



# Express Scripts Medicare (PDP) for the UAW Retiree Medical Benefits Trust (the "Trust") 2022 Formulary (List of Covered Drugs)

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

Formulary ID Number: 22225 v. 1

This formulary was updated on 09/13/2021. 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](http://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 September 13, 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, 2023. 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

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 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described 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 85. 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](http://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, tier 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 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.

## 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: <b>Generic Drugs</b>	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: <b>Preferred Drugs</b>	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: <b>Non-Preferred Drugs</b>	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 **1.888.690.1008**. 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>.

## 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	2	B/D PA
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 mucous membrane</i>	1	
CRESEMBIA INTRAVENOUS	2	PA; NM
CRESEMBIA ORAL	2	PA; NM; SP
<i>fluconazole</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	NM
<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	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NOXAFIL ORAL SUSPENSION	2	PA; SP; QL (620 per 31 days)
<i>nystatin oral</i>	1	
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	1	PA; SP; QL (96 per 31 days)
<i>terbinafine hcl oral</i>	1	
<i>voriconazole intravenous</i>	1	PA; SP
<i>voriconazole oral suspension for reconstitution</i>	1	PA; SP
<i>voriconazole oral tablet 200 mg</i>	1	PA; SP
<i>voriconazole oral tablet 50 mg</i>	1	PA
<b>ANTIVIRALS</b>		
<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 oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir</i>	1	SP

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 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>amantadine hcl</i>	1	
APTIVUS	2	QL (124 per 31 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL (31 per 31 days)
<i>atazanavir oral capsule 200 mg</i>	1	QL (62 per 31 days)
BARACLUDE ORAL SOLUTION	2	QL (630 per 31 days)
BIKTARVY	2	QL (31 per 31 days)
CABENUVA	2	
<i>cidofovir</i>	1	B/D PA
CIMDUO	2	QL (31 per 31 days)
COMPLERA	2	QL (31 per 31 days)
DELSTRIGO	2	QL (31 per 31 days)
DESCOVY	2	QL (31 per 31 days)
DOVATO	2	QL (31 per 31 days)
EDURANT	2	QL (62 per 31 days)
<i>efavirenz oral capsule 200 mg</i>	1	QL (62 per 31 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL (186 per 31 days)
<i>efavirenz oral tablet</i>	1	QL (31 per 31 days)
<i>efavirenz-emtricitabin-tenofov</i>	1	QL (31 per 31 days)
<i>efavirenz-lamivu-tenofov disop</i>	1	QL (31 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>emtricitabine</i>	1	QL (31 per 31 days)
<i>emtricitabine-tenofovir (tdf)</i>	1	QL (31 per 31 days)
EMTRIVA ORAL SOLUTION	2	QL (744 per 31 days)
<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 SUBCUTANEOUS RECON SOLN	2	QL (62 per 31 days)
<i>ganciclovir sodium</i>	1	B/D PA
GENVOYA	2	QL (31 per 31 days)
HARVONI ORAL PELLETS IN PACKET	2	PA; SP; QL (28 per 28 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; SP; QL (57 per 31 days)
HARVONI ORAL TABLET 90-400 MG	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)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INVIRASE ORAL TABLET	2	QL (124 per 31 days)
ISENTRESS HD	2	QL (62 per 31 days)
ISENTRESS ORAL POWDER IN PACKET	2	QL (186 per 31 days)
ISENTRESS ORAL TABLET	2	QL (124 per 31 days)
ISENTRESS ORAL TABLET,CHEWABLE	2	QL (186 per 31 days)
JULUCA	2	QL (31 per 31 days)
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 oral solution</i>	1	QL (930 per 31 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (31 per 31 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (62 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 oral solution</i>	1	QL (403 per 31 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (310 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (124 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)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (93 per 31 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (31 per 31 days)
NORVIR ORAL POWDER IN PACKET	2	QL (372 per 31 days)
NORVIR ORAL SOLUTION	2	QL (465 per 31 days)
ODEFSEY	2	QL (31 per 31 days)
<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 for reconstitution</i>	1	QL (1080 per 365 days)
PIFELTRO	2	QL (62 per 31 days)
PREVYMIS INTRAVENOUS	2	PA; NM
PREVYMIS ORAL	2	PA; SP; QL (30 per 30 days)
PREZCOBIX	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.

This drug list was last updated on 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PREZISTA ORAL SUSPENSION	2	QL (372 per 31 days)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG	2	QL (62 per 31 days)
PREZISTA ORAL TABLET 800 MG	2	QL (31 per 31 days)
RELENZA DISKHALER	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
REYATAZ ORAL POWDER IN PACKET	2	QL (248 per 31 days)
<i>ribavirin oral capsule</i>	1	NM
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	QL (372 per 31 days)
RUKOBIA	2	QL (62 per 31 days)
SELZENTRY ORAL SOLUTION	2	QL (1860 per 31 days)
SELZENTRY ORAL TABLET	2	QL (124 per 31 days)
STRIBILD	2	QL (31 per 31 days)
SYMTUZA	2	QL (31 per 31 days)
TEMIXYS	2	QL (31 per 31 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (31 per 31 days)
TIVICAY	2	QL (62 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TIVICAY PD	2	QL (186 per 31 days)
TRIUMEQ	2	QL (31 per 31 days)
TROGARZO	2	PA
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 recon soln</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)
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)
<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)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	1	

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This drug list was last updated on 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<b>CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML</b>	2	NM
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	1	NM
<i>cefazolin intravenous</i>	1	NM
<i>cefdinir</i>	1	
<b>CEFEPIME IN DEXTROSE 5 %</b>	1	
<i>cefepime in dextrose,iso-osm</i>	1	NM
<i>cefepime injection</i>	1	
<i>cefixime</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cefoxitin in dextrose, iso-osm</i>	1	NM
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefoxitin intravenous recon soln 10 gram</i>	1	NM
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<b>CEFTAZIDIME IN D5W</b>	1	NM
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	
<i>ceftazidime injection recon soln 6 gram</i>	1	NM
<i>ceftriaxone in dextrose,iso-os</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>ceftriaxone injection recon soln 10 gram</i>	1	NM
<b>CEFTRIAXONE INJECTION RECON SOLN 100 GRAM</b>	1	NM
<i>ceftriaxone intravenous</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	NM
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
TEFLARO	2	PA; SP
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	NM
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL TABLET	2	PA; SP; QL (20 per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>erythromycin oral tablet 250 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	1	SP
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	2	PA; NM; LA; SP; QL (235.2 per 28 days)
<i>atovaquone</i>	1	PA; SP
<i>atovaquone-proguanil</i>	1	
<i>aztreonam</i>	1	
BENZNIDAZOLE	2	
CAYSTON	2	LA; SP; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	1	NM
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR	1	NM
<i>clindamycin in 5 % dextrose</i>	1	
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1		<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	NM
COARTEM	2	QL (24 per 30 days)	<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>colistin (colistimethate na)</i>	1		<i>gentamicin sulfate (ped) (pf)</i>	1	
<i>dapsone oral</i>	1		<i>hydroxychloroquine</i>	1	
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG	2	SP	<i>imipenem-cilastatin</i>	1	
<i>daptomycin intravenous recon soln 500 mg</i>	1	SP	IMPAVIDO	2	SP
EMVERM	3	PA; SP; QL (12 per 365 days)	<i>isoniazid oral</i>	1	
<i>ertapenem</i>	1		<i>ivermectin oral</i>	1	
<i>ethambutol</i>	1		LAMPIT	2	PA; NM
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1		<i>linezolid in dextrose 5%</i>	1	NM
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2		<i>linezolid oral suspension for reconstitution</i>	1	QL (1800 per 30 days)
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	1	NM	<i>linezolid oral tablet</i>	1	QL (56 per 28 days)
			<i>linezolid-0.9% sodium chloride</i>	1	NM
			<i>mefloquine</i>	1	
			<i>meropenem</i>	1	
			MEROOPENEM-0.9% SODIUM CHLORIDE	1	NM
			<i>metro i.v.</i>	1	
			<i>metronidazole in nacl (iso-os)</i>	1	
			<i>metronidazole oral tablet</i>	1	
			<i>neomycin</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>nitazoxanide</i>	1	PA; SP; QL (14 per 30 days)	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	NM; SP; QL (4133 per 31 days)
<i>paromomycin</i>	1		VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	1	NM
PASER	2		VANCOMYCIN INJECTION	1	NM; SP; QL (1 per 31 days)
<i>pentamidine inhalation</i>	1	B/D PA; QL (1 per 28 days)	<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	1	
<i>pentamidine injection</i>	1		VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	2	NM
<i>praziquantel</i>	1		<i>vancomycin intravenous recon soln 10 gram</i>	1	NM
PRIFTIN	2		<i>vancomycin intravenous recon soln 5 gram</i>	1	NM; SP; QL (4 per 31 days)
PRIMAQUINE	2		<i>vancomycin oral capsule 125 mg</i>	1	QL (40 per 10 days)
<i>pyrazinamide</i>	1		<i>vancomycin oral capsule 250 mg</i>	1	SP; QL (80 per 10 days)
<i>pyrimethamine</i>	1	PA; SP	XIFAXAN ORAL TABLET 200 MG	2	PA; SP; QL (9 per 30 days)
<i>quinine sulfate</i>	1	PA; QL (42 per 30 days)	XIFAXAN ORAL TABLET 550 MG	2	PA; SP; QL (62 per 31 days)
<i>rifabutin</i>	1		<b>PENICILLINS</b>		
<i>rifampin</i>	1		<i>amoxicillin oral capsule</i>	1	
SIRTURO ORAL TABLET 100 MG	2	NM; LA; SP			
SIRTURO ORAL TABLET 20 MG	2	NM; SP			
STREPTOMYCIN	2				
SYNERCID	2	NM			
<i>tigecycline</i>	1	PA; SP			
<i>tinidazole</i>	1				
<i>tobramycin in 0.225 % nacl</i>	1	B/D PA; SP; QL (280 per 28 days)			
<i>tobramycin sulfate injection recon soln</i>	1	NM			
<i>tobramycin sulfate injection solution</i>	1				
TRECATOR	2				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>amoxicillin oral suspension for reconstitution</i>	1		<i>dicloxacillin</i>	1	
<i>amoxicillin oral tablet</i>	1		<i>nafcillin in dextrose iso-osm</i>	1	NM
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1		<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1		<i>nafcillin injection recon soln 10 gram</i>	1	NM; SP
<i>amoxicillin-pot clavulanate oral tablet</i>	1		<i>nafcillin intravenous recon soln 1 gram</i>	1	NM
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1		<i>nafcillin intravenous recon soln 2 gram</i>	1	
<i>ampicillin oral capsule 250 mg</i>	1	NM	<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	1	NM
<i>ampicillin oral capsule 500 mg</i>	1		<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>ampicillin sodium injection</i>	1		<i>oxacillin injection recon soln 1 gram</i>	1	NM
<i>ampicillin sodium intravenous</i>	1	NM	<i>oxacillin injection recon soln 10 gram</i>	1	NM; SP
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1		<i>oxacillin injection recon soln 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	NM	<b>PENICILLIN G POT IN DEXTROSE</b>	2	NM
<i>ampicillin-sulbactam intravenous</i>	1	NM	<i>penicillin g potassium</i>	1	
<b>BICILLIN C-R</b>	2		<i>penicillin g procaine</i>	1	
<b>BICILLIN L-A</b>	2		<i>penicillin g sodium</i>	1	
			<i>penicillin v potassium</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	NM
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	NM
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	NM
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<b>TETRACYCLINES</b>		
<i>doxy-100</i>	1	
<i>doxycycline hyclate intravenous</i>	1	NM
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>minocycline oral capsule</i>	1	
<i>tetracycline</i>	1	
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>trimethoprim</i>	1	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl</i>	1	
<i>ELITEK</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
KEPIVANCE	2	NM
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin calcium injection recon soln 500 mg</i>	1	NM
<i>leucovorin calcium injection solution</i>	1	NM
<i>leucovorin calcium oral</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin calcium intravenous solution</i>	1	NM
<i>mesna</i>	1	
MESNEX ORAL	2	SP
VISTOGARD	2	NM
XGEVA	2	PA; SP; QL (1.7 per 28 days)
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<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	B/D PA
ADAKVEO	2	PA; NM
ADCETRIS	2	B/D PA
AFINITOR DISPERZ	2	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
AFINITOR ORAL TABLET 10 MG	2	PA; SP; QL (31 per 31 days)
ALECensa	2	PA; SP; QL (248 per 31 days)
ALIMTA	2	B/D PA
ALIQOPA	2	B/D PA; NM
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; NM; SP; QL (31 per 31 days)
ALUNBRIG ORAL TABLET 30 MG	2	PA; NM; SP; QL (124 per 31 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; NM; SP; QL (30 per 180 days)
<i>anastrozole</i>	1	
ARRANON	2	NM
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA; NM
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA
ARZERRA	2	B/D PA
AVASTIN	2	B/D PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA; NM; LA; SP; QL (31 per 31 days)
<i>azacitidine</i>	1	B/D PA
<i>azathioprine</i>	1	B/D PA
<i>azathioprine sodium</i>	1	B/D PA; NM
BALVERSA	2	PA; NM; LA; SP
BAVENCIO	2	B/D PA; NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BELEODAQ	2	NM
BENDEKA	2	B/D PA
BESPONSA	2	B/D PA
<i>bexarotene</i>	1	PA; SP
<i>bicalutamide</i>	1	
BLENREP	2	B/D PA; NM
<i>bleomycin</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	2	B/D PA; NM
BORTEZOMIB	2	B/D PA; NM
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)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; LA; SP; QL (186 per 31 days)
BRUKINSA	2	PA; NM; LA; SP; QL (124 per 31 days)
<i>busulfan</i>	1	NM
CABOMETYX	2	PA; LA; SP; QL (31 per 31 days)
CALQUENCE	2	PA; NM; LA; SP; QL (62 per 31 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; NM; LA; SP; QL (62 per 31 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; NM; LA; SP; QL (31 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>carboplatin intravenous solution</i>	1	
<i>carmustine</i>	1	
<i>cisplatin intravenous solution</i>	1	
<i>cladribine</i>	1	B/D PA
<i>clofarabine</i>	1	NM
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; SP; QL (84 per 28 days)
COPIKTRA	2	PA; NM; LA; SP; QL (56 per 28 days)
COSMEGEN	3	
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 intravenous</i>	1	B/D PA; NM
<i>cyclosporine modified oral capsule</i>	1	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cyclosporine modified oral solution</i>	1	B/D PA; NM	<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	
<i>cyclosporine oral capsule</i>	1	B/D PA	<i>doxorubicin intravenous recon soln 50 mg</i>	1	
CYRAMZA	2	B/D PA	<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>cytarabine</i>	1	B/D PA	<i>doxorubicin intravenous solution 2 mg/ml</i>	1	NM
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA	<i>doxorubicin, peg-liposomal</i>	1	
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA; NM	DROXIA	2	
<i>dacarbazine</i>	1		ELIGARD	2	PA
<i>dactinomycin</i>	1	NM	ELIGARD (3 MONTH)	2	PA
DANYELZA	2	PA; NM	ELIGARD (4 MONTH)	2	PA
DARZALEX	2	B/D PA	ELIGARD (6 MONTH)	2	PA
DARZALEX FASPRO	2	B/D PA	ELZONRIS	2	B/D PA; NM
<i>daunorubicin intravenous solution</i>	1	NM	EMCYT	2	SP
DAURISMO ORAL TABLET 100 MG	2	PA; SP; QL (31 per 31 days)	EMPLICITI	2	B/D PA
DAURISMO ORAL TABLET 25 MG	2	PA; SP; QL (93 per 31 days)	ENSPRYNG	2	PA; SP
<i>decitabine</i>	1		<i>epirubicin intravenous solution</i>	1	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	NM	ERBITUX	2	
			ERIVEDGE	2	PA; SP; QL (31 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ERLEADA	2	PA; SP; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; SP; QL (31 per 31 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; SP; QL (93 per 31 days)
ERWINAZE	2	
ETOPOPHOS	2	
<i>etoposide intravenous</i>	1	
<i>everolimus (antineoplastic)</i>	1	PA; SP; QL (31 per 31 days)
<i>everolimus (immunosuppressive )</i>	1	B/D PA; SP
<i>exemestane</i>	1	QL (62 per 31 days)
FARYDAK	2	PA; SP; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	PA; SP
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PA
<i>flouxuridine</i>	1	B/D PA; NM
<i>fludarabine intravenous recon soln</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fludarabine intravenous solution</i>	1	NM
<i>fluorouracil intravenous</i>	1	B/D PA
<i>flutamide</i>	1	
FOLOTYN	2	
FOTIVDA	2	PA; NM; LA; SP; QL (21 per 28 days)
<i>fulvestrant</i>	1	B/D PA
GAVRETO	2	PA; LA; SP; QL (124 per 31 days)
GAZYVA	2	
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	
<i>gemcitabine intravenous recon soln 2 gram</i>	1	NM
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
<i>genograf</i>	1	B/D PA
GILOTRIF	2	PA; SP; QL (31 per 31 days)
HALAVEN	2	
HERCEPTIN HYLECTA	2	B/D PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydroxyurea</i>	1	
IBRANCE	2	PA; SP; QL (21 per 28 days)
ICLUSIG	2	PA; NM; SP; QL (31 per 31 days)
<i>idarubicin</i>	1	
IDHIFA	2	PA; LA; SP; QL (31 per 31 days)
<i>ifosfamide intravenous recon soln</i>	1	
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	NM
<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; NM; SP; QL (31 per 31 days)
IMFINZI	2	B/D PA
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
IRESSA	2	PA; SP; QL (31 per 31 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	NM
ISTODAX	2	
JAKAFI	2	PA; SP; QL (62 per 31 days)
JEMPERLI	2	PA; SP
JEVTANA	2	
KADCYLA	2	B/D PA
KANJINTI	2	B/D PA
KEYTRUDA	2	B/D PA; NM
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	PA; SP; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA; SP; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; SP; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; SP; QL (21 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; SP; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; SP; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	2	PA; NM; SP; QL (248 per 31 days)
KOSELUGO ORAL CAPSULE 25 MG	2	PA; NM; SP; QL (124 per 31 days)
KYPROLIS	2	B/D PA; NM
<i>lapatinib</i>	1	PA; LA; SP; QL (186 per 31 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA; SP; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; SP; QL (60 per 30 days)
<i>letrozole</i>	1	QL (31 per 31 days)
LEUKERAN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>leuprolide subcutaneous kit</i>	1	SP
LIBTAYO	2	B/D PA; NM
LONSURF ORAL TABLET 15-6.14 MG	2	PA; SP; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	2	PA; SP; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	2	PA; SP; QL (31 per 31 days)
LORBRENA ORAL TABLET 25 MG	2	PA; SP; QL (93 per 31 days)
LUMOXITI	2	B/D PA; NM
LUPRON DEPOT	2	PA; SP
LUPRON DEPOT (3 MONTH)	2	PA
LUPRON DEPOT (4 MONTH)	2	PA; SP
LUPRON DEPOT (6 MONTH)	2	PA; SP
LUPRON DEPOT-PED	2	PA
LUPRON DEPOT-PED (3 MONTH)	2	PA
LYNPARZA ORAL TABLET	2	PA; SP; QL (124 per 31 days)
LYSODREN	2	NM
MARQIBO	2	B/D PA; NM
MATULANE	2	NM; SP

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	1	PA; NM
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/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</i>	1	B/D PA
<i>melphalan hcl</i>	1	NM
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	B/D PA
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA; NM
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA
<i>mitomycin intravenous</i>	1	
<i>mitoxantrone</i>	1	
MONJUVI	2	B/D PA; NM
<i>mycophenolate mofetil</i>	1	B/D PA
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>mycophenolate sodium</i>	1	B/D PA
MYLOTARG	2	B/D PA
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	
NUBEQA	2	PA; LA; SP; QL (124 per 31 days)
NULOJIX	2	B/D PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection syringe</i>	1	PA
ODOMZO	2	PA; LA; SP; QL (31 per 31 days)
OGIVRI	2	B/D PA
ONCASPAR	2	NM
ONIVYDE	2	B/D PA; NM
ONUREG	2	PA; SP; QL (14 per 28 days)
OPDIVO	2	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ORGOVYX	2	PA; NM; LA; SP; QL (31 per 31 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	NM
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	NM
paclitaxel	1	
PADCEV	2	B/D PA
PEMAZYRE	2	PA; NM; SP; QL (14 per 21 days)
PERJETA	2	
PHESGO	2	B/D PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; SP; QL (56 per 28 days)
POLIVY	2	B/D PA
POMALYST	2	PA; SP; QL (21 per 28 days)
PORTRAZZA	2	B/D PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
POTELIGEO	2	B/D PA; NM
PROGRAF INTRAVENOUS	2	B/D PA
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA
PURIXAN	2	NM; SP
QINLOCK	2	PA; NM; LA; SP; QL (93 per 31 days)
RETEVMO ORAL CAPSULE 40 MG	2	PA; LA; SP; QL (186 per 31 days)
RETEVMO ORAL CAPSULE 80 MG	2	PA; LA; SP; QL (124 per 31 days)
REVLIMID	2	PA; LA; SP; QL (28 per 28 days)
RITUXAN	2	
ROMIDEPSIN INTRAVENOUS SOLUTION	2	NM
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
SARCLISA	2	B/D PA; NM
SIGNIFOR	2	PA; NM; SP; QL (62 per 31 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG	2	B/D PA; NM
SIMULECT INTRAVENOUS RECON SOLN 20 MG	2	B/D PA
<i>sirolimus</i>	1	B/D PA
SOLTAMOX	2	SP
SOMATULINE DEPOT	2	PA
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SYNRIBO	2	PA; NM; 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)
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 28 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA; SP; QL (434 per 31 days)
TAZVERIK	2	PA; NM; LA; SP; QL (248 per 31 days)
TECENTRIQ	2	B/D PA
<i>temsirolimus</i>	1	B/D PA
TEPMETKO	2	PA; NM; LA; SP; QL (62 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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 recon soln 100 mg</i>	1	B/D PA; NM
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA
TIBSOVO	2	PA; NM; SP; QL (62 per 31 days)
<i>toposar</i>	1	
<i>topotecan intravenous recon soln</i>	1	NM
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	
toremifene	1	SP
TREANDA	2	B/D PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	B/D PA; SP
<i>tretinoin (antineoplastic)</i>	1	SP
TRODELVY	2	B/D PA; NM
TUKYSA ORAL TABLET 150 MG	2	PA; NM; LA; SP; QL (124 per 31 days)
TUKYSA ORAL TABLET 50 MG	2	PA; NM; LA; SP; QL (248 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TURALIO	2	PA; NM; LA; SP; QL (124 per 31 days)
UKONIQ	2	PA; NM; LA; SP; QL (124 per 31 days)
UNITUXIN	2	NM
VECTIBIX	2	B/D PA
VELCADE	2	B/D PA
VENCLEXTA ORAL TABLET 10 MG	2	PA; NM; LA; QL (62 per 31 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; NM; LA; SP; QL (124 per 31 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; NM; LA; QL (31 per 31 days)
VENCLEXTA STARTING PACK	2	PA; NM; 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VIZIMPRO	2	PA; SP; QL (31 per 31 days)
VOTRIENT	2	PA; SP; QL (124 per 31 days)
VYXEOS	2	B/D PA; NM
XALKORI	2	PA; SP; QL (62 per 31 days)
XERMELO	2	PA; NM; LA; SP; QL (84 per 28 days)
XOSPATA	2	PA; NM; LA; SP; QL (93 per 31 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	2	PA; NM; LA; SP; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	2	PA; NM; LA; SP; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	2	PA; NM; LA; SP; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	2	PA; NM; LA; SP; QL (16 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	2	PA; NM; LA; SP; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	2	PA; NM; LA; SP; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	2	PA; NM; LA; SP; QL (32 per 28 days)
XTANDI ORAL CAPSULE	2	PA; SP; QL (124 per 31 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	
YONDELIS	2	B/D PA; NM
YONSA	2	PA; SP; QL (124 per 31 days)
ZALTRAP	2	B/D PA
ZANOSAR	2	
ZEJULA	2	PA; NM; LA; SP; QL (93 per 31 days)
ZELBORAF	2	PA; SP; QL (248 per 31 days)
ZEPZELCA	2	B/D PA; NM
ZOLADEX	2	

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Drug Name	Drug Tier	Requirements /Limits
ZOLINZA	2	PA; SP; QL (124 per 31 days)
ZORTRESS ORAL TABLET 1 MG	2	B/D PA
ZYDELIG	2	PA; SP; QL (62 per 31 days)
ZYKADIA ORAL TABLET	2	PA; SP; QL (155 per 31 days)
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	2	PA; QL (31 per 31 days)
APTIOM ORAL TABLET 600 MG, 800 MG	2	PA; QL (62 per 31 days)
BRIVIACT INTRAVENOUS	2	PA; NM; SP; QL (620 per 31 days)
BRIVIACT ORAL SOLUTION	2	PA; QL (600 per 30 days)
BRIVIACT ORAL TABLET	2	PA; QL (62 per 31 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	NM

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	
<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>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (93 per 31 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	QL (310 per 31 days)
DIACOMIT	2	PA; NM; SP
<i>diazepam rectal</i>	1	
DILANTIN 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	NM
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	
EPIDIOLEX	2	PA; LA; SP
<i>epitol</i>	1	
EQUETRO	2	
<i>ethosuximide</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>felbamate</i>	1	
FINTEPLA	2	PA; NM; SP; 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 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	NM; SP; 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 oral  tablet</i>	1	
<i> lamotrigine oral  tablet extended release 24hr</i>	1	
<i> lamotrigine oral  tablet, chewable dispersible</i>	1	
<i> lamotrigine oral  tablet,disintegrating</i>	1	
<i> lamotrigine oral  tablets,dose pack</i>	1	
<i> levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i> levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	NM
<i> levetiracetam intravenous</i>	1	
<i> levetiracetam oral solution 100 mg/ml</i>	1	
<i> levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	NM
<i> levetiracetam oral tablet</i>	1	
<i> levetiracetam oral tablet extended release 24 hr</i>	1	
<b>NAYZILAM</b>	2	PA; SP
<i> oxcarbazepine</i>	1	
<i> phenobarbital oral elixir</i>	1	PA
<i> phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA; NM
<i> phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA
<i> phenobarbital sodium injection solution 130 mg/ml</i>	1	
<i> phenobarbital sodium injection solution 65 mg/ml</i>	1	NM
<i> phenytoin oral suspension 100 mg/4 ml</i>	1	NM
<i> phenytoin oral suspension 125 mg/5 ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	NM
<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)
<i>pregabalin oral solution</i>	1	QL (930 per 31 days)
<i>primidone</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	PA; SP; QL (2480 per 31 days)
<i>rufinamide oral tablet 200 mg</i>	1	PA; SP; QL (186 per 31 days)
<i>rufinamide oral tablet 400 mg</i>	1	PA; SP; QL (248 per 31 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG</b>	2	PA; QL (93 per 31 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG</b>	2	PA; QL (62 per 31 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 750 MG</b>	2	PA; QL (124 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>	2	PA; SP; QL (62 per 31 days)
<b>SYMPAZAN ORAL FILM 5 MG</b>	2	PA; QL (62 per 31 days)
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	NM
<b>VALTOCO</b>	2	PA; SP; QL (10 per 31 days)
<i>vigabatrin oral powder in packet</i>	1	PA; LA; SP; QL (186 per 31 days)
<i>vigabatrin oral tablet</i>	1	PA; LA; SP
<i>vigadron</i>	1	PA; NM; LA; SP; QL (186 per 31 days)

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This drug list was last updated on 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VIMPAT INTRAVENOUS	2	SP; QL (1240 per 31 days)
VIMPAT ORAL SOLUTION	2	QL (1200 per 30 days)
VIMPAT ORAL TABLET	2	QL (62 per 31 days)
XCOPRI MAINTENANCE PACK	2	PA; SP; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	2	PA; QL (31 per 31 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 TITRATION PACK	2	PA; QL (28 per 28 days)
<i>zonisamide</i>	1	
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	2	PA; LA; SP; QL (60 per 30 days)
<i>benztropine oral</i>	1	PA
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; SP; QL (155 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NEUPRO	2	QL (31 per 31 days)
ONGENTYS	2	PA; QL (31 per 31 days)
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	1	NM; SP
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	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)
<i>almotriptan malate</i>	1	ST; QL (12 per 28 days)
<i>dihydroergotamine nasal</i>	1	NM; SP; QL (8 per 28 days)
<i>eletriptan</i>	1	ST; QL (12 per 28 days)
EMGALITY PEN	2	PA; QL (2 per 31 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 per 31 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; SP; QL (3 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>frovatriptan</i>	1	ST; QL (18 per 28 days)
<i>naratriptan</i>	1	ST; QL (9 per 28 days)
<i>rizatriptan</i>	1	QL (12 per 28 days)
<i>sumatriptan</i>	1	QL (12 per 28 days)
<i>sumatriptan succinate oral</i>	1	QL (9 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (4 per 28 days)
<i>zolmitriptan oral</i>	1	ST; QL (12 per 28 days)

## MISCELLANEOUS NEUROLOGICAL THERAPY

<i>AUBAGIO</i>	2	PA; SP; QL (31 per 31 days)
<i>dalfampridine</i>	1	PA; SP; QL (62 per 31 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; SP; QL (14 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; SP; QL (60 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; SP; QL (62 per 31 days)
<i>donepezil oral tablet 10 mg</i>	1	QL (62 per 31 days)
<i>donepezil oral tablet 5 mg</i>	1	QL (31 per 31 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	1	QL (62 per 31 days)
<i>donepezil oral tablet,disintegrating 5 mg</i>	1	QL (31 per 31 days)
<i>FIRDAPSE</i>	2	PA; NM; SP; QL (248 per 31 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</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)
<i>GILENYA ORAL CAPSULE 0.5 MG</i>	2	PA; SP; QL (31 per 31 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; NM; SP; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	NM; SP; QL (12 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; SP; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	SP; QL (12 per 28 days)
LEMTRADA	2	PA; SP; QL (6 per 31 days)
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 STARTER PACK	2	PA; SP; QL (12 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; QL (31 per 31 days)
<i>memantine oral solution</i>	1	PA; QL (310 per 31 days)
<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)
NUEDEXTA	2	PA; SP; QL (62 per 31 days)
OCREVUS	2	SP; QL (20 per 31 days)
RADICAVA	2	PA; NM
<i>rivastigmine</i>	1	QL (31 per 31 days)
<i>rivastigmine tartrate</i>	1	QL (62 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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; QL (15 per 31 days)
ZEPOSIA	2	PA; SP; QL (31 per 31 days)
ZEPOSIA STARTER KIT	2	PA; SP; QL (37 per 180 days)
ZEPOSIA STARTER PACK	2	PA; QL (7 per 180 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen intrathecal</i>	1	B/D PA
<i>baclofen oral</i>	1	
<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 bromide oral syrup</i>	1	SP
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine oral tablet</i>	1	
<b>NARCOTIC ANALGESICS</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	NM; SP; QL (4650 per 31 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (4650 per 31 days)
<i>acetaminophen-codeine oral solution 240 mg-24 mg /10 ml (10 ml)</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 hcl injection solution</i>	1	QL (276 per 21 days)
<i>buprenorphine hcl injection syringe</i>	1	NM; QL (276 per 21 days)
<i>buprenorphine hcl sublingual</i>	1	QL (93 per 31 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA; QL (4 per 28 days)
<b>BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR</b>	2	PA; QL (4 per 28 days)
<i>codeine sulfate</i>	1	QL (186 per 31 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>doramorph (pf) injection solution 1 mg/ml</i>	1	NM
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (372 per 31 days)
<i>endocet oral tablet 2.5-325 mg</i>	1	SP; QL (372 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	1	PA; SP; QL (40 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	1	PA; SP; QL (30 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; SP; QL (124 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	1	PA; SP; QL (120 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	1	PA; SP; QL (80 per 31 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	1	PA; SP; QL (60 per 31 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	NM; SP; QL (5735 per 31 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5735 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydrocodone-acetaminophen oral tablet 10-325 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 21 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	NM; QL (248 per 31 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	NM; SP; QL (155 per 31 days)
<i>hydromorphone injection solution 1 mg/ml</i>	1	NM; SP; QL (310 per 31 days)
<i>hydromorphone injection solution 2 mg/ml</i>	1	SP; QL (155 per 31 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	1	SP; QL (310 per 31 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	1	NM; SP; QL (155 per 31 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	1	SP; QL (77 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>methadone injection solution</i>	1	PA; NM; SP; QL (155 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>methadone intensol</i>	1	PA; SP; QL (93 per 31 days)
<i>methadone oral concentrate</i>	1	PA; NM; SP; QL (93 per 31 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (1240 per 31 days)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (124 per 31 days)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (248 per 31 days)
<i>methadose oral concentrate</i>	1	PA; SP; QL (93 per 31 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	NM; SP; QL (4133 per 31 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	SP; QL (2066 per 31 days)
<i>morphine concentrate oral solution</i>	1	QL (310 per 31 days)
<i>morphine injection solution 8 mg/ml</i>	1	NM; SP; QL (258 per 31 days)
<i>morphine injection syringe 10 mg/ml</i>	1	SP; QL (206 per 31 days)
<i>morphine injection syringe 4 mg/ml</i>	1	SP; QL (516 per 31 days)
<i>morphine injection syringe 8 mg/ml</i>	1	NM; SP; QL (258 per 31 days)
<i>morphine intravenous solution 10 mg/ml</i>	1	SP; QL (206 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>morphine intravenous solution 4 mg/ml</i>	1	SP; QL (516 per 31 days)
<b>MORPHINE INTRAVENOUS SOLUTION 8 MG/ML</b>	2	
<i>morphine intravenous syringe 10 mg/ml</i>	1	NM; SP; QL (206 per 31 days)
<i>morphine intravenous syringe 2 mg/ml</i>	1	NM; SP; QL (1033 per 31 days)
<i>morphine intravenous syringe 4 mg/ml</i>	1	NM; SP; QL (516 per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	1	PA; QL (52 per 31 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (62 per 31 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA; QL (93 per 31 days)
<i>morphine oral capsule, extend.release pellets 100 mg</i>	1	PA; QL (62 per 31 days)
<i>morphine oral capsule, extend.release pellets 80 mg</i>	1	PA; QL (78 per 31 days)
<i>morphine oral solution</i>	1	QL (930 per 31 days)
<i>morphine oral tablet</i>	1	QL (186 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>morphine oral tablet extended release 100 mg</i>	1	PA; QL (62 per 31 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (124 per 31 days)
<i>morphine oral tablet extended release 200 mg</i>	1	PA; QL (31 per 31 days)
<i>morphine oral tablet extended release 60 mg</i>	1	PA; QL (103 per 31 days)
<i>oxycodone oral capsule</i>	1	QL (372 per 31 days)
<i>oxycodone oral concentrate</i>	1	QL (186 per 31 days)
<i>oxycodone oral solution</i>	1	QL (1240 per 31 days)
<b>OXYCODONE ORAL SYRINGE</b>	1	NM; QL (186 per 31 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	1	QL (186 per 31 days)
<i>oxycodone oral tablet 30 mg</i>	1	QL (138 per 31 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (372 per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (372 per 31 days)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (207 per 31 days)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (186 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (93 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg</i>	1	PA; QL (69 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	1	PA; QL (52 per 31 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (62 per 31 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (93 per 31 days)
<i>buprenorphine-naloxone sublingual tablet</i>	1	QL (93 per 31 days)
<i>butorphanol injection solution 1 mg/ml</i>	1	SP; QL (885 per 31 days)
<i>butorphanol injection solution 2 mg/ml</i>	1	SP; QL (442 per 31 days)
<i>butorphanol nasal</i>	1	QL (5 per 28 days)
<i>celecoxib</i>	1	QL (62 per 31 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	NM
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (31 per 31 days)
<i>nabumetone</i>	1	
<i>nalbuphine injection solution 10 mg/ml</i>	1	SP; QL (206 per 31 days)
<i>nalbuphine injection solution 20 mg/ml</i>	1	SP; QL (103 per 31 days)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>naproxen oral suspension</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	1	NM
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<b>NARCAN</b>	2	QL (2 per 30 days)
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
<i>sulindac</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (248 per 31 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	QL (31 per 31 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	QL (31 per 31 days)
<i>tramadol-acetaminophen</i>	1	QL (248 per 31 days)
<b>VIVITROL</b>	2	SP
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
<i>ABILIFY MAINTENA</i>	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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	QL (930 per 31 days)
<i>aripiprazole oral tablet</i>	1	QL (31 per 31 days)
<i>aripiprazole oral tablet,disintegrating</i>	1	ST; SP; QL (62 per 31 days)
<b>ARISTADA INITIO</b>	2	SP; QL (2.4 per 180 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML</b>	2	SP; QL (3.9 per 56 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML</b>	2	SP; QL (1.6 per 28 days)
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML</b>	2	SP; QL (2.4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	SP; QL (3.2 per 28 days)
<i>armodafinil</i>	1	PA; QL (31 per 31 days)
<i>asenapine maleate</i>	1	PA; SP; QL (62 per 31 days)
<i>atomoxetine</i>	1	QL (31 per 31 days)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (93 per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (31 per 31 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg</i>	1	QL (93 per 31 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i>	1	QL (62 per 31 days)
<i>buspirone</i>	1	
<i>CAPLYTA</i>	2	PA; SP; QL (31 per 31 days)
<i>chlordiazepoxide hcl</i>	1	PA; QL (124 per 31 days)
<i>chlorpromazine injection</i>	1	
<i>chlorpromazine oral tablet</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; QL (186 per 31 days)
<i>clorazepate dipotassium 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	NM; QL (279 per 31 days)
<i>clozapine oral tablet 200 mg</i>	1	NM; QL (120 per 31 days)
<i>clozapine oral tablet 50 mg</i>	1	NM; QL (186 per 31 days)
<i>clozapine oral tablet,disintegrating 100 mg, 25 mg</i>	1	ST; NM; QL (279 per 31 days)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	1	ST; NM; QL (93 per 31 days)
<i>CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG</i>	3	ST; NM; QL (186 per 31 days)
<i>CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG</i>	3	ST; NM; QL (124 per 31 days)
<i>desipramine</i>	1	

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This drug list was last updated on 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR	2	ST; QL (31 per 31 days)
<i>desvenlafaxine succinate</i>	1	QL (31 per 31 days)
<i>dextroamphetamine oral tablet</i>	1	QL (62 per 31 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg</i>	1	QL (124 per 31 days)
<i>dextroamphetamine oral capsule, extended release 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 oral capsule,extended release 24hr</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</i>	1	PA; NM
<i>diazepam intensol</i>	1	PA; NM; QL (248 per 31 days)
<i>diazepam oral concentrate</i>	1	PA; QL (248 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL (1240 per 31 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; NM; QL (1240 per 31 days)
<i>diazepam oral tablet</i>	1	PA; QL (124 per 31 days)
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<b>DRIZALMA SPRINKLE</b>	2	PA; QL (62 per 31 days)
<i>duloxetine</i>	1	QL (62 per 31 days)
<b>EMSAM</b>	2	PA; SP; QL (31 per 31 days)
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	QL (620 per 31 days)
<i>escitalopram oxalate oral tablet</i>	1	QL (31 per 31 days)
<i>eszopiclone</i>	1	QL (31 per 31 days)
<b>FANAPT ORAL TABLET</b>	2	PA; QL (62 per 31 days)
<b>FANAPT ORAL TABLETS,DOSE PACK</b>	2	PA; QL (8 per 180 days)
<b>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK</b>	2	ST; QL (28 per 180 days)
<b>FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR</b>	2	ST; QL (31 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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 oral capsule,delayed release(dr/ec)</i>	1	ST; QL (4 per 28 days)
<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 oral capsule,extended release 24hr</i>	1	ST; QL (62 per 31 days)
<i>fluvoxamine oral tablet</i>	1	QL (93 per 31 days)
<b>GEODON INTRAMUSCULA R</b>	2	QL (62 per 31 days)
<i>haloperidol</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	1	NM
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>HETLIOZ</b>	2	PA; SP; QL (31 per 31 days)
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<b>INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 117 MG/0.75 ML</b>	2	SP; QL (0.75 per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 156 MG/ML</b>	2	SP; QL (1 per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 234 MG/1.5 ML</b>	2	SP; QL (1.5 per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 39 MG/0.25 ML</b>	2	QL (0.25 per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 78 MG/0.5 ML</b>	2	SP; QL (0.5 per 28 days)
<b>INVEGA TRINZA INTRAMUSCULA R SYRINGE 273 MG/0.875 ML</b>	2	QL (0.88 per 90 days)
<b>INVEGA TRINZA INTRAMUSCULA R SYRINGE 410 MG/1.315 ML</b>	2	QL (1.32 per 90 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	2	QL (2.63 per 90 days)
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 solution</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; NM; QL (155 per 31 days)
<i>lorazepam oral concentrate</i>	1	PA; SP; QL (155 per 31 days)
<i>lorazepam oral syringe</i>	1	PA; NM; 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 succinate</i>	1	
<i>maprotiline</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
MARPLAN	2	
<i>metadate er</i>	1	NM; QL (93 per 31 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (31 per 31 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	1	QL (62 per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (930 per 31 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (1860 per 31 days)
<i>methylphenidate hcl oral tablet</i>	1	QL (93 per 31 days)
<i>methylphenidate hcl oral tablet extended release</i>	1	QL (93 per 31 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	1	NM; QL (31 per 31 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	QL (31 per 31 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	QL (62 per 31 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	1	NM; QL (62 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	1	QL (186 per 31 days)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	1	QL (93 per 31 days)
<i>mirtazapine</i>	1	QL (31 per 31 days)
<i>modafinil</i>	1	PA; QL (31 per 31 days)
<i>molindone</i>	1	
<i>nefazodone</i>	1	
<i>nortriptyline</i>	1	
<i>NUPLAZID ORAL CAPSULE</i>	2	PA; SP; QL (31 per 31 days)
<i>NUPLAZID ORAL TABLET 10 MG</i>	2	PA; SP; QL (31 per 31 days)
<i>olanzapine intramuscular</i>	1	QL (31 per 31 days)
<i>olanzapine oral tablet</i>	1	QL (31 per 31 days)
<i>olanzapine oral tablet, disintegrating</i>	1	ST; QL (31 per 31 days)
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	ST; QL (31 per 31 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	ST; QL (62 per 31 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	QL (31 per 31 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (62 per 31 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (47 per 31 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 37.5 mg</i>	1	ST; QL (62 per 31 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	1	ST; QL (93 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)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (62 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	ST; QL (31 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	ST; QL (62 per 31 days)
<i>ramelteon</i>	1	QL (31 per 31 days)
<b>REXULTI</b>	2	PA; QL (31 per 31 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML</b>	2	QL (2 per 28 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</b>	2	SP; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	QL (248 per 31 days)
<i>risperidone oral syringe</i>	1	NM; QL (248 per 31 days)
<i>risperidone oral tablet</i>	1	QL (62 per 31 days)
<i>risperidone oral tablet,disintegrating</i>	1	ST; QL (62 per 31 days)
<b>SECUADO</b>	2	PA; SP; QL (31 per 31 days)
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg</i>	1	QL (62 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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	
<b>TRINTELLIX</b>	2	ST; QL (31 per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	QL (62 per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	QL (31 per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (93 per 31 days)
<i>venlafaxine oral tablet</i>	1	QL (93 per 31 days)
<b>VENLAFAKINE ORAL TABLET EXTENDED RELEASE 24HR 225 MG</b>	3	QL (31 per 31 days)
<b>VERSACLOZ</b>	2	ST; NM; QL (558 per 31 days)
<b>VIIBRYD ORAL TABLET</b>	2	ST; QL (31 per 31 days)
<b>VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)</b>	2	ST; QL (30 per 180 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VRAYLAR ORAL CAPSULE	2	PA; QL (31 per 31 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	2	PA; QL (7 per 180 days)
VYVANSE	2	QL (31 per 31 days)
XYREM	2	PA; NM; 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 hcl</i>	1	QL (62 per 31 days)
<i>ziprasidone mesylate</i>	1	NM; QL (62 per 31 days)
<i>zolpidem oral tablet</i>	1	QL (31 per 31 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	2	SP; QL (2 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	SP; QL (1 per 31 days)
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone oral tablet 100 mg, 400 mg</i>	1	NM
<i>amiodarone oral tablet 200 mg</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	NM
<i>mexiletine</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</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	NM
<i>sotalol oral</i>	1	
<b>SOTYLIZE</b>	2	

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Drug Name	Drug Tier	Requirements /Limits
<b>ANTIHYPERTENSIVE THERAPY</b>		
acebutolol	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	3	
aliskiren	1	ST; QL (31 per 31 days)
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL (31 per 31 days)
amlodipine-valsartan	1	QL (31 per 31 days)
amlodipine-valsartan-hcthiazid	1	QL (31 per 31 days)
atenolol	1	
atenolol-chlorthalidone	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
betaxolol oral	1	
BIDIL	2	QL (186 per 31 days)
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide	1	
candesartan	1	QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
candesartan-hydrochlorothiazid	1	QL (31 per 31 days)
captopril	1	
captopril-hydrochlorothiazide	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	3	
cartia xt	1	
carvedilol	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine	1	QL (4 per 28 days)
clonidine hcl oral tablet	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	NM
diltiazem hcl oral capsule,extended release 24hr 360 mg	1	
diltiazem hcl oral tablet	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	NM
<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 maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>epoprostenol (glycine)</i>	1	B/D PA
<i>ethacrynic acid</i>	1	
<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 (8 mg/ml)</i>	1	
<b>FUROSEMIDE ORAL SOLUTION 40 MG/4 ML</b>	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>irbesartan-hydrochlorothiazide</i>	1	QL (31 per 31 days)
<i>isradipine</i>	1	
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-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 (31 per 31 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (62 per 31 days)
<i>matzim la</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</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 oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	QL (31 per 31 days)
<i>olmesartan oral tablet 5 mg</i>	1	QL (62 per 31 days)
<i>olmesartan-amlodipin-hcthiazid</i>	1	QL (31 per 31 days)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (31 per 31 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA; SP
<i>pindolol</i>	1	
<i>prazosin</i>	1	
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>taztia xt</i>	1	
<i>telmisartan</i>	1	QL (31 per 31 days)
<i>telmisartan-amlodipine</i>	1	QL (31 per 31 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (31 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	1	QL (62 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	
<i>timolol maleate oral</i>	1	
<i>torsemide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	1	B/D PA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
<b>UPTRAVI ORAL TABLET</b>	2	PA; LA; SP; QL (62 per 31 days)
<b>UPTRAVI ORAL TABLETS,DOSE PACK</b>	2	PA; LA; SP; QL (200 per 180 days)
<i>valsartan oral tablet 160 mg</i>	1	QL (62 per 31 days)
<i>valsartan oral tablet 320 mg, 40 mg, 80 mg</i>	1	QL (31 per 31 days)
<i>valsartan-hydrochlorothiazide</i>	1	QL (31 per 31 days)
<i>verapamil oral</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral</i>	1	
<i>aspirin-dipyridamole</i>	1	QL (62 per 31 days)
<b>BRILINTA</b>	2	QL (62 per 31 days)
<b>CABLIVI INJECTION KIT</b>	2	PA; NM; LA; SP
<b>CEPROTIN (BLUE BAR)</b>	2	
<b>CEPROTIN (GREEN BAR)</b>	2	
<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	
<b>ELIQUIS</b>	2	QL (62 per 31 days)
<b>ELIQUIS DVT-PE TREAT 30D START</b>	2	QL (74 per 180 days)
<i>enoxaparin subcutaneous solution</i>	1	SP; QL (31 per 31 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	QL (22.4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	SP
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	NM
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	NM
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	

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This drug list was last updated on 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
heparin( <i>porcine</i> ) in 0.45% <i>nacl</i> intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine ( <i>pf</i> ) injection solution 1,000 unit/ml	1	NM
heparin, porcine ( <i>pf</i> ) injection solution 5,000 unit/0.5 ml	1	
heparin, porcine ( <i>pf</i> ) injection syringe 5,000 unit/0.5 ml	1	
jantoven	1	
MULPLETA	2	PA; SP; QL (7 per 7 days)
NPLATE	2	
pentoxifylline	1	
PRADAXA	3	QL (2 per 1 day)
prasugrel	1	QL (31 per 31 days)
PROMACTA ORAL POWDER IN 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 DVT-PE TREAT 30D START	2	QL (51 per 180 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
amlodipine-atorvastatin	1	QL (31 per 31 days)
atorvastatin	1	QL (31 per 31 days)
cholestyramine (with sugar)	1	
cholestyramine light	1	NM
colesevelam	1	ST
colestipol	1	
ezetimibe	1	QL (31 per 31 days)
ezetimibe-simvastatin	1	QL (31 per 31 days)
fenofibrate micronized	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
fluvastatin oral capsule 20 mg	1	QL (31 per 31 days)
fluvastatin oral capsule 40 mg	1	QL (62 per 31 days)
gemfibrozil	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>icosapent ethyl</i>	1	PA; QL (124 per 31 days)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	2	PA; LA; SP; QL (31 per 31 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	2	PA; LA; SP; QL (62 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 oral tablet extended release 24 hr</i>	1	NM
NIACOR	2	
<i>omega-3 acid ethyl esters</i>	1	PA; QL (124 per 31 days)
<i>pravastatin</i>	1	QL (31 per 31 days)
<i>prevalite</i>	1	
REPATHA	2	PA; NM; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; NM; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; NM; QL (3 per 28 days)
<i>rosuvastatin</i>	1	QL (31 per 31 days)
<i>simvastatin oral tablet</i>	1	QL (31 per 31 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	2	PA; QL (248 per 31 days)
VASCEPA ORAL CAPSULE 1 GRAM	2	PA; QL (124 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
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>digox</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)
ENTRESTO	2	QL (62 per 31 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	QL (31 per 31 days)
<i>ranolazine</i>	1	QL (62 per 31 days)
VYNDAQEL	2	PA; SP; QL (124 per 31 days)
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	QL (31 per 31 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin translingual</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	
<i>calcipotriene scalp</i>	1	QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	QL (400 per 28 days)
<i>calcitriol topical</i>	1	NM
COSENTYX	2	PA
COSENTYX (2 SYRINGES)	2	PA; SP
COSENTYX PEN	2	PA
COSENTYX PEN (2 PENS)	2	PA; SP
<i>selenium sulfide topical lotion</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; NM; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; NM; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; SP
STELARA INTRAVENOUS	2	PA; SP; QL (107 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SOLUTION	2	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; QL (1 per 28 days)
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 28 days)
<i>doxepin topical</i>	1	QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; SP; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; SP; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; SP; QL (8 per 28 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	2	PA; SP; QL (30 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 31 days)
<i>lidocaine (pf) injection solution</i>	1	NM
<i>lidocaine hcl injection solution</i>	1	NM
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL (60 per 21 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	SP; QL (60 per 31 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	NM
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	QL (36 per 30 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	NM
<i>lidocaine-epinephrine (pf)</i>	1	NM
<i>lidocaine-prilocaine topical cream</i>	1	QL (60 per 31 days)
<i>methoxsalen</i>	1	SP
<i>podofilox</i>	1	
<i>prodoxin</i>	1	QL (45 per 30 days)
<b>REGRANEX</b>	2	PA; SP
<b>SANTYL</b>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>tacrolimus topical</i>	1	QL (100 per 31 days)
<b>VALCHLOR</b>	2	PA; SP
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical gel 0.3 %</i>	1	PA
<i>adapalene topical gel with pump</i>	1	PA
<i>amnesteem</i>	1	NM
<i>azelaic acid</i>	1	
<i>claravis</i>	1	NM
<i>clindamycin phosphate topical gel</i>	1	QL (120 per 31 days)
<b>CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY</b>	1	NM; QL (120 per 31 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (120 per 31 days)
<i>clindamycin phosphate topical solution</i>	1	QL (120 per 31 days)
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>ery pads</i>	1	
<i>erygel</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>isotretinoin</i>	1	NM
<i>metronidazole topical</i>	1	
<i>myorisan</i>	1	NM
<i>neuac</i>	1	
<i>rosadan topical gel</i>	1	
<i>tazarotene topical cream</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL	2	PA; QL (100 per 31 days)
<i>tretinoin topical</i>	1	PA
<i>zenatane</i>	1	NM
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLYON TOPICAL CREAM	2	
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL (90 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ciclopirox topical gel</i>	1	QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	1	QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	QL (60 per 28 days)
<i>econazole</i>	1	QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	QL (120 per 28 days)
<i>nyamyc</i>	1	
<i>nystatin topical cream</i>	1	QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	QL (30 per 28 days)
<i>nystatin topical powder</i>	1	NM
<i>nystatin-triamcinolone</i>	1	QL (60 per 28 days)
<i>nystop</i>	1	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	1	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DENAVIR	2	SP; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	
<i>ala-cort topical cream 2.5 %</i>	1	NM
<i>alclometasone</i>	1	
<i>beser</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
<i>betamethasone, augmented</i>	1	
<i>clobetasol scalp</i>	1	QL (120 per 28 days)
<i>clobetasol topical cream</i>	1	QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	QL (120 per 28 days)
<i>clobetasol topical gel</i>	1	QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	QL (120 per 28 days)
<i>clobetasol topical ointment</i>	1	QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	QL (120 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	QL (120 per 28 days)
<i>clodan</i>	1	QL (120 per 28 days)
<i>desonide topical cream</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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 0.25 %</i>	1	
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 per 28 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-e</i>	1	QL (120 per 31 days)
<i>fluocinonide-emollient</i>	1	NM; QL (120 per 31 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	
<i>hydrocortisone butyr-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 emollient</i>	1	QL (120 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>permethrin</i>	1	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	1	
<i>ringer's irrigation</i>	1	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
<i>anagrelide</i>	1	
<i>ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG</i>	2	PA; LA; SP
<i>ARALAST NP INTRAVENOUS RECON SOLN 500 MG</i>	2	PA
<i>CARBAGLU</i>	2	LA; SP
<i>cevimeline</i>	1	
<i>CHEMET</i>	2	PA; NM
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	2	B/D PA; NM
<i>CLINIMIX E 2.75%/D5W SULF FREE</i>	2	B/D PA; NM
<i>clovique</i>	1	PA; SP
<i>d10 %-0.45 % sodium chloride</i>	1	NM
<i>d2.5 %-0.45 % sodium chloride</i>	1	NM
<i>d5 % and 0.9 % sodium chloride</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>d5 %-0.45 % sodium chloride</i>	1	
<i>deferasirox</i>	1	PA; SP
<i>deferiprone</i>	1	PA; SP
<i>dextrose 10 % and 0.2 % nacl</i>	1	NM
<i>dextrose 10 % in water (d10w)</i>	1	NM
<i>dextrose 25 % in water (d25w)</i>	1	NM
<i>dextrose 5 % in water (d5w)</i>	1	
<i>dextrose 5 %-lactated ringers</i>	1	
<i>dextrose 5%-0.2 % sod chloride</i>	1	NM
<i>dextrose 5%-0.3 % sod.chloride</i>	1	NM
<i>dextrose 50 % in water (d50w)</i>	1	
<i>dextrose 70 % in water (d70w)</i>	1	NM
<i>disulfiram</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg</i>	1	PA; SP; QL (93 per 31 days)
<i>droxidopa oral capsule 300 mg</i>	1	PA; SP; QL (186 per 31 days)
<b>FERRIPROX</b>	2	PA; NM; SP
<b>FERRIPROX (2 TIMES A DAY)</b>	2	PA; NM
<b>FOSRENOL ORAL POWDER IN PACKET</b>	2	
<b>GLASSIA</b>	2	PA; LA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>INCRELEX</i>	2	LA; SP
<i>lanthanum</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
<b>LOKELMA</b>	2	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	SP
<b>ORFADIN ORAL CAPSULE 20 MG</b>	2	NM; SP
<b>ORFADIN ORAL SUSPENSION</b>	2	NM; LA; SP
<i>pilocarpine hcl oral</i>	1	
<b>PROLASTIN-C INTRAVENOUS RECON SOLN</b>	2	PA; NM; LA; SP
<b>PROLASTIN-C INTRAVENOUS SOLUTION</b>	2	PA; NM
<b>RAVICTI</b>	2	SP; QL (525 per 30 days)
<b>REVCovi</b>	2	PA; NM
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (31 per 31 days)
<i>sevelamer carbonate oral powder in packet</i>	1	SP
<i>sevelamer carbonate oral tablet</i>	1	
<i>sevelamer hcl oral tablet 400 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sevelamer hcl oral tablet 800 mg</i>	1	NM
<i>sodium chloride 0.9 % intravenous</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLIRIS	2	B/D PA
<i>sps (with sorbitol) oral</i>	1	
<i>sps (with sorbitol) rectal</i>	1	NM
THIOLA EC	2	PA; NM; SP
<i>tiopronin</i>	1	PA; SP
<i>trientine</i>	1	PA; SP
VELTASSA	2	QL (31 per 31 days)
<i>water for irrigation, sterile</i>	1	
XIAFLEX	2	NM
XURIDEN	2	NM; SP
ZEMAIRA	2	PA; LA; SP
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	1	QL (62 per 31 days)
CHANTIX	2	
CHANTIX CONTINUING MONTH BOX	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CHANTIX STARTING MONTH BOX	2	
NICOTROL	3	
NICOTROL NS	3	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i>	1	QL (60 per 31 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	QL (31.1 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (30 per 31 days)
<i>olopatadine nasal</i>	1	QL (30.5 per 31 days)
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	1	NM
<i>sodium fluoride 5000 plus</i>	1	NM

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This drug list was last updated on 09/13/2021.

Drug Name	Drug Tier	Requirements /Limits
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
acetic acid otic (ear)	1	
ciprofloxacin hcl otic (ear)	1	
flac otic oil	1	NM
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	2	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic (ear)	1	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR	2	PA; SP
betamethasone acet,sod phos	1	
DEPO-MEDROL	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
dexamethasone sodium phos (pf) injection solution	1	
dexamethasone sodium phosphate injection	1	
fludrocortisone	1	
HEMADY	2	PA; QL (24 per 28 days)
hydrocortisone oral	1	
methylpred dp	1	NM
methylprednisolone acetate	1	
methylprednisolone oral tablet	1	B/D PA
methylprednisolone oral tablets,dose pack	1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous	1	
millipred oral tablet	1	B/D PA
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml)	1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	2	
SOLU-MEDROL (PF)	2	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	2	NM
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
<b>DIABETES THERAPY</b>		
<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	NM
APIDRA SOLOSTAR U-100 INSULIN	2	ST
APIDRA U-100 INSULIN	2	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BAQSIMI	2	
BYDUREON BCISE	2	QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	QL (1.2 per 30 days)
<i>diazoxide</i>	1	
<i>glimepiride oral tablet 1 mg</i>	1	QL (248 per 31 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (124 per 31 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (62 per 31 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (124 per 31 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (248 per 31 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (62 per 31 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (248 per 31 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (124 per 31 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (248 per 31 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (124 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
GLUCAGEN HYPOKIT	2	
GLUCAGON (HCL) EMERGENCY KIT	2	NM
GLUCAGON EMERGENCY KIT (HUMAN)	2	
<i>glyburide</i> <i>micronized oral</i> <i>tablet 1.5 mg</i>	1	QL (248 per 31 days)
<i>glyburide</i> <i>micronized oral</i> <i>tablet 3 mg</i>	1	QL (124 per 31 days)
<i>glyburide</i> <i>micronized oral</i> <i>tablet 6 mg</i>	1	QL (62 per 31 days)
<i>glyburide oral tablet</i> <i>1.25 mg</i>	1	QL (496 per 31 days)
<i>glyburide oral tablet</i> <i>2.5 mg</i>	1	QL (248 per 31 days)
<i>glyburide oral tablet</i> <i>5 mg</i>	1	QL (124 per 31 days)
<i>glyburide-metformin</i> <i>oral tablet 1.25-250</i> <i>mg</i>	1	QL (248 per 31 days)
<i>glyburide-metformin</i> <i>oral tablet 2.5-500</i> <i>mg, 5-500 mg</i>	1	QL (124 per 31 days)
GLYXAMBI	2	QL (31 per 31 days)
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 1- PACK SYRINGE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
GVOKE PFS 2- PACK SYRINGE	2	
<i>humalog junior</i> <i>kwikpen u-100</i>	1	
<i>humalog kwikpen</i> <i>insulin</i>	1	
<i>humalog mix 50-50</i> <i>insuln u-100</i>	1	
<i>humalog mix 50-50</i> <i>kwikpen</i>	1	
<i>humalog mix 75-25</i> <i>kwikpen</i>	1	
<i>humalog mix 75-</i> <i>25(u-100)insuln</i>	1	
<i>humalog u-100</i> <i>insulin</i>	1	
<i>humulin 70/30 u-100</i> <i>insulin</i>	1	
<i>humulin 70/30 u-100</i> <i>kwikpen</i>	1	
<i>humulin n nph</i> <i>insulin kwikpen</i>	1	
<i>humulin n nph u-100</i> <i>insulin</i>	1	
<i>humulin r regular u-</i> <i>100 insuln</i>	1	
<i>humulin r u-500</i> <i>(conc) insulin</i>	1	
<i>humulin r u-500</i> <i>(conc) kwikpen</i>	1	
INVOKAMET	2	QL (62 per 31 days)
INVOKAMET XR	2	QL (62 per 31 days)
INVOKANA	2	QL (31 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
JANUMET	2	QL (62 per 31 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	2	QL (31 per 31 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	2	QL (62 per 31 days)
JANUVIA	2	QL (31 per 31 days)
JARDIANCE	2	QL (31 per 31 days)
JENTADUETO	2	QL (62 per 31 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (62 per 31 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (31 per 31 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	ST; QL (62 per 31 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	ST; QL (31 per 31 days)
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
LEVEMIR FLEXTOUCH U-100 INSULN	2	
LEVEMIR U-100 INSULIN	2	
<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>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (124 per 31 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (62 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)
NESINA	2	ST; QL (31 per 31 days)
NOVOLIN 70/30 U-100 INSULIN	2	ST
NOVOLIN 70-30 FLEXPEN U-100	2	ST
NOVOLIN N FLEXPEN	2	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NOVOLIN N NPH U-100 INSULIN	2	ST
NOVOLIN R FLEXPEN	2	ST
NOVOLIN R REGULAR U-100 INSULIN	2	ST
NOVOLOG FLEXPEN U-100 INSULIN	2	ST
NOVOLOG MIX 70-30 U-100 INSULIN	2	ST
NOVOLOG MIX 70-30FLEXPEN U-100	2	ST
NOVOLOG PENFILL U-100 INSULIN	2	ST
NOVOLOG U-100 INSULIN ASPART	2	ST
ONGLYZA	2	ST; QL (31 per 31 days)
OSENI	2	QL (31 per 31 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	NM; QL (3 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	2	QL (3 per 28 days)
<i>pioglitazone</i>	1	QL (31 per 31 days)
<i>pioglitazone-glimepiride</i>	1	QL (31 per 31 days)
<i>pioglitazone-metformin</i>	1	QL (93 per 31 days)
<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)
RYBELSUS	2	QL (31 per 31 days)
SOLIQUA 100/33	2	QL (90 per 30 days)
SYMLINPEN 120	2	QL (10.8 per 30 days)
SYMLINPEN 60	2	QL (6 per 30 days)
SYNJARDY	2	QL (62 per 31 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (62 per 31 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (31 per 31 days)
TOUJEO MAX U-300 SOLOSTAR	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRADJENTA	2	QL (31 per 31 days)
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (31 per 31 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 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-PAK	2	SP; QL (9 per 31 days)
VICTOZA 3-PAK	2	QL (9 per 30 days)
XULTOPHY 100/3.6	2	QL (15 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	2	
ANDRODERM	2	PA; QL (30 per 30 days)
<i>cabergoline</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>calcitonin (salmon) nasal</i>	1	QL (3.7 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	NM
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	NM
CERDELGA	2	PA; SP; QL (62 per 31 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	
<i>cinacalcet oral tablet 30 mg</i>	1	PA; QL (62 per 31 days)
<i>cinacalcet oral tablet 60 mg</i>	1	PA; SP; QL (62 per 31 days)
<i>cinacalcet oral tablet 90 mg</i>	1	PA; SP; QL (124 per 31 days)
CRYSVITA	2	PA
<i>danazol</i>	1	
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin nasal spray, non-aerosol</i>	1	NM
<i>desmopressin oral</i>	1	
<i>doxercalciferol intravenous</i>	1	NM
<i>doxercalciferol oral</i>	1	
ELAPRASE	2	
ELELYSO	2	
FABRAZYME	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
JYNARQUE ORAL TABLET	2	PA; NM; LA; SP; QL (112 per 28 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL	2	PA; NM; LA; SP; QL (56 per 28 days)
KANUMA	2	
KORLYM	2	PA; NM; SP; QL (124 per 31 days)
LUMIZYME	2	
<i>miglustat</i>	1	LA; SP
MYALEPT	2	PA; LA; SP
NAGLAZYME	2	
NATPARA	2	PA; LA; SP; QL (2 per 28 days)
<i>oxandrolone oral tablet 10 mg</i>	1	PA; SP; QL (62 per 31 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (248 per 31 days)
PALYNZIQ	2	PA; LA; SP; QL (93 per 31 days)
<i>paricalcitol oral</i>	1	
SAMSCA ORAL TABLET 15 MG	2	PA; SP; QL (124 per 31 days)
<i>sapropterin</i>	1	PA; SP
SOMAVERT	2	PA; SP; QL (31 per 31 days)
STRENSIQ	2	PA; NM
SYNAREL	2	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA; SP; QL (300 per 31 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL (150 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; QL (180 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SP; QL (62 per 31 days)
VIMIZIM	2	
<i>zoledronic acid intravenous solution</i>	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	
<b>THYROID HORMONES</b>		
ARMOUR THYROID	2	
<i>levothyroxine oral tablet</i>	1	NM
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
<i>unithroid</i>	1	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>loperamide oral capsule</i>	1	
MYTESI	2	PA; QL (62 per 31 days)
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	1	SP
AMITIZA	2	QL (62 per 31 days)
<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 (4 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 oral capsule,delayed,extended.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	NM
CHENODAL	2	PA; NM; LA; SP
CHOLBAM	2	PA; NM; SP
CIMZIA	2	PA; SP; QL (1 per 180 days)
CIMZIA POWDER FOR RECONST	2	PA; SP; QL (1 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CIMZIA STARTER KIT	2	PA; SP; QL (1 per 31 days)
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
CYSTADANE	2	NM; SP
DIPENTUM	2	
dronabinol	1	B/D PA; QL (62 per 31 days)
ENTYVIO	2	PA; SP; QL (2 per 31 days)
<i>enulose</i>	1	
<i>fosaprepitant</i>	1	
GATTEX 30-VIAL	2	PA; SP
GATTEX ONE-VIAL	2	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
granisetron hcl oral	1	B/D PA; QL (31 per 31 days)
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
INFLECTRA	2	
<i>lactulose oral solution 10 gram/15 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	NM
LINZESS	2	QL (31 per 31 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule,extended release 24hr</i>	1	NM
<i>mesalamine oral tablet,delayed release (dr/ec)</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 (4 per 31 days)
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl injection syringe</i>	1	NM
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
OCALIVA	2	PA; LA; SP; QL (31 per 31 days)
<i>ondansetron</i>	1	B/D PA
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ondansetron hcl oral solution</i>	1	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	1	B/D PA; NM; QL (14 per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte</i>	1	
PENTASA	2	
<i>polyethylene glycol 3350 oral powder</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>proto-med hc</i>	1	
<i>proto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>protozone-hc</i>	1	
RECTIV	2	
RELISTOR ORAL	2	PA; SP; QL (93 per 31 days)
RELISTOR SUBCUTANEOUS SOLUTION	2	PA; SP; QL (18.6 per 31 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	PA; SP; QL (18.6 per 31 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	PA; SP; QL (12.4 per 31 days)
REMICADE	2	PA; SP; QL (20 per 31 days)
RENFLEXIS	2	
SANCUSO	2	PA; SP; QL (4 per 28 days)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SUCRAID	2	PA; NM; SP
<i>sulfasalazine</i>	1	
<i>trilyte with flavor packets</i>	1	
<i>ursodiol</i>	1	
VIOKACE	2	
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
<b>ULCER THERAPY</b>		
<i>cimetidine</i>	1	
<i>cimetidine hcl oral</i>	1	

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This drug list was last updated on 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
famotidine (pf)	1	
famotidine (pf)-nacl (iso-os)	1	
famotidine intravenous solution	1	
famotidine oral suspension	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	QL (31 per 31 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	
misoprostol	1	
nizatidine oral capsule	1	NM
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	2	QL (31 per 31 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	2	
pantoprazole intravenous	2	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	2	QL (31 per 31 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	2	
sucralfate	1	

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

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 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	2	B/D PA; SP
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	3	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	3	PA; SP
ARCALYST	2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; SP; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; SP; QL (4 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BETASERON SUBCUTANEOUS KIT	2	PA; SP; QL (15 per 30 days)
EXTAVIA SUBCUTANEOUS KIT	2	PA; SP; QL (15 per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	2	PA; NM; QL (15 per 30 days)
FULPHILA	2	PA; SP
GENOTROPIN	2	PA; SP
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	2	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GRANIX	2	PA; SP
HUMATROPE INJECTION CARTRIDGE	2	PA; SP
ILARIS (PF)	2	PA; SP; QL (2 per 31 days)
INTRON A INJECTION	2	PA; SP
LEUKINE INJECTION RECON SOLN	2	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
MOZOBIL	2	B/D PA
NEULASTA	2	PA; SP
NEUPOGEN	2	PA; SP
NIVESTYM	2	PA; SP
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN	2	PA; SP
OMNITROPE	2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION	2	SP; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	SP; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	2	PA; SP; QL (1 per 31 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL (1 per 31 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL (1 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA	RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
PROLEUKIN	2		UDENYCA	2	PA; SP
REBIF (WITH ALBUMIN)	2	PA; SP; QL (6 per 28 days)	ZARXIO	2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL (6 per 28 days)	<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL (12 per 28 days)	ACTHIB (PF)	2	
REBIF TITRATION PACK	2	PA; SP; QL (4.2 per 180 days)	ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SUSPENSION	1	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA	<i>adacel(tdap adolesn/adult)(pf) intramuscular syringe</i>	1	
			BCG VACCINE, LIVE (PF)	2	
			BEXZERO	2	
			BIVIGAM	2	PA; SP
			BOOSTRIX TDAP	1	
			BOTOX	2	PA
			DAPTACEL (DTAP PEDIATRIC) (PF)	1	
			ENGERIX-B (PF)	2	B/D PA
			ENGERIX-B PEDIATRIC (PF)	2	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	2	PA; NM; SP	GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	B/D PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	2	B/D PA; NM	GARDASIL 9 (PF)	2	
GAMASTAN	2		HAVRIX (PF)	2	
GAMASTAN S/D	2	NM	INTRAMUSCULAR SYRINGE		
GAMMAGARD LIQUID	2	PA; SP	HIBERIX (PF)	2	
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA; SP	HIZENTRA	2	B/D PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; SP	HYQVIA	2	B/D PA
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	2	B/D PA	IMOVAX RABIES VACCINE (PF)	2	NM
GAMMAPLEX	2	PA; SP	<i>infanrix (dtap) (pf)</i> <i>intramuscular</i> <i>syringe</i>	1	
GAMMAPLEX (WITH SORBITOL)	2	PA; SP	IPOL	2	NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; SP	IXIARO (PF)	2	NM
			KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	NM
			KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
			MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	
			MENQUADFI (PF)	2	
			MENVEO A-C-Y-W-135-DIP (PF)	2	
			<i>m-m-r ii (pf)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
MODERNA COVID-19 VACCINE (EUA)	2	NM
OCTAGAM	2	PA; SP
PANZYGA	2	PA; SP
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	NM
PFIZER COVID-19 VACCINE (EUA)	2	NM
PRIVIGEN	2	PA; SP
<i>proquad (pf)</i>	1	NM
QUADRACEL (PF)	1	NM
RABAVERT (PF)	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PA; NM
ROTARIX	2	NM
ROTAQUE VACCINE	2	
SHINGRIX (PF)	1	QL (2 per 720 days)
TDVAX	2	
TENIVAC (PF)	2	
TETANUS,DIPHTHERIA TOX PED(PF)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
THYMOGLOBULIN	2	B/D PA; NM
TICE BCG	2	
TRUMENBA	2	
TWINRIX (PF)	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	NM
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF)	2	
VARIVAX (PF)	2	NM
VARIZIG	2	PA
XEOMIN	2	PA
YF-VAX (PF)	2	NM
ZINPLAVA	2	PA
ZOSTAVAX (PF)	1	NM; QL (1 per 540 days)

## MISCELLANEOUS SUPPLIES

### MISCELLANEOUS SUPPLIES

<i>gauze pads 2 x 2</i>	2	NM
<i>insulin pen needle</i>	2	QL (200 per 31 days)
<i>insulin syringe (disp) u-100 syringe 0.3 ml 29 gauge, 1/2 ml 28 gauge</i>	2	NM; QL (200 per 31 days)
<i>insulin syringe (disp) u-100 syringe 1 ml 29 gauge x 1/2"</i>	2	QL (200 per 31 days)
<i>needles, insulin disp.,safety</i>	2	QL (200 per 31 days)

## MUSCULOSKELETAL / RHEUMATOLOGY

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	NM
<i>aloprim</i>	1	NM
<i>colchicine oral tablet</i>	1	QL (124 per 31 days)
<i>febuxostat</i>	1	ST; QL (31 per 31 days)
KRYSTEXXA	2	PA
<i>probencid</i>	1	
<i>probencid-colchicine</i>	1	
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	1	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (31 per 31 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	2	PA; SP; QL (2.4 per 28 days)
<i>ibandronate intravenous</i>	1	
<i>ibandronate oral</i>	1	QL (1 per 28 days)
PROLIA	2	PA; QL (1 per 180 days)
<i>raloxifene</i>	1	QL (31 per 31 days)
<i>risedronate oral tablet 150 mg</i>	1	ST; QL (1 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	ST; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	ST; QL (31 per 31 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	ST; QL (4 per 28 days)
TERIPARATIDE	2	PA; SP; QL (2.48 per 28 days)
TYMLOS	2	PA; SP; QL (1.56 per 30 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	2	PA; SP; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	2	PA; SP; QL (165 per 31 days)
ACTEMRA SUBCUTANEOUS	2	PA; SP; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	2	PA; SP; QL (4 per 28 days)
ENBREL MINI	2	PA; SP; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; SP; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; SP; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; SP; QL (8 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ENBREL SURECLICK	2	PA; SP; QL (8 per 28 days)
HUMIRA PEN	2	PA; SP; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA; SP; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS- ADOL HS	2	PA; SP; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; SP; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; SP; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; SP; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; SP; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL (4 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	2	PA; SP; QL (1 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	2	PA; SP; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; SP; QL (4 per 28 days)
KINERET	2	PA; NM; SP; QL (18.8 per 28 days)
<i>leflunomide</i>	1	QL (31 per 31 days)
ORENCIA (WITH MALTOSE)	2	PA
ORENCIA CLICKJECT	2	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; SP; QL (2.8 per 28 days)
OTEZLA	2	PA; SP; QL (62 per 31 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; SP; QL (55 per 180 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; NM; QL (55 per 180 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	2	QL (62 per 31 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	2	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	2	PA; SP; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	2	PA; SP
XELJANZ ORAL TABLET	2	PA; SP; QL (62 per 31 days)
XELJANZ XR	2	PA; SP; QL (31 per 31 days)
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
<i>amabelz</i>	1	PA
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-ESTRADIOL	2	
DEPO-SUBQ PROVERA 104	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; NM; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol-norethindrone acet</i>	1	PA
ESTRING	2	
EVAMIST	2	PA; QL (16.2 per 30 days)
FEMRING	2	
<i>fyavolv</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>jinteli</i>	1	PA
<i>lyllana</i>	1	
<i>lyza</i>	1	NM
<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 (contraceptive)</i>	1	NM
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	PA; NM
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	1	PA
<i>norlyda</i>	1	
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	

Drug Name	Drug Tier	Requirements /Limits
<i>progesterone micronized</i>	1	
<i>sharobel</i>	1	
<i>yuvafem</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	1	
<i>eluryng</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	NM
<i>metronidazole vaginal</i>	1	
ORIAHNN	2	PA; SP; QL (56 per 28 days)
<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	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle</i>	1	
<i>altavera (28)</i>	1	
<i>alyacen 1/35 (28)</i>	1	
<i>alyacen 7/7/7 (28)</i>	1	
<i>amethia</i>	1	
<i>amethyst (28)</i>	1	
<i>apri</i>	1	
<i>aranelle (28)</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>aubra eq</i>	1	
<i>aurovela 1.5/30 (21)</i>	1	
<i>aurovela 1/20 (21)</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30 (28)</i>	1	
<i>aurovela fe 1-20 (28)</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	NM
<i>azurette (28)</i>	1	
<i>balziva (28)</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30 (28)</i>	1	
<i>blisovi fe 1/20 (28)</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>caziant (28)</i>	1	
<i>chateal (28)</i>	1	NM
<i>chateal eq (28)</i>	1	
<i>cryselle (28)</i>	1	
<i>cyclafem 1/35 (28)</i>	1	
<i>cyclafem 7/7/7 (28)</i>	1	
<i>cyred</i>	1	NM
<i>cyred eq</i>	1	
<i>dasetta 1/35 (28)</i>	1	
<i>dasetta 7/7/7 (28)</i>	1	
<i>daysee</i>	1	
<i>desog-e.estriadiol/e.estriadol</i>	1	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>desogestrel-ethinyl estradiol</i>	1	NM
<i>dolishale</i>	1	NM
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	NM
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarrylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	NM
<i>falmina (28)</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30 (28)</i>	1	
<i>hailey fe 1/20 (28)</i>	1	
<i>iclevia</i>	1	NM
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel (28)</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30 (21)</i>	1	
<i>junel 1/20 (21)</i>	1	
<i>junel fe 1.5/30 (28)</i>	1	

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This drug list was last updated on 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>junel fe 1/20 (28)</i>	1	
<i>junel fe 24</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	
<i>kelnor 1-50 (28)</i>	1	
<i>kurvelo (28)</i>	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	NM
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>larin 1.5/30 (21)</i>	1	
<i>larin 1/20 (21)</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30 (28)</i>	1	
<i>larin fe 1/20 (28)</i>	1	
<i>larissa</i>	1	
<i>leena 28</i>	1	
<i>lessina</i>	1	
<i>levonest (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levora-28</i>	1	
<i>lillow (28)</i>	1	
<i>loryna (28)</i>	1	
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	
<i>lutera (28)</i>	1	
<i>marlissa (28)</i>	1	
<i>microgestin 1.5/30 (21)</i>	1	
<i>microgestin 1/20 (21)</i>	1	
<i>microgestin fe 1.5/30 (28)</i>	1	
<i>microgestin fe 1/20 (28)</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35 (28)</i>	1	
<i>nikki (28)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	NM
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>norethindrone- e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	NM
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg- 25 mcg, 0.25-35 mg- mcg</i>	1	NM
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg- 35 mcg (28)</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7 (28)</i>	1	
<i>nylia 7/7/7 (28)</i>	1	NM
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea (28)</i>	1	
<i>pirmella</i>	1	
<i>portia 28</i>	1	
<i>previfem</i>	1	
<i>reclipsen (28)</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>simliya (28)</i>	1	
<i>simpesse</i>	1	
<i>sprintec (28)</i>	1	
<i>sronyx</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 (28)</i>	1	NM
<i>tarina fe 1-20 eq (28)</i>	1	
<i>tilia fe</i>	1	
<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	NM
<i>tri-previfem (28)</i>	1	
<i>tri-sprintec (28)</i>	1	
<i>trivora (28)</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>velivet triphasic regimen (28)</i>	1	
<i>vestura (28)</i>	1	NM
<i>vienna</i>	1	
<i>viorele (28)</i>	1	
<i>vyfemla (28)</i>	1	
<i>vylibra</i>	1	
<i>wera (28)</i>	1	
<i>zarah</i>	1	
<i>zovia 1/35e (28)</i>	1	
<i>zovia 1-35 (28)</i>	1	NM

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Drug Name	Drug Tier	Requirements /Limits
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE	2	
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	NM
NATACYN	2	NM
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	2	QL (3.5 per 14 days)
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	
ZIRGAN	2	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	1	
BETOPTIC S	2	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOCRIL	2	
ALOMIDE	2	
<i>atropine ophthalmic (eye) drops</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CEQUA	3	PA; QL (60 per 30 days)
<i>cromolyn ophthalmic (eye)</i>	1	
CYSTADROPS	2	PA; NM; SP; QL (20 per 28 days)
CYSTARAN	2	PA; NM; SP; QL (60 per 28 days)
<i>epinastine</i>	1	
EYLEA	2	
LACRISERT	2	
LUCENTIS	2	
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	2	PA; SP; QL (28 per 28 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RESTASIS	3	PA; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	PA; SP; QL (5 per 31 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
XIIDRA	2	PA; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac ophthalmic (eye)</i>	1	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	1	QL (5 per 31 days)
<i>brinzolamide</i>	1	
COMBIGAN	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	QL (2.5 per 25 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (2.5 per 25 days)
SIMBRINZA	2	
<i>travoprost</i>	1	QL (2.5 per 25 days)
ZIOPTAN (PF)	2	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-polyc-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
PRED-G	2	
PRED-G S.O.P.	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	QL (10 per 14 days)
<b>STEROIDS</b>		
ALREX	2	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DUREZOL	2	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	2	
FML S.O.P.	2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
MAXIDEX	2	
OZURDEX	2	
PRED MILD	2	
<i>prednisolone acetate</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	1	NM
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	2	
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	1	NM
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	QL (330 per 31 days)
<i>desloratadine oral tablet</i>	1	QL (31 per 31 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 per 31 days)	<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	1	NM; QL (4 per 31 days)	<i>albuterol sulfate oral</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA	<b>ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION</b>	2	QL (12.2 per 30 days)
<i>levocetirizine oral solution</i>	1		<b>ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION</b>	2	QL (6.1 per 30 days)
<i>levocetirizine oral tablet</i>	1	QL (31 per 31 days)	<i>alyq</i>	1	PA; NM; SP; QL (62 per 31 days)
<i>promethazine injection solution</i>	1		<i>ambrisentan</i>	1	PA; LA; SP; QL (31 per 31 days)
<i>promethazine oral</i>	1	PA	<b>ANORO ELLIPTA</b>	2	QL (60 per 30 days)
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	NM	<b>ARFORMOTEROL</b>	1	B/D PA
<i>promethegan</i>	1		<b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30)</b>	2	QL (30 per 30 days)
<b>PULMONARY AGENTS</b>					
<i>acetylcysteine</i>	1	B/D PA	<b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)</b>	2	QL (240 per 30 days)
<i>ADEMPAS</i>	2	PA; LA; SP; QL (93 per 31 days)			
<i>ADVAIR HFA</i>	2	PA; QL (12 per 30 days)			
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	NM; QL (17 per 30 days)			
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	NM; QL (13.4 per 30 days)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	NM; SP; QL (2 per 31 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (60)	2	QL (60 per 30 days)
ATROVENT HFA	2	QL (25.8 per 30 days)
BERINERT INTRAVENOUS KIT	2	PA; SP
<i>bosentan</i>	1	PA; LA; SP; QL (62 per 31 days)
BREO ELLIPTA	2	PA; QL (60 per 30 days)
BROVANA	2	B/D PA
<i>budesonide inhalation</i>	1	B/D PA
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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)
FASENRA PEN	2	PA; SP; QL (1 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 per 30 days)
<i>flunisolide</i>	1	QL (50 per 31 days)
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; NM; QL (60 per 30 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	QL (2 per 31 days)
<i>icatibant</i>	1	PA; SP; QL (18 per 31 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL (1 per 31 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA	PULMOZYME	2	B/D PA; SP
<i>ipratropium-albuterol</i>	1	B/D PA	QVAR REDIHALER	2	QL (21.2 per 30 days)
KALYDECO ORAL GRANULES IN PACKET	2	PA; SP; QL (56 per 28 days)	SEREVENT DISKUS	2	QL (60 per 30 days)
KALYDECO ORAL TABLET	2	PA; SP; QL (62 per 31 days)	<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; SP; QL (231 per 31 days)
<i>levalbuterol hcl</i>	1	B/D PA	<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (93 per 31 days)
<i>metaproterenol oral syrup</i>	1		SPIRIVA RESPIMAT	2	QL (60 per 30 days)
<i>montelukast</i>	1	QL (31 per 31 days)	SPIRIVA WITH HAN迪HALER	2	QL (31 per 31 days)
NUCALA	2	PA; LA; SP; QL (3 per 28 days)	STIOLTO RESPIMAT	2	QL (4 per 30 days)
OFEV	2	PA; SP; QL (62 per 31 days)	STRIVERDI RESPIMAT	2	QL (4 per 30 days)
OPSUMIT	2	PA; LA; SP; QL (31 per 31 days)	SYMBICORT	2	PA; QL (10.2 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	2	PA; SP; QL (56 per 28 days)			
ORKAMBI ORAL TABLET	2	PA; SP; QL (124 per 31 days)			
PERFOROMIST	2	B/D PA			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SYMDEKO	2	PA; SP; QL (56 per 28 days)	TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	2	NM; QL (1 per 31 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; NM; SP; QL (62 per 31 days)			
<i>terbutaline</i>	1		TYVASO	2	B/D PA
<i>theophylline oral elixir</i>	1	NM	TYVASO INSTITUTIONAL START KIT	2	B/D PA; NM
<i>theophylline oral solution</i>	1		TYVASO REFILL KIT	2	B/D PA
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1		TYVASO STARTER KIT	2	B/D PA
<i>theophylline oral tablet extended release 24 hr</i>	1		VENTAVIS	2	B/D PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA; LA; SP; QL (124 per 31 days)	VENTOLIN HFA	2	QL (36 per 30 days)
TRELEGY ELLIPTA	2	QL (60 per 30 days)	<i>wixela inhub</i>	1	PA; NM; QL (60 per 30 days)
TRIKAFFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	2	PA; SP; QL (84 per 28 days)	XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; LA; SP; QL (4 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	QL (1 per 31 days)	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; LA; SP; QL (8 per 28 days)
			XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; LA; SP; QL (1 per 28 days)
			<i>zafirlukast</i>	1	QL (62 per 31 days)

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

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 09/13/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>darifenacin</i>	1	
<i>flavoxate</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	QL (31 per 31 days)
<i>oxybutynin chloride</i>	1	
<i>tolterodine oral capsule, extended release 24hr</i>	1	QL (31 per 31 days)
<i>tolterodine oral tablet</i>	1	
<i>trospium oral capsule, extended release 24hr</i>	1	QL (31 per 31 days)
<i>trospium oral tablet</i>	1	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	1	QL (31 per 31 days)
<i>dutasteride</i>	1	ST; QL (31 per 31 days)
<i>dutasteride-tamsulosin</i>	1	ST; QL (31 per 31 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin</i>	1	QL (62 per 31 days)
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	1	
CYSTAGON	2	NM; LA
ELMIRON	2	
K-PHOS NO 2	2	
K-PHOS ORIGINAL	2	
<i>potassium citrate</i>	1	

Drug Name	Drug Tier	Requirements /Limits
RENACIDIN	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (31 per 31 days)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lactated ringers intravenous</i>	1	
<i>magnesium sulfate injection solution</i>	1	
<i>magnesium sulfate injection syringe</i>	1	NM
PHOSLYRA	2	
<i>potassium chlorid-d5-0.45%nacl</i>	1	NM
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	NM

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 09/13/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	NM	<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	1	NM
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	NM	<i>potassium chloride- 0.45 % nacl</i>	1	NM
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	NM	<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	NM
<i>potassium chloride intravenous</i>	1	NM	<i>potassium chloride- d5-0.9%nacl</i>	1	NM
<i>potassium chloride oral capsule, extended release</i>	1		<i>ringer's intravenous</i>	1	NM
<i>potassium chloride oral liquid</i>	1		<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>potassium chloride oral packet</i>	1	NM	<i>sodium chloride 3 %</i>	1	NM
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1		<i>sodium chloride 5 %</i>	1	
<i>potassium chloride oral tablet extended release 20 meq</i>	1	NM	<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1		<i>AMINOSYN II 15 %</i>	2	B/D PA; NM
			<i>AMINOSYN-PF 7 %(SULFITE- FREE)</i>	2	B/D PA; NM
			<i>CLINIMIX 5%/D15W SULFITE FREE</i>	2	B/D PA; NM
			<i>CLINIMIX 4.25%/D10W SULF FREE</i>	2	B/D PA; NM
			<i>CLINIMIX 5%- D20W(SULFITE- FREE)</i>	2	B/D PA; NM
			<i>CLINIMIX 6%- D5W (SULFITE- FREE)</i>	2	B/D PA; NM

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CLINIMIX 8%-D10W(SULFITE-FREE)	2	B/D PA; NM
CLINIMIX 8%-D14W(SULFITE-FREE)	2	B/D PA; NM
CLINIMIX E 4.25%/D10W SUL FREE	2	B/D PA; NM
CLINIMIX E 4.25%/D5W SULF FREE	2	B/D PA; NM
CLINIMIX E 5%/D15W SULFIT FREE	2	B/D PA; NM
CLINIMIX E 5%/D20W SULFIT FREE	2	B/D PA; NM
CLINIMIX E 8%-D10W SULFITEFREE	2	B/D PA; NM
CLINIMIX E 8%-D14W SULFITEFREE	2	B/D PA; NM
<i>electrolyte-48 in d5w</i>	1	NM
<i>freamine iii 10 %</i>	1	B/D PA; NM
HEPATAMINE 8%	2	B/D PA; NM
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA; NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA; NM
ISOLYTE S PH 7.4	2	NM
ISOLYTE-P IN 5 % DEXTROSE	2	NM
ISOLYTE-S	2	NM
PLASMA-LYTE 148	2	NM
PLASMA-LYTE A	2	NM
<i>plenamine</i>	1	B/D PA; NM
<i>premasol 10 %</i>	1	B/D PA; NM
PROCALAMINE 3%	2	B/D PA; NM
PROSOL 20 %	2	B/D PA; NM
<i>travasol 10 %</i>	1	B/D PA; NM
TROPHAMINE 10 %	2	B/D PA; NM
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	1	NM
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>prenatal vitamin oral tablet</i>	1	NM

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