA; SP; QL (21 per 28 days)
<i>fulvestrant</i>	2	PA; SP
GAVRETO	2	PA; SP; LA; QL (124 per 31 days)
GAZYVA	2	SP
<i>gemcitabine</i> <i>injection 1 gram,</i> 200 mg	1	
<i>gemcitabine</i> <i>injection 1</i> gram/26.3 ml, 200 mg/5.26 ml	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine injection 2 gram/52.6 ml</i>	1	NM
<i>gemcitabine injection 2 gram</i>	1	NM
<i>genraf</i>	1	B/D PA
GILOTRIF	2	PA; SP; QL (31 per 31 days)
GLEOSTINE	2	
HALAVEN	2	SP
HEMADY	2	PA; QL (24 per 28 days)
HERCEPTIN HYLECTA	2	PA; SP
HERCEPTIN	2	PA; SP
HYCAMTIN ORAL	2	SP
<i>hydroxyurea</i>	1	
IBRANCE	2	PA; SP; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; SP; QL (62 per 31 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	2	PA; SP; QL (31 per 31 days)
<i>idarubicin</i>	1	NM
IDHIFA	2	PA; LA; SP; QL (31 per 31 days)
<i>ifosfamide injection 1 gram, 3 gram 1 gm/20 ml</i>	1	
<i>ifosfamide injection 3 gm/60 ml</i>	1	NM

Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 100 mg</i>	1	PA; SP; QL (93 per 31 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; SP; QL (62 per 31 days)
IMBRUVICA	2	PA; SP; QL (31 per 31 days)
IMFINZI	2	PA; SP;
INLYTA	2	PA; SP; QL (124 per 31 days)
INQOVI	2	PA; SP; QL (5 per 28 days)
INREBIC	2	PA; SP; QL (124 per 31 days)
IRESSA	2	PA; SP; QL (31 per 31 days)
<i>irinotecan injection 500 mg/25 ml</i>	1	NM; SP
<i>irinotecan injection 100 mg/5 ml</i>	1	
<i>irinotecan injection 40 mg/2 ml</i>	1	SP
ISTODAX	2	SP
JAKAFI	2	PA; SP; QL (62 per 31 days)
JEVTANA	2	SP
KADCYLA	2	PA; SP
KANJINTI	2	PA; SP
KEYTRUDA	2	PA; SP

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY	2	PA; SP; QL (49 per 28 days)	LENVIMA ORAL CAPSULE 14 MG/DAY, 20 MG/DAY, 8 MG/DAY	2	PA; SP; QL (60 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY	2	PA; SP; QL (70 per 28 days)	LENVIMA ORAL CAPSULE 4 MG, 10 MG/DAY	2	PA; SP; QL (0 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY	2	PA; SP; QL (91 per 28 days)	<i>letrozole</i>	1	QL (31 per 31 days)
KISQALI ORAL TABLET 200 MG/DAY	2	PA; SP; QL (21 per 28 days)	LEUKERAN	2	
KISQALI ORAL TABLET 400 MG/DAY	2	PA; SP; QL (42 per 28 days)	<i>leuprolide</i>	1	SP
KISQALI ORAL TABLET 600 MG/DAY	2	PA; SP; QL (63 per 28 days)	LIBTAYO	2	PA; SP
KOSELUGO ORAL CAPSULE 10 MG	2	PA; SP; QL (248 per 31 days)	LONSURF ORAL TABLET 15-6.14 MG	2	PA; SP; QL (100 per 28 days)
KOSELUGO ORAL CAPSULE 25 MG	2	PA; SP; QL (124 per 31 days)	LONSURF ORAL TABLET 20-8.19 MG	2	PA; SP; QL (80 per 28 days)
KYPROLIS	2	PA; SP	LORBENA ORAL TABLET 100 MG	2	PA; SP; QL (31 per 31 days)
<i>lapatinib</i>	1	PA; LA; SP; QL (186 per 31 days)	LORBENA ORAL TABLET 25 MG	2	PA; SP; QL (93 per 31 days)
LENVIMA ORAL CAPSULE 12 MG/DAY, 18 MG/DAY, 24 MG/DAY	2	PA; SP; QL (90 per 30 days)	LUMOXITI	2	PA; SP
			LUPRON DEPOT 3 MONTH	2	PA
			LUPRON DEPOT 4 MONTH, 6 MONTH	2	PA; SP
			LUPRON DEPOT-PED KIT 11.25 MG	2	PA
			LUPRON DEPOT-PED KIT 15 MG, 7.5 MG	2	PA; SP
			LUPRON DEPOT-PED, 3 MONTH	2	PA

You can find information on what the abbreviations on this table mean by going to the beginning of this table. This drug list was last updated on 06/24/2021.

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	2	PA; SP
LYNPARZA ORAL TABLET	2	PA; SP; QL (124 per 31 days)
LYSODREN	2	
MARQIBO	2	PA
MATULANE	2	SP
<i>megestrol oral suspension 400 mg/10 ml, 800 mg/20 ml</i>	1	PA; NM
<i>megestrol oral suspension 625 mg/5 ml</i>	1	PA
<i>megestrol oral tablet</i>	1	PA
MEKINIST ORAL TABLET 0.5 MG	2	PA; SP; QL (124 per 31 days)
MEKINIST ORAL TABLET 2 MG	2	PA; SP; QL (31 per 31 days)
MEKTOVI	2	PA; LA; SP; QL (186 per 31 days)
<i>melphalan injection</i>	1	NM; SP
<i>melphalan tablet</i>	1	B/D PA
<i>mercaptopurine</i>	1	
<i>methotrexate injection 1 gram</i>	1	B/D PA; NM
<i>methotrexate injection solution 50mg/2ml, 250mg/10ml, 1gm/40ml</i>	1	B/D PA
<i>methotrexate oral</i>	1	B/D PA
<i>mitomycin injection 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin injection 40 mg</i>	1	SP
<i>mitoxantrone</i>	1	
MONJUVI	2	PA; SP
<i>mycophenolate mofetil injection</i>	1	B/D PA; NM
<i>mycophenolate mofetil oral</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
MYLERAN	2	
MYLOTARG	2	PA; SP
NERLYNX	2	PA; LA; SP; QL (186 per 31 days)
NEXAVAR	2	PA; LA; SP; QL (124 per 31 days)
<i>nilutamide</i>	1	SP
NINLARO	2	PA; SP; QL (3 per 28 days)
NIPENT	2	SP
NUBEQA	2	PA; LA; SP; QL (124 per 31 days)
NULOJIX	2	B/D PA; SP
<i>octreotide injection 1,000mcg/ml, 500mcg/ml</i>	1	PA; SP
<i>octreotide injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
ODOMZO	2	PA; LA; SP; QL (31 per 31 days)
OGIVRI	2	PA; SP

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Drug Name	Drug Tier	Requirements /Limits
ONIVYDE	2	B/D PA; SP
ONUREG	2	PA; SP; QL (14 per 28 days)
OPDIVO	2	PA; SP
ORGOVYX	2	PA; SP; LA; QL (31 per 31 days)
<i>oxaliplatin injection</i> 100 mg, 50 mg/10 ml, 100 mg/20 ml, 200 mg/40 ml	1	
<i>oxaliplatin injection</i> 50 mg	1	NM
paclitaxel	1	
PADCEV	2	PA; SP
PEMAZYRE	2	PA; SP; LA; QL (14 per 21 days)
PERJETA	2	SP
PHESGO	2	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY	2	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY, 300 MG/DAY	2	PA; SP; QL (56 per 28 days)
POLIVY	2	PA, SP
POMALYST	2	PA; SP; QL (21 per 28 days)
PORTRAZZA	2	B/D PA; SP
POTELGEO	2	PA; SP
PROGRAF INJECTION	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
PROGRAF ORAL GRANULES	2	B/D PA
PURIXAN	2	NM; SP
QINLOCK	2	PA; SP; LA; QL (93 per 31 days)
RETEVMO ORAL CAPSULE 40 MG	2	PA; SP; LA; QL (186 per 31 days)
RETEVMO ORAL CAPSULE 80 MG	2	PA; SP; LA; QL (124 per 31 days)
REVLIMID	2	PA; LA; SP; QL; (28 per 28 days)
RITUXAN	2	PA; SP
ROMIDEPSIN	2	SP
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; SP; QL (155 per 31 days)
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; SP; QL (93 per 31 days)
RUBRACA	2	PA; LA; SP; QL (124 per 31 days)
RYDAPT	2	PA; SP; QL (224 per 28 days)
SANDIMMUNE ORAL SOLUTION	2	B/D PA
SANDOSTATIN LAR DEPOT	2	PA; SP
SARCLISA	2	PA; SP
SIGNIFOR	2	PA; SP; QL (62 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
SIMULECT INJECTION 10 MG	2	B/D PA; NM
SIMULECT INJECTION 20 MG	2	B/D PA
<i>sirolimus</i>	1	B/D PA
SOLTAMOX	2	SP
SOMATULINE DEPOT	2	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; SP; QL (31 per 31 days)
SPRYCEL ORAL TABLET 20 MG	2	PA; SP; QL (93 per 31 days)
SPRYCEL ORAL TABLET 70 MG	2	PA; SP; QL (62 per 31 days)
STIVARGA	2	PA; SP; QL (84 per 28 days)
SUTENT	2	PA; SP; QL (31 per 31 days)
SYLVANT	2	PA; SP
SYNRIBO	2	PA; SP
TABLOID	2	
TABRECTA	2	PA; SP; QL (124 per 31 days)
<i>tacrolimus oral</i>	1	B/D PA
TAFINLAR ORAL CAPSULE 50 MG	2	PA; SP; QL (186 per 31 days)
TAFINLAR ORAL CAPSULE 75 MG	2	PA; SP; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
TAGRISSO	2	PA; LA; SP; QL (31 per 31 days)
TALZENNA ORAL CAPSULE 0.25 MG	2	PA; SP; QL (93 per 31 days)
TALZENNA ORAL CAPSULE 1 MG	2	PA; SP; QL (31 per 31 days)
<i>tamoxifen</i>	1	
TARGETIN TOPICAL	2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; SP; QL (112 per 31 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA; SP; QL (434 per 31 days)
TAZVERIK	2	PA; LA; SP; QL (248 per 31 days)
TECENTRIQ	2	PA; SP
TEPMETKO	2	PA; SP; LA; (QL 62 per 31 days)
<i>temozolomide</i>	1	SP
<i>temsirolimus</i>	1	B/D PA; SP
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	2	PA; SP; QL (31 per 31 days)
THALOMID ORAL CAPSULE 150 MG,	2	PA; SP; QL (62 per 31 days)
<i>thiotepa injection 100 mg</i>	1	B/D PA; NM; SP
<i>thiotepa injection 15 mg</i>	1	B/D PA; SP

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Drug Name	Drug Tier	Requirements /Limits
TIBSOVO	2	PA; SP; QL (62 per 31 days)
<i>toposar</i>	1	
<i>topotecan injection 4 mg/ml</i>	1	SP
<i>topotecan injection 4 mg</i>	1	NM; SP
<i>toremifene</i>	1	SP
TREANDA INJECTION	2	PA; SP
TRELSTAR	2	B/D PA; SP
<i>tretinoin oral</i>	1	SP
TRODELVY	2	PA; SP
TUKYSA ORAL TABLET 150 MG	2	PA; LA; QL (124 per 31 days)
TUKYSA ORAL TABLET 50 MG	2	PA; LA; SP; QL (248 per 31 days)
TURALIO	2	PA; SP; LA; QL (124 per 31 days)
TYKERB	2	PA; LA; SP; QL (186 per 31 days)
UKONIQ	2	PA; LA; SP; QL (124 per 31 days)
UNITUXIN	2	SP
VECTIBIX	2	B/D PA; SP
VELCADE	2	PA; SP
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; SP; QL (124 per 31 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; SP; QL (31 per 31 days)
VENCLEXTA STARTING PACK	2	PA; LA; SP; QL (42 per 180 days)
VERZENIO	2	PA; LA; SP; QL (62 per 31 days)
<i>vinblastine</i>	1	B/D PA
<i>vincasar pfs</i>	1	B/D PA
<i>vincristine</i>	1	B/D PA
<i>vinorelbine</i>	1	
VITRAKVI ORAL CAPSULE 100 MG	2	PA; LA; SP; QL (62 per 31 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; LA; SP; QL (186 per 31 days)
VITRAKVI ORAL SOLUTION	2	PA; LA; SP; QL (300 per 30 days)
VIZIMPRO	2	PA; SP; QL (31 per 31 days)
VOTRIENT	2	PA; SP; QL (124 per 31 days)
VYXEOS	2	B/D PA; SP
XALKORI	2	PA; SP; QL (62 per 31 days)
XERMELO	2	PA; LA; SP; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
XOSPATA	2	PA; LA; SP; QL (93 per 31 days)
XPOVIO ORAL TABLET 100 MG WEEKLY	2	PA; LA; SP; QL (20 per 28 days)
XPOVIO ORAL TABLET 120 MG WEEKLY	2	PA; LA; SP; QL (24 per 28 days)
XPOVIO ORAL TABLET 160 MG WEEKLY	2	PA; LA; SP; QL (32 per 28 days)
XPOVIO ORAL TABLET 40 MG WEEKLY	2	PA; LA; SP; QL (8 per 28 days)
XPOVIO ORAL TABLET 60 MG WEEKLY	2	PA; LA; SP; QL (12 per 28 days)
XPOVIO ORAL TABLET 80 MG WEEKLY	2	PA; LA; SP; QL (16 per 28 days)
XTANDI ORAL TABLET 40 MG	2	PA; SP; QL (124 per 31 days)
XTANDI ORAL TABLET 80 MG	2	PA; SP; QL (62 per 31 days)
YERVOY	2	SP
YONDELIS	2	PA; SP
YONSA	2	PA; SP; QL (124 per 31 days)
ZALTRAP	2	PA; SP
ZANOSAR	2	
ZEJULA	2	PA; LA; SP; QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
ZELBORAF	2	PA; SP; QL (248 per 31 days)
ZEPZELCA	2	PA; SP
ZOLADEX	2	
ZOLINZA	2	PA; SP; QL (124 per 31 days)
ZORTRESS	2	B/D PA
ZYDELIG	2	PA; SP; QL (62 per 31 days)
ZYKADIA	2	PA; SP; QL (155 per 31 days)
ZYTIGA ORAL TABLET 500 MG	2	PA; SP; QL (62 per 31 days)

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH**

ANTICONVULSANTS

APTIOM ORAL CAPSULE 200MG, 400 MG	2	PA; QL (31 per 31 days)
APTIOM ORAL CAPSULE 600 MG, 800 MG	2	PA; QL (62 per 31 days)
BANZEL ORAL SUSPENSION	2	PA; QL (2480 per 31 days)
BANZEL ORAL TABLET 200 MG	2	PA; QL (186 per 31 days)
BANZEL ORAL TABLET 400 MG	2	PA; QL (248 per 31 days)
BRIVIACT INJECTION	2	PA; NM
BRIVIACT ORAL SOLUTION	2	PA; QL (600 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL TABLET	2	PA; QL (62 per 30 days)
<i>carbamazepine chewable tablet</i>	1	
<i>carbamazepine er oral capsule</i>	1	
<i>carbamazepine er oral tablet</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	NM
<i>carbamazepine oral tablet</i>	1	
CELONTIN	2	
<i>clobazam</i>	1	
<i>clonazepam disintegrating oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (93 per 31 days)
<i>clonazepam disintegrating oral tablet 2 mg</i>	1	QL (310 per 31 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (93 per 31 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (310 per 31 days)
<i>diazepam rectal</i>	1	
DIACOMIT	2	PA; SP
DILANTIN CAPSULE 30 MG	2	
<i>divalproex</i>	1	
EPIDIOLEX	2	PA; LA; SP
<i>epitol</i>	1	
EQUETRO	2	

Drug Name	Drug Tier	Requirements /Limits
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FINTEPLA	2	PA; SP; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	1	
FYCOMPA ORAL SUSPENSION	2	PA; QL (720 per 30 days)
FYCOMPA ORAL TABLET	2	PA; QL (31 per 31 days)
<i>gabapentin oral capsule</i>	1	QL (279 per 31 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	QL (2232 per 31 days)
<i>gabapentin oral solution 300 mg/6 ml</i>	1	NM; QL (2232 per 31 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (186 per 31 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (124 per 31 days)
<i>lamotrigine chewable tablet</i>	1	
<i>lamotrigine disintegrating oral tablet</i>	1	
<i>lamotrigine er oral tablet</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>levetiracetam injection</i>	1	
<i>levetiracetam er oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam in nacl 1,000 mg/100 ml, 1,500 mg/100 ml</i>	1	NM
<i>levetiracetam in nacl 500 mg/100 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral tablet</i>	1	
NAYZILAM	2	PA; SP
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenobarbital injection 130 mg/ml</i>	1	
<i>phenobarbital injection 65 mg/ml</i>	1	NM
<i>phenobarbital oral</i>	1	PA
<i>phenytoin chewable tablet</i>	1	
<i>phenytoin er capsule</i>	1	
<i>phenytoin injection</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	NM
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (93 per 31 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral solution</i>	1	QL (930 per 31 days)
<i>primidone</i>	1	
<i>roweepa xr</i>	1	NM
<i>roweepra</i>	1	
<i>rufinamide oral suspension</i>	1	PA; QL (2480 per 31 days)
SPRITAM ORAL TABLET 1000 MG	2	PA; QL (93 per 31 days)
SPRITAM ORAL TABLET 250 MG, 500 MG	2	PA; QL (62 per 31 days)
SPRITAM ORAL TABLET 750 MG	2	PA; QL (124 per 31 days)
<i>subventite oral tablet</i>	1	
<i>subventite starter kit</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	2	PA; SP; QL (62 per 31 days)
SYMPAZAN ORAL FILM 5 MG	2	PA; QL (62 per 31 days)
<i>tiagabine</i>	1	
<i>topiramate oral tablet</i>	1	PA
<i>topiramate sprinkle oral capsule</i>	1	PA
<i>valproate</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral solution 500 mg/10 ml</i>	1	NM
VALTOCO	2	PA; SP; QL (10 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
vigabatrin oral powder packet	1	PA; LA; SP; QL (186 per 31 days)
vigabatrin oral tablet	1	PA; LA; SP
vigadron	1	PA; LA; SP; QL (186 per 31 days)
VIMPAT INJECTION	2	
VIMPAT ORAL SOLUTION	2	QL (1200 per 30 days)
VIMPAT ORAL TABLET	2	QL (62 per 31 days)
XCOPRI MAINTENANCE DOSE PACK	2	PA; SP; QL (56 per 28 days)
XCOPRI ORAL TABLET 150 MG	2	PA; QL (62 per 31 days)
XCOPRI ORAL TABLET 200 MG	2	PA; SP; QL (62 per 31 days)
XCOPRI ORAL TABLET 50 MG, 100 MG	2	PA; QL (31 per 31 days)
XCOPRI TITRATION DOSE PACK	2	PA; QL (28 per 28 days)
zonisamide	1	PA
ANTIPARKINSONISM AGENTS		
APOKYN	2	PA; LA; SP; QL (60 per 30 days)
benztropine oral	1	PA
bromocriptine	1	
carbidopa-levodopa-entacapone	1	
carbidopa-levodopa	1	

Drug Name	Drug Tier	Requirements /Limits
carbidopa	1	
entacapone	1	
KYNMOBI	2	PA; NM; SP; QL (155 per 31 days)
NEUPRO	2	QL (31 per 31 days)
ONGENTYS	2	PA; QL (31 per days)
pramipexole er	1	
pramipexole	1	
rasagiline	1	
ropinirole er	1	
ropinirole	1	
selegiline	1	
tolcapone	1	SP
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	2	PA; QL (1.5 per 31 days)
AJOVY SYRINGE	2	PA; QL (1.5 per 30 days)
almotriptan	1	ST; QL (12 per 28 days)
dihydroergotamine nasal spray	1	SP; QL (8 per 28 days)
eletriptan	1	ST; QL (12 per 28 days)
EMGALITY INJECTION 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY INJECTION 300 MG/3 ML	2	PA; SP; QL (3 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
frovatriptan	1	ST; QL (18 per 28 days)
naratriptan	1	ST; QL (9 per 28 days)
<i>rizatriptan oral disintegrating tablet</i>	1	QL (12 per 28)
<i>rizatriptan oral tablet</i>	1	QL (12 per 28 days)
<i>sumatriptan injection</i>	1	QL (4 per 28 days)
<i>sumatriptan nasal spray</i>	1	QL (12 per 28 days)
<i>sumatriptan oral</i>	1	QL (9 per 28 days)
<i>zolmitriptan oral disintegrating tablet</i>	1	ST; QL (12 per 28 days)
<i>zolmitriptan oral tablet</i>	1	ST; QL (12 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	2	PA; SP; QL (31 per 31 days)
<i>dalfampridine</i>	1	PA; SP; QL (62 per 31 days)
<i>dimethyl fumarate oral capsule 120 mg</i>	1	PA; SP; QL (14 per 31 days)
<i>dimethyl fumarate oral capsule 240 mg</i>	1	PA; SP; QL (62 per 31 days)
<i>dimethyl fumarate oral capsule, dose pack</i>	1	PA; SP; QL (60 per 180 days)
<i>donepezil disintegrating oral tablet 10 mg</i>	1	QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>donepezil disintegrating oral tablet 5 mg</i>	1	QL (31 per 31 days)
FIRDAPSE	2	PA; SP; QL (248 per 31 days)
<i>galantamine er oral capsule</i>	1	QL (31 per 31 days)
<i>galantamine oral solution</i>	1	QL (186 per 31 days)
<i>galantamine oral tablet</i>	1	QL (62 per 31 days)
GILENYA	2	PA; SP; QL (31 per 31 days)
<i>glatiramer injection 20 mg/ml</i>	1	PA; SP; QL (30 per 30 days)
<i>glatiramer injection 40 mg/ml</i>	1	SP; QL (12 per 28 days)
<i>glatopa injection 20 mg/ml</i>	1	PA; SP; QL (30 per 30 days)
<i>glatopa injection 40 mg/ml</i>	1	SP; QL (12 per 28 days)
LEMTRADA	2	PA; SP
MAYZENT ORAL TABLET 0.25 MG	2	PA; SP; QL (124 per 31 days)
MAYZENT ORAL TABLET 2 MG	2	PA; SP; QL (31 per 31 days)
MAYZENT 1 MG STARTER PACK	2	PA; SP; QL (7 per 180 days)
MAYZENT 2 MG STARTER PACK	2	PA; SP; QL (12 per 180 days)
<i>memantine oral solution</i>	1	PA; QL (310 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral tablet 10 mg</i>	1	PA; QL (62 per 31 days)
<i>memantine oral tablet 5 mg</i>	1	PA; QL (93 per 31 days)
MEMANTINE ORAL TABLET, DOSE PACK	2	
NUEDEXTA	2	PA; SP; QL (62 per 31 days)
OCREVUS	2	PA; SP
RADICAVA	2	PA; SP
<i>rivastigmine capsule</i>	1	QL (62 per 31 days)
<i>rivastigmine patch</i>	1	QL (31 per 31 days)
TECFIDERA ORAL CAPSULE 240 MG	2	PA; SP; QL (62 per 31 days)
TECFIDERA ORAL CAPSULE, DOSE PACK	2	PA; SP; QL (60 per 180 days)
TEFCIDRA ORAL CAPSULE 120 MG	2	PA; SP; QL (14 per 31 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; SP; QL (93 per 31 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; SP; QL (124 per 31 days)
TYSABRI	2	PA; SP
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen intrathecal</i>	1	B/D PA
<i>baclofen oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA
<i>dantrolene oral</i>	1	
<i>pyridostigmine er tablet</i>	1	
<i>pyridostigmine oral syrup</i>	1	SP
<i>pyridostigmine oral tablet</i>	1	
<i>tizanidine oral tablet</i>	1	
ZEPOSIA	2	PA; SP; QL (31 per 31 days)
ZEPOSIA 0.23-0.46 MG STARTER PACK	2	PA; SP; QL (37 per 180 days)
ZEPOSIA 0.23-0.46-0.92 MG STARTER PACK	2	PA; SP; QL (7 per 180 days)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution</i>	1	NM; QL (4650 per 31 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (372 per 31 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (186 per 31 days)
<i>buprenorphine injection syringe</i>	1	NM; QL (276 per 31 days)
<i>buprenorphine injection vial</i>	1	QL (276 per 31 days)
<i>buprenorphine sublingual tablet</i>	1	QL (93 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
BUPRENORPHINE TRANSDERMAL PATCH 7.5 MG/HOUR	2	PA; QL (4 per 28 days)
<i>buprenorphine transdermal patch 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5mcg/hr</i>	1	PA; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH 7.5 MG/HOUR	2	PA; QL (4 per 28 days)
<i>codeine oral tablet</i>	1	QL (186 per 31 days)
<i>duramorph injection 10 mg/10 ml</i>	1	NM; QL (2067 per 31 days)
<i>duramorph injection 5 mg/10 ml</i>	1	QL (4134 per 31 days)
<i>endocet</i>	1	QL (372 per 31 days)
<i>fentanyl buccal lozenge 1,200 mcg</i>	1	PA; SP; QL (40 per 31 days)
<i>fentanyl buccal lozenge 1,600 mcg</i>	1	PA; SP; QL (30 per 31 days)
<i>fentanyl buccal lozenge 200 mcg</i>	1	PA; SP; QL (124 per 31 days)
<i>fentanyl buccal lozenge 400 mcg</i>	1	PA; SP; QL (120 per 31 days)
<i>fentanyl buccal lozenge 600 mcg</i>	1	PA; SP; QL (80 per 31 days)
<i>fentanyl buccal lozenge 800 mcg</i>	1	PA; SP; QL (60 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl transdermal patch</i>	1	PA; QL (10 per 30 days)
<i>hydrocodone- acetaminophen oral solution 10-325 mg/15 ml</i>	1	NM; QL (5735 per 31 days)
<i>hydrocodone- acetaminophen oral solution 2.5-108 mg/5 ml, 5-217 mg/10 ml, 7.5-325 mg/15 ml</i>	1	QL (5735 per 31 days)
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5- 300 mg, 7.5-325 mg</i>	1	QL (372 per 31 days)
<i>hydrocodone- acetaminophen oral tablet 2.5-325 mg</i>	1	NM; QL (372 per 31 days)
<i>hydromorphone injection (syringe) 1 mg/ml</i>	1	NM; QL (2480 per 31 days)
<i>hydromorphone injection (syringe) 4 mg/ml</i>	1	QL (620 per 31 days)
<i>hydromorphone injection 10 mg/ml, 50 mg/5 ml, 500 mg/50 ml</i>	1	QL (248 per 31 days)
<i>hydromorphone injection 2 mg/ml</i>	1	NM; QL (1240 per 31 days)
<i>hydromorphone oral liquid</i>	1	QL (1550 per 31 days)
<i>hydromorphone oral tablet</i>	1	QL (186 per 31 days)
<i>lorcet plus</i>	1	QL (372 per 31 days)

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 This drug list was last updated on 06/24/2021.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
lorcet	1	QL (372 per 31 days)	morphine er oral tablet 15 mg, 30 mg	1	PA; QL (124 per 31 days)
methadone injection	1	NM; QL (155 per 31 days)	morphine er oral tablet 200 mg	1	PA; QL (31 per 31 days)
methadone intensol	1	PA; QL (93 per 31 days)	morphine er oral tablet 60 mg	1	PA; QL (103 per 31 days)
methadone oral concentrate	1	PA; QL (93 per 31 days)	morphine injection (syringe) 2 mg/ml	1	QL (1033 per 31 days)
methadone oral solution 10 mg/5 ml	1	PA; QL (620 per 31 days)	morphine injection (syringe) 5 mg/ml	1	NM; QL (413 per 31 days)
methadone oral solution 5 mg/5 ml	1	PA; QL (1240 per 31 days)	morphine injection 0.5 mg/ml	1	NM; QL (4133 per 31 days)
methadone oral tablet 10 mg	1	PA; QL (124 per 31 days)	morphine injection 1 mg/ml	1	QL (2066 per 31 days)
methadone oral tablet 5 mg	1	PA; QL (248 per 31 days)	morphine injection 10 mg/ml	1	QL (206 per 31 days)
methadose oral concentrate	1	PA; QL (248 per 31 days)	morphine injection 4 mg/ml	1	QL (516 per 31 days)
morphine concentrate oral solution	1	QL (310 per 31 days)	morphine injection 8 mg/ml	1	NM; QL (258 per 31 days)
morphine er oral capsule 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL (62 per 31 days)	morphine oral solution	1	QL (930 per 31 days)
morphine er oral capsule 120 mg	1	PA; QL (52 per 31 days)	morphine oral tablet	1	QL (186 per 31 days)
morphine er oral pellet capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	PA; QL (93 per 31 days)	oxycodone oral capsule	1	QL (372 per 31 days)
morphine er oral pellet capsule 100 mg	1	PA; QL (62 per 31 days)	oxycodone oral concentrate	1	QL (186 per 31 days)
morphine er oral pellet capsule 80 mg	1	PA; QL (78 per 31 days)	oxycodone oral solution	1	QL (1240 per 31 days)
morphine er oral tablet 100 mg	1	PA; QL (62 per 31 days)	OXYCODONE ORAL SYRINGE	1	NM; QL (186 per 31 days)
			oxycodone oral tablet 10 mg, 15 mg, 20 mg	1	QL (186 per 31 days)
			oxycodone oral tablet 30 mg	1	QL (138 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
oxycodone oral tablet 5 mg	1	QL (372 per 31 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (372 per 31 days)
oxycodone-aspirin	1	QL (372 per 31 days)
oxymorphone er oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA; QL (93 per 31 days)
oxymorphone er oral tablet 30 mg	1	PA; QL (69 per 31 days)
oxymorphone er oral tablet 40 mg	1	PA; QL (52 per 31 days)
oxymorphone oral tablet 10 mg	1	QL (207 per 31 days)
oxymorphone oral tablet 5 mg	1	QL (186 per 31 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	1	QL (62 per 31 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (93 per 31 days)
buprenorphine-naloxone sublingual tablet	1	QL (93 per 31 days)
butorphanol injection 1 mg/ml	1	QL (885 per 31 days)
butorphanol injection 2 mg/ml	1	QL (442 per 31 days)
butorphanol nasal spray	1	QL (5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
celecoxib	1	QL (62 per 31 days)
diclofenac potassium	1	
diclofenac sodium oral	1	
diclofenac sodium topical drops	1	PA; QL (300 per 30 days)
diclofenac sodium topical gel 1 %	1	PA; QL (1000 per 30 days)
diclofenac-misoprostol	1	
diflunisal	1	
ec-naproxen	1	
etodolac er	1	
etodolac	1	
flurbiprofen	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibu	1	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (31 per 31 days)
nabumetone	1	
nalbuphine injection 10 mg/ml, 100 mg/10ml	1	QL (206 per 31)
nalbuphine injection 20 mg/ml, 200 mg/10 ml	1	QL (103 per 41 days)
naloxone 0.4 mg/ml, 2mg/2ml, 4mg/10ml injection	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>naltrexone</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen</i>	1	
NARCAN NASAL SPRAY	2	QL (2 per 30 days)
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tramadol er oral tablet</i>	1	QL (31 per 31 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (248 per 31 days)
<i>tramadol-acetaminophen</i>	1	QL (248 per 31 days)
VIVITROL	2	SP
PSYCHOTHERAPEUTIC DRUGS		
ABILITY MAINTENA	2	SP; QL (1 per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (93 per 31 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (155 per 31 days)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>aripiprazole oral solution</i>	1	ST; QL (930 per 31 days)
<i>aripiprazole oral tablet</i>	1	ST; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole disintegrating oral tablet</i>	1	ST; QL (62 per 31 days)
ARISTADA ER 1064 MCG/3.9 ML INJECTION	2	SP; QL (3.9 per 56 days)
ARISTADA ER 441 MCG/1.6 ML INJECTION	2	SP; QL (1.6 per 28 days)
ARISTADA ER 662 MCG/2.4 ML INJECTION	2	SP; QL (2.4 per 28 days)
ARISTADA ER 882 MCG/3.2 ML INJECTION	2	SP; QL (3.2 per 28 days)
ARISTADA INITIO ER 675 MCG/2.4 ML INJECTION	2	SP; QL (2.4 per 180 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (31 per 31 days)
<i>asenaprine</i>	1	PA; SP; QL (62 per 31 days)
<i>atomoxetine</i>	1	QL (31 per 31 days)
<i>bupropion oral tablet</i>	1	
<i>bupropion er oral tablet 100 mg, 150 mg</i>	1	QL (93 per 31 days)
<i>bupropion er oral tablet 200 mg</i>	1	QL (62 per 31 days)
<i>bupropion xl oral tablet 150 mg</i>	1	QL (93 per 31 days)
<i>bupropion xl oral tablet 300 mg</i>	1	QL (31 per 31 days)
<i>buspirone</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
CAPLYTA	2	PA; SP; QL (31 per 31 days)
<i>chlordiazepoxide</i>	1	PA; QL (124 per 31 days)
<i>chlorpromazine</i>	1	
<i>citalopram oral solution</i>	1	QL (620 per 31 days)
<i>citalopram oral tablet</i>	1	QL (31 per 31 days)
<i>clomipramine</i>	1	PA
<i>clonidine er oral tablet</i>	1	
<i>clorazepate oral tablet 15 mg</i>	1	PA; QL (186 per 31 days)
<i>clorazepate oral tablet 3.75 mg, 7.5 mg</i>	1	PA; QL (124 per 31 days)
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	QL (279 per 31 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (120 per 31 days)
<i>clozapine oral tablet 50 mg</i>	1	QL (186 per 31 days)
<i>clozapine disintegrating oral tablet 100 mg, 25 mg</i>	1	NM; QL (279 per 31 days)
<i>clozapine distintegrating oral tablet 12.5 mg</i>	1	NM; QL (93 per 31 days)
CLOZAPINE DISINTEGRATING ORAL TABLET 150 MG	3	ST; NM; QL (186 per 31 days)
CLOZAPINE DISINTEGRATING ORAL TABLET 200 MG	3	ST; NM; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>desipramine</i>	1	
DESVENLAFAKIN E ER ORAL TABLET	2	ST; QL (31 per 31 days)
<i>desvenlafaxine succinate er oral tablet</i>	1	ST; QL (31 per 31 days)
<i>dexamethylphenidate oral tablet</i>	1	QL (62 per 31 days)
<i>dextroamphetamine er oral capsule 10 mg, 15 mg</i>	1	QL (124 per 31 days)
<i>dextroamphetamine er oral capsule 5 mg</i>	1	QL (93 per 31 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	QL (186 per 31 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	QL (93 per 31 days)
<i>dextroamphetamine-amphetamine er oral capsule</i>	1	QL (31 per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (62 per 31 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (93 per 31 days)
<i>diazepam injection (vial)</i>	1	PA; NM
<i>diazepam injection (syringe)</i>	1	PA
<i>diazepam oral concentrate</i>	1	PA; QL (248 per 31 days)
<i>diazepam oral solution 5 mg/5 ml</i>	1	PA; QL (1240 per 31 days)
<i>diazepam oral tablet</i>	1	PA; QL (124 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
DRIZALMA (covered for the following indications: major depressive disorder and generalized anxiety disorder)	2	PA; QL (62 per 31 days)
<i>duloxetine</i>	1	QL (62 per 31 days)
EMSAM	2	PA; SP; QL (31 per 31 days)
<i>ergoloid</i>	1	
<i>escitalopram oral solution</i>	1	QL (620 per 31 days)
<i>escitalopram oral tablet</i>	1	QL (31 per 31 days)
<i>eszopiclone</i>	1	QL (31 per 31 days)
FANAPT ORAL TABLET	2	PA; QL (62 per 31 days)
FANAPT ORAL TABLETS, DOSE PACK	2	PA; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, DOSE PACK	2	ST; QL (28 per 180 days)
FETZIMA ORAL CAPSULE	2	ST; QL (31 per 31 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	1	QL (31 per 31 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (62 per 31 days)
<i>fluoxetine er oral capsule</i>	1	QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral solution</i>	1	QL (620 per 31 days)
<i>fluoxetine oral tablet 60 mg</i>	1	ST; QL (31 per 31 days)
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine er oral capsule</i>	1	ST; QL (62 per 31 days)
<i>fluvoxamine oral tablet</i>	1	QL (93 per 31 days)
GEODON INJECTION	2	QL (62 per 31 days)
<i>guanidine</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	
HETLIOZ ORAL CAPSULE	2	PA; SP; QL (31 per 31 days)
<i>imipramine</i>	1	
INVEGA SUSTENNA INJECTION 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	2	SP
INVEGA SUSTENNA INJECTION 39 MG/0.25 ML	2	
INVEGA TRINZA	2	

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Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; QL (31 per 31 days)
LATUDA ORAL TABLET 80 MG	2	PA; QL (62 per 31 days)
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam injection (vial)</i>	1	PA
<i>lorazepam injection (syringe) 2 mg/ml</i>	1	PA
<i>lorazepam injection (syringe) 4 mg/ml</i>	1	PA; NM
<i>lorazepam intensol</i>	1	PA; QL (155 per 31 days)
<i>lorazepam oral concentrate</i>	1	PA; QL (155 per 31 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (93 per 31 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; QL (155 per 31 days)
<i>loxapine</i>	1	
<i>maprotiline</i>	1	
MARPLAN	2	
<i>metadate er</i>	1	NM; QL (93 per 31 days)
<i>methylphenidate er oral capsule, 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (31 per 31 days)
<i>methylphenidate er oral capsule 30 mg</i>	1	QL (62 per 31 days)
<i>methylphenidate oral solution 10 mg/5 ml</i>	1	QL (930 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate oral solution 5 mg/5 ml</i>	1	QL (1860 per 31 days)
<i>methylphenidate oral tablet</i>	1	QL (93 per 31 days)
<i>methylphenidate er oral tablet</i>	1	QL (93 per 31 days)
<i>methylphenidate er oral tablet 18 mg, 27 mg, 54 mg</i>	1	QL (31 per 31 days)
<i>methylphenidate er oral tablet 36 mg</i>	1	QL (62 per 31 days)
<i>methylphenidate chewable tablet 10 mg</i>	1	QL (186 per 31 days)
<i>methylphenidate chewable tablet 2.5 mg, 5 mg</i>	1	QL (93 per 31 days)
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	PA; QL (31 per 31 days)
<i>molindone</i>	1	
<i>nefazodone</i>	1	
<i>nortriptyline</i>	1	
NUPLAZID ORAL CAPSULE	2	PA; QL (31 per 31 days)
NUPLAZID ORAL TABLET 10 MG	2	PA; QL (31 per 31 days)
<i>olanzapine injection</i>	1	QL (31 per 31 days)
<i>olanzapine oral tablet</i>	1	QL (31 per 31 days)
<i>olanzapine disintegrating oral tablet</i>	1	ST; QL (31 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	ST; QL (31 per 31 days)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	1	ST; QL (93 per 31 days)
<i>oxazepam</i>	1	PA; QL (124 per 31 days)
<i>paliperidone er oral tablet 1.5 mg, 3 mg, 9 mg</i>	1	ST; QL (31 per 31 days)
<i>paliperidone er oral tablet 6 mg</i>	1	ST; QL (62 per 31 days)
<i>paroxetine oral tablet 10 mg, 20 mg</i>	1	QL (93 per 31 days)
<i>paroxetine oral tablet 30 mg</i>	1	QL (62 per 31 days)
<i>paroxetine oral tablet 40 mg</i>	1	QL (47 per 31 days)
<i>paroxetine er oral 25 mg</i>	1	ST; QL (93 per 31 days)
<i>paroxetine er oral tablet 12.5 mg, 37.5 mg</i>	1	ST; QL (62 per 31 days)
<i>PAXIL ORAL SUSPENSION</i>	2	ST; QL (930 per 31 days)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>protriptyline</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (62 per 31 days)
<i>quetiapine er oral tablet 150 mg, 200 mg</i>	1	ST, QL (31 per 31 days)
<i>quetiapine er oral tablet 300 mg, 400 mg, 50 mg</i>	1	ST; QL (62 per 31 days)
<i>ramelteon</i>	1	QL (31 per 31 days)
<i>REXULTI</i>	2	PA; QL (31 per 31 days)
<i>RISPERDAL CONSTA INJECTION 12.5 MG/2 ML, 25 MG/2 ML</i>	2	
<i>RISPERDAL CONSTA INJECTION 37.5 MG/2 ML, 50 MG/2 ML</i>	2	SP
<i>risperidone oral solution</i>	1	QL (248 per 31 days)
<i>risperidone oral tablet</i>	1	QL (62 per 31 days)
<i>risperidone disintegrating oral tablet</i>	1	QL (62 per 31 days)
<i>SAPHRIS</i>	2	PA; SP; QL (62 per 31 days)
<i>SECUADO</i>	2	PA; NM; SP; QL (31 per 31 days)
<i>sertraline oral solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral tablet 100 mg, 25 mg</i>	1	QL (62 per 31 days)
<i>sertraline oral tablet 50 mg</i>	1	QL (93 per 31 days)
<i>temazepam</i>	1	PA; QL (31 per 31 days)
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	2	ST; QL (31 per 31 days)
<i>venlafaxine er oral capsule 150 mg</i>	1	QL (62 per 31 days)
<i>venlafaxine er oral capsule 37.5 mg</i>	1	QL (31 per 31 days)
<i>venlafaxine er oral capsule 75 mg</i>	1	QL (93 per 31 days)
<i>venlafaxine er oral tablet 225 mg</i>	3	QL (31 per 31 days)
<i>venlafaxine oral tablet</i>	1	QL (93 per 31 days)
<i>venlafaxine er oral tablet 225 mg</i>	3	QL (31 per 31 days)
VERSACLOZ	2	ST; NM; QL (558 per 31 days)
VIIBRYD ORAL TABLET	2	ST; QL (31 per 31 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG – 20 MG	2	ST; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE	2	PA; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE, DOSE PACK	2	PA; QL (7 per 180 days)
VYVANSE	2	QL (31 per 31 days)
XYREM	2	PA; LA; SP; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (62 per 31 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (31 per 31 days)
<i>ziprasidone oral capsule</i>	1	QL (62 per 31 days)
<i>ziprasidone injection</i>	1	NM; QL (62 per 31)
<i>zolpidem oral tablet</i>	1	QL (31 per 31 days)
ZYPREXA RELPREVV INJECTION 210 MG	2	
ZYPREXA RELPREVV INJECTION 300 MG, 405 MG	2	SP

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1
<i>dofetilide</i>	1
<i>flecainide</i>	1
<i>mexiletine</i>	1
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1
<i>propafenone</i>	1

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Drug Name	Drug Tier	Requirements /Limits
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate oral</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sorine oral tablet 240 mg</i>	1	NM
<i>sotalol af</i>	1	
<i>sotalol</i>	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	3	
<i>aliskiren</i>	1	ST; QL (31 per 31 days)
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	ST; QL (31 per 31 days)
<i>amlodipine-valsartan</i>	1	ST; QL (31 per 31 days)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	ST; QL (31 per 31 days)
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	2	QL (168 per 31 days)
<i>bisoprolol</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>candesartan</i>	1	ST; QL (31 per 31 days)
<i>candesartan-hydrochlorothiazide</i>	1	ST; QL (31 per 31 days)
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM LA ORAL TABLET 120 MG	3	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine patch</i>	1	QL (4 per 28 days)
<i>clonidine oral tablet</i>	1	
DEMSER	2	PA; SP
<i>diltiazem oral</i>	1	
<i>diltiazem er</i>	1	
<i>dilt-xr</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (31 per 31 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (62 per 31 days)
<i>enalapril</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol</i>	1	B/D PA
<i>ethacrynic acid</i>	1	SP
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	1	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	1	NM
<i>furosemide oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (31 per 31 days)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (31 per 31 days)
<i>isradipine</i>	1	
<i>labetalol oral</i>	1	
<i>amipril l</i>	1	
<i>amipril l-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (31 per 31 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (31 per 31 days)
<i>matzim la</i>	1	
<i>methyclothiazide</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine</i>	1	PA; SP
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	ST; QL (31 per 31 days)
<i>olmesartan oral tablet 5 mg</i>	1	ST; QL (62 per 31 days)
<i>olmesartan-amldipine-hydrochlorothiazide</i>	1	ST; QL (31 per 31 days)
<i>olmesartan-hydrochlorothiazide</i>	1	ST; QL (31 per 31 days)
<i>perindopril</i>	1	
<i>phenoxybenzamine</i>	1	PA; SP
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<i>propranolol oral</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>propranolol-hydrochlorothiazide</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone-hydrochlorothiazide</i>	1	
<i>taztia xt</i>	1	
<i>telmisartan</i>	1	ST; QL (31 per 31 days)
<i>telmisartanamlodipine</i>	1	ST; QL (31 per 31 days)
<i>telmisartanhydrochlorothiazide 40-12.5 mg, 80-25 mg</i>	1	ST; QL (31 per 31 days)
<i>telmisartanhydrochlorothiazide 80-12.5 mg</i>	1	ST; QL (31 per 31 days)
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (31 per 31 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (62 per 31 days)
<i>tiadylt er</i>	1	NM
<i>timolol oral</i>	1	
<i>torsemide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil</i>	1	PA; SP
<i>triamterene-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>UPTRAVI ORAL TABLET</i>	2	PA; LA; SP; QL (62 per 31 days)
<i>UPTRAVI ORAL TABLETS, DOSE PACK</i>	2	PA; LA; SP; QL (200 per 180 days)
<i>valsartan oral tablet 160 mg</i>	1	ST; QL (62 per 31 days)
<i>valsartan oral tablet 320 mg, 40 mg, 80 mg</i>	1	ST; QL (31 per 31 days)
<i>valsartanhydrochlorothiazide</i>	1	QL (31 per 31 days)
<i>verapamil oral</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral</i>	1	SP
<i>aspirin-dipyridamole</i>	1	
<i>BRILINTA</i>	2	QL (62 per 31 days)
<i>CABLIVI</i>	2	PA; LA; SP
<i>CEPROTIN</i>	2	SP
<i>cilostazol</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL (1 per 31 days)
<i>clopidogrel oral tablet 75 mg</i>	1	QL (31 per 31 days)
<i>dipyridamole oral</i>	1	
<i>ELIQUIS ORAL TABLET</i>	2	QL (62 per 31 days)
<i>ELIQUIS ORAL TABLETS, DOSE PACK</i>	2	QL (74 per 180 days)
<i>enoxaparin injection 100 mg/ml, 150 mg/ml</i>	1	QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
enoxaparin injection 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (22.4 per 28 days)
enoxaparin injection 30 mg/0.3 ml, 60 mg/0.6 ml	1	QL (16.8 per 28 days)
enoxaparin injection 300 mg /3 ml	1	SP
enoxaparin injection 40 mg /0.4 ml	1	QL (11.2 per 28 days)
fondaparinux injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	1	SP
fondaparinux injection 2.5mg/0.5ml	1	
heparin 0.45% nacl 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin in dextrose 20,000 unit/500 ml	1	NM
heparin in dextrose 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin in nacl	1	NM
heparin injection	1	
heparin lock flush	1	
jantoven	1	
MULPLETA	2	PA; SP; QL (7 per 7 days)
NPLATE	2	PA; SP
pentoxifylline	1	
phytonadione oral	1	
prasugrel	1	QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
PRADAXA	3	QL (62 per 31 days)
PROMACTA ORAL POWDER PACKET	2	PA; LA; SP; QL (186 per 31 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	2	PA; LA; SP; QL (31 per 31 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; LA; SP; QL (62 per 31 days)
warfarin	1	
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (31 per 31 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (62 per 31 days)
XARELTO ORAL TABLETS, DOSE PACK	2	QL (51 per 180 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine- atorvastatin	1	QL (31 per 31 days)
atorvastatin	1	QL (31 per 31 days)
cholestyramine light	1	
cholestyramine	1	
colesevelam	1	
colestipol	1	
ezetimibe- simvastatin	1	QL (31 per 31 days)
ezetimibe	1	QL (31 per 31 days)
fenofibrate micronized	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate nanocrystallized oral tablet 48 mg, 145 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (31 per 31 days)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (62 per 31 days)
<i>gemfibrozil</i>	1	
<i>icosapent</i>	1	PA; QL (124 per 31 days)
JUXTAPID	2	PA; LA; SP; QL (31 per 31 days)
<i>lovastatin oral tablet 10 mg</i>	1	QL (31 per 31 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (62 per 31 days)
<i>niacin er</i>	1	
NIACOR	2	
<i>omega-3 acid ethyl esters</i>	1	PA; QL (124 per 31 days)
PRALUENT	2	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	QL (31 per 31 days)
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA	2	PA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>rosuvastatin</i>	1	ST; QL (31 per 31 days)
<i>simvastatin</i>	1	QL (31 per 31 days)
VASCEPA ORAL CAPSULE 0.5 GM	2	PA; QL (248 per 31 days)
VASCEPA ORAL CAPSULE 1 GM	2	PA; QL (124 per 31 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	2	PA; NM; QL (465 per 31 days)
CORLANOR ORAL TABLET	2	PA; QL (62 per 31 days)
<i>digitek</i>	1	QL (31 per 31 days)
<i>digoxin oral solution</i>	1	QL (155 per 31 days)
<i>digoxin oral tablet</i>	1	QL (31 per 31 days)
<i>digox</i>	1	QL (31 per 31 days)
ENTRESTO	2	QL (62 per 31 days)
LANOXIN ORAL TABLET 62.5 MCG	3	QL (31 per 31 days)
<i>ranolazine</i>	2	QL (62 per 31 days)
VYNDAQEL	2	PA; SP; QL (124 per 31 days)
NITRATES		
<i>isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin spray</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch</i>	1	QL (31 per 31 days)

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	
<i>calcipotriene</i>	1	QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	QL (400 per 28 days)
<i>calcitriol topical</i>	1	
COSENTYX	2	PA; SP
<i>selenium sulfide topical lotion</i>	1	
SKYRIZI	2	PA; SP
STELARA INJECTION 130 MG/26 ML	2	PA; SP
STELARA INJECTION 45 MG	2	PA; QL (0.5 per 28 days)
STELARA INJECTION 90 MG	2	PA; QL (1 per 28 days)
TACLONEX TOPICAL SUSPENSION	3	SP; QL (400 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 28 days)
<i>doxepin topical</i>	1	SP; QL (45 per 30 days)
DUPIXENT INJECTION 200 MG/1.14 ML	2	PA; SP; QL (4.56 per 28 days)
DUPIXENT INJECTION 300 MG/2 ML	2	PA; SP; QL (8 per 28 days)
<i>fluorouracil topical cream 0.5 %</i>	2	PA; SP; QL (30 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>imiquimod topical cream 5%</i>	1	QL (24 per 31 days)
<i>lidocaine injection 0.5% 1%, 2%, 4%</i>	1	
<i>lidocaine injection 1.5 %</i>	1	NM
<i>lidocaine jelly</i>	1	QL (60 per 31 days)
<i>lidocaine non-oral solution 4 %</i>	1	
<i>lidocaine patch</i>	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	QL (36 per 30 days)
<i>lidocaine viscous</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-epinephrine injection 0.5 %, 1.5 %, 2 %</i>	1	NM
<i>lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (60 per 31 days)
<i>methoxsalen</i>	1	SP
PANRETIN	2	SP
PICATO TOPICAL GEL 0.015%	2	SP; QL (3 per 31 days)
PICATO TOPICAL GEL 0.05%	2	SP; QL (2 per 31 days)
<i>pimecrolimus</i>	1	PA; QL (100 per 31 days)
<i>podofilox</i>	1	
<i>prodoxin</i>	1	QL (45 per 30 days)
REGRANEX	2	PA; SP
SANTYL	2	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>tacrolimus topical</i>	1	PA; QL (100 per 31 days)
VALCHLOR	2	PA; SP
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	1	PA
<i>adapalene topical gel</i>	1	PA
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>claravis</i>	1	
<i>clindamycin topical gel</i>	1	QL (120 per 31 days)
<i>clindamycin topical lotion</i>	1	QL (120 per 31 days)
<i>clindamycin topical solution</i>	1	QL (120 per 31 days)
<i>clindamycin topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin topical</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin</i>	1	
<i>metronidazole topical</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	
<i>rosadan gel</i>	1	
<i>tazarotene</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL	2	PA; QL (100 per 31 days)
<i>tretinooin topical</i>	1	PA
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
sulfacetamide sodium	1	
SULFAMYLYON TOPICAL CREAM	2	
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	
ciclopirox topical cream	1	QL (90 per 28 days)
ciclopirox topical gel	1	QL (45 per 28 days)
ciclopirox topical shampoo	1	QL (120 per 28 days)
ciclopirox topical solution	1	
ciclopirox topical suspension	1	QL (60 per 28 days)
clotrimazole topical cream	1	QL (45 per 28 days)
clotrimazole topical solution	1	QL (30 per 28 days)
clotrimazole- betamethasone topical cream	1	QL (45 per 28 days)
clotrimazole- betamethasone topical lotion	1	QL (60 per 28 days)
econazole	1	QL (85 per 28 days)
ketoconazole topical cream	1	QL (60 per 28 days)
ketoconazole topical shampoo	1	QL (120 per 28 days)
nyamyc	1	
nystatin topical cream	1	QL (30 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
nystatin topical ointment	1	QL (30 per 28 days)
nystatin topical powder	1	
nystatin- triamcinolone	1	QL (60 per 28 days)
nystop	1	
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	QL (30 per 30 days)
DENAVIR	2	SP
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %, 2.5%	1	
alclometasone	1	
beser	1	
betamethasone dipropionate	1	
betamethasone valerate	1	
betamethasone, augmented	1	
clobetasol scalp	1	QL (120 per 28 days)
clobetasol topical cream	1	QL (120 per 28 days)
clobetasol topical foam	1	QL (120 per 28 days)
clobetasol topical gel	1	QL (120 per 28 days)
clobetasol topical lotion	1	QL (120 per 28 days)
clobetasol topical ointment	1	QL (120 per 28 days)
clobetasol topical shampoo	1	QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol-emollient</i>	1	QL (120 per 28 days)
<i>clodan</i>	1	QL (120 per 28 days)
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	
<i>desoximetasone topical gel</i>	1	
<i>desoximetasone topical ointment</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinolone</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 per 31 days)
<i>fluocinonide topical gel</i>	1	QL (120 per 31 days)
<i>fluocinonide topical ointment</i>	1	QL (120 per 31 days)
<i>fluocinonide topical solution</i>	1	QL (120 per 31 days)
<i>fluocinonide-emollient</i>	1	QL (120 per 31 days)
<i>fluticasone topical</i>	1	
<i>halobetasol topical cream</i>	1	
<i>halobetasol topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	
<i>hydrocortisone butyrate-emollient</i>	1	
<i>hydrocortisone topical cream 1%, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone topical</i>	1	
<i>prednicarbate</i>	1	
<i>tovet</i>	1	NM; QL (120 per 28 days)
<i>triamcinolone topical cream</i>	1	
<i>triamcinolone topical lotion</i>	1	
<i>triamcinolone topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	
<i>permethrin topical cream</i>	1	
DIAGNOSTICS / MISCELLANEOUS AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>ringer's irrigation</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
<i>anagrelide</i>	1	
ARALAST NP 1,000 MG	2	PA; LA; SP
ARALAST NP 500 MG	2	PA; SP
<i>bacteriostatic water</i>	1	
CARBAGLU	2	LA; SP
<i>cevimeline</i>	1	
CHEMET	2	PA
CLINIMIX 4.25%- 5%	2	B/D PA; NM
CLINIMIX E 2.75%-5%	2	B/D PA; NM
<i>clovique</i>	1	PA; NM; SP
<i>deferasirox oral dispersible tablet</i>	1	PA; SP
<i>deferasirox oral tablet</i>	1	PA; SP
<i>deferiprone</i>	1	PA; SP
<i>dextrose 10 %- 0.2 % sodium chloride</i>	1	NM
<i>dextrose 10 % in water</i>	1	
<i>dextrose 10 %-0.45 % sodium chloride</i>	1	NM
<i>dextrose 2.5 %-0.45 % sodium chloride</i>	1	NM

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 20 % in water</i>	1	NM
<i>dextrose 25 % in water</i>	1	NM
<i>dextrose 30 % in water)</i>	1	NM
<i>dextrose 40 % in water</i>	1	NM
<i>dextrose 5 % in lactated ringers</i>	1	
<i>dextrose 5 % in water</i>	1	
<i>dextrose 5 %-0.45 % sodium chloride</i>	1	
<i>dextrose 5 %-0.9 % sodium chloride</i>	1	
<i>dextrose 5%-0.2 % sodium chloride</i>	1	NM
<i>dextrose 5%-0.225 % sodium chloride</i>	1	NM
<i>dextrose 5%-0.3 % sodium chloride</i>	1	NM
<i>dextrose 50% in water</i>	1	
<i>dextrose 70% in water</i>	1	
<i>disulfiram</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg</i>	1	PA; SP; QL (186 per 31 days)
<i>droxidopa oral capsule 300 mg</i>	1	PA; SP; QL (93 per 31 days)
FERRIPROX	2	PA; SP
FOSRENOL ORAL POWDER PACKET	2	

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Drug Name	Drug Tier	Requirements /Limits
GLASSIA	2	PA; LA; SP
INCRELEX	2	LA; SP
JADENU	2	PA; SP
SPRINKLE		
<i>kionex</i>	1	
<i>lactated ringers irrigation</i>	1	
<i>lanthanum</i>	1	
<i>levocarnitine oral</i>	1	
LOKELMA	2	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	SP
<i>normal saline flush</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG	2	PA; SP; QL (93 per 31 days)
NORTHERA ORAL CAPSULE 300 MG,	2	PA; SP; QL (186 per 31 days)
ORFADIN ORAL CAPSULE 20 MG	2	SP
ORFADIN ORAL SUSPENSION	2	LA; SP
<i>pilocarpine oral</i>	1	
PROLASTIN-C INJECTION 1000MG/20ML	2	PA; LA; SP
PROLASTIN-C INJECTION 100MG	2	PA; NM; LA; SP
RAVICTI	2	SP; QL (535 per 30 days)
REVCovi	2	PA; SP
<i>riluzole</i>	1	
<i>ringer's irrigation</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 30 mg</i>	1	QL (31 per 31 days)
<i>sevelamer oral powder in packet</i>	1	SP
<i>sevelamer oral tablet</i>	1	
<i>sodium chloride 0.9 % injection</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium polystyrene sulfonate oral</i>	1	
<i>sodium polystyrene sulfonate rectal enema</i>	1	
SOLIRIS	2	PA; SP
<i>sps oral</i>	1	
<i>sps rectal</i>	1	NM
SWABFLUSH	2	
THIOLA EC	2	PA; SP
<i>tioprorin</i>	1	PA; SP
<i>trientine</i>	1	PA; SP
VELTASSA	2	QL (31 per 31 days)
<i>water for injection, bacteriostatic</i>	1	
<i>water for injection, sterile</i>	1	
<i>water for irrigation, sterile</i>	1	
XIAFLEX	2	PA; SP
XURIDEN	2	SP
ZEMAIRA	2	PA; LA; SP
<i>zoledronic acid – mannitol – water 5 mg/100 ml</i>	1	PA; SP

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Drug Name	Drug Tier	Requirements /Limits
SMOKING DETERRENTS		
bupropion	1	QL (62 per 31 days)
CHANTIX	2	
CHANTIX CONTINUING MONTH BOX	2	
CHANTIX STARTING MONTH BOX	2	
NICOTROL	3	
NICOTROL NS	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	QL (60 per 31 days)
chlorhexidine gluconate	1	
CLINPRO 5000	2	
denta 5000 plus	1	
dentagel	1	
fluoride dental cream	1	NM
fluoride dental gel	1	NM
FLUORIDEX DAILY DEFENSE DENTAL PASTE	2	NM
FLUORIDEX SENSITIVITY RELIEF PASTE	2	NM
ipratropium bromide nasal spray 0.03 %	1	QL (31.1 per 28 days)
ipratropium bromide nasal spray 0.06 %	1	QL (30 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
olopatadine nasal spray	1	QL (30.5 per 31 days)
paroex oral rinse	1	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT	3	
sf 5000 plus	1	
sf	1	
sodium fluoride	1	
sodium fluoride 5000 plus	1	NM
triamcinolone dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic	1	
ciprofloxacin otic	1	
flac otic oil	1	NM
fluocinolone oil	1	
hydrocortisone- acetic acid	1	
ofloxacin otic	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	2	

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 This drug list was last updated on 06/24/2021.

Drug Name	Drug Tier	Requirements /Limits
CIPRODEX	2	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hydrocortisone otic	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR H.P.	2	PA; SP
betamethasone injection	1	
cortisone	1	
DEPO-MEDROL	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone injection	1	
fludrocortisone	1	
hydrocortisone oral	1	
methylprednisolone oral tablet	1	B/D PA
methylprednisolone oral tablets, dose pack	1	
methylprednisolone injection 1,000 mg, 125 mg, 40 mg	1	
methylprednisolone injection 500 mg	1	NM
millipred oral tablet	1	B/D PA
prednisolone oral	1	

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone intensol</i>	1	B/D PA
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	B/D PA
SOLU-CORTEF ACT-O-VIAL	2	
SOLU-MEDROL	2	
<i>triamcinolone injection</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (93 per 31 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (372 per 31 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (186 per 31 days)
<i>alcohol pads</i>	1	
APIDRA	2	ST
BAQSIMI	2	
BYDUREON	2	QL (4 per 28 days)
BYETTA INJECTION 10 MCG/DOSE	2	QL (2.4 per 30 days)
BYETTA INJECTION 5 MCG/DOSE	2	QL (1.2 per 30 days)
<i>diazoxide</i>	1	
GAUZE PADS 2 X 2	2	

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Drug Name	Drug Tier	Requirements /Limits
glimepiride oral tablet 1 mg	1	QL (248 per 31 days)
glimepiride oral tablet 2 mg	1	QL (124 per 31 days)
glimepiride oral tablet 4 mg	1	QL (62 per 31 days)
glipizide er oral tablet 10 mg	1	QL (62 per 31 days)
glipizide er oral tablet 2.5 mg	1	QL (248 per 31 days)
glipizide er oral tablet 5 mg	1	QL (124 per 31 days)
glipizide oral tablet 10 mg	1	QL (124 per 31 days)
glipizide oral tablet 5 mg	1	QL (248 per 31 days)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (248 per 31 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (124 per 31 days)
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
glyburide micronized oral tablet 1.5 mg	1	QL (248 per 31 days)
glyburide micronized oral tablet 3 mg	1	QL (124 per 31 days)
glyburide micronized oral tablet 6 mg	1	QL (62 per 31 days)
glyburide oral tablet 1.25 mg	1	QL (496 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
glyburide oral tablet 2.5 mg	1	QL (248 per 31 days)
glyburide oral tablet 5 mg	1	QL (124 per 31 days)
glyburide-metformin oral tablet 1.25-250 mg	1	QL (248 per 31 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (124 per 31 days)
GLYXAMBI	2	QL (31 per 31 days)
GVOKE	2	
HUMALOG INSULIN U-100	1	
HUMALOG MIX 50-50 INSULIN U-100	1	
HUMALOG MIX 75-25 INSULIN U-100	1	
HUMULIN 70/30 INSULIN U-100	1	
HUMULIN N NPH INSULIN U-100	1	
HUMULIN R CONCENTRATED INSULIN U-500	1	
HUMULIN R REGULAR INSULIN U-100	1	
INSULIN PEN NEEDLE	2	QL (200 per 31 days)
INSULIN SYRINGE	2	QL (200 per 31 days)
INVOKAMET XR	2	QL (62 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
INVOKAMET	2	QL (62 per 31 days)
INVOKANA	2	QL (31 per 31 days)
JANUMET XR ORAL TABLET 100-1,000 MG, 50-500 MG	2	QL (31 per 31 days)
JANUMET XR ORAL TABLET 50-1,000 MG	2	QL (62 per 31 days)
JANUMET	2	QL (62 per 31 days)
JANUVIA	2	QL (31 per 31 days)
JARDIANCE	2	QL (31 per 31 days)
JENTADUETO XR ORAL TABLET 2.5-1,000 MG	2	QL (62 per 31 days)
JENTADUETO XR ORAL TABLET 5-1,000 MG	2	QL (31 per 31 days)
JENTADUETO	2	QL (62 per 31 days)
KOMBIGLYZE XR ORAL TABLET 2.5-1,000 MG	2	ST; QL (62 per 31 days)
KOMBIGLYZE XR ORAL TABLET, 5-1,000 MG, 5-500 MG	2	ST; QL (31 per 31 days)
LANTUS INSULIN U-100	2	
LEVEMIR INSULIN U-100	2	
<i>metformin er oral tablet 500 mg</i>	1	QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin er oral tablet 750 mg</i>	1	QL (62 per 31 days)
<i>metformin oral solution</i>	1	QL (791 per 31 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (78 per 31 days)
<i>metformin oral tablet 500 mg</i>	1	QL (155 per 31 days)
<i>metformin oral tablet 850 mg</i>	1	QL (93 per 31 days)
<i>miglitol oral tablet 100 mg</i>	1	QL (93 per 31 days)
<i>miglitol oral tablet 25 mg</i>	1	QL (372 per 31 days)
<i>miglitol oral tablet 50 mg</i>	1	QL (186 per 31 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (93 per 31 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (186 per 31 days)
NEEDLES, INSULIN	2	QL (200 per 31 days)
NESINA	2	ST; QL (31 per 31 days)
NOVOLIN INSULIN 70/30 U-100	2	ST
NOVOLIN N NPH INSULIN U-100	2	ST
NOVOLIN R REGULAR INSULIN U-100	2	ST
NOVOLOG INSULIN U-100	2	ST
NOVOLOG MIX 70-30 INSULIN U-100	2	ST

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Drug Name	Drug Tier	Requirements /Limits
ONGLYZA	2	ST; QL (31 per 31 days)
OSENI	2	QL (31 per 31 days)
OZEMPIC INJECTION 1 MG	2	QL (3 per 28 days)
OZEMPIC INJECTION 0.25 MG, 0.5 MG	2	QL (1.5 per 28 days)
<i>pioglitazone-glimepiride</i>	1	QL (31 per 31 days)
<i>pioglitazone-metformin</i>	1	QL (93 per 31 days)
<i>pioglitazone</i>	1	QL (31 per 31 days)
PROGLYCEM	2	
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (992 per 31 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (496 per 31 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (248 per 31 days)
RIOMET	2	QL (791 per 31 days)
RYBELSUS	2	QL (31 per 31 days)
SOLIQUA	2	QL (15 per 30 days)
SYMLINPEN 120	2	QL (10.8 per 30 days)
SYMLINPEN 60	2	QL (6 per 30 days)
SYNJARDY XR ORAL TABLET 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET 25-1,000 MG	2	QL (31 per 31 days)
SYNJARDY	2	QL (62 per 31 days)
TOUJEO	2	
TRADJENTA	2	QL (31 per 31 days)
TRESIBA	2	
TRIJARDY XR ORAL TABLET 10-5-1,000 MG, 25-5-1,000 MG	2	QL (31 per 31 days)
TRIJARDY XR ORAL TABLET 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (62 per 31 days)
TRULICITY	2	QL (2 per 28 days)
VICTOZA	2	QL (9 per 30 days)
XULTROPHY	2	SP; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	SP
ANADROL-50	2	SP
ANDRODERM	2	PA; QL (30 per 30 days)
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	QL (3.7 per 30 days)
<i>calcitriol injection</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	2	PA; SP; QL (62 per 31 days)
CEREZYME	2	SP

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet oral tablet 60 mg</i>	1	PA; SP; QL (62 per 31 days)	NATPARA	2	PA; LA; SP; QL (2 per 28 days)
<i>cinacalcet oral tablet 90 mg</i>	1	PA; SP; QL (124 per 31 days)	<i>oxandrolone oral tablet 10 mg</i>	1	PA; SP; QL (62 per 31 days)
<i>cinacalcet oral tablet 30 mg</i>	1	PA; QL (62 per 31 days)	<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (248 per 31 days)
CRYSVITA	2	PA; SP	PALYNZIQ	2	PA; LA; SP; QL (93 per 31 days)
<i>danazol</i>	1		PALYNZIQ	2	PA; LA; SP; QL (93 per 31 days)
DDAVP NASAL SOLUTION	2		<i>paricalcitol injection 2 mcg/ml</i>	1	NM
<i>desmopressin nasal spray</i>	1		PARICALCITOL INJECTION 10 MG/ML	1	NM
<i>desmopressin oral</i>	1		<i>paricalcitol injection 5 mcg/ml</i>	1	
<i>doxercalciferol injection</i>	1	NM	<i>paricalcitol oral</i>	1	
<i>doxercalciferol oral</i>	1		SAMSCA ORAL TABLET 15 MG	2	PA; SP; QL (31 per 31 days)
ELAPRASE	2	SP	SAMSCA ORAL TABLET 30 MG	2	PA; SP; QL (62 per 31 days)
ELELYSO	2	SP	<i>sapropterin</i>	1	PA; SP
FABRAZYME	2	PA; SP	SOMAVERT	2	PA; SP; QL (31 per 31 days)
JYNARQUE ORAL TABLET 15 MG, 30 MG	2	PA; NM; LA; SP; QL (112 per 28 days)	STIMATE	2	SP
JYNARQUE ORAL TABLET, DOSE PACK	2	PA; LA; SP; QL (56 per 28 days)	STRENSIQ	2	PA; SP;
KANUMA	2	SP	SYNAREL	2	SP
KORLYM	2	PA; SP; QL (124 per 31 days)	<i>testosterone cypionate</i>	1	PA
KUVAN	2	PA; SP			
LUMIZYME	2	SP			
<i>miglustat</i>	1	LA; SP			
MYALEPT	2	PA; LA; SP			
NAGLAZYME	2	SP			

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal gel in packet 20.25 mg/1.25 gram</i>	2	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 25 mg/ 2.5 gm, 50 mg/5 gm</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 40.5 mg/2.5 gram</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in pump 10 mg/0.5 gram</i>	2	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in pump 12.5 mg/1.25 gm</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in pump 20.25 mg/1.25 gram</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal solution in pump 30 mg/1.5 ml</i>	1	PA; QL (180 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	2	PA; SP; QL (62 per 31 days)
VIMIZIM	2	SP
<i>zoledronic acid – mannitol-water injection 4 mg/100ml</i>	1	
<i>zoledronic acid injection 4 mg/5ml</i>	1	

THYROID HORMONES

Drug Name	Drug Tier	Requirements /Limits
ARMOUR THYROID	2	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
<i>thyroid (pork) oral tablet 120 mg, 30 mg, 60 mg</i>	1	NM
<i>thyroid (pork) oral tablet 15 mg, 90 mg</i>	1	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>glycopyrrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>loperamide oral capsule</i>	1	
MYTESI	2	PA; QL (62 per 31 days)

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	1	SP
AMITIZA	2	QL (62 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant oral capsule 125 mg</i>	1	B/D PA; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D PA; QL (8 per 28 days)
<i>aprepitant oral capsule, dose pack</i>	1	B/D PA; QL (6 per 28 days)
<i>balsalazide</i>	1	
<i>budesonide er oral capsule</i>	1	
<i>budesonide er oral tablet</i>	1	
CHENODAL	2	PA; LA; SP
CHOLBAM	2	PA; SP
CIMZIA INJECTION	2	PA; SP; QL (1 per 28 days)
CIMZIA STARTER KIT	2	PA; SP; QL (1 per 180 days)
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
CYSTADANE	2	SP
DIPENTUM	2	
<i>dronabinol</i>	1	B/D PA; QL (62 per 31 days)
ENTYVIO	2	PA; SP
<i>enulose</i>	1	
<i>fosaprepitant</i>	1	
GATTEX	2	PA; SP
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
GOLYTELY ORAL POWDER	2	
<i>granisetron oral tablet</i>	1	B/D PA; QL (31 per 31 days)
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream</i>	1	
INFLECTRA	2	PA; SP
<i>lactulose oral solution</i>	1	
LINZESS	2	QL (31 per 31 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral</i>	1	
<i>mesalamine rectal enema</i>	1	QL (1860 per 31 days)
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe</i>	1	QL (1680 per 31 days)
<i>metoclopramide injection (syringe)</i>	1	NM
<i>metoclopramide injection (vial)</i>	1	
<i>metoclopramide oral solution</i>	1	
<i>metoclopramide oral tablet</i>	1	
OCALIVA	2	PA; LA; SP; QL (31 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron injection</i>	1	
<i>ondansetron oral solution</i>	1	B/D PA; QL (450 per 30 days)
<i>ondansetron oral tablet 24 mg</i>	1	B/D PA; NM; QL (14 per 28 days)
<i>ondansetron oral tablet 4 mg, 8 mg</i>	1	B/D PA
<i>palonosetron injection 0.25 mg/5 ml vial</i>	1	
PANCREAZE	2	
<i>peg 3350-electrolytes oral solution 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte</i>	1	NM
PENTASA	2	
<i>polyethylene glycol 3350</i>	1	
<i>prochlorperazine</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	2	
RELISTOR INJECTION 12 MG/0.6 ML	2	PA; SP; QL (18.6 per 31 days)
RELISTOR INJECTION 8 MG/0.4 ML	2	PA; SP; QL (12.4 per 31 days)
RELISTOR ORAL TABLET	2	PA; SP; QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
REMICADE	2	PA; SP
RENFLEXIS	2	PA; SP
SANCUSO	2	SP; QL (4 per 28 days)
<i>scopolamine patch</i>	1	QL (10 per 30 days)
SUCRAID	2	PA; SP
<i>sulfasalazine</i>	1	
<i>trilyte with flavor packets</i>	1	
<i>ursodiol</i>	1	
VIOKACE	2	
ZENPEP	2	
ULCER THERAPY		
<i>cimetidine</i>	1	
<i>famotidine</i>	1	
<i>lansoprazole oral capsule 15 mg</i>	2	QL (31 per 31 days)
<i>lansoprazole oral capsule) 30 mg</i>	2	
<i>misoprostol</i>	1	
<i>nizatidine oral capsule</i>	1	
<i>omeprazole oral capsule 10 mg, 20 mg</i>	2	QL (31 per 31 days)
<i>omeprazole oral capsule 40 mg</i>	2	
<i>pantoprazole injection</i>	2	
<i>pantoprazole oral tablet 20 mg</i>	2	QL (31 per 31 days)
<i>pantoprazole oral tablet 40 mg</i>	2	
<i>sucralfate</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	B/D PA; SP
ARANESP	3	PA; SP
ARCALYST	2	PA; SP
AVONEX	2	PA; SP; QL (4 per 28 days)
BETASERON	2	PA; SP; QL (15 per 30 days)
EXTAVIA (KIT)	2	PA; SP; QL (15 per 30 days)
EXTAVIA INJECTION (VIAL)	2	PA; NM; SP; QL (15 per 30 days)
FULPHILIA	2	PA; SP
GENOTROPIN MINIQUICK 0.2 MG/0.25 ML	2	PA
GENOTROPIN MINIQUICK 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GENOTROPIN	2	PA; SP
GRANIX	2	PA; SP
HUMATROPE	2	PA; SP
ILARIS	2	PA; SP;

Drug Name	Drug Tier	Requirements /Limits
INTRON A INJECTION 10 MILLION UNIT, 18 MILLION UNIT, 50 MILLION UNIT	2	; SP
INTRON A INJECTION 18 MILLION UNITS/3 ML	2	PA; SP
INTRON A INJECTION 25 MILLION UNIT/2.5 ML	2	PA
LEUKINE	2	PA; SP
MOZOBIL	2	PA; SP
NEUPOGEN	2	PA; SP
NIVESTYM	1	PA; SP
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN	2	PA; SP
OMNITROPE	2	PA; SP
PEGASYS INJECTION 180 MCG/0.05 ML	2	SP; QL (2 per 28 days)
PEGASYS INJECTION 180 MCG/ML	2	SP; QL (4 per 28 days)
PEGASYS PROCLICK INJECTION 180 MCG/0.5 ML	2	NM; SP; QL (2 per 28 days)
PLEGRIDY INJECTION 125 MCG/0.5 ML	2	PA; SP; QL (1 per 28 days)
PLEGRIDY INJECTION STARTER PACK	2	PA; SP; QL (1 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
PROCIT INJECTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
PROCIT INJECTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP
PROLEUKIN	2	SP
REBIF REBIDOSE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 per 28 days)
REBIF REBIDOSE TITRATION PACK	2	PA; SP; QL (12 per 28 days)
REBIF TITRATION PACK	2	PA; SP; QL (4.2 per 180 days)
REBIF	2	PA; SP; QL (6 per 28 days)
RETACRIT INJECTION 10,000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA
RETACRIT INJECTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP
SEROSTIM	2	PA; SP
SYLATRON	2	PA; SP
UDENYCA	2	PA; SP
ZARXIO	1	PA; SP
ZIEXTENZO	2	PA; SP

Drug Name	Drug Tier	Requirements /Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB	2	
ADACEL	1	
AFLURIA QUAD	1	
BCG VACCINE, LIVE	2	
BEXSERO	2	
BIVIGAM	2	PA; SP
BOOSTRIX	1	
BOTOX	2	PA
DAPTACEL	1	
ENGERIX-B	2	B/D PA
FLEBOGAMMA DIF	2	PA; SP
FLUAD QUAD	1	
FLUAD	1	
FLUARIX QUAD	1	
FLUBLOK QUAD	1	
FLUCELVAX QUAD	1	
FLULALVAL QUAD	1	
FLUZONE HIGH DOSE	1	
FLUZONE QUAD	1	
GAMASTAN S/D	2	PA, NM
GAMMAGARD LIQUID	2	PA; SP
GAMMAGARD S-D	2	PA; SP
GAMMAKED	2	PA; SP
GAMMAPLEX	2	PA; SP
GAMMASTAN	2	PA

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Drug Name	Drug Tier	Requirements /Limits
GAMUNEX-C	2	PA; SP
GARDASIL 9	2	
HAVRIX	2	
HIBERIX	2	
HIZENTRA	2	PA; SP
HYQVIA	2	PA; SP
IMOVAX	2	
INFANRIX	1	
IPOL	2	
IXIARO	2	
KINRIX INJECTION (VIAL)	2	NM
KINRIX INJECTION (SYRINGE)	2	
MENACTRA	2	
MENVEO A-C-Y- W-135-DIP	2	
<i>m-m-r ii</i>	1	
OCTAGAM	2	PA; SP
PANZYGA	2	PA; SP
PEDIARIX	2	
PEDVAX HIB	2	
PNEUMOVAX 23	1	
PREVNAR 13	1	
PRIVIGEN	2	PA; SP
<i>proquad</i>	1	
QUADRACEL	1	
RABAVERT	2	
RECOMBIVAX HB (SYRINGE) 10 MCG/ML	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (SYRINGE) 5 MCG/0.5 ML	2	B/D PA; NM
RECOMBIVAX HB INJECTION (VIAL)	2	B/D PA
ROTARIX	2	NM
ROTAVERSE	2	
SHINGRIX	1	QL (2 per 720 days)
TDVAX	2	
TENIVAC	2	
TETANUS, Diphtheria	2	
THYMOGLOBULIN N	2	B/D PA; NM; SP
TICE BCG	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI INJECTION (SYRINGE)	2	
TYPHIM VI INJECTION (VIAL)	2	NM
VAQTA	2	
VARIVAX	2	
VARIZIG	2	PA
XEOMIN	2	PA
YF-VAX	2	
ZINPLAVA	2	PA; SP
ZOSTAVAX	1	QL (1 per 720 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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This drug list was last updated on 06/24/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>allopurinol injection</i>	1	NM
<i>allopurinol tablet</i>	1	
<i>aloprim</i>	1	NM
<i>colchicine oral tablet</i>	1	QL (124 per 31 days)
COLCRYS	2	QL (124 per 31 days)
<i>febuxostat</i>	1	ST; QL (31 per 31 days)
KRYSTEXXA	2	PA; SP
<i>probenecid-colchicine</i>	1	
<i>probenecid</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (31 per 31 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
FORTEO	2	PA; SP; QL (2.4 per 28 days)
<i>ibandronate injection</i>	1	
<i>ibandronate oral</i>	1	QL (1 per 28 days)
PROLIA	2	PA; QL (1 per 31 days)
<i>raloxifene</i>	1	QL (31 per 31 days)
<i>risedronate oral tablet 150 mg</i>	1	ST; QL (1 per 28 days)
<i>risedronate oral tablet 35 mg</i>	1	ST; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 5 mg</i>	1	ST; QL (31 per 31 days)
<i>risedronate ec oral tablet</i>	1	ST; QL (4 per 28 days)
TERIPARATIDE	2	PA; SP; QL (2.4 per 28 days)
TYMLOS	2	PA; SP; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA INJECTION (PEN, SYRINGE)	2	PA; SP; QL (3.6 per 28 days)
ACTEMRA INJECTION (VIAL)	2	PA; SP
BENLYSTA INJECTION (SYRINGE)	2	PA; SP; QL (4 per 28 days)
DEPEN TITRATABS	2	SP
ENBREL INJECTION 50 MG/ML	2	PA; SP; QL (8 per 28 days)
ENBREL INJECTION 25 MG/0.5 ML	2	PA; SP; QL (16 per 28 days)
HUMIRA PEN CROHNS-UC-HS STARTER KIT	2	PA; SP; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS STARTER KIT	2	PA; SP; QL (4 per 180 days)
HUMIRA PEN	2	PA; SP; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; SP; QL (2 per 28 days)
HUMIRA SYRINGE 40 MG/0.8 ML	2	PA; SP; QL (4 per 28 days)
HUMIRA(CF) SYRINGE 40 MG/0.4 ML	2	PA; SP; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (2 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER KIT 80 MG/0.8 ML	2	PA; SP; QL (3 per 180 days)
HUMIRA(CF) PEN 40 MG/0.4 ML	2	PA; SP; QL (4 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS STARTER KIT	2	PA; SP; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS STARTER KIT	2	PA; SP; QL (3 per 180 days)
HUMIRA(CF) SYRINGE 10 MG/0.1 ML	2	PA; SP; QL (1 per 28 days)
HUMIRA(CF) SYRINGE 20 MG/0.2 ML	2	PA; SP; QL (2 per 28 days)
ORENCIA INJECTION 87.5 MG/0.7 ML	2	PA; SP; QL (2.8 per 28 days)
ORENCIA INJECTION 125 MG/ML	2	PA; SP; QL (4 per 28 days)
ORENCIA INJECTION 250 MG	2	PA; SP

Drug Name	Drug Tier	Requirements /Limits
ORENCIA INJECTION 50 MG/0.4 ML	2	PA; SP; QL (1.6 per 28 days)
OTEZLA ORAL TABLET, DOSE PACK	2	PA; SP; QL (55 per 180 days)
OTEZLA ORAL TABLET	2	PA; SP; QL (4 per 28 days)
<i>penicillamine oral capsule</i>	1	PA; SP
<i>penicillamine oral tablet</i>	1	SP
RIDAURA	2	SP
RINVOQ	2	PA; SP; QL (31 per 31 days)
SAVELLA ORAL TABLET, DOSE PACK	2	QL (55 per 180 days)
SAVELLA ORAL TABLET	2	QL (62 per 31 days)
SIMPONI INJECTION 100 MG/ML	2	PA; SP
SIMPONI INJECTION 50 MG/ML	2	PA; SP; QL (0.5 per 28 days)
XELJANZ ORAL TABLET	2	PA; SP; QL (62 per 31 days)
XELJANZ ORAL SOLUTION	2	PA; SP
XELJANZ XR	2	PA; SP; QL (31 per 31 days)

OBSTETRICS / GYNECOLOGY
ESTROGENS / PROGESTINS

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Drug Name	Drug Tier	Requirements /Limits
<i>amabelz</i>	1	PA
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INJECTION 400 MG/ML	2	
DEPO-SUBQ PROVERA	2	
DIVIGEL	2	PA; QL (31 per 31 days)
<i>dotti</i>	1	PA; QL (8 per 28 days)
<i>errin</i>	1	
<i>estradiol oral</i>	1	PA
<i>estradiol transdermal patch semiweekly</i>	1	PA; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate injection</i>	1	
<i>estradiol- norethindrone</i>	1	PA
ESTRING	2	
EVAMIST	2	PA; QL (16.2 per 31 days)
FEMRING	2	
<i>fyavolv</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>jinteli</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>lopreeza</i>	1	
<i>lyllana</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	
MENEST	2	PA
MENOSTAR	2	PA; QL (4 per 28 days)
<i>mimvey</i>	1	PA
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone- ethinyl estradiol oral tablet 0.5 mg- 2.5mcg, 1mg-5mcg</i>	1	PA
<i>norlyda</i>	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	
<i>tulana</i>	1	
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin vaginal</i>	1	
<i>eluryng</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1	
<i>metronidazole vaginal</i>	1	
ORIAHNN	2	PA; NM; SP; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>terconazole vaginal cream</i>	1	
<i>tranexamic acid oral</i>	1	QL (30 per 5 days)
<i>vandazole</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aubra</i>	1	
<i>aurovela fe</i>	1	
<i>aurovela</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>camrese lo</i>	1	
<i>camrese</i>	1	
<i>caziant</i>	1	
<i>chateal eq</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>chateal</i>	1	
<i>cryselle</i>	1	
<i>cyclafem</i>	1	
<i>cyred eq</i>	1	
<i>cyred</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	
<i>desogestrel-ethinyl estradiol-ethinyl estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol-ethinyl estradiol</i>	1	NM
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>gianvi</i>	1	
<i>hailey fe</i>	1	
<i>hailey</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel fe</i>	1	
<i>junel</i>	1	
<i>kariva</i>	1	
<i>kelnor</i>	1	
<i>kurvelo</i>	1	
<i>larinfe</i>	1	
<i>larin</i>	1	
<i>larissia</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel-ethinyl estradiol triphasic</i>	1	
<i>levonorgestrel-ethinyl estradiol</i>	1	
<i>levora</i>	1	
<i>lillow</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lo-zumandimine</i>	1	
<i>lutera</i>	1	
<i>marlissa</i>	1	
<i>microgestinfe</i>	1	
<i>microgestin</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>necon</i>	1	
<i>nikki</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone</i>	1	NM
<i>ethinyl estradiol-iron oral tablet 1.5-30-75 mg-mg-mg</i>		
<i>norethindrone-ethinyl estradiol oral tablet 1.5-30 mg-mg</i>	1	NM
<i>norethindrone-ethinyl estradiol oral tablet 1-20 mg-mg</i>	1	
<i>norethindrone-ethinyl estradiol-iron oral tablet 1-20-75 mg-mg-mg</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel</i>	1	
<i>nylia</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella</i>	1	
<i>portia</i>	1	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
<i>rivilsa</i>	1	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarinafe</i>	1	
<i>tiliafe</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>tri-femynor</i>	1	
<i>tri-estarrylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarrylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora</i>	1	
<i>tri-vylibra lo</i>	1	
<i>tri-vylibra</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>zarah</i>	1	
<i>zovia</i>	1	

OPHTHALMOLOGY

ANTIBIOTICS

<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin ophthalmic</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin-polymyxin b ophthalmic</i>	1	
BESIVANCE	2	
CILOXAN OPHTHALMIC OINTMENT	2	
<i>ciprofloxacin ophthalmic</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin ophthalmic drops</i>	1	
<i>moxifloxacin ophthalmic</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin</i>	1	
TOBREX OPHTHALMIC OINTMENT	2	
ZIRGAN	2	

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Drug Name	Drug Tier	Requirements /Limits
BETA-BLOCKERS		
<i>betaxolol ophthalmic</i>	1	
BETOPTIC S	2	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic drops 0.5 %</i>	1	
<i>timolol ophthalmic</i>	1	
TIMOPTIC OCUDOSE	2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALCOCRIL	2	
ALOMIDE	2	
<i>atropine ophthalmic drop</i>	1	
<i>azelastine ophthalmic</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CEQUA	2	PA; QL (60 per 30 days)
<i>cromolyn ophthalmic</i>	1	
CYSTADROPS	2	PA; SP; QL (20 per 28 days)
CYSTARAN	2	PA; SP; QL (60 per 28 days)
<i>epinastine</i>	1	
EYLEA	2	
LACRISERT	2	
LASTACAFT	2	

Drug Name	Drug Tier	Requirements /Limits
LUCENTIS	2	SP
<i>olopatadine ophthalmic</i>	1	
OXERVATE	2	PA; SP; QL (28 per 28 days)
PHOSPHOLINE IODIDE	2	
<i>pilocarpine ophthalmic drops 1 %, 2 %, 4 %</i>	1	
RESTASIS	2	PA; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	PA; QL (6 per 31 days)
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
XIIDRA	2	PA; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	
<i>diclofenac ophthalmic</i>	1	
<i>flurbiprofen</i>	1	
ILEVRO	2	QL (6 per 31 days)
<i>ketorolac ophthalmic</i>	1	
NEVANAC	2	QL (6 per 31 days)
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	2	
<i>bimatoprost ophthalmic</i>	1	QL (5 per 31 days)
<i>brinzolamide ophthalmic</i>	1	
COMBIGAN	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	QL (2.5 per 25 days)
LUMIGAN	2	QL (2.5 per 25 days)
SIMBRINZA	2	
<i>travoprost</i>	1	QL (2.5 per 25 days)
ZIOPTAN	2	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-polymyxin-hydrocortisone</i>	1	
<i>neomycin-polymyxin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hydrocortisone ophthalmic</i>	1	
PRED-G	2	
PRED-G S.O.P.	2	
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST	2	

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	
STEROIDS		
ALREX	2	
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
DUREZOL	2	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	2	
FML S.O.P.	2	
LOTEMAX	2	
LOTEMAX SM	2	
<i>loteprednol</i>	1	
MAXIDEX	2	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	2	
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE OPHTHALMIC DROPPERETTE	2	
RESPIRATORY AND ALLERGY		

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 This drug list was last updated on 06/24/2021.

Drug Name	Drug Tier	Requirements /Limits
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection</i>	1	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	QL (330 per 31 days)
<i>codeine-guaifenesin</i>	1	
<i>desloratadine oral tablet</i>	1	QL (31 per 31 days)
<i>diphenhydramine injection 50 mg/ml</i>	1	
<i>epinephrine auto-injector</i>	1	QL (4 per 31 days)
<i>g tussin ac</i>	1	
<i>guaiacussin ac</i>	1	
<i>guaifenesin ac</i>	1	NM
<i>guaifenesin dac</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (31 per 31 days)
<i>m-clear wc</i>	1	
<i>promethazine injection</i>	1	
<i>promethazine oral</i>	1	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dextromethorphan</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine-phenylephrine-codeine</i>	1	
<i>promethegan rectal suppository</i>	1	
SYMJEPI	2	QL (4 per 31 days)
<i>virtussin ac</i>	1	
<i>virtussin dac</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA
<i>ADEMPAS</i>	2	PA; LA; SP; QL (93 per 31 days)
<i>ADVAIR HFA</i>	2	PA; ST; QL (12 per 30 days)
<i>albuterol hfa (generic for ProAir HFA)</i>	1	QL (17 per 30 days)
<i>albuterol hfa (generic for Proventil HFA)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution</i>	1	B/D PA
<i>albuterol sulfate oral</i>	1	
<i>ALVESCO HFA 160 MCG/ACTUATION</i>	2	QL (12.2 per 30 days)
<i>ALVESCO HFA 80 MCG/ACTUATION</i>	2	QL (6.1 per 30 days)
<i>alyq</i>	1	PA; SP; QL (62 per 30 days)
<i>ambrisentan</i>	1	PA; LA; SP; QL (31 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
ANORO ELLIPTA	2	QL (60 per 30 days)
ASMANEX TWISTHALER 110 MCG (30 DOSES), 220 MCG (30 DOSES)	2	QL (30 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES)	2	QL (240 per 30 days)
ASMANEX TWISTHALER 220 MCG (14 DOSES)	2	NM; QL (28 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES)	2	QL (60 per 30 days)
ATROVENT HFA	2	QL (25.8 per 30 days)
BERINERT	2	PA; SP
<i>bosentan</i>	1	PA; LA; SP; QL (62 per 31 days)
BROVANA	2	B/D PA
<i>budesonide inhalation</i>	1	B/D PA
BUDESONIDE-FORMOTEROL HFA	2	PA; QL (10.2 per 30 days)
CINRYZE	2	PA; SP
COMBIVENT RESPIMAT	2	QL (8 per 31 days)
<i>cromolyn inhalation</i>	1	B/D PA
DALIRESP	2	PA; QL (31 per 31 days)
DULERA	2	PA; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 267 MG	2	PA; SP; QL (186 per 31 days)
ESBRIET ORAL TABLET 801 MG	2	PA; SP; QL (93 per 31 days)
FASENRA	2	PA; SP; QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION	2	QL (240 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION	2	QL (12 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION	2	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION	2	QL (10.6 per 30 days)
<i>flunisolide nasal spray</i>	1	QL (50 per 31 days)
<i>fluticasone nasal spray</i>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol discus</i>	1	PA; QL (60 per 30 days)
FLUTICASONE-SALMETEROL INHALATION POWDER	2	PA; QL (60 per 30 days)
HYPER-SAL	2	
<i>icatibant</i>	1	PA; SP; QL (18 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium inhalation</i>	1	B/D PA
<i>ipratropium-albuterol</i>	1	B/D PA
KALYDECO ORAL GRANULES	2	PA; SP; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; SP; QL (62 per 31 days)
<i>levalbuterol</i>	1	B/D PA
<i>metaproterenol</i>	1	
<i>montelukast</i>	1	QL (31 per 31 days)
<i>nebusal 3% inhalation solution</i>	1	
NEBUSAL 6% INHALATION SOLUTION	2	
NUCALA	2	PA; LA; SP; QL (3 per 28 days)
OFEV	2	PA; SP; QL (62 per 31 days)
OPSUMIT	2	PA; LA; SP; QL (31 per 31 days)
ORKAMBI ORAL GRANULES	2	PA; SP; QL (56 per 28 days)
ORKAMBI ORAL TABLET	2	PA; SP; QL (124 per 31 days)
PERFOROMIST	2	B/D PA
PROAIR RESPICLICK	2	QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PROVENTIL HFA	2	ST; QL (13.4 per 31 days)
PULMICORT FLEXHALER 180 MCG/ACTUATION	2	QL (2 per 31 days)
PULMICORT FLEXHALER 90 MCG/ACTUATION	2	QL (1 per 31 days)
<i>pulmosal</i>	1	
PULMOZYME	2	B/D PA; SP
QVAR REDIHALER	2	QL (21.2 per 30 days)
SEREVENT DISKUS	2	QL (60 per 30 days)
<i>sildenafil oral suspension 10 mg/ml</i>	1	PA; QL (231 per 31 days)
<i>sildenafil oral tablet 20 mg</i>	1	PA; QL (93 per 31 days)
<i>sodium chloride inhalation solution</i>	1	
SPIRIVA RESPIMAT	2	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER	2	QL (31 per 31 days)
STIOLTO RESPIMAT	2	QL (4 per 30 days)
SYMBICORT	2	PA; QL (10.2 per 30 days)
SYMDEKO	2	PA; SP; QL (56 per 28 days)
<i>tadalafil oral tablet 20mg</i>	1	PA; SP; QL (62 per 31 days)
<i>terbutaline</i>	1	
<i>theophylline er oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
theophylline oral elixir	1	NM
theophylline oral solution	1	
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA; LA; SP; QL (124 per 31 days)
TRELEGY ELLIPTA	2	QL (60 per 30 days)
TRIKAFFTA	2	PA; SP; QL (84 per 28 days)
TUDORZA PRESSAIR	2	QL (1 per 31 days)
TYVASO INSTITUTIONAL STARTER KIT	2	B/D PA; NM; SP
TYVASO REFILL KIT	2	B/D PA; SP
TYVASO STARTER KIT	2	B/D PA; SP
TYVASO	2	B/D PA; SP
VENTAVIS	2	B/D PA; SP
VENTOLIN HFA	2	QL (36 per 30 days)
wixela	1	PA; ST; QL (60 per 30 days)
XOLAIR INJECTION (SYRINGE) 150 MG/ML	2	PA; LA; SP; QL (4 per 28 days)
XOLAIR INJECTION (SYRINGE) 75 MG/0.5ML	2	PA; LA; SP; QL (1 per 28 days)
XOLAIR INJECTION (VIAL)	2	PA; LA; SP; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOPENEX HFA	2	ST; QL (30 per 30 days)
zafirlukast	1	QL (62 per 31 days)
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	
flavoxate	1	
MYRBETRIQ	2	QL (31 per 31 days)
oxybutynin	1	
oxybutynin er	1	
tolterodine oral tablet	1	
tolterodine er oral capsule	1	QL (31 per 31 days)
trospium	1	
trospium er oral capsule	1	QL (31 per 31 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	QL (31 per 31 days)
dutasteride	1	ST; QL (31 per 31 days)
dutasteride-tamsulosin	1	ST; QL (31 per 31 days)
finasteride oral tablet 5 mg	1	
tamsulosin	1	QL (62 per 31 days)
MISCELLANEOUS UROLOGICALS		
bethanechol	1	
CYSTAGON	2	LA; SP

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Drug Name	Drug Tier	Requirements /Limits
cytra k	1	
ELMIRON	2	
K-PHOS NO 2	2	
K-PHOS ORIGINAL	2	
ORACIT	2	
potassium citrate	1	
RENACIDIN IRRIGATION	2	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (31 per 31 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate	1	
effer-k oral tablet, 25 meq	1	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con ef	1	
k-tab oral tablet 8 meq	1	
lactated ringers injection	1	
magnesium sulfate injection (vial)	1	
magnesium sulfate injection (syringe)	1	NM
NORMOSOL-R	2	

Drug Name	Drug Tier	Requirements /Limits
NORMOSOL-R IN DEXTROSE	2	NM
PHOSLYRA	2	
potassium chloride	1	
potassium chloride in d5w-0.45% nacl 10 meq/l, 30 meq/l, 40 meq/l	1	NM
potassium chloride in d5w-0.45% nacl 20 meq/l	1	
potassium chloride in 0.45 % nacl	1	NM
potassium chloride in 0.9% nacl 20 meq/l, 40 meq/l	1	NM
potassium chloride in d5w 20 meq/l, 30 meq/l, 40 meq/l	1	NM
potassium chloride in d5w-0.2% nacl 20 meq/l	1	
potassium chloride in d5w-0.2% nacl 30 meq/l, 40 meq/l	1	NM
potassium chloride in d5w-0.3% nacl 20 meq/l	1	NM
potassium chloride in d5w-0.45% nacl 20 meq/l	1	
potassium chloride in d5w-0.9% nacl 20 meq/l	1	
potassium chloride in d5w-0.9% nacl 40 meq/l	1	NM

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in d5w-lactated ringers 20 meq/l</i>	1	
<i>potassium chloride in water 10 meq/100 ml</i>	1	
<i>potassium chloride in water 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	NM
<i>ringer's injection</i>	1	NM
<i>sodium chloride 0.45 % injection</i>	1	
<i>sodium chloride 3 %</i>	1	
<i>sodium chloride 5 %</i>	1	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>AMINOSYN II 10 %</i>	2	B/D PA; NM
<i>AMINOSYN II 15 %</i>	2	B/D PA; NM
<i>AMINOSYN-PF 10 %</i>	2	B/D PA; NM
<i>AMINOSYN-PF 7 %</i>	2	B/D PA; NM
<i>CLINIMIX 5%-15%</i>	2	B/D PA; NM
<i>CLINIMIX 4.25%-10%</i>	2	B/D PA; NM
<i>CLINIMIX 5%-20%</i>	2	B/D PA; NM
<i>CLINIMIX E 4.25%-10%</i>	2	B/D PA; NM
<i>CLINIMIX E 4.25%-25%</i>	2	B/D PA; NM

Drug Name	Drug Tier	Requirements /Limits
<i>CLINIMIX E 4.25%-5%</i>	2	B/D PA; NM
<i>CLINIMIX E 5%-15%</i>	2	B/D PA; NM
<i>CLINIMIX E 5%-20%</i>	2	B/D PA; NM
<i>electrolyte-48 in dextrose</i>	1	NM
<i>FREAMINE HBC 6.9 %</i>	2	B/D PA; NM
<i>freamine iii 10 %</i>	1	B/D PA; NM
<i>HEPATAMINE 8%</i>	2	B/D PA; NM
<i>intralipid emulsion 20 %</i>	1	B/D PA; NM
<i>INTRALIPID EMULSION 30 %</i>	2	B/D PA; NM
<i>IONOSOL-MB IN D5W</i>	2	NM
<i>ISOLYTE S PH 7.4</i>	2	NM
<i>ISOLYTE-P IN 5 % DEXTROSE</i>	2	NM
<i>ISOLYTE-S</i>	2	NM
<i>NEPHRAMINE 5.4 %</i>	2	B/D PA; NM
<i>NORMOSOL-M IN 5 % DEXTROSE</i>	2	NM
<i>NORMOSOL-R PH 7.4</i>	2	NM
<i>PLASMA-LYTE 148</i>	2	NM
<i>PLASMA-LYTE A</i>	2	NM
<i>plenamine</i>	1	B/D PA; NM
<i>premasol 10 %</i>	1	B/D PA
<i>PROCALAMINE 3%</i>	2	B/D PA; NM
<i>PROSOL 20 %</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	2	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride chewable tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>fluoride oral tablet</i>	1	
<i>prenatal vitamin oral tablet</i>	1	
<i>vitamin d2 oral capsule 50,000 unit</i>	1	

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